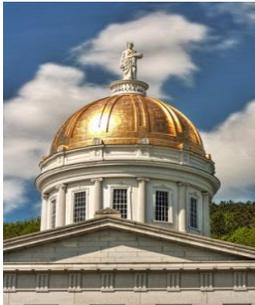




Supporting Vermonters to lead healthy and satisfying lives community by community

## Legislative Update for April 20, 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

*The new federal relief bill, ARPA, will bring a larger than anticipated infusion of funds to the State of Vermont of nearly \$2.7 billion of which \$1.3 billion is directed to state government. It may lead to adjustments in state appropriations, once there is greater clarity about allowable use and restrictions of the federal fund. Most of the funds must be expended by the end of 2024 and most likely will not be used for funding base appropriations which continue on an annual basis. The state revenue forecast for FY22 is uncertain given the dynamics of federal funds and delays in income tax filing day to May. It appears that there are abundant one-time funds.*

*Vermont Care Partners and network agencies are advocating for resources to meet the increasing acuity and demand for services after the Governor's budget didn't address the rate increases needed for 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 AND FUNDING-RELATED LEGISLATION

#### **Appropriations Bill Heading into the Final Stretch**

The Senate Appropriations Committee will be finalizing their work on FY22 budget bill this week which means this is the last chance to advocate for the 5% Medicaid rate increase/cost of living adjustment (COLA) for designated and specialized service agencies. After the full Senate approves the bill next week it will go to the House of Representatives. It is likely that the House will not approve the Senate's adjustments to the budget and bill. At that point, a committee of conference will be convened to work through the differences. When both the House and Senate approve the bill, as amended by the

committee of conference, it goes to the Governor who has 5 days to sign it into law, let it pass into law without his signature, or veto it. If it is vetoed, legislative leadership would need to call the legislature back into session to either vote to override the bill with a 2/3rds majority or pass a bill that the Governor will accept.

### **H.315 the Quick One-time Bill Becomes Law**

H.315 the Quick One-time Bill became law on April 19<sup>th</sup> without the Governor's signature. This bill will appropriate \$4 million for facility and housing investments for the developmental and mental health system, \$850,000 for urgent care case managers at 10 designated agencies and \$150,000 for health training and wellness supports for health and mental health workers stayed in place.

## **POLICY LEGISLATION**

### **House Committees Continue Consideration of S.3**

House Judiciary Committee Chair Maxine Grad has begun the process of amending the bill and is expecting Representative Donahue to recommend an amendment.

Sarah Robinson, MSW, Deputy Director, Vermont Network Against Domestic & Sexual Violence spoke about notification of victims which she sees as important for them to provide for their own safety. She said they are fine with having the forensic working group to address information on treatment status.

In the House Health Care Committee, Mental Health Deputy Commissioner Fox explained that DMH and providers address safety in addition to mental health. He gave an overview of the bill's key aspects. DMH supports conducting a competency examination in advance of sanity evaluation and having VT Legal Aid Mental Health Law Project have party status in the cases. However, notifications of State's Attorney when orders of non-hospitalization are violated creates a conflict for a therapeutic provider to take on a support and policing role. DMH is in favor of eliminating this provision until the forensic committee addresses it. Deputy Commissioner Fox spoke about how the care management team of DMH works with DAs to ensure that ONHs are being followed.

Deputy Commissioner Fox said DMH and DOC are supportive of doing a review of mental health services for individuals in the correctional system. They would like one-year to complete the study. He said currently DMH provides consultation on mental health services for people in the custody of DOC, plus they train clinical staff of the health care contractor as mental health professionals to enable them to do emergency exams to access involuntary hospitalization. DMH does not provide any oversight to the health care vendor but has been involved in the RFP process for the contractor. Fox said he would be open to having the potential to do oversight of the mental health services as part of the Forensics workgroup study.

Deputy Commissioner Fox emphasized the importance of developing a formal competency restoration program as a civil rights issue. He is open to adjustment to make the study language less prescriptive to openly consider options such as whether Vermont should develop a forensic facility. He would like a longer timeframe and resources to bring in national experts for the workgroup. Representative Donahue questioned the size of the group and its broad scope which the Deputy Commissioner concurred with. Representation from DAILE was discussed.

Simha Ravven, MD, the Medical Director of the Howard Center testified as the President of the Vermont Medical Society. She is a forensic psychiatrist who does criminal responsibility (insanity) and

competency evaluations and provides clinical care to people who have histories of violence. She would like to have robust community-based services and supports the proposal to establish a workgroup. Here are the key points she made to the Committee.

1. Keep sanity and competency examinations separate. Competency determines the person's ability to participate in the criminal responsibility evaluation. She believes that Vermont could do more to work with people to restore competency.
2. The bill requires the DMH Commissioner to give notice to the State's Attorney if a person committed to an ONH is not in compliance. She said it will be important for designated agencies to understand the specific reporting requirements. Notification requirements should be delineated by the workgroup and enacted only after the workgroup completes its work. She shares the concern about the notification requirement bringing up a conflict in a clinician's role to both support the client and police them.
3. It was recommended that the forensic working group have more time to complete their work, 6 – 12 months, with adequate funding to consult with regional and national expertise.
4. She would like to see treatment and classwork to assist people to regain competency. She said that 60 – 80% of people in those circumstance can achieve competence.
5. She would like to see more specialized supports for people in the community who have forensic needs to enable them to transition out of hospital care.

### **Senate Health and Welfare Continues Work on Health Reform**

Committee Chair Ginny Lyons integrated the testimony on S.120 and S.132. S.120 proposes to create a "Joint Legislative Health Care Affordability Study Committee to explore opportunities to make health care more affordable for Vermont residents and employers".

S.132 proposes "to consolidate responsibility for health care innovation under the Director of Health Care Reform in the Agency of Human Services and to add new criteria to the certification requirements for accountable care organizations. It would require accountable care organizations to collect, analyze, and report quality data to the Green Mountain Care Board to enable the Board to determine value-based payment amounts and the appropriate distribution of shared savings among the accountable care organization's participating health care providers. It would also require accountable care organizations to provide the Office of the Auditor of Accounts with access to their records to enable the Auditor to audit their financial statements, receipt and use of federal and State monies, and performance. The bill would require the Green Mountain Care Board to review and approve proposed health care contracts and fee schedules between health plans and health care providers and would place certain conditions on the health care contracting process. It would seek to increase transparency in the purchase and lease of items of durable medical equipment and would take an incremental approach to requiring health insurance coverage for hearing aids. The bill would also require submission of reports to the General Assembly on health insurers' administrative expenses, inclusion of specialty care in the All-Payer ACO Model, accountable care organizations' care coordination efforts, and the likely impacts of requiring health insurance plans to offer at least two primary care visits per year without cost-sharing".

Deborah Richter MD, President, Health Care for All, said people are not accessing care because of huge out-of-pocket costs. She said 36% of Vermonters are underinsured and too often not accessing needed health care to the detriment of their health. Health Care for All supports S.120 with some improvements to ensure that all have access to care and pay for it based on their ability. Michael Fisher, Chief Health Care Advocate, Legal Aid, recommended added language to the bills. He is glad to see legislators brought together on broad systems reforms.

Susan Aranoff JD, Senior Planner and Policy Analyst, VT Developmental Disabilities Council, spoke in favor of have an independent study of the All Payer Model (APM), including whether Green Mountain Care Board (GMCB) has a conflict in its oversight role as a party to the APM. The Council would like to add a contingency plan, should the APM fail. She is concerned about the large amount of Medicaid funds awarded to OneCare with limited oversight. She said delivery system reform (DSR) funds should have been invested in other organizations, such as designated agencies to create better equity in where investments are made. She would rather the language in S.132 not assume automatic renewal of the APM. If it is renewed, she believes that an increasing share of the Medicaid funds would go under the spending cap. She said Act 113 and the current agreement would bring all Medicaid funds under the cap, including the optional home-based and community services. As Vermont gets closer to the cap only these optional services will be allowed to be rolled back. She thinks the process set up in S.120 is a way to address this issue. Senator Hardy after hearing Susan's remarks, said she would like the legislation to give direction on the waiver renewal.

Ed Paquin, Executive Director, Disabilities Rights Vermont, testified in favor of S.120. He believes it is important for government to control health care spending to equitably meet the needs of the people and control costs. He thinks the APM has some good ideas like moving away from fee-for-service payments. He does not agree with provider-led reform because it has increased consolidation of providers and supports and strengthens the key large players who are taking care of their own infrastructure first and foremost. He agreed with Susan in that if the hospitals continue to manage the resources through the ACO they will not invest in the long-term care home and community-based providers. He said it requires different expertise to provide public health, long term community care and acute care. They should be coordinated but hospitals should not be in control. He believes that state government should control the system of care on the public's behalf.

Ellen Schwartz and Grace Beninson, Vermont Worker's Center, shared how Grace had a stroke due to undiagnosed type 2 diabetes. She didn't go to primary care because of her the high deductible of her health insurance plan. They do not want the continuation of a health care monopoly in private hands. They support the S.120 analysis of the health care system and want a universal and unified health care system.

Patrick Flood, who is retired from leadership positions in the Agency of Human Services and began his career as a nurse, testified in favor of both bills. He supports the concepts behind the APM, however he wants to see an evaluation of the ACO model which he believes is failing. He thinks we can achieve affordable universal coverage and make Vermont a mecca for primary care physicians. He would like a commission to study health affordability. In his opinion the state auditor should have full access to the ACO. He would like S.132 to look at primary care to keep people healthy, addressing mental health needs, social determinants of health, and the need to expand insurance coverage. He said investing in mental health will result in an immediate reduction in health care demand and costs.

Senator Hooker asked about the continuity of care between of mental health and the ACO. Patrick said DA/SSAs need better resources for staffing rather than another data system to coordinate care. By adding more care coordinators at the ACO we are adding duplication, it would be better to invest those resources in the community providers. The response from Senator Lyons was that the successful efforts of hospitals to reduce waiting times at emergency departments is a direct result of the work done by the ACO; "we want to keep those things that work".

Ena Backus, Director of Health Reform, Agency of Human Services, testified that ARPA will have significant impact on affordability of health care. It expands eligibility and premium assistance for

health insurance. Subsidies go through 2022 and there is speculation that the subsidies could be made permanent in the future.

She said the State is required to submit a proposal for how to integrate mental health, substance use disorders, long term care and community-based services in the APM renewal. The State is not required to proposed integrating these services. The next agreement will have new targets for health care growth. One of her concerns is that S.132 is not consistent with the APM performance improvement plan. She said we are poised to maximize payment and delivery system reform to transform the health care system. We need to maximize performance in current agreement to improve future options. Value-based payments are inclusive of payments attached to quality and value, even when they are not a fixed prospective payment. She defended the slow transition to fixed prospective payments by saying moving away from FFS is a stepwise process. With more than 80% of Medicaid enrollees in value-based payment services, she believes we are making headway. Furthermore, the APM does not require fixed prospective payment. She believes that CMMI will continue to focus on the ACO model and Vermont is positioning itself well to meet the direction of national health reform. In response to Ena's testimony Senator Hardy expressed concern about the global commitment waiver being so tied to the ACO after all the concerns they have heard from constituents.

Corey Gustafson, Commissioner, DVHA testified that the recently enacted American Recovery Plan Act (ARPA) is changing the financing of health care. Vermonters will be able to access increased subsidies. The level of subsidy for premium payments is incredibly large so employers may want to consider the impact. He said DVHA pays the ACO for coordination and alignment of services. The resources allow the ACO to build on existing care coordination infrastructure. He said in 2019 quality improved due to the ACO. Even if the APM is not renewed, he believes we need to get away from fee-for-service and we must have a "provider-based entity to lead contractual, relationship and care coordination efforts." He believes it is a better product for Vermonters and better for the providers.

Mark Hage, Director of Member Benefits, VTNEA, spoke in support of S.120 and likes proposals in S.132 for access to primary care at no cost, as well as the proposal to open access to financial records of the ACO. VTNEA believes that as the ACO extends its reach in the health care system it will drive up prices and reduce affordability and access to health care. He sees the ACO as expanding prescription, specialty care, hospital care and administrative costs. Strengthening care coordination and quality evaluation by state employees is the model they prefer. He went on to note the need for more robust investment in community-based and prevention-oriented care. He would like to see DVHA manage Medicaid funds as it did in advance of the ACO. He wants conversation at the community level on how to best improve health care.

Jessica Morrison, Vermont Worker's Center, is a nurse practitioner who is concerned that the ACO model does not help with access and affordability of health care. Small primary care practices have been closing because of the ACO's administrative and financial demands. Instead, she sees UVM and DHMC advancing their monopolies which negatively impacts affordability. She does not want to see health care privatized. She concluded that saving the ACO model will not address the health care challenges of Vermonters.

Senator Lyons highlighted two critical threads she was hearing:

1. The need for sufficient funding to support providers and keeping health care affordable.
2. The importance of linking social services and acute health care providers for the patients served.

Kevin Mullen, Chair, Green Mountain Care Board, said that he agreed with Patrick Flood on the shortage of primary care programs. He added that mental health workers and nurses are also experiencing workforce shortages which drives up costs. GMCB is focused on value.

Susan Barrett, Executive Director, GMCB, supports S.120 and offered to provide data and research. They are committed to the APM and value-based approach. The pandemic will make it hard to evaluate the model but she believes the model enables providers to focus on keeping Vermonters healthy. GMCB also wants to ensure provider sustainability. The fixed payments were very helpful to providers during the pandemic but would have been more effective if we had achieved our scale targets. Equity in payments to health providers was pointed out as important to both GMCB and CMS.

Senator Hooker is concerned about entering into another phase of the APM before we can define the value of our current program. Kevin Mullen said maybe it would be better to have a one- or two-year extension of the APM instead of a 5-year agreement.

Kate Logan, Rights and Democracy, testified in favor of S.120. She praised the joint legislative health care affordability public hearing process set forth in the bill and wants to ensure community participation is fully supported in the process. She wants to find better ways to enable populations to access public health care programs and emphasized that health care affordability is critical.

Ruby Baker, Executive Director, Community of Vermont Elders, testified in favor of S.120. COVE wants to think beyond the current model and look at new and creative reform models. They support access to records of the ACO.

### **S.16 on Exclusionary Discipline Reform in House Education Committee**

On April 13 and 14th, the House Education Committee continued work on S.16, a bill that creates a Taskforce on “Equitable and Inclusive School Environments” (the taskforce was renamed from “School Exclusionary Discipline Reform.” Based on last week’s testimony, the Committee made some adjustments to the Senate bill, adding new language on professional development and ensuring that expulsion, as well as suspension, was prohibited for students age eight and younger.

On Tuesday, April 13, Wendy Geller and Jess DeCarolis from the Agency of Education testified on the data that the Agency of Education currently has and some of the federal requirements and guardrails on this data. They suggested that the Taskforce be trained on the current available data and the data requirements. Representative James pointed out that, nationally, LGBTQ students and gender non-conforming students experience disproportionately higher rates of disciplinary action. She noted that the numbers are low in Vermont and asked if Vermont had gaps in data collection. Geller noted that the Agency collects data on whether students are part of a protected class (if they know that) but noted there may be logistical and ethical challenges in identifying students this way. She said that the Youth Risk Behavior Survey is the current way that data is collected.

On Wednesday, the committee heard testimony from Lindsay Halman at UP for Learning [Unleashing the Power of Partnership for Learning], along with Winooski High School Students Evelyn Monje and U-32 High School student Townes DeGroot. They urged the Committee to center student voice in the committee work and encouraged a focus on restorative practices.

The Committee worked further on the bill, attempting to winnow the group membership from 19 to 14 or 15 members. To do so, they removed the Executive Directors (or designee) of the Vermont Independent Schools Association, the Superintendent’s Association, and the VT NEA. They did not

discuss adding VCP membership. They decided to extend the due date for the report to January 1, 2022, with a final report due March 2022. They decided not to apply the requirement of school districts of reporting truancy related data to approved independent schools to not slow the bill down believing that the Taskforce would likely make this recommendation for the future. The Committee will return to this bill when they have a revised draft.

### **Senate Health and Welfare and Judiciary Committees Study Residential Care for Youth**

On April 16, 2021, a joint meeting of Senate Health and Welfare and Senate Judiciary focused on oversight for the residential system of care for Vermont kids (link [here](#)). The committee chairs introduced this testimony by explaining that they are trying to understand DCF and AOE licensure issues, as well as mandating reporting, as it relates to past or current responsibility by the State for reported abuse at Kurn Hattin. Senator Lyons noted that Senate Education will take up the AOE licensure piece separately.

Legislative Counsel Katie McLinn shared that their office was tasked with looking at regulatory structures, mandatory reporting, and liability. McLinn noted that because Kurn Hattin gave up for their Residential Treatment Program [RTP] license from DCF voluntarily, there is no current oversight. DCF would investigate if there was a credible report of child abuse. Counsel Jim Desmarais shared that “recognized independent schools,” different from approved independent schools which accept public tuition dollars, are required to provide training for staff in child sexual abuse; background checks and fingerprinting on employees and contractors; check names with the Child Protection Registry; and adopt hazing/harassment/bullying policies. Otherwise, AOE has no express investigative authority and regulatory oversight is very minimal.

Senator Sears, citing testimony of Kurn Hattin abuse survivors, including one woman in her 80s, stated that “we have no one with oversight [of Kurn Hattin] in the state of Vermont.” Legislative Counsel Erik Fitzpatrick testified about whether the State itself could be liable. He said that the State cannot be subject to liability for damages for licensing/inspecting facilities. Regarding placement, it turns on what was the state’s knowledge at the time (i.e. if they were aware). Regarding the State’s role as investigators of abuse and neglect Fitzpatrick noted that if the state does not investigate [a report] at all, then there’s possible liability. If they do investigate, there is no liability. “All of this is connected to the statute of limitations,” he said. The Legislature repealed the statute of limitations for child sexual abuse. If it is physical abuse, that has a 3-year statute of limitations, which starts when a person turns 18.

DCF Commissioner Sean Brown and General Counsel Jennifer Myka provided an overview [powerpoint](#) of residential licensing and abuse/neglect investigation processes. Myka noted that DCF investigates both individual cases and residential treatment programs and foster care settings. Residential licenses are renewed every two years. Myka noted that most of the recent allegations at Kurn Hattin were child-on-child sexual contact. Senator Hardy asked, “isn’t there a responsibility for adults to protect kids from child-on-child?” Myka responded by saying that in an institution, it is harder to identify which adult has failed to protect the child. When children sneak off, there is often ambiguity about which adults are supposed to be supervising. Brown noted that if an adult becomes aware of this, the adult should report the concerning behavior, and it could be referred for a regulatory investigation, as well as a child safety investigation.

Brown described that DCF was concerned about removing Kurn Hattin’s residential treatment license because then DCF’s oversight would evaporate. Noting that now it functions as a private boarding school, he shared that in the process of relinquishing its license, DCF required Kurn Hattin to let referral

sources know they were relinquishing their license for residential treatment. Senator Hardy asked what DCF recommends to address some of the concerns raised by the Kurn Hattin case. Brown stated that it would be helpful to have more tools than just closure. Drawing a parallel to a family investigation, he explained they can choose lesser options than DCF custody such as conditional custody, or family support case. Noting testimony related to the Office of Child Advocate, Brown said “I am sensitive to the fact that some people think we overreach.” In Calendar Year 2019, DCF received 20,078 reports, 78% came from mandated reports.

The joint committee also heard testimony from Colonel Matt Birmingham, the Director of the Vermont State Police. He talked about working closely with DCF through Special Investigation Units (SIUs) and how the system has evolved since the 1980s, when victims allege that state police would continually return kids to Kurn Hattin even when those kids reported abuse to the trooper.

Brynn Hare, legislative counsel, explained what happens if a mandatory reporter fails to report. There is an obligation to report for reasonably suspected occurrences within 24 hours. Violations are a misdemeanor with a \$500 fine and up to 6-month prison sentence and the fine is \$10,000 if there is intent to conceal child abuse and neglect. There could be employer disciplinary actions. There could also be professional licensure implications. Abuse could lead to a private civil action.

### **Mental Health Related Topics in Senate Health and Welfare – Friday April 16, 2021**

Senate Health and Welfare took testimony on a number of topics, starting with gaps in the Children’s System of Care. Chair Lyons stated that “we are concerned about the mental health [of] kids, especially during the pandemic.”

DMH Commissioner Squirrell, Child, Adolescent, and Family Unit [UNIT] Medical Director David Rettew, CAFU Chief Laurel Omland provided a [presentation](#), emphasizing the importance of reopening schools, of the mobile response pilot in Rutland, and a five-year strategy on workforce. Omland provided a brief overview of the history of system of care in Vermont, emphasizing themes of collaboration, family voice, and expanding service array. Noting that DMH takes a public health approach, Rettew stated that “our lane is the entire spectrum” from prevention to intensive inpatient services. Omland noted that partnerships with schools are really important. Omland identified social determinants of health, the opiate epidemic, and exposure to trauma as drivers of the increase in the number of children served in the mental health system in Vermont, also noting an increase in acuity and that “Vermont is good at identifying need and being responsive.”

Rettew provided an overview of some of the increasing mental health needs for youth pre-pandemic, noting that kids who will struggle the most from COVID are the ones who were struggling the most before. Commissioner Squirrell said 16 youth are waiting in emergency departments this week, compared to 4 last year.

Danielle Lindley, CYFS Director at NCSS, dispelled the assumption that CYFS services take place in outpatient offices. “93% of our services are delivered in home and community settings.” She cited that of her 300 staff, only 20 are office-based -- the rest are embedded in schools and primary care. Lindley cited workforce retention and recruitment as the biggest challenge to meet kids’ needs in the community, noting an increase in referrals and in staff caseloads. She pointed out the disparities in pay between DA staff and healthcare, schools, and state government, as well as an inability to recruit for integral support such as foster families, home providers, respite providers. She noted that kids most impacted include those in DCF care; those diagnosed with sexually reactive behavior; those with co-

occurring mental health and developmental disabilities such as Autism, and those with trauma histories and attachment disorders.

Senator Hardy expressed concern about the state's plan to return kids to school who have not been vaccinated, stating that it is causing increased anxiety. Lindley noted that "heading back into school is so complicated," and said she has been impressed with the work of local School Recovery Teams and their collaboration with their mental health partners in the community. Chair Lyons said, "We will get back to this issue."

Later in the morning, Disability Rights Attorney AJ Ruben communicated forcefully that there was a disconnect between DMH's testimony and NCSS's on gaps in the Children's System of Care. "NCSS talked about the complete crisis and lack of staffing and inability to provide community services." Citing that DMH's response to this is mobile response in Rutland, he said "The administration doesn't seem to be approaching the need with the amount of money and resources that it really requires. We need more than a pilot project in Rutland, we need a massive infusion of staff expertise and resources to get out of this vicious cycle."

### **Senate Health and Welfare Reviews Miscellaneous Mental Health Bill**

DMH Deputy Commissioner Mourning Fox spoke in support of elements of [H46](#), a miscellaneous mental health bill. This included an addition to the language on voluntary admission to inpatient care: "the person understands that inpatient treatment may be on a locked unit and a requested discharge may be deferred if the treating physician determines that the person is a person in need of treatment pursuant to section 7101 of this title." It also included language that requires hospitals to understand how to pursue changing their status from involuntary to voluntary. Fox stated, "people should know their rights, it should be clearly delineated." DMH also supports expanding data collection on use of emergency involuntary procedures to people who are voluntary as well as involuntary. Fox also spoke in support of DMH having a seat on a Taskforce looking at Interstate Licensure established in [H104](#).

On H46 and emergency involuntary procedures, AJ Ruben from Disability Rights Vermont (DRVT) testified that "systemic use of force is based on lack of capacity in the system. They cannot get out of the hospital because there is not enough community capacity due to the lack of staffing/resources. H.46 will help DRVT and AHS and the public do a better job of reaching our goal of minimizing coercion in the system." Ruben noted the "glaring problem" that this data collection does not extend to use of these procedures on children and adults in Emergency Departments. "VAHHS and AHS and the Legislature should do better."

### **H.210 on Health Equity**

Dr. Marissa Coleman, staff psychologist at UVM and chair of UVM's Equity, Diversity, and Inclusion Steering Committee, provided input on [H210](#), which establishes a goal of reducing health disparities, establishes a health equity advisory commission, and creates new continuing education requirements around cultural competency and anti-racism. Coleman expressed support for the bill but provided two recommendations:

- The way the bill defines BIPOC populations against whiteness is problematic, by making whiteness the default. "It makes anyone who is not white racialized versus another human being." The committee was very appreciative of this feedback.
- She suggested changing the term cultural competence to cultural humility. "Competence implies there is an end point." Rather, this work is a lifelong process. Humility invokes the

striving that people engage in the process of being humble and recognizes that they can grow, are empowered to own mistakes, and can receive feedback.

Coleman noted that this bill will be helpful in UVM's equity, diversity and inclusion work. "There is a lot of power in language." The education requirements will be helpful in ensuring a baseline of understanding around cultural humility.

### ***Information on Your Senators and Representative***

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.