



Supporting Vermonters to lead healthy and satisfying lives community by community



Legislative Update for January 24, 2022

WHAT'S HAPPENING IN THE LEGISLATURE

Sign up now for Mental Health Advocacy Day – January 31, 2022

Join us for Mental Health Advocacy Day on January 31st from 10:00 AM to 2:00 PM by Zoom. Vermonters including peers, staff, families and advocates will be advocating for an improved mental health and developmental disability services focusing on **“Now is the Time for Hope & Recovery”**. The agenda includes activities that will be of interest to all including a welcome address from state leaders a keynote presentation by Senate President Becca Balint, recognition of outstanding advocates, and community members sharing their mental health stories and experiences. For more information: Email Laurie Emerson - lemerson@namivt.org or call 800-639-6480 x101 or Julie Tessler at julie@vermontcarepartners.org, or phone 802 279-0464

Registration to Share Your Story: <https://zfrmz.com/O1HXF2d3NVHgkJu6o15z>

Registration to Provide Testimony to Legislative Committees:

<https://zfrmz.com/RRhKjXOU4oU8k9L2Ecjl>

More Resources: <http://namivt.org/advocacy/advocacy-day/>

Sign up for Public Hearings on the fiscal year 2023 (FY23) Budget February 8th and 9th

“The Vermont House and Senate Committees on Appropriations will hold two Public/Advocate Hearings on the Governor’s Recommended FY 2023 State Budget on Tuesday, February 8, 2022, at 6:00 p.m. – 8:00 p.m. and Wednesday, February 9, 2022, at 3:00 p.m. to 5:00 p.m. by (Zoom. All are welcome to testify.) Anyone interested in testifying should sign-up in advance of the hearings through ONE of the online forms no later than 5:00 p.m. on February 7, 2022. Link to form to sign-up for February 8, 2022: <https://legislature.vermont.gov/links/fy22-budget-adjustment-hearing-feb-8> Link to form to sign-up for February 9, 2022: <https://legislature.vermont.gov/links/fy22-budget-adjustment-hearing-feb-9> Both hearings will be available to watch live on YouTube at the following link: <https://legislature.vermont.gov/committee/streaming/vermont-joint-fiscal> or on your local Vermont Access community cable channel. For more information about the format of these events, contact Chrissy Gilhuly at cgilhuly@leg.state.vt.us or Theresa Utton-Jerman at tutton@leg.state.vt.us or call 802-828-2295 or tollfree within Vermont at 1-800-322-5616 (responses to phone calls may be delayed). Written testimony is encouraged and can be submitted electronically to Chrissy or Theresa through e-mail or mailed to the House and Senate Committee on Appropriations, c/o Joint Fiscal Office, 1 Baldwin Street, Montpelier, VT 05633-5701”.

Vermont Care Partners Legislative Agenda for 2022

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/2021/12/legislative-agenda-2022-working-draft-1-1.pdf>

This Week's Testimony and Legislative Action

The House of Representatives Passes the FY23 Budget Adjustment Act

On Friday January 21st the House of Representatives approved the budget adjustment act (BAA) for FY22 as proposed by the Appropriations Committee.

Here is an excerpt from the Joint Fiscal Office summary of the BAA for FY22:

Overview: The budget adjustment increases unduplicated appropriations by \$358.6M, which is 4.9% over the budget passed in May. This reflects the one-time General Funds currently available within the FY 2022 forecast, appropriating an additional \$113M. This bill also allocates \$106.3M more ARPA State Fiscal Recovery (SFR) funds. Federal matching funds in Medicaid and other smaller special funds adjustments make up the balance of the total increase. These funds are being spent to address the costs of operating state government, including programs that provide services and benefits to Vermonters during the ongoing COVID-19 pandemic.”

- Adds \$440,000 GF to maintain the 988 Suicide Prevention Line
- Provides a total of \$60M (including ARPA SFR, Global Commitment, and Home and Community Based Services funds) for staff retention related payments to shore up critical provider systems for assisted living residences, nursing homes, residential care homes, home health agencies, designated and specialized service agencies, substance use treatment providers, and recovery centers
- Adds \$25M to VHCB for housing and increased shelter capacity (also \$30M GF)

The BAA requires the Secretary of Human Services to develop a grant program in which eligible health and human service agencies, including DA/SSAs and ARIS, apply for grants calculated at the rate of \$3,000 per full time equivalent (FTE) employee. If the funds aren't sufficient to cover all applicants at that level, the grant per FTE could be less. The Agencies have flexibility in how and what amount of the funds are distributed to each employee. Funds must be spent within one year of receipt by each agency.

The BAA also includes an appropriation of up to \$3 million for DA/SSAs which reflects a previous distribution of funds.

The BAA also includes a \$19.7 million investment in the state colleges for workforce development 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. Of this amount, \$7,350,000 shall be carried forward for the 2022–2023 school year. If demand from undergraduates is met, then funds may be used to pay for tuition for the following graduate programs:

- (i) Master in Education (all programs);
- (ii) Master in Educational Leadership;
- (iii) Master of Arts and Certificate of Advanced Graduate Studies in School Psychology;
- (iii) Masters in Counseling; and
- (iv) Masters in Clinical Mental Health Counseling.”

Governor's FY23 Budget Proposal

On Tuesday, January 18th Governor Scott presented his budget proposal for FY23. It includes the following.

- \$8 million increase for substance abuse prevention and recovery, plus expansion of residential treatment and employment services
- \$4.2 million to add four mobile mental health crisis programs
- \$1 million for Suicide Prevention including a position at DMH
- \$7 million for 3% rate increase for DA/SSAs and other home and community-based programs

Human Services Secretary Samuelson Highlights FY23 Budget Proposal to House Appropriations

Secretary Samuelson gave a brief overview of the Agency of Human Services sections of the FY23 budget proposal with assistance from Agency of Human Services (AHS) finance manager Richard Donahey. In total the AHS budget will rise 8.4%. They reviewed the investments listed above. During the presentation there was some discussion about a reduction attributed to resetting the DS budget to actuals. Commissioner White will review it on Monday the 24th when the DAIL and DMH budgets are presented to the Committee. In the Department of Vermont Health Access FY23 budget proposal there are Medicaid rate increases for many health professionals, including a 17% increase for private mental health professionals.

House Health Care Committees Move H.654, the "Flexibilities Bill," Forward

House Health Care and House Human Services both worked on H.654, the bill that by in large extends COVID-related flexibilities in the health care system out for an additional year, to March 31, 2023. Vermont Care Partners is part of a provider coalition that supports these extensions.

One of the issues that House Health Care worked through this week was the Vermont Association of Hospital and Health Systems' [VAHHS] request to have extraordinary labor costs caused by pandemic-related workforce shortages to be considered "allowable costs" in the Green Mountain Care Board budgeting process. Devon Green, representing VAHHS, said "we will have extraordinary labor costs and we need to have a commitment that those will be covered." GMCB Chair Kevin Mullin and Health Care Advocate Mike Fisher opposed the language. Mullin said, "If it's interpreted that costs related to labor are exempt, it could end up as a cost shift to commercial insurance and impact health care consumers. We will recognize the workforce shortage in any regulation process. We are well aware of this." Eventually those three parties worked together to land on compromise language, which the committee accepted: "As part of any proceeding conducted on or after February 1, 2022 to establish or enforce a hospital's fiscal year 2022 or 2023 budget, the Green Mountain Care Board shall consider the hospital's extraordinary labor costs and investments, as well as the impacts of those costs and investments on the affordability of health care."

House Health Care also took [testimony from Blue Cross Blue Shield](#) and [written testimony from the Agency of Human Services](#). Both advocated for the termination of the flexibility that allowed for early refills of maintenance medication. After hearing testimony from the Vermont Pharmacist's Association who noted some supply chain concerns, the committee decided to extend this provision. In response to requests by BCBS and AHS to tie flexibilities to the federal state of emergency, the committee sided with the provider coalition's request to extend them to a "date certain" – March 31, 2023 – for simplicity and so that they would end at a time during the legislative session which would provide an opportunity for the legislature to act.

House Human Services also took testimony on this bill in areas that fall under the scope of their committee. On January 18, Laura Pelosi and Jessa Barnard testified on behalf of the healthcare coalition. Pelosi spoke of the benefits of a “date certain.” Representative Wood expressed concern about oversight from DAAL’s Licensing and Protection unit. Pelosi clarified that this unit has been engaging in onsite inspections for most of the pandemic. “They are back in the building,” she said. When asked about the flexibility that removes the requirement for an in-person visit for Buprenorphine prescriptions, Barnard shared that the intent is to allow telehealth and audio-only visits to take the place of an in-person visit, in alignment with [federal flexibilities](#). She noted that this provision allows this flexibility in Vermont as long as it is allowed federally. “We know there is some interest” in considering remote prescribing as permanent practice, she said, but “we are not there yet -- for now, the request is one year to allow telehealth visits.” Representative Whitman asked her to comment about other flexibilities for SUD treatment, and Barnard responded that telehealth licensure flexibilities have been helpful.

On January 20, House Human Services also heard from Office of Professional Regulation Director Lauren Hibbert. She thanked the Committee, noting that many of the flexibilities had been incredibly helpful to providers, patients, and her office, and expressed support for extending the flexibilities to March 31, 2023. She updated the Committee on the work of the Interstate Telehealth Workgroup, noting that H.654 includes a temporary registration program for out-of-state telehealth providers and H.655, which House Health Care will take up next week, sets up three tiers for telehealth providers: a registration option for time-limited care in small volumes, a telehealth license, and a regular license.

She noted the commitment of OPR to reducing barriers to licensure, stating that 900 people have been licensed in Vermont due to the implementation of Fast Track Endorsement. Hibbert noted that “there are so few mental health resources in the state, anything we can do to expedite that, while also maintaining quality of care,” is a goal. Chair Ann Pugh agreed and noted that “we need to figure out how to meld garden variety mental health professionals and have them be able to provide and be identified as a drug and alcohol counselor, because sometimes those things are intermingled.”

House Health Care will be moving [their approved version of the bill](#) through the House and Senate with the goal of final passage by February 15 to allow for OPR to set up temporary registration for telehealth providers.

House Health Care and Senate Health and Welfare Committees Review Consultant Report

A report developed by a team of consultants led by former Medicaid Commissioner Josh Slen with oversight from the Joint Task Force on Affordable and Accessible Health Care was presented to the House Health Care and Senate Health and Welfare Committees.

Senate Health and Welfare Committee will use the recommendations to begin a committee bill or integrate the recommendations into an existing bill. The cost and benefits considered by the consultants were presented in a slide deck and included.

- Household affordability impact: # people x level of change
- Accessibility impact: # people x level of change
- Timeframe and legislative or programmatic lift
- Health equity impact
- Level of federal involvement needed
- State/federal savings or cost

The Recommendations are:

- Set targets for cost growth benchmark and affordability standards
- Extend Choices for Care moderate needs supports for people with disabilities to avoid institutionalization
- Expand Public Insurance Options to give better access to small group health insurance for small employers
- Expand Blueprint for Health based on frontend stratification of population and determine return of investment

Actions the Task Force was interested in that are already in play:

- Expand Medicaid Postpartum benefits from 2 to 12 months after birth of a child
- Remote Access to Care to include telehealth, broadband expansion
- Pharmacy Benefit Manager Regulation which is under consideration

Senate Health and Welfare Continues Review of Taskforce on Accessible and Affordable Health Care

During their return visit to the Senate Health and Welfare Committee the Consultants recommend giving GMCB authority to set health care cost growth benchmarks. Senator Hardy wants to focus on taking care of people and improving quality of care rather than starting with an overarching approach to controlling cost. She added that the ACO is ineffective and agreed with the consultants that she would rather see the GMCB have a larger role in cost growth. Senator Lyons noted we do have VCURES to analyze the quality of health care.

The proposal to expand funding for the Choices for Care moderate needs population includes recommendations to expand access to respite, home modifications and payments to family caregivers. The consultants see this option as one solution to the workforce crisis. Josh Slen said if we expand the moderate needs population, particularly for people ages 45 – 64, we will increase savings. The Senators liked this recommendation and noted that they have constituents that would benefit from it. Josh Slen suggested continuing to set limits based on funding levels. Up to 18,000 people could be eligible for the Moderate Need program if it isn't capped by cost.

The recommendation to develop a public option insurance program is focused on leveraging the State's role as purchaser/regulator to create coverage. Options include:

- New state administered insurance options
- A public private partnership with private plans that have state oversight and guidance
- Expanding existing state coverage, such as Medicaid of state employee insurance to more Vermonters

Josh Slen pointed out that when the federal subsidies for plans on the health care exchange ends this approach could become a larger need.

The Consultants strongly recommend expanding the Blueprint for Health and improving access to health data:

- Enhance referrals to the Blueprint community health teams for care management
- Analyze the return on investment of the Blueprint
- Use the analysis to increase investment by payers
- Determine savings to health insurance

Josh Slen recommends that rather than depend only on primary care providers for referrals to the community health teams, referrals could be expanded by having the payers and providers identify and stratify populations by high utilizers, particularly high utilizers of emergency departments. ERISA plans don't participate, but the consultants think they might if there were better information on the outcomes. They believe that the Blueprint Community Health Teams are the answer to addressing mental health, substance use, and unmet social needs. Josh Slen reported that the behavioral health interventions have been found to have some of the best cost and quality outcomes of the work done by Community Health Teams.

House Appropriations Receives Updates from Joint Fiscal Office and State Economist

Stephanie Barrett of the Joint Fiscal Office explained that the federal extension of state of emergency will lead to the continuation of the FMAP bump through the end of the fiscal year. The Administration plans to carry those funds into FY23. It will delay Medicaid eligibility redeterminations and lead to continuation of the large number of people enrolled in Medicaid. When redeterminations do resume it will take one year to conduct them all, so the Medicaid caseload will go down gradually over the next year.

Tom Kavet, the state economist, presented his updated forecast. He started with a chart of employees absent due to illness. These numbers have risen significantly during COVID. He said it's tricky to analyze the impact of federal funding in response to COVID because it is unprecedented. Food insecurity is rising, the pandemic has increased income inequality. Tom didn't have much data on it but noted the hospitality sector is still struggling. Representative Jessup noted that food costs are high leading to people with limited income needing more assistance to access food. Here is the link to his report. <https://legislature.vermont.gov/Documents/2022/WorkGroups/House%20Appropriations/Reports%20and%20Resources/W~Tom%20Kavet%20-%20Legislature's%20Economist~January%202022%20Economic%20Review%20and%20Revenue%20Forecast%20Update%20-%20Revised%20January%2015,%202022~1-20-2022.pdf>

Senate Health and Welfare Reviews Bills for Potential Consideration

S.194 - An act relating to peer-operated respite centers

Senator Hooker explained that peer-respite is staffed by people with experience. She spoke about the increase in need for mental health supports and sees expansion of peer-operated respite centers as a way to ameliorate the problem in a cost-effective way. The bill would create seven 2-bed respite programs in the State for stays up to two weeks. Now we have just one of these facilities in the state. Legislative Counsel Katie McLinn walked through the bill for the committee including the definitions of peer-run respite centers and peer-run organizations. The bill specifies locations for the facilities. The bill calls for piloting of two peer-run respite center programs for one year by providing funds to peer-run community centers in Montpelier and Burlington to provide respite services. Senator Hooker sees expansion of these centers as an important opportunity to reduce hospitalization and believes we can set up the programs quickly. Senator Hardy would want a facility in Addison County.

S.195 - An act relating to the certification of mental health peer support specialists

Senator Hooker explained that this bill sets up a certification for peers. Vermont is one of two states that does not have certified peer support specialists. This certification will enable Medicaid reimbursement for peers. These peer support specialists could work with law enforcement, emergency rooms and recovery centers. It has proved to have good results in other states. Legislative counsel Katie McLinn reviewed the bill and explained that it specifies the roles of peer support specialists including: coaching, skill building, fostering social connections, and collaborating with others in providing care. There are

specifics about the certification process and standards. It also specifies how AHS will contract with a peer-run entity to develop a peer certification program. The Committee discussed how current peer specialist might have an expedited process to achieve certification. AHS would contract with a peer-run entity to provide the screening and training. AHS would also contract with an entity to do certification for peer support specialists. Peers would not be required to achieve certification to work in a peer-run organization. Finally, it requires AHS to apply to CMS for Medicaid funding for peer support specialist services as part of the Medicaid state plan.

S.197 - An act relating to the Coordinated Mental Health Crisis Response Working Group

Senator Lyons explained that the goal of this bill is to coordinate guidelines and information at the local level for mental health crisis response. She spoke to Mourning Fox about putting together a working group to look at what we can do to better support coordinated responses. The bill creates a coordinated mental health crisis response group. Katie McLinn, Legislative Counsel, said the group will develop a plan for responses and will be supported by DMH. Recommendations and findings will be brought to the House and Senate health care committees. VCP would be on the working group.

The House Committees Hold Hearing for Homelessness Awareness Day

Commissioner Sean Brown of Department for Children and Families (DCF) shared that currently there are 1,440 households living in hotels, of which 1,805 are adults, 491 are children. There has been a spike in the number of families with children over the last several months that is tied to the expiration of the eviction ban and landlords selling rental properties. Commissioner Brown extended his gratitude to the network of community providers and said it was his honor to work alongside them during this crisis.

Paul Dragon, Executive Director of Champlain Valley Office of Economic Opportunity (CVOEO) implored the committees “let’s not go backwards” to keep people in hotels while the system works on more permanent solutions, to provide cash payments in addition to public benefits, and to consider a matched savings program. He noted that CVOEO does not have the capacity respond to a recent RFP for emergency housing facility, and to increase wages and benefits of shelter providers. He emphasized that continuity of staffing is important for mental health and substance use disorder services, and as housing is a social determinant of health, to make better use of community care homes, nursing homes, and assisted living programs. More community outreach teams have been successful, and more are needed, it is “unconscionable to keep moving people out of parking areas and encampments.”

Robert Little, Director of Community Development for Northeast Kingdom Rural Edge Housing and Secretary of the Vermont Affordable Housing Coalition (VAHC) shared that while there have been successes that “gives us great hope”, challenges remain. For the Rural Edge Housing complex to work, they need service providers to deliver effective and consistent mental health supports to address resident needs. Without the support of community providers, Rural Edge community and property management teams are sometimes forced to proceed with eviction. He said, “we see funding for support services to be of equal importance as for the housing itself.”

Hannah Heinchon, Director of Transitional Living, Washington County Youth Services Bureau, described the challenges youth face to stay in school, learn living skills, and maintain relationships due to trauma, abuse and neglect histories. It is nearly impossible to find affordable rentals, and landlords do not select youth with no credit or employment history for tenants. Along with safe housing, youth need wraparound intensive case management, mental health support, and people to show up for them. When it is available, mental health support makes a difference.

Martina Newell, Direct Services Manager from Samaritan House in St. Albans included in her testimony that shelter providers can only succeed with resources that are delivered by the Designated Agency (DA), and that it is extremely important to retain those services.

John Parent, a veteran who has experienced homelessness shared his story of support from Pathways VT that led him from addiction and homelessness to an apartment at Juniper House in Burlington. “It’s not just one organization, it’s a group of people that helped me get to where I am today.” He notes that organizations want to help but they are understaffed.

Reverend Beth Ann Maier, member of Vermont Interfaith Action (VIA) opened her testimony with the news that the two people with lived experience of homelessness who were scheduled to testify could not because they are sick with COVID as a result of an outbreak in a housing hotel. While they are grateful for the privacy and warmth, the risk and instability remain. Reverend Maier noted that many of the people receiving support from VIFA have “low paying human service jobs”, including mental health aides, nursing home aides, and childcare workers. She stated that homelessness is the result of a lifetime on the border of poverty without any reserves. While some legislative decisions have helped, many have contributed to the current crisis. Service providers are struggling and stressed, it is time to stand up living spaces that are safe, healthy and responsive to the needs of elderly, disabled and vulnerable who are currently housed alongside people with violent or criminal histories.

Will Towne, Director of Housing Operations at Spectrum Youth and Family Services and Chairperson for the Chittenden Homelessness Alliance, noted in his testimony that Spectrum and other providers are seeing more people with high levels of support needs that they are not equipped to provide. Because of the extreme staffing crisis in mental health services there are at times 30 people waiting for a bed. He asked the committees to look at the entire system of care and invest in a system that is effective and sustainable.

Chairwoman Pugh closed the testimony with thanks for an “incredible morning” of lived experiences that are important and helpful to inform the committee’s work going forward.

Plan to Participate in these Advocacy Events

Save the Date! Vermont Disability Awareness Day

Vermont Disability Awareness Day will be observed in a three-part series starting in February. Save these dates and watch for announcements coming soon:

- February 16th at 5:30 p.m. Legislators and people with disabilities are invited to talk about the Vermont Coalition for Disability Rights platform and its broader issues.
- March 15th at 10:00 a.m. Home and housing is a high-priority topic at this moment in Vermont history. Format and details TBA
- April 13th – Time and keynote speaker TBA

Information on Your Senators and Representatives

Follow this link to determine your legislators and access their contact information. Legislators are listed both by DA/SSA and by the Committee they serve on. Please note there are new legislators on committees that have purview over policy and funding for the Vermont Care Partners network.

[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.