



Supporting Vermonters to lead healthy and satisfying lives community by community

Legislative Update for February 24, 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

APPROPRIATIONS LEGISLATION

House Human Service Committee FY22 Budget Requests

The House Human Services Committee recommendations on the fiscal year 2022 (FY22) Budget were very supportive of the budgetary needs of the DA/SSAs. The recommendations on developmental disability services and funding for the office of Alcohol and Drug Abuse Programs (ADAP) included a two percent COLA increase for the designated and specialized service agencies stating, "These agencies provide a myriad of services, including for persons experiencing substance use disorder, mental health conditions, and developmental disabilities. The cost of this two percent increase is \$7,954,545 GC (\$3,500,000 GF). In order to offset some of this expense, the Committee recommends a \$1,000,000 GC (\$440,000 GF) decrease to the Governor's proposed developmental disabilities caseload appropriation, which has been underspent during the past three years. Taking this decrease into consideration, the cost of the two percent increase for designated and specialized service agencies is \$6,954,545 GC (\$3,060,000 GF).

Regarding ADAP, "the Committee recommended an additional \$240,000 GC (\$105,600 GF) (\$20,000 x12) to permanently increase the base funding for recovery centers. The Committee further recommends that the administration seek the addition of recovery coaching to the Global Commitment Fund Waiver when it is renegotiated; 37 other states currently utilize Medicaid for these services. The Committee recommends a \$910,000 GC (\$400,400 GF) increase to the salaries of masters-level substance use disorder counselors employed by the designated agencies. This will make a substantial impact in the ability of agencies to recruit and retain these professionals, even though they will still be at lower salaries than comparable positions in health care."

House Health Care Committee Receives Testimony on One-time investments from DMH Commissioner

Commissioner of Mental Health Sarah Squirrell provided testimony on her recommendations for One-time funding. Commissioner Squirrell's priorities for one-time funding:

1. Peer services – demonstration on peer respite or peer community center. DMH has received proposals from Vermont's Network of Peer Providers and could utilize funding to have a demonstration/pilot program in an identified region of the state.
2. Comprehensive mental health support for LGBTQ youth Comprehensive MH support for LGBTQ Youth a. DMH has successfully utilized previous CRF Funding to work with Outright Vermont to support suicide prevention efforts for LGBTQ youth and general outreach and support. Vermont needs a more comprehensive approach to supporting the mental health needs of LGBTQ youth,
3. Housing paired with support services, transitional housing. The lack of group housing at NKHS and RMH were highlighted by Deputy Commissioner Mourning Fox. This could include acquiring and rehabbing housing or even start-up costs for people who need housing. However, it was agreed by all that it is hard to start up residential programs without ongoing resources. The Commissioner said adding beds to the intensive residential program in Rutland is one option that would not create significant ongoing funding needs.

The Chair and co-chair spoke about bridge funding to cover operating costs of residential programming to achieve future avoidance of inpatient operational costs. See the memo at this link:

<https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20Health%20Care/FY2022%20Budget/W~Sarah%20Squirrell~Memorandum%20on%20One-Time%20Funding%20Priorities~2-17-2021.pdf>

House Health Care Budget Discussion

The Chair of the House Health Care Committee throughout the deliberations on budget was clear that he feels strongly about prioritizing salary increases for DA/SSA staff. If a COLA cannot be achieved, he expressed willingness to advocate for a one-time bonuses for staff as a fall back. Rep Lippert also expressed frustration about the funding appropriated to DA/SSAs for loan repayment and tuition assistance that was reduced because it wasn't used and 3 years later is still not moving forward.

The House Appropriations Adopts Recommendations of Health Care Committee for One-time Funding

The House Appropriations accepted all of the House Health Care recommendations for one-time funding for H. 315, the one-time COVID funding bill which is ready for vote in House of Representatives. See the House Health Care Committee memo to the House Appropriations Committee at this link:

<https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20Health%20Care/FY2022%20Budget/W~Sarah%20Squirrel~Memorandum%20on%20One-Time%20Funding%20Priorities~2-17-2021.pdf>

The bill makes the following appropriations to the Department of Mental Health;

- \$300,000 general funds for grants to peer-led and -impacted member-led organizations for Emergency Outreach Service Grants. Of these funds, the Department should allocate \$150,000 to peer-support organizations and \$150,000 to organizations supporting the needs of LGBTQ youths.
- \$4 million general funds for Housing Supports in community settings; The grants shall be awarded to organizations that demonstrate the greatest ability to respond immediately to the need for housing supports and shall be for projects that will not require additional State funds for operating costs in future years or that can redirect current expenditures, or both. To the greatest extent possible, grants shall be awarded for projects in underserved areas of the State. At least one grant shall be awarded to a peer-run or peer-directed housing organization. Priority criteria: (1) create movement within the current system of care, such as those that would move individuals out of hospitals and other restrictive settings and back to a community setting. (2) focus on equity and on providing patient-centered care; and (3) employ or build on successful, evidence-based models of supportive housing.
- \$850,000 general funds to provide case management staff at the Designated and Specialized Service Agencies. Each DA and SSA needs to hire an additional case manager for one year to provide case management services to Vermonters whose lives have been upended by the COVID-19 pandemic and who need of urgent supports right now.
- \$150,000 general funds for training and wellness supports for front line health care workers to help them meet Vermonters' current mental health needs, such as training for emergency department personnel responding to an increased demand for crisis services as a result of the COVID-19 pandemic and training on trauma-informed and trauma-specific care for mental health professionals responding to the surge in mental health treatment needs. The staff would also benefit from wellness supports as they continue to care for people in crisis while experiencing their own stress, anxiety, and trauma as a result of the pandemic.

The bill also provides \$10 million CRF funds to the Vermont Housing and Conservation Board to provide shelter for persons at risk of experiencing homelessness or suffering economic harm due to the pandemic.

The Bill appropriations \$66,000.00 for the Green Mountain Care Board to update VHCURES to improve data collection related to health equity. Plus, \$134,000.00 is appropriated to the Department of Health

for collection and analysis of demographic data, including race and ethnicity data, regarding Vermont residents who experience health disparities.

The House Appropriations plans to address the workforce challenges of DA/SSAs in the appropriations bill.

Senate Appropriations Committee Hears Further Testimony from Department of Mental Health

In follow up testimony to the Senate Appropriations Committee, Mourning Fox said that they are about to get the program off the ground for placing mental health workers in state police barracks. He said it was a broad stakeholder process. The hiring process will be a joint process between the designated agencies and the state police, although the individuals doing the work will be employees of designated agencies.

The proposed appropriation of \$400,000 for the justice reinvestment initiative will involve supporting DOC to screen people before they come out of incarceration. People transitioning to the community will be referred to local resources. The program will be piloted in Chittenden, Caledonia and Rutland counties. They are considering having clinician stationed at probation and parole offices.

There was discussion of rate increases and prospective payments to the Retreat to help stabilize it. The Retreat will be seeking investments from outside parties and has embarked on business restructuring focusing on inpatient and residential services.

Commissioner Squirrell spoke about the 10-year plans long-term comprehensive vision for an integrated holistic mental health system. They are using the plan to align funding decisions. The plan is also the foundation for the Health Integration Council. The Council shall address the integration of mental health in the health care system, including:

1. identifying obstacles to the full integration of mental health into a holistic health care system and identifying means of overcoming those barriers;
2. helping to ensure the implementation of existing law to establish full integration within each member of the Council's area of expertise;
3. establishing commitments from non-state entities to adopt practices and implementation tools that further integration;
4. proposing legislation where current statute is either inadequate to achieve full integration or where it creates barriers to achieving the principles of integration; and
5. fulfilling any other duties the Council deems necessary to achieve its objectives.

Senator Kitchel said health reform is about redistributing funding up front. We give lip service to the importance of mental health and prevention and treatment, but there is still a lot of policy that sets it outside.

POLICY LEGISLATION

Senate Health and Welfare on Audio-Only

Last week Senate Health and Welfare reviewed the [draft legislation](#) from House Health Care that would allow for reimbursement at the same rate as in-person and telehealth for audio-only care through 1/1/25. This timeframe allows for a one-year period of data collection on use of audio-only care (2023) and an opportunity in the 2024 legislative session to take policy action. The bill also requires informed consent around cost prior to delivering audio-only care.

In addition to reviewing the bill, Senators heard testimony from Helen Labun of Bi-State Primary Care Association, representing a provider coalition that includes Vermont Care Partners, the Vermont Medical Society, and the Vermont Association of Hospitals and Health Systems. Senator Hooker asked about the typical phone call in the middle of the night to the pediatrician: would that now come with a charge? Labun explained that this reimbursement only applies to visits that would otherwise have been an in-person visit. Senator Cummings expressed concern about the clause that allows for audio-only care to be reimbursed even when a patient does not have a prior existing relationship with the provider. Labun noted that this is primarily for mental health concerns, and offered the example of a person with a dental phobia needing to start mental health care through an audio-only connection in order to get to place of comfort to come into the office. Labun emphasized that providers are only allowed to be reimbursed for audio-only care if it is “medically necessary and clinically appropriate” to do so.

The committee received [a fiscal note](#) from the legislature’s Joint Fiscal Office stating that it was unable to estimate the cost of this policy change due to the fact that utilization has been so heavily impacted by the pandemic that it is impossible to predict future use in a non-pandemic context. The committee will hear testimony from health insurers and clinicians this week, including CSAC Medical Director Joe Lasek, representing CSAC and Vermont Care Partners.

House Health Care Committee Accepts Testimony on Health Equity Bill

The bill as introduced proposes to

- (1) establish the Office of Health Equity in the Department of Health;
- (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.

The Office of Health Equity would advise the Commissioner of Health, Governor, and General Assembly on matters of health equity affecting Vermonters. The Office would be administered by the newly created position of Director of Health Equity.

Heidi Klein, Director of Planning and Health Care Quality, Department of Health said the bill would require long term investment and multiple staff to support a health equity advisory, data collection and grants management, including support to organizations to manage grants.

The current State Long Term Plan does address health with a focus on four populations:

1. BIPOC
2. People with Disabilities
3. LGBTQA
4. People living in poverty

The development of the State Health Improvement Assessment and Plan involved 90 agencies and included people with lived process. She said they have been able to achieve much of what has been outlined in the bill. It was acknowledged that the bill would bring health equity work to the next level. The Department has not worked as extensively with LGBTQ community as the bill calls for. She would like five unique positions to do the work. She concluded that added infrastructure will add information and accountability to achieve improved health equity.

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.

<https://vermontcarepartners.org/wp-content/uploads/2021/02/2021-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.