



Supporting Vermonters to lead healthy and satisfying lives community by community

Legislative Update for February 16, 2021



The COVID 19 pandemic has changed the focus of Vermont Care Partners' advocacy efforts as our provider network has revamped our services to meet the needs Vermonters in new ways with careful precautions for health and safety of those we serve, our workforce and partners. Legislative work is being conducted remotely.

WHAT'S HAPPENING IN THE LEGISLATURE

On January 26th Governor Scott presented his budget proposal for fiscal year 2022 (FY21) which starts July 1, 2021. The Appropriations Committees are now reviewing the budget by taking testimony from Agency Secretaries and Department Commissioners, as well as by hearing from constituents and advocates. The House Human Services Committee, House Health Care Committee and Senate Health Care Committee will provide input to the House and Senate Appropriations Committees on the budget relevant to designated and specialized service agencies (DA/SSAs) on February 19th. After the House of Representatives passes the budget it will move on to the Senate. Differences between the House and Senate on budget and policy legislation is worked out through conference committees.

This year, there will be a separate bill completed in advance of the budget bill for the purpose of allocating federal COVID one-time funds.

Vermont Care Partners and network agencies must use this window of opportunity to advocate for resources to meet the increasing acuity and demand for services after the Governor's budget didn't address the rate increases needed to address our workforce challenges.

The Vermont Care Partners legislative agenda is quite comprehensive and focuses on our need for adequate resources to meet our mission and mandates. See this link:

<https://vermontcarepartners.org/wp-content/uploads/2021/01/legislative-agenda-2021-working-draft-1.pdf>

This Week's Testimony

Department of Mental Health Budget Presented to Senate Appropriations and House Health Care

Mental Health Commissioner Sarah Squirrell gave an overview of the FY22 budget request for the Department of Mental Health to the Senate Appropriations Committee and to the House Health Care Committee. Here are a few of the highlights reviewed.

CHILDREN'S INITIATIVES WITH FEDERAL FUNDING

- Screening, Treatment, & Access for Mothers & Perinatal Partners (STAMPP)
 - 5-yr federal cooperative agreement to expand perinatal mental health services (in partnership with VDH)
 - Medical providers are increasing their screening for perinatal mood and anxiety disorders (PMADs)
 - Mental health providers are trained in effective treatment interventions
 - Development of a statewide database of providers at Help Me Grow VT who have expertise and/or training in perinatal mental health

- Children's Health Integration, Linkage, and Detection (CHILD) grant
 - 5-yr SAMHSA grant focused on integration of primary care and mental health care for children 0-22 years of age and their families in 4 regions of VT
- Advancing Wellness and Resilience in Education (AWARE) Project
 - 5-yr SAMHSA grant with Agency of Education in partnership with DMH & Partnership of 3 school districts with their local DA to support system improvements for school based mental health services and enhance wellness and resiliency skills for students

FEDERAL FUNDING AND GRANTS (Adult)

- FEMA Crisis Counseling Grant (Covid Support VT) - \$775K
- SAMHSA Grant (DMH & ADAP) – Expansion of Emergency Services & Peer Services - \$1M Additional \$2.8M awarded
- CDC 5-Year Comprehensive Suicide Prevention Grants: DMH/VDH received 5-year \$3.8M Comprehensive Suicide Prevention Grant Anticipated Federal Funding/Grants
- Federal Relief: Recent Congressional action on COVID relief including:
 - Increases to Mental Health Services Block Grant
 - Increases for Suicide Prevention Programs
 - Increases for Project AWARE

DMH ups Gross: \$4,575,194 GF Equivalent: \$3,918,975

- Salary and Fringe
- 12-hour shifts at VPCH
- Replace CRF and HHS funding
- Internal Service Fund Changes
- VPCH Electronic Health Record Updates
- Child and Youth Residential Increases
- Room & Board Phasedown
- CHIP FMAP Change
- Inpatient – 12-Level 1 Beds at Brattleboro Retreat
- Increase Federal Authority

DMH Budget Downs – Gross (\$1,910,552), GF Equivalent: \$18,604

- Annualization of VPCH/MTCR Savings
- CRF reductions

DMH Budget Initiatives – Gross \$1,000,000, GF Equivalent: \$1,000,000

- Implementation of Mobile Response & Stabilization Services (one region)
- Justice Reinvestment Initiative

Information was shared about the SAMHSA grant and the COVID Support Vermont grant. Alison Krompf shared information in suicide rates and efforts to reduce suicide. {Please see previous Legislative Update <https://vermontcarepartners.org/wp-content/uploads/2021/02/Legislative-Update-for-February-10-2021.pdf>} There was discussion about increasing use of crisis services and co-occurring mental health and substance use disorders in the Senate Appropriations Committee. However, the time was limited so the Commissioner was scheduled to return Friday, February 19th. In the House Health Care Committee, it became apparent that the DMH federal block grant is not presented in the budget. The Committee requested that information.

Senate Health and Welfare Receives Update on Federal COVID Funds

Steve Klein the Director of the Joint Fiscal Office gave an update on federal funds coming into Vermont. Although Vermont represents just .2% of the US population, we will receive .8% of the federal allocation for rental housing assistance for a total of \$200 million which will need to be spent by the end of the calendar year. DCF will receive \$30 million of those funds.

FEMA funds are now more generous, previously FEMA required a 25% state match, now no match will be required. It will save at least \$10 million in state funds. Additionally, \$210 million has been received by health providers directly from US Health and Human Services. New federal monies are likely to be awarded to Vermont by the end of February and will be more flexible. Steve Klein said the total appropriation received by the State of Vermont could total \$600 million.

Disability Rights Vermont Testifies in House Health Care Committee

House Health Care took testimony this week on the Mental Health System from AJ Ruben, supervising attorney for Disability Rights Vermont (DRVT). Noting the philosophy of “nothing about us without us,” Ruben praised the committee for including the voice of people with lived experience in its review of the mental health system of care.

AJ Ruben shared that in its role as the Mental Health Care Ombudsman, DRVT reviews all seclusions and restraints. He sees the use of force as a failure of health care, “use of force is a treatment failure when it’s done in the hospital...the experience of being restrained and forcibly medicated is very harmful.” He noted that sometimes it is necessary for safety, but that historically it has been overused, and expressed concern that as a state we don’t track use of force in Emergency Departments (EDs). He believes sometimes people hesitate to go to the ED because they are concerned about this.

DRVT produced a report, “Wrongly Confined,” that identified the need for resources in the community system. “We need to flood the field with trained peer supports, supportive housing, drop-in centers,” and more. “There is no designated agency that has enough case managers, or peer support workers.” Ruben testified that his work on the Adult Fatality Review board shows him that “the system is anemic; we are settling for the best we can get.”

It was pointed out that state statute requires us to move to a system that moves away from the use of coercion and use of force. Its legal and can be responsibly, but its overused and used in environments that cannot be seen. The Committee learned that the frequency of use of force in Brattleboro Retreat is going up. There is not information on voluntary patients available except by Brattleboro Retreat. He would like to see this remedied. DRVT would also like to have information on the use of force in hospital emergency departments.

VDR is opposed to building the 16-bed secure residential facility. Instead, AJ Rubin said “we should flood the field with peer support and staff at designated agencies. We could do so much more to prevent people from going into mental health crisis including housing, employment and peer supports. We need the right staff in the right place to meet needs”. He spoke about the history of stigma and oppression experienced by people with mental health conditions.

House Health Care Learns about Health Care Disparities

Xusana Davis, Executive Director of Racial Equity shared recommendations of the Racial Equities Taskforce. The Taskforce was created in June of 2020. She said COVID exasperated health inequities that already existed. The taskforce also looked at disciplinary practices in schools and the impact of BIPOC students and their emotional and social wellbeing.

Xusana explained that opioid addiction rates are lower for the BIPOC community because physicians do not prescribe them pain medications at the same rate. The assumption being that they can accept pain better. She highlighted that as recently as 2015 medical textbooks taught that different segments of the population experience pain differently, leading to under-treatment of black people.

The taskforce is recommending that Racism be declared a public health emergency. One member of the Committee, Representative Peterson, did not accept that the that there is systemic racism in health care which was covered in this article. <https://vtdigger.org/2021/02/12/lawmaker-questions-whether-systemic-racism-exists/>

House Health Care Considers Bill to Address Health Care Disparities

H. 210 An act relating to addressing disparities and promoting equity in the health care was introduced to the House Health Care Committee by Representative Bran Cina, the lead sponsor. This bill proposes to: (1) establish the Office of Health Equity; (2) establish the Health Equity Advisory Commission; (3) issue grants for the promotion of health equity; (4) collect data to better understand health disparities in Vermont; and (5) require an additional two hours of continuing medical education on cultural competency in the practice of medicine.

Representative Cina spoke about how the COVID pandemic amplified racism. He said the health care system has caused harm to BIPOC, people with disabilities and LGBTQA communities. The wellness committee of the racial justice alliance studied how to make the health care system more equitable. They looked at training, social determinants of health and resources. They recognized systemic problems in the health care system. Moving testimony was taken by people who had experienced disparities in the health care system, including in mental health services.

House Health Care Committee Discusses FY22 Budget

House Health Care Committee Chair Representative Lippert informed the Committee that the FY22 budget presented by the governor there is no new revenue and the Speaker of the House, Jill Krowinski, has indicated that there are no resources to increase the base budget.

During the discussion Representative Donahue asked about investment in vans for crisis programs and the crisis services project in Rutland. The committee will check in on the initiative to place mental health workers in state police barracks. Brian Cina expressed interest in better funding DAs and using one-time funds for trauma training for mental health workers.

Representative Lippert wants to strengthen Xusana Davis's office and a new office of health equity in the Vermont Department of Health. Representative Lippert also wants to support the DA/SSAs for inflationary costs to enable competitive salaries and sees this as a fundamental issue for the state of Vermont. He said, "It's true year after year and cannot be sustained".

Extending COVID-19 Flexibilities, including Audio-Only Care

Both Senate Health and Welfare and House Health Care Committees attended to the ["flexibilities" bill](#) that passed last session in response to the COVID pandemic, which allowed for various flexibilities that included waiving of HIPAA requirements for telehealth equipment, obtaining informed consent when it is not practicable, allowing healthcare professionals with inactive licenses to practice, and more.

In discussion this week, the Senate Health and Welfare Committee decided to **set March 31, 2022** as a "date certain" to end the flexibilities. The Committee considered adding a registry for out-of-state providers to declare if they were working with Vermont patients, and then dropped this based on input from the Office of Professional Regulation around the logistics and because it hasn't come up as a problem. During discussion, Sen Cummings raised concern about quality for Vermonters receiving virtual care from out-of-state providers, such as Med Rx. The Committee added the Medical Reserve Corps and Federally Qualified Health Centers as locations where an out-of-state professional could practice in Vermont.

The House Health Care Committee continued to refine [language](#) on audio-only care. This section of the Bill would allow for audio-only care to continue to be reimbursed at parity with in-person care until January 1, 2025. It requires the Department of Financial Regulation to facilitate a process this year whereby all payers establish consistent coding for audio-only, which allows for one full year (calendar year 2022) for data collection on use of audio only care, with a presentation from the Department of Financial Regulation, the Vermont Program for Quality in Health Care, and the Green Mountain Care Board due to the House Health Care Committee in December of 2023 for legislative action in the 2024 session. The committee came to consensus in these areas for the period between passage and January 1, 2025:

- audio-only care should not be limited to established patients only, noting that providers are required to determine whether the service is clinically appropriate already;
- providers should provide timely care and not give patients a choice where they can have an audio-only visit significantly sooner than an in-person visit;
- if a patient provides consent for audio-only care orally, they should be offered a copy of the consent;
- patient consent for audio-only and telehealth can be obtained on the same form prior to treatment.

The Committee plans to offer this language back to the Senate Health and Welfare Committee to insert into the flexibilities bill. In addition, they would like to revise the language on informed consent to remove provider flexibility on obtaining informed consent 60 days after the State of Emergency comes to an end.

School Discipline Advisory Council

The Senate Education Committee [took testimony](#) (starts at 34:30 on YouTube video) on a [draft of a bill](#) that would establish a school discipline advisory council. Agency of Education Secretary Dan French summarized the Bill by saying “there is national consensus, exclusionary discipline proportionately affects minority students....this bill endeavors to see whether that is happening in Vermont and what we can do about it. It’s important to have broader engagement [from stakeholders] and talk about practically how to minimize that.”

The bill would establish a taskforce that would define behaviors that might have previously been subject to exclusionary discipline; identify alternative approaches; collect data on use of exclusionary discipline; and report on best practices by November 2021. The bill specifies that taskforce membership should include representation from therapeutic schools.

During the discussion, French touched on recovery planning at the school district level. He testified that “truancy is tip of the iceberg with lots of other issues that are going on with families...we are going to have to organize at the state level between education, DCF, and mental health” to support these students.

House Human Services Committee Walks through Bill on Involuntary Sterilization

Legislative Counsel Katie McLinn walked the Committee through H.116 which would prohibit involuntary sterilization of people with intellectual disabilities. It was clarified that it cover vasectomies and tubal ligations. Representative McFaun sought to clarify that if the doctor doesn’t feel the person is competent to decide about sterilization, under no circumstances can the court require them to perform the operation – which was affirmed. If the court finds the person competent to make a decision, the procedure may be performed. It is not requiring that any particular person has to perform the sterilization. In the end Representative Pugh noted that the bill is of interest to committee members, but cautioned that if the committee moves forward with the bill, it will also have to go through the Judiciary committee.

What’s Happening Next

Recovery Day 2021

February 17th 9am - 12pm

Zoom <https://recoveryvermont.org/recovery-day-2021/>

Every year, Vermonters gather at the statehouse in our capitol of Montpelier to celebrate the power of substance use disorder recovery. In 2020, more than ever, the recovery community joined together to support those struggling and in need - and showed that Vermont is RECOVERY STRONG! Recovery Day is for everyone – from recovery supporters, to people who are curious about their own recovery. Join us for a day of networking, testimony, personal stories, and resources from around the state! Hear from our legislators, our recovery



centers, Writers for Recovery and so much more. Come be loud and proud – your presence is your voice – and demonstrate the fact that RECOVERY IS POSSIBLE!

Although we cannot gather together at the Statehouse in person this year, we will come together online to celebrate the work of this amazing community! Come for all, or part of the day! We can't wait to celebrate with you! Link to learn more and to register: <https://recoveryvermont.org/recovery-day->

An important day for housing in Vermont

Our friends at the Vermont Housing and Conservation Coalition (VHCC) need a **strong turnout** from the housing community on their Legislative Week Kick-off on **Wednesday, February 17 at noon**. With **major budget increases for housing recommended by Governor Scott**, we need to send a message that **strong investments in the [Vermont Housing and Conservation Board \(VHCB\)](#)** are needed to provide more safe, permanent housing during the ongoing pandemic and to jump-start an equitable recovery.

[Register here to attend the Kick-off on February 17 at noon!](#)

In light of the desperate need for more affordable housing rental units, **Governor Phil Scott has proposed a one-time investment of \$20 million in VHCB for FY22**, in addition to **\$14.8 million in “base funding”** from the Property Transfer Tax and the Capital Bill, for a **total recommendation of \$34.8 million**. This is about \$5.5 million above the formula and means VHCB would receive full statutory funding (plus more!) for the first time in many years. It's great news, and **we need your help** to make sure the Governor's proposal passes! Let's **"pack the Zoom Room"** on Wednesday to show our legislators that increased funding for VHCB will help Vermont respond to urgent need for housing.

Information on Your Senators and Representatives

Follow this link to determine your legislators and access their contact information. Legislators are listed both by DA/SSA and by the Committee they serve on. Please note there are new legislators on committees that have purview over policy and funding for the Vermont Care Partners network.

[2021 Legislative Committees by DA-SSA.xlsx](#)

Action Circles Calendar

Action Circles maintains a calendar of Legislative breakfasts and events. This information can be found at: <https://www.action-circles.com/legislator-events/>

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
- Legislators' email addresses may be found on the Legislature home page at <https://legislature.vermont.gov/>
- 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.