



**VERMONT
CARE
PARTNERS**

Supporting Vermonters to lead healthy and satisfying lives community by community

Legislative Update for May 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 HAPPENED IN THE LEGISLATURE

Vermont Care Partners and network agencies advocated for resources to meet the increasing acuity and demand for services after the Governor's budget did not 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/wpcontent/uploads/2021/01/legislative-agenda-2021-working-draft-1.pdf>

A complete legislative wrap up of all legislation relevant to the Vermont Care Partners network will follow. This update is focused only on the budget, S.3, J.R.6 and H.243.

APPROPRIATIONS

FY22 Budget Passes the Legislature

The Legislature approved the FY22 Appropriations Act on Friday, May 21st. The Governor is expected to sign it into law, but a special session is set for June 23 and 24, should the Governor veto the bill.

Vermont Care Partners is pleased that the budget includes 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 DAHL), as well as language that will release the \$1.5 million for loan repayment and tuition assistance for staff of the agencies who provide mental health and substance use disorder services.

The budget includes \$600,000 from ARPA for Rutland Mobile Crisis Outreach.

(2) \$600,000 to the Department of Mental Health to fund a pilot mobile crisis intervention program in Rutland. It is the intent of the General Assembly that any continuation of this pilot program or expansion of the program to other areas of the State be designed and implemented in a manner that meets the requirements to draw federal Medicaid funding for these services as specified in ARPA.

There are significant funds for an array of housing initiatives. Through a combination of ARPA and other anticipated federal funds, as well available state onetime funds, the intent of the legislature is to invest \$250 million in housing initiatives over time. More information will be included in the Legislative wrap-up.

Sec. G.400 HOUSING AND HOMELESSNESS INVESTMENTS

(a) \$18,500,000 in fiscal year 2022 is appropriated from ARPA Coronavirus State Fiscal Relief Funds as follows:

(1) \$12,000,000 to Vermont Housing Conservation Board to provide housing and increase shelter capacity for Vermonters experiencing homelessness. This allocation is designed for those populations who may be displaced from the hotel/motel voucher program or are currently without housing. Vermont Housing and Conservation Board shall distribute these funds in consultation with the Secretary of Human Services.

(2) \$5,000,000 to the Agency of Commerce and Community Development for the Vermont Housing Incentive Program (VHIP). (3) \$1,500,000 to the Agency of Commerce and Community Development. (A) \$650,000 shall be used by the Agency to provide technical assistance to municipalities on accessory dwelling and small lot development as well as bylaw modernization consistent with specifications enacted in the 2021 legislative session. This allocation may include grants to Regional Planning Commissions (B) \$850,000 shall be used provide grants of \$75,000 to each Regional Planning Commission for increased workload from the pandemic. (b) \$91,000,000 is appropriated from other funds as follows: (1) \$40,000,000 in fiscal year 2021 is appropriated from the General Fund to the Vermont Housing and Conservation Board (VHCB) for affordable housing initiatives. These funds shall carryforward into fiscal year 2022 and are in addition to funding provided to VHCB in 2021 Acts and Resolves No. 9. (2) \$36,000,000 of funds reserved by motion passed on February 11, 2021 by the Joint Fiscal Committee accepting the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260) Emergency Rental Assistance Program grant is appropriated in fiscal year 2022 to the Department for Children and Families to implement the Emergency Housing Assistance Program in fiscal year 2022.

(3) \$15,000,000 in fiscal year 2022 is appropriated from funds received from the American Rescue Plan Act, 2021 (Pub. L. No. 117-2) Emergency Rental Assistance Program to the Department for Children and Families to supplement, continue, or extend, or any combination of the three, the Rental Assistance Program for Reach Up families as permissible by the Emergency Rental Assistance Program.

Funding for the Vermont State Colleges includes:

(D) \$5,000,000 to provide free last dollar tuition for one year of undergraduate studies for critical occupation careers, including bookkeeping certificate, IT service desk specialist certificate, certified production technician, graphic design certificate, software and web development program, electrical and plumbing apprenticeships, dental hygiene, certificate in accounting, small business management, radiologic science, and respiratory therapy. **\$1,000,000 of these funds shall be allocated for paramedic/EMS programs. Funds may be used for practical nursing, childcare, nursing, and mental**

health counseling programs only after available federal and state financial aid is applied to ensure no cost to the student.

The Budget also includes some of the intent of the health bill, S.120 developed by the Senate Health and Welfare Committee.

E.1.6.2 would expand on health care listening tour (leadership will approve – G.100)

More health care language to come on health care taskforce separate from engagement process

Sec. E.126.2 TASK FORCE ON AFFORDABLE, ACCESSIBLE HEALTH CARE; REPORT (a) Creation. There is created the Task Force on Affordable, Accessible Health Care to explore opportunities to make health care more affordable for Vermont residents and employers. (b) Membership. The Task Force shall be composed of the following six members: (1) three current members of the House of Representatives, not all from the same political party, who shall be appointed by the Speaker of the House; and (2) three current members of the Senate, not all from the same political party, who shall be appointed by the Committee on Committees. (c) Powers and duties. The Task Force shall explore 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. The Task Force shall consider the following, keeping in mind the principles for health care reform enacted in 2020 Acts and Resolves No. 48 and codified at 18 V.S.A. § 9371: (1) the long-term trends in out-of-pocket costs in Vermont in individual and small group health insurance plans and in large group health insurance plans; (2) how Vermont's current health care system is impacting Vermont residents and businesses and their access to affordable health care; (3) the extent to which Vermont's uninsured rate may have increased during the COVID-19 pandemic and the specific causes of any such increase; (4) opportunities to decrease health care disparities, especially those highlighted by the COVID-19 pandemic and those attributable to a lack of access to affordable health care services; (5) the findings and recommendations from previous studies and analyses relating to the affordability of health care coverage in Vermont; and (6) opportunities made available by the Biden Administration to expand access to affordable health care through existing public health care programs or through the creation of new or expanded public option programs, including the potential for expanding Medicare to cover individuals between 50 and 64 years of age and for expanding Vermont's Dr. Dynasaur program to cover individuals up to 26 years of age to align with the young adult coverage under the Affordable Care Act. (d) Public engagement. In order to gain a fuller understanding of the impact of health care affordability issues on Vermont residents, the Task Force shall: (1) Solicit input from a wide range of stakeholders, including health care providers; health care administrators; Vermonters who lack health insurance or who have inadequate health coverage; employers; labor unions; members of the New American and Black, Indigenous, and Persons of Color communities; Vermonters with low income; and older Vermonters. (2) Beginning on or before September 15, 2021, hold public hearings to hear from Vermont residents from around the State. Public hearings may be held in person or by remote means. A summary of the findings from these field hearings shall be included as an appendix to the Task Force report. (e) Assistance. To the extent that applicable funds are appropriated in Sec. B.1106 of this act, the Task Force, through the Office of Legislative Operations, shall hire a consultant to provide technical and research assistance, deliver actuarial analyses as needed, and support the work of the Task Force. In addition, the Task Force shall have the administrative, technical, and legal assistance of the Office of Legislative Operations, the Office of Legislative Counsel, and the Joint Fiscal Office. (f) Report. On or before January 15, 2022, the Task Force shall present to the General Assembly its findings and recommendations regarding the most 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. (g) Meetings. (1) The first meeting of the Task Force shall occur on or before August 15, 2021. (2) The Task Force shall select House and Senate co-chairs from among its members at its first meeting. The Co-Chairs shall alternate acting as Chair at Task Force meetings. (3) A majority of the Task Force membership shall constitute a quorum. (4) The Task Force shall cease to exist on January 15, 2022. (h) Compensation and reimbursement. For attendance at meetings during adjournment of the General Assembly, the members of the Task Force shall be entitled to per diem compensation and reimbursement of expenses pursuant to 2 V.S.A. § 23 for not more than eight meetings. These payments shall be made from monies appropriated to the General Assembly.

There will be analysis of changes under consideration for transport by sheriffs.

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. (b) On or before November 15, 2021, the Committee shall submit a report to the House and Senate Committees on Appropriations, on Government Operations, and on Judiciary regarding its findings and any recommendations for legislative action. (c) In conducting its review pursuant to this section, the Committee shall review audits prepared by the Auditor of Accounts regarding the use of deputies who are paid by the State pursuant to 24 V.S.A. § 290(b) during tstate of emergency declared pursuant to Executive Order 01-20, as amended, and the Inmate Transportation Study Report prepared pursuant to 2018 (Sp. Sess.) Acts and Resolves No. 11, Sec. E.2

May 18 -about the air quality work in section 15 of Act 9 (H.315)and whether our independent schools could access those resources.

If new federal funds in excess of \$5 million come into the State the Joint Fiscal Committee will direct where they will be appropriated. Section G100 of the appropriations bill lays out a process for the appropriation of the remaining \$500 million in ARPA funds and any additional funds from federal infrastructure legislation.

House Human Services Committee Writes Letter to DAIL on Autism

On Tuesday, May 18th the Committee reviewed a letter drafted by Representative McFaun and Representative Wood regarding H.243 to the Department of Disabilities Aging and Independent Living. The letter states that action addressing services for individuals with autism spectrum disorder should not wait until next year's legislative session when the bill will be considered by the Senate. In the interim, they are requesting that "DAIL convene a working group that includes relevant stakeholders including, but not limited to: adults with ASD; parents and other family members of adults with ASD; Green Mountain Self- Advocates; designated/specialized services agencies; DD Council; UVM Center on Disability and Community Inclusion; Disability Law Project of Vermont Legal Aid; a clinician with experience in ASD; interested legislators; other relevant AHS and Department staff." They suggested that the working group convene a focus group of self-advocates and a separate group for family members.

The Committee asked for consideration of the following:

1. Analysis of the gaps in existing services, including methods and avenues for providing families with advice and support in navigating decisions about services
2. Review of approaches in other states that might be consistent with Vermont values and the DD Act [e.g., Maine (family payments) and Massachusetts (housing models)]
3. Recommendations for appropriate education, training and expertise for staff/contractors who serve individuals with ASD, including DAIL staff
4. Review of any potential modifications to existing supported employment and post-secondary education programs to better serve the needs of adults with ASD, particularly around career development
5. Consideration of expanding different housing and residential support options for adults with ASD, including options for more supported/independent housing as well as options for individuals who may require 24-hour support
6. Consideration of what limited specific circumstances might warrant parental financial support for families needing to care for their adult child with ASD at home
7. Identification of staffing needs at DAIL to support work for adults with ASD statewide, including technical assistance as well as quality oversight.

Importantly the letter states, “We also recognize that while what we are asking is for a particular focus on adults with ASD, we know that all individuals with intellectual or developmental disabilities can benefit from what is learned.”

S.3 Related to Competency to Stand Trial and Insanity as a Defense Passes on Last Day of Session

The House did not approve the senate version of S.3, until they concurred with further proposal of amendment. Representative Lalonde developed a final amendment on S.3 which was negotiated in advance with the Senate. The bill was passed by the Legislature on the last day of the session.

In an interesting discussion at the House Health Care Committee Anne Donahue said Vermont has a forensic facility combined with the inpatient care in the VPCH. She believes that there is a misconception in VT that we do not have one. From her perspective we do have a forensic facility which is co-located with a civil commitment facility at Vermont Psychiatric Care Hospital. She does not think separating the location will increase public safety. Anne said there is no point in building a separate forensic treatment facility unless we change treatment models and processes. This will be one of the subjects to be addressed by the working group specified in the bill.

<https://legislature.vermont.gov/Documents/2022/Docs/BILLS/S-0003/S-0003%20House%20Proposal%20of%20Amendment%20Unofficial.pdf>

Senate Passes after Health and Welfare Considered J.R.6 on Racism as a Public Health Emergency

With passage by the Senate, both chambers of the legislature have now approved the resolution J.R.6 declaring racism a public health emergency. The Governor does not sign Legislative resolutions.

In the Senate, Senator Ruth Hardy presented the resolution with a recommendation for passage after the Senate Health and Welfare took testimony on the resolution and passed it on a vote of 5-0-0.

Health Commissioner Mark Levine opened his testimony to the Senate Health and Welfare Committee with this statement.

Our state health improvement plan is built on the concept of health equity. Health equity exists only when all people have a fair and just opportunity to be healthy – especially those who have experienced socioeconomic disadvantage, historical injustice and other avoidable systemic inequalities that are so often associated with race or ethnicity. In our state, and across the country, health equity cannot be achieved without addressing racism – which we are seeing all too well is inherent in our society. Public health is defined as what we do collectively as a society to assure the conditions in which people can be healthy. To improve the health of all Vermonters – and on a larger scale, the U.S. population – it's essential that we join together to end the structural racism and other forms of discrimination that directly lead to worse health outcomes such as we are seeing with COVID-19 among people of color: higher rates of illness, higher rates of hospitalization and a higher death rate. It is not in Vermont's character to let this be. Vermont Department of Health

He spoke about how the social determinants of health put people of color at a disadvantage which results in health care disparities and inequity. It was highlighted that BIPOC populations in Vermont had twice the rates of COVID and far lower rates of vaccinations as other Vermonters. The gap in vaccination rates is now at 5.8% instead of 13%. He committed to the resolution declaring racism as a public health emergency.

In signing on to the Chittenden Resolution on racism as a public health emergency the Department made these commitments.

1. As we began doing during the development of our State Health Assessment and State Health Improvement Plan, we will deliberately engage people of color in dialogue about the issues facing them and about possible solutions.
2. We commit to striving to eliminate inequities in health, health care, and health systems and ensuring that health supports and services are available, accessible, affordable, coordinated, culturally appropriate, and offered with cultural humility.
3. As part of testing or contact tracing we commit to collecting data about race, ethnicity, and preferred language and will publish that data to our website.

Senator Brock spoke to the Committee about his experiences with systemic racism. He focused on laws and policies that embed racism in society or organizations. He said that his problem with the resolution is that if we see disparities, we need to look behind the numbers and not simply assume racism is the cause of disparities. He recommended changing the language to avoid accusatory language. He believes the proclamation concludes that racism is the reason for disparities when other data has not been fully analyzed.

Bor Yang, executive director, Human Rights Commission, gave a brief summary of the testimony she had made in the House Health Care Committee. She spoke about racism at both the individual and system level. She believes that both national and local data indicates that systemic racism is an ongoing issue.

Mercedes Avila called for action to address racism as a systemic public health crisis and recommended that we look at how we allocate resources to address it. She only had time to briefly review the presentation she provided to the House Health Care Committee.

Mark Hughes from the Vermont Racial Justice Alliance shared a set of goals of the alliance, which includes this resolution. He said they are fighting for wellness as if their life depends on it, because they do. They are working in partnership with the Department of Health to address issues. He noted that

Bob Bick of the Howard Center has been active in developing the Burlington resolution and the Howard Center is taking specific actions to address racism. Joanne Crawford, a member of the Abnaki community would like to see native Americans specifically listed in the resolution rather than be included as “other” Senator Lyons said that the resolution has specific links with more information about the community.

In the end, the Senate Health and Welfare Committee determined that it would be better to accept the resolution without amending it to ensure that it would get passed during this session.

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-DASSA.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.