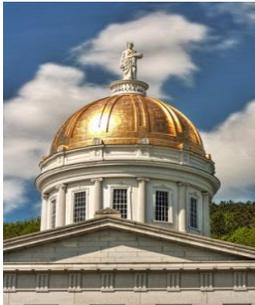




Supporting Vermonters to lead healthy and satisfying lives community by community

## Legislative Update for May 11, 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**

*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**

#### **Conference Committee on the FY22 Appropriations Bill Commences Today**

After the House didn't approve the Senate's proposal for the FY22 appropriations bill, a committee of conference was formed to work through the differences consisting of Senators Kitchel, Sears, and Westman, and Representatives Hooper, Fagan, and Jessup. The Committee will commence negotiations on May 11<sup>th</sup>. When they agree to a final budget, it will be presented to the full legislature for approval. After the legislature approves the bill, the Governor receives it and decides whether to approve it or veto it. This year a veto is a possibility, in which case the Legislature may try to override the veto with a 2/3rds majority in both chambers, or they may choose to make revisions and resubmit it. This may require the legislature to call a special session. The goal is to complete this legislative session by May 22<sup>nd</sup>.

As noted in last week's update Vermont Care Partners is pleased that the Senate included a 3% Medicaid rate increase for designated and specialized service agency developmental and mental health services (\$3.85 million DMH and \$7.43 million for DAIL), as well as language that will release the \$1.5 million for loan repayment and tuition assistance to staff of the agencies who provide mental health and substance use disorder services. We have informed the House that we would like them to agree with both the 3% COLA and the revised language on workforce. Both budgets include \$600,000 from ARPA for Rutland Mobile Crisis Outreach. The Senate added funding for support services for emergency housing transition and rental assistance.

The House Health Care and Human Services Committees are supportive of the Senate funding level and new language for tuition assistance and loan repayment.

## **Policy Language in the Appropriations Bill**

### ***Use of Restraints***

In reviewing the Senate language Representative Donahue found the potential for previous language banning the use of restraints on children could be impacted by language in the bill. With the support of the House Health Care Committee, she will ensure that language on sheriff's use on restraints is clarified. The practice was banned in 2017 budget bill when sheriffs are contracted by the Department of Mental Health. The new Senate budget bill calls for a study of the potential negative impact of discontinuing contracting with sheriffs by the Department of Mental Health and how it impacts the ban. Representative Cina spoke of his direct experience in working with children who were shackled to be brought to inpatient psychiatric care. The highlighted language will be proposed to add to the current language in the Senate Bill.

Sec. E.207 JOINT LEGISLATIVE JUSTICE OVERSIGHT COMMITTEE; TRANSPORTS; STUDY; REPORT (a) The Joint Legislative Justice Oversight Committee shall examine the current system for transporting prisoners and persons with a mental condition or psychiatric disability who are in the custody of the State, including transports provided by deputy sheriffs who are paid by the State pursuant to 24 V.S.A. § 290(b) and transports provided pursuant to contracts that certain State agencies have entered into with county sheriff's departments. The Committee may recommend changes to the existing system and shall identify any benefits and adverse consequences related to those recommended changes. **Any recommended changes shall comply with the Agency of Human Services' policies on the use of restraints in accordance with 2017 Acts and Resolves No. 85, § E.314. 14 (b) On or before November 15, 2021,**

This is the language in the 2017 Appropriation Act:

Sec. E.314 TRANSPORTING PATIENTS (a) Beginning on July 1, 2017, any new or renewed contracts entered into by the Agency of Human Services with designated professionals or law enforcement officers for transport of persons pursuant to 18 V.S.A. §7511 or the transport of children pursuant to 33 V.S.A. §5123 shall include the requirement to comply with the Agency's policies on the use of restraints.

### ***Taskforce on Affordable, Accessible Health Care***

Jen Carbee walked the House Health Care Committee through the section of budget where some of the language from S.120 was placed, Sec. E.126.2 regarding the Task Force on Affordable, Accessible Health Care. The language creates a Task Force that would be composed of three members of the House and three members of the Senate and is tasked with exploring "opportunities to make health care, including prescription drugs, more affordable for Vermont residents and employers, including identifying potential opportunities to leverage federal flexibility and financing and to expand existing public health care programs". It would hold public hearings on health care affordability and would report to the full

legislature by January 15, 2022 on “cost-effective ways to expand access to affordable health care for Vermonters without health insurance and those facing high health care costs and the various options available to implement these recommendations”.

The language in S.120 that the budget bill did not include was “an accountable care organization shall collect and analyze clinical data regarding patients’ age, health condition or conditions, health care received, and clinical outcomes in order to determine the quality of the care provided to its attributed patients, implement targeted quality improvement measures, and ensure proper care coordination and delivery across the continuum of care”. The requirement that the ACO provide a description of its initiative to connect primary care practices with social service providers to the Senate Health and Welfare, and House Health Care Committees was also dropped.

The bill includes \$175,000 is appropriated for a consultant to provide assistance to the taskforce, in addition to the support of legislative offices.

Representative Burrows expressed concern that members of the disability community are not identified for the task force to consult. Representative Cina and Representative Goldman would like stronger language on under-insurance. Representative Cina also wants language stating the goal of universal primary care and wondered that the ACO is not mentioned.

## **POLICY LEGISLATION**

### **House Human Services Approves Joint Resolution on Racism as a Public Health Emergency**

Patricia Johnson, MS, RN, Southwest Medical Center and Recovery House (SUD residential facility), Bennington, testified that racism has been magnified by COVID ; it has shown the level of health inequities at a systemic level. She views racism as a public health threat because it creates structural barriers. The social determinants of health have life-long effects, she explained. Patricia recommends that we better meet people where they are at by knocking on doors and being available on the phone, as well as by tailoring information to their culture. She said everyone wants to be cared for by people who look like them. Racial and ethnic minorities have higher rates of disease and lower life longevity. She would like to have access to flexible funds to do outreach and meet unique community needs. It was noted that a lot of people of color do not use SUD services due to stigma. Regarding the hesitancy of BIPOC communities to taking the vaccine, Patricia said it is “known, it’s not a secret that “people of color have been marginalized, abused, and used” in many, many experiments and trials. She explained that racism creates structural barriers, it kills people, creates inequities. She sees it as a serious public health threat, and we need systemic protections in place to address it.

Later in the week, Representative Rosenquist wanted to expand the title to include ethnic and sexual orientation and other circumstances that create health disparities. The Committee members did not agree because they want to focus on racism and its impact of health equity. They were very moved by Patricia Johnson who spoke about how racism really holds us back. Representative McFaun could not “bring himself to use the term racism”. Representative Redmond said we need to listen to what Vermonters are telling us. Vermonters are experiencing inequities related to race. Committee Chair Pugh pointed out that most of the people who testified did not want the language changed. The resolution was written in consultation with the racial justice alliance. The resolution was passed 9-2-0 and will now go to the full House for approval.

## House Health and Human Services Committee Hear Administration Proposal on Emergency Housing

DCF Commissioner Sean Brown presented a proposal developed by an AHS workgroup on emergency housing. The workgroup had representatives from both state government and community leaders. The plan can be found here:

<https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20Appropriations/FY%202022%20State%20Budget/H.439%20-%20FY%202022%20Budget%20-%20Administration%20Responses/W~Department%20for%20Children%20and%20Families~Emergency%20Housing%20Program%20-%20SFY22~4-27-2021.pdf>

The Commissioner spoke about how the administration worked quickly to close shelters and house people in hotels during the pandemic. Currently 1,900 hotels rooms are occupied. However, many hotels are going to reduce the number of rooms available, leaving the State with about 650 rooms by the fall. In the future, new households who want to access hotels will have to meet new stricter eligibility requirements. These criteria are broader than they were pre-pandemic. The income threshold will be 185% of poverty.

The following eligibility criteria will exist for the period of June 1 through State Fiscal Year22 (June 30, 2022) unless there is a need to respond to the public health emergency or other emergency and expand eligibility.

- A natural disaster such as a flood, fire, or hurricane.
- Domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous or life-threatening conditions related to violence against a household member that cause them to reasonably believe that they are at risk of further harm if they remain in the unit, or if the relevant incident occurred within the applicant's home.
- Families with a child or children under the age of 18, or who are 18 or 19 and attending secondary education full-time or an equivalent level of vocational or technical training.
- Households including a person age 60+.
- Households including a person with a disability, including but not limited to those receiving SSI, SSDI, or VA disability benefits.
- Households including a pregnant person.
- Households that are pursuing legal resolution of violations of the Rental Housing Health Code through the Vermont Department of Health or appropriate local officials.
- Households that have been physically barred entry into their dwelling through the intentional act of the landlord.

Individuals with a disability that significantly impairs activities of daily living (ADL) can request a waiver to receive emergency housing past 84 days. In addition, any GA emergency housing eligible recipients who are currently enrolled, or are likely eligible for any of the following personal needs services programs will be eligible for an exception:

- Choices for Care
- Development Services
- CRT • Brain Injury program
- Attendant services

The program of housing and support services will cost \$40 million, much of it from federal relief funds. Commissioner Brown said its critical that the state build more affordable units to reduce the cost of providing housing to people without homes in the long term.

Jessica Radbord, Staff Attorney, Vermont Legal Aid (VLA), said the task of the AHS workgroup was to find to solutions for the most vulnerable experiencing homelessness within the limits of resources. The

realities of the proposal are becoming more concerning. Where VLA disagrees with some aspects of the report including that the assistance in the GA program “is not an entitlement” for persons who are eligible as long as the funding is available. She also said regardless of appropriations, DCF is obligated to protect and provide shelter to children and vulnerable adults. VLA Opposes the bar on eligibility for emergency housing for 90 days for vulnerable individuals and families who caused their own loss of housing. She took a firm stance that children have a right to GA and suitable housing/shelter regardless of their parents alleged faults. It often takes 180 days to find permanent housing.

Jessica said, given the current vacancy rates and the scarcity of rental units, there simply are not enough housing units available at the fair-market rents. Many of the people in the hotels have health issues, little or no income and poor histories of rental housing. The report assumes there will be 600 new affordable housing units. Unfortunately, there are concerns about the Governor’s proposal to use \$90 million to create the housing. The federal treasury has not yet released rules for the use of the federal funds. There is also concern about developing segregated housing for people with a history of homelessness. She is concerned about service capacity particularly for people with mental health and substance use disorders. She was very clear that rapid develop of housing is needed now. VLA’s stance is that the timelines for changing eligibility are concerning because not all people will have the documented eligibility. She is worried that hundreds of people will be exited from the hotels with no housing available in September. She asked for support for rapid housing development. Here is a summary of key points:

- I. Vermont Legal Aid recommends recognition of an entitlement for eligible GA program participants and elimination of the 90-day bar on eligibility for “causing one’s own loss of housing.”
- II. Rapid development of permanently affordable housing for people experiencing homelessness is critical to the working group’s proposal.
- III. The proposal reflects a significant improvement to the program, but many Vermonters will nonetheless be left without basic shelter.

Commissioner Brown said many members of the taskforce are concerned about what will happen without investment in rapid housing development. Meal deliveries will end July 1. There was a question about children and whether they will be able to access meals. Commissioner Sean Brown they will be looking at how they can work with education to deliver meals to children. In November, another proposal will be developed by the taskforce and presented to the Legislature for FY23, this proposal in just for FY22.

### **Children and Youth Waiting in Emergency Departments in House Health Care**

On May 4, the House Health Care Committee heard testimony on the topic of long waits in emergency departments (EDs) for children and youth. Commissioner Sarah Squirrell brought her colleagues from Agency of Human Services leadership to present [testimony](#). Long waits are symptomatic of inadequate flow in the system, she said, noting that many youth at the Brattleboro Retreat could have discharged had it not been for inadequate capacity in the residential system, which then creates a backlog. The mental health impacts of COVID, the lack of in-person school (and related lack of access to mental health in school), and seasonal fluctuations are all precipitating factors. With fluctuation in a system, having capacity is essential. She noted that on April 22, DMH’s tally showed nine kids waiting in EDs, and today it is three kids. Representative Donahue pointed out the discrepancy between VAHHS data (19 kids waiting on April 22) and DMH data.

Commissioner Squirrell proposed immediate, medium, and long-term solutions. Immediate solutions included last week's updating of guidance for youth congregate living programs, which allowed NFI to open up two more beds; triaging for current youth who lack step-down discharge options at the Brattleboro Retreat; improved access to upstate New York inpatient care (CVPH); targeting additional funds to address needs at the community level; and improved ED triage with ED directors and care managers. Chair Lippert asked how success would be measured, and Squirrell noted that it is important that DMH, DVHA, and DCF set benchmarks in collaboration.

Representative Donahue pointed out that four hours should be the benchmark for waiting in EDs. She spoke of the importance of the environment in EDs, and she would like to see efforts there as part of the immediate solutions. DMH Child and Adolescent Family Unit Medical Director David Rettew noted that DMH is meeting every week with EDs to address how to make physical space more conducive to treatment. Representative Houghton said she wanted to see the Agency of Education [AOE] and DMH working to together to assess the needs of kids. She would like to see the PUCK program expanded as an immediate solution. Commissioner Squirrell noted that "we've been working hard to see the provision of school-based services happening even if school is not in session" and noted that local school districts need to target ESSR funds to social/emotional needs. In response to a question by Representative Cordes on how to strengthen the system of care outside of a crisis, Squirrell promoted the mobile response pilot in Rutland, the alternative spaces RMHS is creating "similar to a PUCK program," and the enhanced FMAP. DMH will look into expanding and scaling up alternatives such as the PUCK program at the same time. She also shared that DMH is working with leaders in the community mental health system to focus on a five-year plan for workforce development.

DVHA Commissioner Cory Gustafson testified that DVHA plans to evaluate payments for hospital diversion; talk to VAHHS about moving to an alternative reimbursement structure, such as a per diem rate, for EDs; and discuss reimbursement/payment for staying on the pediatric floor at UVM.

Selina Hickman, Director of Developmental Disability Services at DAIL, shared that they are doing an inventory of regional capacity for crisis; expanding current crisis capacity at VCIN; and offering an RFP for intensive transition supports, including for children and youth.

Sean Brown, DCF Commissioner, testified that DCF would like to reduce reliance on out-of-state programs. DCF plans to create a group of high-end foster homes in every region. At this time, 18 families have reached out expressing interest. He also cited working with NCSS on a two-week crisis stabilization program and with Families First on co-occurring mental health and developmental disability service needs. Squirrell wrapped up mentioning that "we need to look at private insurers covering the same levels of care as Medicaid."

Devon Green and Emma Harrigan testified on behalf of the Vermont Association of Hospital and Health Systems [VAHHS]. They reviewed their process for collecting weekly point-in-time data from EDs. Chair Lippert asked if there is a process underway to compare data with DMH. "It is imperative that DMH data includes not just Medicaid."

Green testified that this problem should be treated as a public health emergency, with solutions coming in the form of regulatory flexibilities, resources, and data. She also spoke of the importance of statewide telehealth due to workforce challenges; ensuring that transportation is available to locations that are alternatives to EDs; and allocating resources at every level of care to strengthen the spectrum, including partial hospitalization programs and a PUCK in the north as well as the south. VAHHS would especially like to see a resource in the Northeast Kingdom. VAHHS is also look at MPATH units, and proposal on peer drop-in centers.

Representative Donahue wondered if hospitals are now more receptive to having peer support in EDs. Harrigan responded that VAHHS endorses the certification of peer support process and they are seeing movement in that direction. ED directors are also talking about medical clearance and transfer processes.

Jack McCullough from Vermont Mental Health Law Project at Vermont Legal Aid testified that children being held for days and weeks is far from compassionate or humane. He urged committee members to visit EDs where kids are waiting, expressing that people are “there” but not interacting with the patients. He noted that sometimes kids wait a long time at the ED and then, once they arrive at the Brattleboro Retreat, are immediately discharged.

Chair Lippert stated that House Health Care has a role here to convene stakeholders and put pressure on the system. Lippert noted 500 vacancies across the community mental health system. Representative Peterson said there is also a shortage of alternative settings to EDs. Representative Cina has been a crisis clinician at Howard Center since 2004. He said, “Part of the problem is infrastructure, and sometimes it’s culture,” noting how providers talk to and about clients can be very inconsistent. Representative Goldman wondered about a timeframe for reaching a goal of “no child in an ED.” McCullough would like to see this vision extended to adults, and committee members shared that Spectrum Youth and Family Services had brought up concerns about transition-aged youth who are considered adults dealing with the same wait times. Representative Houghton stated that “we need to find a way to help those kids who are waiting for days right now.” Chair Lippert concluded the testimony saying he would like to ask DMH and VAHHS to work together on developing a timeline for metrics on these goals.

On May 7<sup>th</sup> the Committee decided to write a letter setting expectations for the Department of Mental Health. They walked the Committee through a draft asking for specific updates on issues of importance to the Committee. Katie will turn it into a draft letter this coming week with the following points:

1. Will request that DMH prioritize children in the capital bill RFI process for residential programs;
2. Weekly reports on numbers and length of stays in emergency departments of children and adults regardless of insurance coverage;
3. Solicit impact from families and peer stakeholders;
4. Every moment of involvement shall involve treatment and promote recovery;
5. The committee wants to set the expectation for community resources to be robust enough to prevent the use of EDs for children;
6. Establishing Integration Council use the child emergency department crisis as an opening “case response” for an integrated whole health care systems approach to mental health;
7. Provide a monthly updated action times on action steps;
8. Establish a target date for average ED boarding not to exceed 24 hours; and
9. Identify best practice for length of time in assessment and disposition of patient presentation of mental health crisis in EDs and target date for achieving best practice.

#### Regarding Immediate Action

1. Request VAHHS, with collaboration and support from DMH, improved care and comfort, and experience for children in EDs. Examples include providing more emotional support and activities for children; ensure children and adults are not held in one area; use of telehealth; adjust lighting in the evening; and support and information to the parents.

## **H. 225 Removing Criminal Penalties for Possession of Small Amounts of Buprenorphine**

Both Senate Health and Welfare and Senate Judiciary reviewed [H. 225](#), including some edits proposed by Senator Sears. The changes including replacing the word “decriminalize” to “removing criminal penalties;” having the bill take effect on passage; and establishing a repeal date of July 1, 2023.

In Senate Health and Welfare, Sen Hardy noted that the repeal allows others to support the bill. Sen Lyons said she has asked Legislative Counsel to begin drafting legislation for next session that would “make improvements within our Hub and Spoke and DA system so that we don’t run into the situation of determining whether it’s legal or illegal to help people.” Senator Terenzini does not support this bill. Sen Hooker said, “We are in better shape, but we are still only reaching 3 in 10 people [with Medication Assisted Therapy].” The Committee voted to support the language proposed by Senate Judiciary.

Senate Judiciary then unanimously voted the bill out of committee on Friday morning. In doing so, Sears said he started out opposing the bill, but has become aware of the shortcomings of the treatment system. “People are not able to obtain what we thought they are able to obtain,” he said. He received a letter from an acquaintance who wrote about waiting in an ED for four hours for medication-assisted treatment. The letter also said that to access treatment at Howard [Center], “some people have to travel by bus, making three different stops, and if they are one to two minutes late, their supply can be withheld for the week or day. It’s an eye opener.” He also expressed concern about the gaps in Bennington County, including no recovery beds or Methadone providers. “The Legislature and the Administration need to move together to make access to treatment a lot easier,” he said. The bill will move to the Senate floor this week.

## **House Human Services Continues H.243 on a Working Group on Services for Adults with Autism**

This week the House Human Services Committee heard testimony from Max Barrows of Green Mountain Self-Advocates (GMSA) and Karen Price from the Vermont Family Network (VFN.). Max Barrows testified that GMSA was watching to see what would happen with the increased FMAP dollars coming to Vermont and that people with disabilities want to be involved in determining how that money is spent. He also highlighted that GMSA would like to know what happened to individually allocated dollars that were not spent during the pandemic on the approved individual budget categories and services. He stated that GMSA has asked DAIL for an accounting of what happened with those funds. Regarding H. 243, he stated that GMSA would support the workgroup looking at the service needs of all individuals with I/DD, not just autistic people. He also advocated for the elimination of IQ scores as a means for testing eligibility for I/DD services.

Representative Wood asked if GMSA’s testimony was that all people with I/DD should be represented in the work of the workgroup created by H.243 and Max affirmed that was GMSA’s position.

Representative Wood also asked if Max felt the needs of autistic people were met well enough by the System of Care Plan (SOCP) process or if that group of individuals had additional needs. Max replied that he felt needs were met by the SOCP process. Representative Rosenquist asked if the State did away with IQ measurement as a test for eligibility for I/DD services, what measurement/eligibility requirement should replace it. Max responded that he believed eligibility should be based on functional capacity, not IQ. Representative. McFaun pressed further on Max’s response that he felt the SOCP met the needs of people with autism. Max stated that people could use more assistance from the state to live on their own and that during COVID, people could use more support in maintaining their health and well-being. He reiterated that he believed the process of the SOCP works but there is always more assistance that people could use. Representative McFaun posited to Max a scenario of 65-year-old parents with a

35-year-old non-speaking child where the parents felt they could no longer care for the child. He asked if Max felt the SOCP as it currently operates could meet the needs of that family. Max stated that the system could always use more money to support individuals, but he reiterated that needs are present for all individuals with I/DD not just people with autism. He stated that people with disabilities need to be at the table whenever policies, programs, and funding are discussed. Representative McFaun asked if Max knew of any individuals with I/DD or autism who have been involved in the last thirteen years with the reauthorization or updating of the SOCP. Max replied that many of the people who are part of the groups that make up GMSA have been involved and given testimony on the updating of the SOCP.

Representative Wood asked Max how GMSA felt about the provision in the bill that would allow payments to families. Max replied that the GMSA board has not been in favor of paying parents. It has to do with how decisions get made and that sometimes parents of adults with I/DD can be too controlling. Max feels the money should go directly to the person receiving services, not through the parent. Karen Topper of GMSA added that while the GMSA board understands the difficulty of care payment made to families during the pandemic (in recognition that individuals were not receiving their usual services), historically the GMSA does not support payments to parents, especially if the parents are guardians, and the payee for Social Security benefits. GMSA feels that this concentrates too much power in the hands of someone other than the individual receiving services.

Karen Price from Vermont Family Network testified that many syndromes and diagnoses can manifest in the same behaviors and needs as someone with the diagnosis of autism spectrum disorder (ASD.) She testified that families with adult children with ASD or I/DD have expressed frustration with the lack of services and/or resources in such areas as in-person support, programming, and living options, as well as lack of transparency and communication with the I/DD services system. She noted that one upside of the pandemic was the recognition of the caregiving role of families resulting in payment to families through difficulty of care payments. She urged the committee to engage with both parents of individuals on the autism spectrum, as well as families of people with I/DD, and was concerned that the workgroup proposed in the bill contained more professionals than parents.

Representative Pugh asked if Karen thought the scope of the bill should be expanded beyond people with autism. Karen replied that VFN thought it should include anyone who qualifies for DS services. Representative Pugh asked how much families are involved/have a voice in the SOCP process. Karen replied that she was unaware of the State using the SOCP process to gain input. She then clarified that as an employee of VFN she was aware of the SOCP, but she doubted that if she were just a parent, that she would know about it. Representative McFaun stated that in putting together this bill he heard from many parents who were either unaware of the SOCP process or were not involved in the process. He said the scope of the bill was so narrow because he was contacted by a group of parents of individuals with autism who were not getting services. He was willing to expand the scope of diagnoses represented in the bill but not at the expense of quickly addressing the needs of the constituent families who contacted him. On Friday Representative McFaun told that committee that after conversation with Representative Wood he has decided that he and Representative Wood will draft a letter to the Commissioner of DAIL outlining some of the needs and concerns addressed in H. 243 in the hopes that those issues could be addressed quickly. He would like to keep the bill "on the table" but is willing to start with a letter to the Commissioner first. Representative Wood stated they were trying to find a way to balance the needs of families who had come to Representative McFaun with issues while respecting the testimony from the Division that the SOCP process is a way to address those issues. She stated they were also mindful of the testimony they heard that the issue and needs go beyond adults with autism and include adults with I/DD. Representative McFaun asked that if the letter doesn't create a process from DAIL to address the issues raised, that the Committee make a commitment to take up the bill next year. Representative Redmond stated that she would like DAIL to look at the issue of paying family

caregivers post pandemic and define a process for possibly allowing that in certain circumstances. Representative Whitman stated that he would like assurance from DAİL that they are capturing a large quantity of diverse opinions on the issues brought forth in the letter. Representative Redmond also hoped that the SOCP process would give consideration to the testimony the committee heard about people with I/DD wanting more independent living options. Representative Wood and Representative McFaun expect to have a draft of the letter for the committee to review this week.

### **S.3 on Competency and Sanity Ready for Full House Approval**

S.3 the Bill on competency and sanity has not made it through House Appropriations Committee and is ready for consideration by the full House. After that the Senate will review the revised bill and determine whether to accept it or form a committee of conference to work through the differences.

### ***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.