

# Michigan Blues plan takes Vermont Blues under its wing in affiliation deal

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## H 287

An act relating to patient financial assistance policies and medical debt protection

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## S 120

An act relating to the Joint Legislative Health Care Affordability Study Committee.

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## H 103

An act relating to an independent review of Vermont's current health care reform efforts

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## H 353

An act relating to pharmacy benefit management. This bill proposes to require pharmacy benefit managers to obtain licensure from, rather than register with, the Department of Financial Regulation. It would establish a detailed regulatory framework for regulating pharmacy benefit managers and would prohibit or restrict a number of pharmacy benefit management activities. The bill would recodify most of the existing statutory provisions relating to pharmacy benefit managers in one chapter, with some revisions. It would allow health insurance plan beneficiaries to choose their own pharmacies, limit direct solicitation by pharmacies and pharmacy benefit managers, and provide pharmacies with additional rights during an audit. The bill would also require the Agency of Human Services to select a wholesale drug distributor through a competitive bidding process to be the sole source to distribute prescription drugs to pharmacies for dispensing to Medicaid beneficiaries.

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## H 357

An act relating to deemed licensure of out-of-state health care professionals. This bill proposes to deem an individual who is licensed, registered, or certified to provide health care services in any other U.S. jurisdiction as being licensed, registered, or certified to provide health care services in

Vermont and to use telemedicine to provide health care services to patients located in Vermont.

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## **H 102**

An act relating to reducing prior authorization requirements in health insurance plans. This bill proposes to specify that the prior authorization requirements that health insurance plans must eliminate annually after review include those for which the request approval rate is 97 percent or higher. It would also modify the parameters of a prior authorization pilot program to specify that the program must be available to at least 30 percent of the insurer's participating providers, at least 40 percent of whom must be primary care providers, and exempt those providers from prior authorization requirements for medical procedures, medical tests, pharmacy, or a combination.

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## **S 49**

An act relating to the Green Mountain Care Board reporting when the growth of certain health care costs exceeds the rate of inflation. This bill proposes to require the Green Mountain Care Board to report to the General Assembly whenever the Board approves a health insurance rate, hospital budget, or accountable care organization budget at a level that represents an annual increase in excess of the cumulative Consumer Price Index rate of inflation.

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## **S 132**

An act relating to health care reform implementation

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## **H 654**

An act relating to extending COVID-19 health care regulatory flexibility. The act creates a registration process to allow out-of-state licensed health care professionals to deliver health care services to patients in Vermont using telehealth during the period from April 1, 2022, through June 30, 2023.