



Supporting Vermonters to lead healthy and satisfying lives community by community



## Legislative Update for April 19, 2022

### **WHAT'S HAPPENING IN THE LEGISLATURE**

*The House of Representatives approved the FY23 budget with a 7% Medicaid rate increase for designated and specialized service agencies (DA/SSAs) which is significantly higher than the 3% proposed in the Governor's recommended budget. Now the Senate Appropriations Committee is recommending an 8% Medicaid rate increase for DA/SSAs. The full budget will be presented to the Senate Tuesday and there will be two votes on the second and third readings, which allows time for amendments. After the Senate passes the budget, the House will have the opportunity to review and approve the Senate version. If they don't approve it, a Committee of Conference will be formed to work out the differences. This rate increase will be one of the subjects for negotiations.*

*There are also differences in the House and Senate revenue packages, with the Senate having more revenues. The negotiations on revenues will influence the outcome of the budget negotiation. The budget is generally the last bill to be finalized and then the session is over. It is due to end the first week of May, but funding for the Legislature is available through mid-May.*

### ***This Week's Testimony and Legislative Action***

#### **Senate Appropriations Recalibrates the FY23 Budget**

Vermont Care Partners is very pleased with the 8% rate increase recommended by the Senate Appropriations Committee. It is always our preference not to have language with directives included in the bill. However, at the request of the Agency of Human Services this language related to data is in the budget bill:

*Sec. E.301.3 PROVIDER RATE INCREASES (a) Recipients of any increased rates under Secs.B.314 and B.333 of this act shall be transparent in the use of these funds through timely and accurate reporting as defined by the State, including complying with specific performance measures using existing data collected by providers to assure accountability to the clients and the system of care*

The Senate is recommending \$2 million for residential substance use disorder programming, \$5 million less than the Governor's request. Senator Kitchel is concerned about public inebriate programs running

below capacity, while Senator Westman said further work needs to be done because designated agencies are losing significant funding running the programs. Senator Westman made adjustments to SUD funding including changing the recovery center funding from one-time to base funding. Here is the spreadsheet highlighting the differences in SUD funding in the Governor's, House, and Senate budgets: <https://legislature.vermont.gov/Documents/2022/WorkGroups/Senate%20Appropriations/FY%202023%20BUDGET/03%20Human%20Services/H.740~Sarah%20Clark,%20Joint%20Fiscal%20Office~SUD%20Comparison%20Spreadsheet~4-14-2022.pdf>

Additionally, this language was added to the Bill which Vermont Care Partners will have further dialogue with legislators about:

Sec. E.313 REPORT, PUBLIC INEBRIATE AND SOBER BED PROGRAMMING (a) The new alcohol and drug abuse program beds funded through Sec. B.313 of this act shall be used to treat public inebriates instead of having these individuals held by the Department of Corrections. On or before January 15, 2023, the Department of Health, in consultation with the Chief Prevention Officer, Vermont Care Partners, the Vermont Association for Mental Health and Addiction Recovery, and the Vermont Alliance for Recovery Residences, shall submit a written report to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare examining whether there is excess bed capacity among those programs designated for use by public inebriates. If the Department determines that there is excess capacity, the report shall include a plan to make efficient use of the excess capacity, including possibly redesignating beds for alternative purposes.

This language is also in the Senate Appropriations Bill:

Sec. E.314 DEPARTMENT OF MENTAL HEALTH; MOBILE CRISIS OUTREACH SERVICES

(a) The Department of Mental Health shall build an urgent care model for mental health by expanding mobile outreach services based on the Department's analysis of statewide mobile crisis services and gaps pursuant to its State Planning Grant from the Centers for Medicare and Medicaid Services. The urgent care model shall address geographic gaps and the regions of the State in which the lack of mobile outreach is most directly driving unnecessary emergency department visits or unnecessary law enforcement responses.

(b) The new mobile outreach services shall:

- (1) be based on evidence-based and trauma-informed practices, including using peer support staff;
- (2) be developed in conjunction with the continuum of urgent care response related to the new 9-8-8 suicide prevention line; and
- (3) comply with federal requirements as needed to qualify for three years of federal financial participation at an enhanced percent federal match rate.

(c) The Department, in coordination with the Agency of Human Services Secretary's Office, Department of Vermont Health Access and the Department of Financial Regulation, shall develop a sustainability plan to ensure that the services will continue to be available after the expiration of the enhanced federal match rate.

(d) On or before January 15, 2023, the Department shall provide a status report on:

- (1) the experience of the Rutland pilot project which includes the number of Vermonters served by this pilot through 2022, as well as a description of the evaluation of the operating model of the pilot since it was launched to date; and
- (2) the status of expansion of the urgent care model for mental health by expanding mobile outreach services funded in fiscal year 2023, including grants issued to date, operating status of the program's provided funding, and number of Vermonters served in 2022.

Sec. E.314.1 DEPARTMENT OF MENTAL HEALTH; EMERGENCY DEPARTMENTS; PATIENT EXPERIENCE OF CARE; REPORT (a) On or before January 15, 2023, the Department of Mental Health shall report to the House Committee on Health Care and the Senate Committee on Health and Welfare regarding the

progress of the health care system in improving the patient experience of care for individuals encountering lengthy emergency department waits for admission for inpatient psychiatric treatment. The report shall include an assessment of the services offered to these patients in emergency departments and the extent to which stakeholder input is included in decisions about services and patient care. The report shall include the most recent data pertaining to patient length of stay in emergency departments due to a lack of appropriate alternative mental health level 1 or step-down bed placements, and any changes anticipated in the inventory of level 1 or step-down beds system wide.

### **Senate Health and Welfare Makes Budget Recommendations**

In the budget discussion Senator Hardy asked that the 10% rate increase be listed first. Committee Chair Lyons agreed that it's a priority for the whole Committee. The Committee also recommended budget language for suicide prevention and added funding for suicide prevention. Here is the link to their budget recommendations:

<https://legislature.vermont.gov/Documents/2022/WorkGroups/Senate%20Health%20and%20Welfare/Budget/W~Jennifer%20Carbee~Final%20Senate%20Committee%20on%20Health%20and%20Welfare%20FY23%20Budget%20Recommendations~4-13-2022.pdf>

### **House Health Care Accepts Testimony on S.285**

The Green Mountain Care Board (GMCB) provided testimony to the House Health Care Committee on S.285. Commissioner Robin Lunge explained the focus on hospitals is because the majority of health care expenditures are on hospital care and hospital-based physicians. Her presentation on community engagement was focused solely on hospital sustainability and did not mention the continuum of health services. She said that from the GMCB perspective, a hospital value-based model could work with or without an accountable care organization (ACO) and the use of the ACO model will be an ongoing discussion. Chair Lippert questioned the balance of the focus on hospital sustainability versus the full scope of health care services, including mental health and social determinants of health.

Jill Olson announced that the health care associations are developing a letter opposing the bill. In the end many, but not all members such as Vermont Care Partners, signed on. Jill expressed the coalition's concern that the bill moves us away from an all-payer model (APM), Agency of Human Services (AHS) led process and back to an entirely hospital-centric reform process with the community health providers becoming an afterthought in health reform. There is also concern about the capacity of providers to engage in a new health reform process given the workforce crisis. The funds for the study and community engagement process could go toward stabilizing the workforce.

Devon Green of the Vermont Association of Hospitals and Health Systems (VAHHS) agreed that the Bill does not address the critical issues of workforce, mental health and long-term care. Devon said the APM gives a path forward for health reform and global budgets in particular. She agreed that focusing on hospitals won't fix the issues, especially given the historical underfunding of long-term care and mental health. Global budget models in other states are not a guarantee of success. Maryland has longest wait times in emergency departments in the country and has had a hospital close.

Mike Fisher the State Health Care Advocate said he recognizes the pressure that everyone is under, but the Health Care advocates Office is in support of the Bill. Vermont consumers are dealing with higher costs year after year with 44% of commercially insured Vermonters underinsured and a small percentage of Vermonters uninsured, while still others fear medical debt. He said we "can't keep doing

the same” - our hospital system is expensive. He feels the current provider/payer payment reform process has left communities and consumers out. He supports the community process envisioned in the Bill.

AHS Director of Health Reform Ena Backus would like the Bill adjusted to more fully fit into the APM and agreement with CMMI. CMMI is willing to give Vermont a 2-year extension for continued work on health reform modeling. The current model will be extended for two years with the opportunity to negotiate a longer agreement. The goal is to set growth targets and extend value-based payments. Predictability and stability are important goals. Ena said a future agreement would be broader than a hospital focus. She sees hospital global payments without a broader approach to other health care providers in the total cost of care (TCOC). Primary care providers, including FQHCs, will have an opportunity to participate. She said we currently have strong health care access and strong primary care system. She acknowledged that the current payments are still based in fee-for-service and there is more work to do to move away from that and improve the APM. She said we need work further on: the TCOC target, better access to mental health and substance use disorder services, primary care, and health care integration. She would like the bill to be better organized with a clear path forward for reform. APM negotiations can move forward without the bill, but if we want to explore alternative payment models and gather input into it, these resources will be useful for that. Ena shared that CMS is now willing to look at funding for MA level substance use disorder and mental health clinicians. She said the community processes outlined in the bill is amorphous and coordination of community engagement will be important. Ena spoke about how CMMI is recalibrating the ACO model and is promoting a new ACO reach model.

Jessa Barnard, representing the Vermont Medical Society said any payment reform must include sufficient payments for the services offered. The capitated payments to independent practices have had mixed results because they are insufficient, and the bill will not result in increased investment in primary care. The community engagement processes focused on hospitals will not address the concerns of communities. She would rather see a focus on workforce and the further development and negotiations on the APM, to include an opportunity for stakeholder and community input.

Mary Kate Mohlman, Director of VT public policy for Bi-State Health Care, said her members are not in the position to take on significant changes, would like investments in workforce, and would prioritize further development of next federal agreement on the APM. She would like primary care and prevention to have greater focus, rather than the focus solely on hospital global budgets.

### **Mental Health Supports Bill S.197 Reviewed in House Education Committee**

The House Education Committee took testimony this week on S.197, a bill that requires an inventory of mental health crisis response services and invests federal school support dollars into mental health initiatives for teachers and students. Mourning Fox, Director of Mental Health programs for the Department of Public Safety [DPS], stated that DPS is already engaged in inventorying mobile crisis activities through the Mobile Crisis State Planning grant. He fielded questions about embedded workers, noting that a crisis can happen to anyone and is not always a mental health crisis. Embedded mental health clinicians can make a difference in preventing the need for a higher level of care.

Holly Morehouse, Executive Director of Vermont Afterschool, supports the bill. She likes this bill even more now that the scope now includes both in-school and out-of-school mental health supports. “We need to do something more and something different.” Adding mental health resources for afterschool is

not about replacing mental health professionals. She shared that several Summer Matters programs took advantage of funding to integrate mental health supports into their programming that met what youth needed in that moment. She reported that 3 – 6 PM are the riskiest times for youth, and summer is where kids fall behind. Morehouse shared that she envisions that afterschool programs would likely use these funds to implement universal supports, such as Youth Mental Health First Aid.

Agency of Education Deputy Secretary Heather Bouchey spoke to the \$500,000 for educator supports and \$2.5 million for mental health supports for children and youth. Regarding the educator supports, Bouchey shared that the Agency of Education's plan is to "contract this out for a package of clinical supports that the vendor would supply to teachers and school staff still coping with mental health from the pandemic." AOE is open to regional proposals and will keep the RFP language broad to see what comes in. The committee would like to see a Vermont vendor. Regarding the two-year grant for youth, Bouchey said these services will integrate multi-tiered services and supports principles with core aspects of mental health and wellness. Vendors would be required to use Department of Education-determined evidence-based practices, collect data, and address a menu of concerns such as suicide risk, substance use, and reducing social isolation.

Department of Mental Health (DMH) Child Adolescent and Family Unit Director Laurel Omland shared that Northeast Family Institute's Dave Melnick is training school-based clinicians on trauma-informed services. DMH is supportive of the bill and wants to be a strong partner. The educator support funds will not duplicate Employee Assistance Plan services, explaining that this would provide access to mental health expertise similar to a reflective supervision.

Lynn Cota, Superintendent from Franklin Northeast, also testified. She is seeing the magnitude and complexity of mental health needs in students and the way it is manifesting as a behavioral crisis. She appreciates the mobile crisis inventory component of the bill, the combination of DMH and AOE, and the fact that the legislature is addressing Maslow's hierarchy of needs. Cota noted that partners in the mental health field and DCF are struggling. "Waitlists are one-to-two years long, then we have to build those services into our schools...it hurts our partners, and their staff then want to come to us." Cota asked the committee to foundationally support mental health and DCF partners.

The committee passed the bill out in the version as passed by the Senate.

### **Mental Health Licensure Passed by Senate Government Operations Committee**

Senate Government Operations considered H.661, which includes adding a requirement for training in anti-oppressive practices (no less than one hour, with content recommended by the Health Equity Commission); supporting synchronous and transferable continuing education credits across license types, a Mental Health Professional Licensure Workgroup to consider more significant changes to the mental health licensure structure in Vermont, and a supervisor registry. The Committee amended the bill to add a Licensing Board Administrator position at the Office of Professional Regulation. This position is likely to be dedicated to supporting mental health professionals. The [amendment](#) also adds Vermont Care Partners to the list of organizations in the Mental Health Professional Licensure Workgroup, based on written testimony from Julie Tessler. The committee voted unanimously in support of the amended bill.

### **Opioid Overdose Response Services Bill H.728 Studied by Senate Health and Welfare Committee**

Grace Keller, Director of Howard Center's Safe Recovery program, testified that Safe Recovery is the state's only syringe service program. In the 14 years that Keller has been there she has overseen their rapid access and syringe services program. Using a harm reduction approach, Safe Recovery works with people unconditionally and can stay in people's lives for the lifespan. "When we lose someone," Keller said, "we think about what we could do differently." Keller spoke of the recent spike in overdose deaths and the trauma for staff—93% of 2021 deaths were fentanyl-involved, only 10% were heroin-involved, and 48% were under the age of 40. There is a cost to a steep learning curve, she and her colleagues are always talking about the system, and how it ties their hands. Keller would like the committee to consider doing away with the report requirement in the bill because syringe services best practices have been established already. The paraphernalia exemption should exist for all supplies, to make sure all harm reduction supplies are protected.

Keller advocated for safe consumption sites also known as overdose prevention sites. She said we are losing Vermonters because they are using alone. Currently, there are 100 sites in the world, and they've never had an overdose. Vermont has "capacity but we need immunity and funding." When surveyed, 91% of Safe Recovery clients said they would use an overdose prevention site.

Kelly Dougherty, Deputy Commissioner of the Vermont Department of Health [VDH] [testified](#) that the bill duplicates what Vermont has already done, including syringe services and peer based services. She cited ongoing work to improve coordinated care for justice-involved Vermonters. Many of the funding initiatives in the bill were already funded by grants from the federal government. When asked by Senator Hardy whether VDH would support safe consumption sites, Dougherty said "that's your decision." She noted that Keller is already leading a group to look at safe consumption sites. Senator Terenzini asked what safe consumption sites were. Keller explained that are places people can go to use, with medical personnel available to respond and wraparound case management services. Keller cited that 81% of clients have witnessed an overdose, and 57% have experienced it. Keller noted that for safe consumption sites to work in Vermont, immunity is needed for staff, agencies, and landlords. While this is currently illegal at the federal level, Keller noted that there is a site in New York City and there is a May 15 deadline for the federal government to respond to a lawsuit from Philadelphia. There is speculation that that federal barrier will be removed soon.

The committee worked to make revisions to the bill, incorporating several suggestions from their witnesses, including eliminating some report expectations in favor of legislative presentations and inserting funding of potentially \$100,000 for planning for an overdose prevention pilot. The committee will take further testimony this week.

### **Senate Government Operations Committee Discusses H.96 Truth and Reconciliation Commission**

Rep. Kevin "Coach" Christie, Co-Chair, House Committee on Judiciary and Rep. Harold "Hal" Colston, Co-sponsor, House Committee On Government Operations recapped the background of H.96 as a follow-on to Act R-114, the state apology for eugenics bill.

Susan Aranoff, Policy Analyst for Vermont Developmental Disabilities Council (VTDDC) thanked the Committee on behalf of the VTDDC policy committee for prioritizing the disability community in these discussions. The ramifications of past harms against the disability community by the state reverberate to present time, evidenced by an abysmal housing situation where parents are in fear of their family members' welfare after their death. Following discussion of costs for the Truth and Reconciliation

Commission, the money should be considered well spent, considering how little Vermonters understand the history of harm caused by past eugenics practices.

Carol McGranaghan, Chair of Vermont Commission on Native American Affairs and Don Stevens, Chief of the Nulhegan Band of the Coosuk-Abenaki Nation shared perspective and experience from their respective groups. Wilda White, Founder of Mad Freedom noted that it isn't clear by using the term 'mental disability' that the bill includes people who have and continue to endure systemic and institutional oppression based on their perceived mental state or psychiatric diagnosis.

Xusana Davis, Executive Director of Racial Equity at the Agency of Administration spoke in support of peers who testified previously, noting that it is important that qualified experienced commissioners are appointed so as not to re-traumatize those targeted by eugenics and other types of systemic discrimination and harm. She also noted the Commission should be action-oriented and urged the Committee to not allow Commission recommendations to be shelved. As to the question of cost, fair investment in the process will tell the legislative body and Vermont community what else we need to invest in.

The Senate Health and Welfare Committee agreed to extend the discussion to enable Max Barrows of Green Mountain Self-Advocates and Amanda Garces of the Vermont Human Rights Commission to testify.

#### **Senate Health and Welfare Committee Finalizes H.720 Developmental Disabilities Bill**

The Senate Health and Welfare Committee discussed an amended language to include consultation with the Vermont Housing and Conservation Board and other housing providers to "prioritize successful housing projects for adults with developmental disabilities." The Committee also discussed the requirement for legislative approval of DS Payment Reform. Chairwoman Lyons asked for alternate options, with the goal to move through as quickly as possible. Senator Hardy noted that advocates are in strong support of approval, however the Committee and AHS are not in support. Developmental disabilities payment reform will have an appropriations piece so they think it will have to go through the budget adjustment process. The Committee agreed that the bill language will require Department of Disabilities Aging and Independent Living to present changes and seek input from committees of jurisdiction, but formal approval from the legislative body would not be required. H.720 passed out of the Senate Health and Welfare Committee on April 15 and was referred to Appropriations per Senate Rule 31.

#### **Senate Health and Welfare Committee Meets with State Prevention Officer Monica Hutt**

Monica Hutt spoke about her role as Chief Prevention Officer. The role is broad and inclusive of all social determinants of health to build health and wellness in our communities. Substance misuse is a large focus, but she is also looking at supporting after-school programs, suicide prevention, and health equity. She focused on the Substance Misuse Prevention Council and the Governor's budget package for substance misuse. She said the funding is spread across prevention. The Governor's budget includes \$3.5 million to fund 12 local substance misuse prevention coalitions. The coalitions currently have federal funding, but Monica said state funds are important to stabilize them.

### **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>

### **Plan to Participate in Advocacy Events**

**Public Forum:** Date: April 25, 2022

**Time:** 10:30am

**Location:** Virtual and in-person options are available – see below.

### **Post Award Forum – Global Commitment to Health Demonstration Waiver**

**Summary:** The Agency of Human Services (AHS) received approval from the federal government to extend the Global Commitment to Health Medicaid Waiver, which was to expire on December 31, 2021, to now expire June 30, 2022. AHS will be holding the annual post award forum as a part of the regularly scheduled Medicaid & Exchange Advisory Committee monthly meeting in April. The purpose of the forum is to afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. A summary of comments received will be included in the next Global Commitment Annual Report.

**Virtual Meeting** via Microsoft Teams: Microsoft Teams meeting Join on your computer or mobile app Click [here](#) to join the meeting Or call in (audio only) +1 802-828-7667,,175087178# United States, Montpelier Phone Conference ID: 175 087 178#

**In Person:** Oak Conference Room Waterbury State Office Complex 280 State Drive Waterbury, Vermont 05671-1010 - Identification required to enter the building.

### **Save the Date! Vermont Disability Awareness Day**

**Tuesday, May 10<sup>th</sup> - Time: TBD**

**Ming M. Canaday - Keynote Speaker**

Ming M. Canaday is the founder of Traipsin' Global On

Wheels: <https://www.traipsinglobalonwheels.com/>



#### **[TGOW - Traipsin' Global On Wheels](https://www.traipsinglobalonwheels.com/)**

At Traipsin Global On Wheels our mission is to provide resources and discussions for disability advocacy, health and fitness tips, and accessible travel tips.  
[www.traipsinglobalonwheels.com](https://www.traipsinglobalonwheels.com)

In addition to her extensive coaching experience with people of diverse backgrounds and cultures, she has done speaking engagements and held workshops all around the globe to advocate and empower people with disabilities to live their best lives.



### ***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.