



Legislative Wrap Up for 2021

Act 74 (H.439) Appropriations Act

1. 3% COLA

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 from DMH and \$7.43 million from DAIL). This appropriation specifically includes funding for a 3% increase for shared living providers funded through DAIL. There was no language specifying how the funds are to be spent. In addition to salary increases, agencies will be using the resource for increases in health benefits and operational costs.

2. Loan Repayment and Tuition Assistance

Language in the Bill releases the \$1.5 million for loan repayment and tuition assistance for staff of the agencies who provide mental health and substance use disorder services.

Sec. E.311 AGENCY OF HUMAN SERVICES; DESIGNATED AND SPECIALIZED SERVICE AGENCIES; WORKFORCE DEVELOPMENT (a) The Agency of Human Services shall distribute the remaining \$1,500,000 appropriated to the Agency to make strategic investments in order to expand the supply of high-quality mental health and substance use disorder treatment professionals in 2018 (Sp. Sess.) Acts and Resolves No. 11, Sec. 106.1 to the designated and specialized service agencies equitably based on each agency's proportion of full-time equivalent (FTE) mental health and substance use disorder treatment staff to the total number of FTE mental health and substance use disorder treatment staff across all designated and specialized service agencies statewide. The designated and specialized service agencies shall use these funds for loan repayment and tuition assistance to promote the recruitment and retention of high-quality mental health and substance use disorder treatment professionals available to Vermont residents in need of their services, as set forth in subsection (b) of this s (b)(1) Each designated and specialized service agency shall make the funds received pursuant to subsection (a) of this section available to its current and prospective employees as set forth in subdivisions (A) and (B) of this subdivision (1) on a rolling basis in exchange for a one-year service obligation to provide mental health services or substance use disorder treatment services, or both, at a designated or specialized service agency in this State. The funds may be used for the following purposes: (A) loan repayment for master's-level clinicians, bachelor's-level direct service staff, and nurses; and (B) tuition assistance for individuals pursuing degrees to become master's-level clinicians, bachelor's-level direct service staff, and nurses. (2) Loan repayment and tuition assistance funds shall be available to the current and prospective employees of designated and specialized service agencies in the form of forgivable loans, with the debt forgiven upon the employee's completion of the required service obligation. (c) Until the funds have been fully expended, the Agency of Human Services shall provide quarterly reports to the House Committees on Appropriations, on Health Care, and on Human Services; the Senate Committees on Appropriations and on Health and Welfare; and the Health Reform Oversight Committee with information on the f (1) the specific designated and specialized service agencies that have received funds to date and the programs within each of those agencies in which the financial assistance recipients will deliver services; (2) the amount of financial assistance funding provided to each recipient; (3) the specific degrees or certificates toward which the tuition assistance recipients are working and those earned by loan repayment recipients; and (4) the number of new

employees attracted to the designated and specialized service agencies as a result of the financial assistance, their fields of study, and the programs in which they deliver services.

3. Mobile Crisis Outreach

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

Section G.300 (a)2

(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.

4. Housing

There are significant funds for an array of housing initiatives. Through a combination of ARPA and other anticipated federal funds, as well as available state one-time funds, the intent of the legislature is to invest \$250 million in housing initiatives over time. The Vermont Housing and Conservation Board, alone, is receiving a total of \$168.8 million in state and federal funding.

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.

5. Funding for Undergraduate Studies

“Last dollar funding” for the Vermont State Colleges and Vermont Student Assistance Corporation (VSAC):

(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.**

Additionally, there are several other programs (*summary courtesy of Katherine Lavasseur, VSC*):

Green Mountain Grad

- Free Tuition for one course at the VSCS- Northern VT University, Community College of VT, Castleton University, Vermont Technical College
- Any graduate of the high school classes of 2020 or 2021
- Student enrolls at the school of their choice • For courses that start on or after July 1, 2021
- Eligible courses include online, in-person or hybrid

802 Opportunity Grant

- Any adult student or traditional student with a family AGI of \$50,000 or less can attend the Community College of Vermont tuition free • Program begins September 1, 2021
- Student must be enrolled in a degree program – either fulltime or part-time
- Eligible courses include online, in-person or hybrid

Welcome Home Scholarship

- For Vermonters transferring from out-of-state institutions to any VSCS institution OR returning to school at a VSC institution after exiting in 2020-2021.
- For Academic Year 2021-2022
- Up to \$5,000 per year or \$2,500 per semester for students taking 12+ credits
- Up to \$3,000 per year or \$1,500 per semester for students taking 6-11 credits

Degree Completion Scholarship

- For Vermonters who have some credits but no undergraduate degree to work toward achieving a college credit or degree
- Must have been out of school for at least two years (since May 2019)
- Must have at least 40 college credits
- Scholarship covers last-dollar tuition for up to 30 credits in Academic Year 2021-2022

Workforce 2.0 & 3.0

- Up to six credits or two courses in the 2021-2022 AND 2022-2023 Academic Year for Vermonters whose employment was impacted by COVID-19
- Similar to the Fall 2020 free courses the VSC institutions offered
- Eligible Vermonters defined as those whose employment or employability was impacted by the pandemic.
- Includes some wraparound services

6. Policy Language: Health Care Taskforce

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

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.

7. Policy Language: Sheriff's Transport

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 state 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

8. American Rescue Plan Act (ARPA)

Section G.100 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.

Sec. G.100 MULTIYEAR FUNDING PRIORITIES FOR THE AMERICAN RESCUE PLAN ACT (ARPA) AND OTHER STATE AND FEDERAL FUNDS FOR ALL VERMONTERS: INTENT

(a)(1) ARPA was enacted on March 11, 2021 and includes a \$1.05 billion grant of flexible aid for Vermont to be spent over the next four years. With these funds, and other federal or State funds, the General Assembly recognizes an unprecedented opportunity to invest in Vermont's recovery and long-term future by supporting Vermonters' health and well-being and by strengthening Vermont's communities, businesses, environment, and climate. Between ARPA funds and other federal and State funds, the General Assembly anticipates spending the following amounts over the next three years:

(A) \$250,000,000 for the health, well-being, and recovery of Vermonters; for workforce development; and for business supports;

(B) \$250,000,000 for development of a wide array of housing;

(C) \$250,000,000 for broadband development;

(D) \$250,000,000 for climate change mitigation; and

(E) \$225,000,000 for clean water initiatives.

(2) Through the appropriations in Secs. G.300–G.700 of this act, it is the intent of the General Assembly to enable foundational investments that will support all Vermonters and transform and strengthen Vermont's economy and communities. (b) The appropriations of ARPA – Coronavirus State Fiscal Recovery Funds in fiscal year 2022 are made in Secs. G.300–G.700 of this act by categorical areas. In some cases, one-time State General Fund monies or other ARPA funding sources are included for specific programs or projects providing comprehensive funding by category. All appropriations of ARPA funds in this act are made only to the extent permitted by federal law and guidance. Appropriations not expended in fiscal year 2022 shall carry forward.

9. Plans for Additional Federal Revenues

If new federal funds in excess of \$5 million come into the State, the Joint Fiscal Committee will direct where they will be appropriated. The Appropriations Act also directs the Speaker of the House and the Senate President Pro Tempore to engage Vermonters, particularly marginalized communities, in determining where additional federal funds should be invested and to bring their recommendations to the appropriations committees in preparation for future policy and budget development (section G.200).

Act 9 (H.315) the Quick One-time Bill Becomes Law

H.315 the Quick One-time Bill became law on April 19th without the Governor's signature. This bill appropriates \$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.

The bill directs \$10 million in ARPA funds to the Vermont Housing and Conservation Board for developing housing through nonprofit housing partners and service organizations, for housing and facilities necessary to provide safe shelter to lower-income and at-risk populations. These funds are intended to be expended as expeditiously as possible on projects ready to proceed in 2021 and designed to meet immediate housing needs.

Policy Legislation

1. Act 57 (S.3) An act relating to Competency to State Trial and Competency Defense *Excerpt from Legislative website*

"This act makes several changes to criminal proceedings related to the insanity defense and a criminal defendant's competency to stand trial, including clarifying that the court-ordered independent psychiatric examination may evaluate the defendant's competency or the defendant's sanity, or both; clarifying that the examination will be conducted either by a psychiatrist (if the person's incompetency or insanity is the result of a mental illness) or by a psychiatrist and a psychologist (if the person's incompetency or insanity is the result of a developmental disability); requiring that an examination of the defendant's sanity only be undertaken if the defendant is first found competent to stand trial, unless the defendant requests that the examinations occur concurrently; providing that the defendant is entitled to be represented by counsel appointed from Vermont Legal Aid at the commitment hearing and that the Department of Mental Health (DMH) and, if applicable, the Department of Aging and Independent Living are entitled to appear at the hearing and call witnesses; requiring that notice be provided to the prosecutor and the crime victim if: (1) a defendant committed to DMH custody is discharged from custody, is discharged to the community on an order of non-hospitalization, or elopes from custody; or (2) DMH decides not to seek continued treatment of the person; and permitting the prosecution to ask the court to permit its own psychiatrist to examine the defendant when the court ordered examiner has found the defendant incompetent to stand trial. The act also requires DMH and the Department of Corrections (DOC) to jointly submit to the General Assembly an inventory and evaluation of those mental health services provided by the entity that DOC contracts with for health care services and requires DMH to

convene the Forensic Care Working Group to report to the General Assembly on issues related to the mental health care treatment of criminal defendants.”

Vermont Care Partners is represented on the Forensic Care Working Group by Michael Hartman, with support from Julie Tessler. Here is the required scope of the Working Group.

- (A) any gaps in the current mental health and criminal justice system structure related to individuals incompetent to stand trial or who are adjudicated not guilty by reason of insanity;
- (B) opportunities to: (i) improve public safety and address the treatment needs for individuals incompetent to stand trial or who are adjudicated not guilty by reason of insanity; and (ii) consider the importance of victims’ rights in the forensic care process;
- (C) competency restoration models used in other states, including both models that do not rely on involuntary medication to restore competency and how cases where competency is not restored are addressed;
- (D) models used in other states to determine public safety risks and the means used to address such risks, including guilty but mentally ill verdicts in criminal cases;
- (E) due process requirements for defendants held without adjudication of a crime and presumed innocent;
- (F) processes regarding other mental conditions affecting competence or sanity, including intellectual disabilities, traumatic brain injury, and dementia;
- (G) Models for forensic treatment, including the size, scope, and fiscal impact of any forensic treatment facility;
- (H) and any other additional recommendations.

2. Act 35 (S.16) An act relating to the Task Force on Equitable and Inclusive School Environments
(Excerpt from Legislative website)

“This act creates the Task Force on Equitable and Inclusive School Environments, which shall make recommendations to end suspensions and expulsions for all but the most serious student behaviors and compile data regarding school discipline in Vermont public and approved independent schools in order to inform strategic planning, guide statewide and local decision making and resource allocation, and measure the effectiveness of statewide and local policies and practices. This act also prohibits a student enrolled in a public school who is under eight years of age from being suspended or expelled from the school; provided, however, that the school may suspend or expel the student if the student poses an imminent threat of harm or danger to others in the school. In addition, this act requires reporting on referrals of truancy to the State’s Attorneys.”

3. Act 6 (S.117) An act relating to extending health care regulatory flexibility during and after the COVID-19 pandemic and coverage of health care services delivered by audio-only telephone
(Excerpt from Legislative website)

“This act extends through March 31, 2022, certain COVID-19-related health care regulatory flexibility provisions originally enacted in 2020 Acts and Resolves No. 91 and previously extended by 2020 Acts and Resolves No. 140. The act also extends for an additional year, through June 30, 2022, provisions allowing for variations from the usual statutory witnessing requirements for advance directives executed during the COVID-19 pandemic. The act requires health insurance plans and Medicaid to cover all medically necessary, clinically appropriate health care services delivered by audio-only telephone to the same extent that they would cover the services if delivered in person. It allows health care providers to deliver services by audio-only telephone if the patient chooses to receive

services in that manner and it is clinically appropriate to do so and specifies certain informed consent requirements for delivery of services by audio-only telephone. The act directs the Department of Financial Regulation (DFR), in consultation with stakeholders, to determine by July 1, 2021, the appropriate codes and modifiers to be used by health care providers and health insurers not later than January 1, 2022, in billing and payment for health care services delivered by audio-only telephone. It requires DFR and others to present information to the legislative committees of jurisdiction by December 1, 2023, regarding the use of audio-only telephone services during calendar year 2022. The act directs DFR, in consultation with stakeholders, to determine the amounts that health insurance plans must reimburse providers for delivering services by audio-only telephone during plan years 2022, 2023, and 2024. It also allows DFR to adopt emergency rules on health insurance coverage for and reimbursement of telephone calls used to determine whether an office visit or other service is needed; these emergency rules may remain in effect through March 31, 2022.”

Vermont Care Partners has been actively working with DFR and health providers on the audio-only provisions of the legislation.

4. S.120 Creating a commission to study health care affordability

Vermont Care Partners testified on this bill which did not make it through the legislative process, instead, the appropriations bill including some intent of the bill (see above)

5. H.153 Requiring a rate review process for home and community based services

The House of Representatives passed H.153, however the Senate Appropriations Committee was not able to complete work on it in time for passage during the first year of the biennium. The Committee can continue work on the bill in the next legislative session. The bill as passed by the House of Representatives requires a rate study which includes substance use disorders but not developmental and mental health services with the assumption that those rate studies have already happened or are in progress. The language states that the Secretary of Agency of Human Services shall determine what the rates should be and make the recommendations for funding levels, like the process used for nursing homes. The Legislature does not need to make the increase recommended but will be better positioned to make an informed appropriation. Here is the language as passed by the House.

§ 8914. RATES OF PAYMENTS TO DESIGNATED AND SPECIALIZED SERVICE AGENCIES

(a) The Secretary of Human Services shall have sole responsibility for establishing determine the Departments of Health’s, of Mental Health’s, and of Disabilities, Aging, and Independent Living’s rates of payments for designated and specialized service agencies that are reasonable and adequate to achieve the required outcomes for designated populations. When establishing determining these rates of payment for designated and specialized service agencies, the Secretary shall adjust rates the rate amounts to take into account factors that include:

1) the reasonable cost of any governmental mandate that has been enacted, adopted, or imposed by any State or federal authority; and

(2) a cost adjustment factor to reflect changes in reasonable costs of goods to and services of designated and specialized service agencies, including those attributed to inflation and labor market dynamics.

(b) When establishing determining reasonable and adequate rates of payment for designated and specialized service agencies, the Secretary may consider geographic differences in wages, benefits, housing, and real estate costs in each region of the State.

(c) The Secretary shall adopt rules setting forth the methodology for determining the payment rates for services provided by designated and specialized service agencies to individuals with mental conditions, individuals with substance use disorders, and individuals with developmental or intellectual disabilities in accordance with this section. The rules shall include a process for determining an annual inflationary rate adjustment, shall set forth a predictable timeline for redetermination of base rates, and shall use Vermont labor market rates and Vermont costs of operation.

(d) The Secretary shall redetermine the payment rates for designated and specialized agencies in accordance with this section at least annually and shall report those rates, and the amounts necessary to fund them, to the House Committees on Appropriations, on Human Services, and on Health Care and the Senate Committees on Appropriations and on Health and Welfare annually as part of the Agency's budget presentation.

6. Act 33 (H.210) An act relating to addressing disparities and promoting equity in the health care system

(excerpt from Legislative website)

This act establishes the Health Equity Commission to promote health equity and eradicate health disparities among Vermonters, including particularly those who are Black, Indigenous, Persons of Color; individuals who are LGBTQ; and individuals with disabilities. Specifically, the Commission is responsible for:

- providing strategic guidance on the development of the Office of Health Equity, which shall be established not later than January 1, 2023
- providing advice and making recommendations to the Office of Health Equity once established
- reviewing, monitoring, and advising all State agencies regarding the impact of current and emerging State policies, procedures, practices, laws, and rules on the health of individuals who are Black, Indigenous, Persons of Color; individuals who are LGBTQ; and individuals with disabilities
- identifying and examining the limitations and problems associated with existing laws, rules, programs, and services related to the health status of individuals who are Black, Indigenous, Persons of Color; individuals with disabilities
- advising the Department of Health and General Assembly on decisions related to health disparities and promoting health equity, including with regard to the distribution of federal COVID-19 funds
- to the extent funds are available, distributing grants that stimulate the development of community-based and neighborhood-based projects that will improve health outcomes
- advising the General Assembly on efforts to improve cultural competency, cultural humility, and antiracism in the health care system through training and continuing education requirements for health care providers and other clinical professionals

This act also requires all State entities that collect health-related individual data to disaggregate health equity data by race, ethnicity, gender identity, age, primary language, socioeconomic status, disability, and sexual orientation. Data related to race shall use separate collection categories and tabulations disaggregated beyond non-White and White based on recommendations from the Executive Director of Racial Equity and the Health Equity Advisory Commission. The act further requires the Department of Health to systematically analyze such health equity data using the smallest units of analysis feasible to detect racial and ethnic disparities as well as other disparities.

The act amends the enabling statute creating the position of Executive Director of Racial Equity to include as part of the Executive Director's duties, temporarily overseeing the establishment of the Health Equity Advisory Commission until the Office of Health Equity is established. Lastly, the act requires reports pertaining to:

- recommendations for improving cultural competency, cultural humility, and antiracism in Vermont’s health care system through training, training, continuing education, and investments
- fiscal year 2023 budget recommendations to fund the Health Equity Advisory Commission and the Office of Health Equity
- recommendations on appropriate and inclusive terms to replace the term “non-White” and on disaggregating data categories and tabulations beyond “non-White” and “White”
- recommendations for most effectively using funds received by the State pursuant to the American Rescue Plan Act to promote health and achieve health equity by eliminating disparities on the basis of race, ethnicity, disability, and LGBTQ status.

7. Act 46 (H.225) An act relating to possession of a therapeutic dosage of buprenorphine

(Excerpt from Legislative website)

This act removes criminal penalties for possession of 224 milligrams or less of buprenorphine. Persons under 21 years of age in possession of 224 milligrams or less of buprenorphine shall be referred to the Court Diversion Program for the purpose of enrollment in the Youth Substance Awareness Safety Program. Persons under 16 years of age in possession of 224 milligrams or less of buprenorphine shall be subject to delinquency proceedings in the Family Division of the Superior Court. Knowing and unlawful possession of more than 224 milligrams of buprenorphine shall continue to be criminal and penalized in the same manner as other narcotics pursuant to 18 V.S.A. § 4234.

8. Act No. 21 (H.104) An act relating to considerations in facilitating the interstate practice of health care professionals using telehealth.

(Excerpt from Legislative website)

This act creates the Facilitation of Interstate Practice Using Telehealth Working Group to compile and evaluate methods for facilitating the practice of health care professionals throughout the United States using telehealth modalities. The Working Group, led by the Director of the Office of Professional Regulation, must provide its findings and recommendations to the legislative committees of jurisdiction by December 15, 2021.

The Commissioner of Mental Health serves on the Working Group.

9. Act 50 (H.438) An act relating to capital construction and State bonding

(Selected excerpts from Legislative website)

This act sets out the State’s fiscal year 2022 and fiscal year 2023 capital budget and authorizes the State to issue general obligation bonds in the amount of \$123,180,000.00 and to reallocate \$4,198,694.44 from prior capital appropriations. It also provides that there will be a budget adjustment process in the second year of the biennium.

- Appropriates \$11,600,000.00 in fiscal year 2022 to replace the Middlesex Secure Residential Recovery Facility

Human Services

- Provides that the 16-bed secure residential recovery facility shall be located at the location of the former Woodside Juvenile Rehabilitation Center and shall include two eight-bed wings, and that the facility shall not use emergency involuntary procedures.
- Directs the Department of Mental Health to issue a request for information by August 1, 2021 from designated and specialized service agencies and peer-run agencies for developing and implementing programming for unlocked community residences for transitional support for individuals being discharged from inpatient psychiatric care or for intervention to prevent inpatient care. Also directs the Department of Mental Health to convene a steering group to review the responses to the RFI.
- Repeals the authority of the Department of Disabilities, Aging and Independent Living to adopt rules pertaining to the therapeutic community residences to allow secure residential recovery facilities to utilize emergency involuntary procedures.

10. H.243 An act relating to the Working Group on Services for Adults with Autism

This legislation was taken up late in the session by the House Human Services Committee. As a result, they concluded that it was better to write a letter to the acting Commissioner of DAIL to voice their request. They wrote “We 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. It may also be beneficial to hold one or more focus groups specifically for adults with ASD and a separate one for family members of adults with ASD.

It is extremely important that the following areas are considered by the above group(s):

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 of care.”

The letter concludes that the working group should develop “a written report to our Committee by December 1, 2021 outlining your findings and any recommendations for legislative action.”

11. ADAP RFI for Restructure of the SUD System of Care

Although there was no legislation specific to the ADAP RFI on restructuring the system of care the House Human Services took testimony on the topic. Depute Commissioner Kelly Dougherty reviewed the goals of system redesign:

- All Vermonters will have access to a core set of evidence-based services
- One SUD treatment system, agnostic of substance, able to meet the needs of all Vermonters
- Enhanced care coordination to include the physical health care system, cooccurring, and recovery services
- A seamless system that is easy for clients to access and navigate (includes intervention, interim, co-occurring, recovery, and care management services)
- Eventually - value based payment structure to incentivize a higher quality of care and outcomes for Vermonters Reduce duplicative effort on behalf of the client, includes financial savings (e.g., multiple assessments)
- Recruiting and retention of high-quality staff, includes competitive wages/benefits, staff development career ladders, and co-occurring capacity
- A reduction in administrative functions would increase QI activities geared towards improving care for Vermonters
- Reduction in state resources to execute legal agreements

12. Joint resolution 114 sincerely apologizing and expressing sorrow and regret to all individual Vermonters and their families and descendants who were harmed as a result of State-sanctioned eugenics policies and practices.

After extensive testimony by the House General, Housing and Military Affairs Committee the House and Senate passed a resolution on apologizing for the State's participation in eugenics.

The resolution concludes:

"That the General Assembly sincerely apologizes and expresses sorrow and regret to all individual Vermonters and their families and descendants who were harmed as a result of State-sanctioned eugenics policies and practices, and be it further

Resolved: That the General Assembly continues to work to eradicate the lasting legacy of its prior actions by listening to and working with the affected individuals and communities, and be it further

Resolved: That the General Assembly recognizes that further legislative action should be taken to address the continuing impact of State-sanctioned eugenics polices and related practices of disenfranchisement, ethnocide, and genocide."

13. Joint resolution 113 relating to racism as a public health emergency

After extensive testimony in the House Health Care Committee organized by Representative Brian Cina the Legislature passed a resolution as follows:

"Resolved by the Senate and House of Representatives: That racism constitutes a public health emergency in Vermont, and be it further Resolved: That this legislative body commits to the sustained and deep work of eradicating systemic racism throughout the State, actively fighting racist practices, and participating in the creation of more just and equitable systems, and be it further

Resolved: That this legislative body commits to coordinating work and participating in ongoing action, grounded in science and data, to eliminate race-based health disparities and eradicate systemic racism, and be it further Resolved: That the Secretary of State be directed to send a copy of this resolution to the Governor, the Chief Justice of the Vermont Supreme Court, the League of Cities and Towns, all regional planning commissions, and the Vermont Racial Justice Alliance."