



Supporting Vermonters to lead healthy and satisfying lives community by community

## Legislative Update for April 30, 2019

*The Legislature is planning to complete its work in mid-May. The Senate will be closing down its morning committees at the end of this week. Any Legislation that did achieve passage in both houses may be picked up again next year during the second half of the biennium.*

### **Senate Appropriations Continues Deliberations on the Fiscal Year 2020 Budget**

The Committee plans to consider all requests for increases in totality, including increases put into the budget by the House of Representatives. Currently there are \$271 million of requests for new funding. Committee Chair Senator Kitchel has made it clear that she will prioritize the core functions of government including helping the frail, disabled and vulnerable.

In response to concerns, Vermont Care Partners has submitted language for the budget bill requesting that the Agency of Human Services (AHS) report to the Legislature next January on the progress in the developmental disability service delivery and payment reform process and proposal.

### **House Health Care Committee Looks to Amend Health Reform Bill S.7**

The House Health Care Committee is planning to strengthen language in S.7 to require greater consumer and family participation in the evaluation of the ACO. Here is the specific language:

On or before December 1, 2019, the Green Mountain Care Board shall submit a report to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare evaluating the manner and degree to which social services, including services provided by the parent-child center network, designated and specialized service agencies, and home health and hospice agencies are integrated into accountable care organizations (ACOs) certified pursuant to 18 V.S.A. § 9382. In preparing the report, the Board shall consult with individuals receiving social services and family members of individuals receiving social services.

Both Committee Chair Bill Lippert and Vice Chair Anne Donahue said the Committee will address the bigger topic of the effectiveness of the ACO during the second half of biennium.

The bill will go to the House Human Services Committee next. In preparation the Human Services Committee has received overviews of the All Payer Model waiver and the ACO from Ena Backus, the Director of Health Reform for the AHS. Here is the PowerPoint presented last week:

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Human%20Services/Bills/S.7/Witness%20Testimony/S.7~Ena%20Backus~Accountable%20Care%20Organizations%20and%20Alternative%20Payment%20Models~4-24-2019.pdf>

### **House General, Housing and Military Affairs Committee Consider Minimum Wage Impact on Medicaid**

The House General and Military Affairs Committee passed the minimum wage bill on Friday after much discussion. One issue was a proposed amendment to ensure that Medicaid funded long term care services for elders would receive adequate funding to pay minimum wage for their employees and that their employees who receive wages within \$1 of the minimum wage would also receive increases. In the end, the Bill calls for an increase for 2020 and a study to determine how to proceed in future years for all Medicaid providers, including designated and specialized service agencies.

The current minimum wage is \$10.78. The bill would raise it to \$11.50 on January 1, 2020. The minimum wage would then proceed to go up annually by 7% each year until it reaches \$15/hour in 2024. After that it would go up by no less than the rate of the inflation.

The next stop for the bill is the House Appropriations Committee where, lawmakers will decide whether to fund about \$875,000 to increase pay for Medicaid funded workers at home health agencies, nursing homes, residential care homes, assisted living residences, and adult day agencies. Vermont Care Partners has asked that the House Appropriations Committee also consider the contracted employees of families that self-manage developmental disability services. This independent group of workers may have been left out of previous calculations of cost.

The Joint Fiscal Office predicted earlier in the week that accounting for wage compression among the Medicaid workers would cost the state about \$28 million over the 5 years. Analyst Joyce Manchester believes that the fiscal impact is low in FY2020 because the House already put an increase of 1.8% for nursing homes and 2% for home and community based services. The impact on the next fiscal year could be greater.

Agency of Human Services Financial Director Sarah Clark, testified that more analysis is necessary to evaluate the impact of the minimum wage on the state budget and Medicaid cap. It is important to have an understanding of the impacts 5 years out for the full range of services impacted.

Committee Chair Tom Stevens said he feels the tension of employing so many Vermonters at a “non-livable” wage. He believes that we need to achieve a balance in the conversation because there are deep needs. He went on further to say that the people taking care of our parents and kids should be paid enough and not just depend on the compassion for their work. Vice Chair of the Committee Chip Troiano noted that it’s about the impact on the workers who care for citizens. The leaders of the Committee clearly see the issue as larger than long term care service workers.

Representative Killacky shared his hesitation about subsidizing one sector at the expense of the others. He wants a fuller study to enable better policy decisions. Representative Stevens said that most of the discussion has been about the private sector, but these Medicaid-funded agencies don’t have the same options to address the minimum wage.

It is not clear whether the Governor will approve the legislation.

### **House Appropriations Dialog with Human Services Secretary Gobeille**

Secretary Gobeille said the concept is that the budget is done 'in secret' and then brought to the Legislature in January. The question is what issues could be discussed during and outside of legislative session. He believes that transportation presents an opportunity to address silo funding in the context of shared services. Medicaid match at AHS is not as good as the Agency of Transportation (AOT) funding match by the federal government. The Secretary is interested in moving general fund dollars from Medicaid transportation in AHS to the AOT to bring in a greater match to stretch resources further. This is an example of something the Administration is working on that could be done collaboratively with Legislature.

The Secretary also commented about the importance of the community profiles and how micro populations and their needs are more important than looking at total populations when determining resource needs.

Representative Treiber asked if there is a commitment to programs over the people. He is curious about how we look at what's going on inside of the departments. What happens to the average Vermonter accessing benefits? What are the touch points? How many times do they have to contact the State to access services? Representative Treiber said that the Department of Labor and Vocational Rehabilitation are similar, but people must apply to them separately. How do we avoid duplicative services? The reply was that there is a one-stop shop for these services in Rutland and Burlington. The federal government is moving toward a one-window approach. The question is, said Secretary Gobeille, how can we do that?

At the end of the day, the Secretary concluded, the legislature and Administration both have to make miserable decisions. Any way we can find more money to do better things with is good. He has a whole list of ideas of good things to do from his staff, but he could only afford to put two of those ideas in the budget.

Representative Treiber wants to look at what it means on the ground level for Vermonters. Secretary Gobeille agreed it can be redundant, frustrating and confusing to use services. Committee Chair Kitty Toll is hoping that during the off session AHS will be working with legislators from the Appropriations and policy committees on these issues.

The revenues next year are expected to be level, when you subtract the pension increases, it means that we will be starting the budget with a large gap between revenues and needed expenditures. Representative Toll pointed out that there will be drastic cuts even if some savings are found.

Representative Yacavone asked about how we could reimagine leadership at the local level. Al said this is a debate about centralized versus decentralized execution. The way that the Departments are organized, having local field district managers doesn't appeal to him. He doesn't want to turn over management to the local field directors. Here is the budget bill language that is under discussion. <https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Appropriations/Other%20Information/W~Al%20Gobeille,%20Secretary,%20Agency%20of%20Human%20Services~Redesigning%20Service%20Delivery%20-%20language%20for%20discussion~4-26-2019.pdf>

### **Buprenorphine Decriminalization Bill Runs out of Time**

The Buprenorphine Decriminalization Bill H.162 is still in House Human Services and even if it is passed by the full House of Representatives, the Senate President has been clear that there is insufficient time for the Senate Committees to fully study the policy issues contained in the bill. Therefore, it will have to wait until the second half of the biennium.

## **House Human Services Takes Further Testimony on Decriminalizing Buprenorphine**

Dr. Kimberly Blake, who is a buprenorphine prescriber at Howard Center's Safe Recovery, advocated for H.162 because buprenorphine is primarily used to mitigate withdrawal symptoms and its use can reduce the risk of overdose, when the alternative for many people is heroin laced with fentanyl. She noted that many people use buprenorphine on the street as a gateway to treatment, and noted there still continues to be barriers to treatment, including a policy from the UVMHC emergency department not to prescribe buprenorphine if the patient had missed a follow-up appointment within 72 hours after the first prescription. She shared that at Safe Recovery, data on 77 patients showed that they lost only two patients to follow-up; most transitioned to spokes and hubs. Her written testimony is here.

<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Human%20Services/Bills/H.162/Written%20Testimony/H.162~Kim%20Blake~Testimony~4-25-2019.pdf>

Dr. Richard Rawson, a psychologist associated with the UVM Health Network, also testified in support of the bill. He testified that fentanyl is a "game changer." He commented that recent data on overdose deaths declining in Chittenden County compared to the rest of the state suggests that Burlington's State Attorney's office choosing not to prosecute for possession of buprenorphine has saved lives. House Human Services will hear more testimony on April 30.

Assuming that the bill passes the House of Representatives this session, it will be taken up in the Senate next year. Senator Sears, Chair of the Senate Judiciary Committee believes the legislation deserves thorough analysis.

### ***To take action or for more information, including the weekly committee schedules:***

- Legislative home page: <https://legislature.vermont.gov/>
- Sergeant-at-Arms Office: (802) 828-2228 or (800) 322-5616
- State House fax (to reach any member): (802) 828-2424
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- Governor Phil Scott (802) 828-3333 or <http://governor.vermont.gov/>

The purpose of the legislative update is to inform individuals who are interested in developmental, mental health and substance abuse services about legislative advocacy, policy development and activities that occur in the State Legislature. The Vermont Council is a non-profit trade association which works in partnership with Vermont Care Network to form Vermont Care Partners. Together our mission is to provide statewide leadership for an integrated, high quality system of comprehensive services and supports. Our membership consists of 16 designated developmental and mental health agencies.