



Supporting Vermonters to lead healthy and satisfying lives community by community



## Legislative Update for April 26, 2022

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

*The current goal is to end the legislative session on May 6<sup>th</sup>. Senate Committees that meet in the morning are closing, but House Committees will remain active through the end of the session. Committees of conference are expected on several key bills which Vermont Care Partners is advocating on: H.740, H.720, S.285 and H.159.*

*The State revenue analysis through March 2022 has been released. General fund revenues are now \$19.8 million—1.5% above the expected level for receipts at this date. When taken together, the State's three largest funds combined are \$23.8 million ahead of the expected levels. April income tax receipts are not counted yet and may lead to further changes in the state revenue picture.*

*The Senate passed the FY23 budget with an 8% rate increase for designated and specialized service agencies (DA/SSAs), the House version has a 7% increase. The House did not concur with the Senate and a Committee of Conference to work through the differences has been formed. Senators Kitchel, Baruth and Westman will represent the Senate and Representatives Hooper, Jessup and Fagan will represent the House. 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. However, veto threats have been made by the Governor. If there is a veto on the revenue and/or budget bills, the legislature will be called back into session to try to override the veto, and if unsuccessful, to negotiate to achieve resolution of outstanding differences between the executive and legislative branches of government.*

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

**Senate Approves FY23 Budget with 8% Rate Increase for DA/SSAs/Home and Community-based Care**  
On the Senate Floor Appropriations Chair Jane Kitchel highlighted mental health as an essential service and justified the 8% rate increase for DA/SSAs. She shared her concerns about the level of support for services given the demand for them as evidenced by waitlists. She pointed out that services previously

provided by the State in the Weeks School, Vermont State Hospital and Brandon Training School are now provided by community-based services. The Senator also highlighted the funding for substance use disorder (SUD) prevention coalitions and explained further investment in the Chief Prevention Officer, created by the legislature last year. The budget was passed by the Senate on April 20<sup>th</sup>.

### **House Appropriations Committee Reviews Senate Proposal of Amendment to the FY23 Budget Bill**

Joint Fiscal Committee Deputy Fiscal Officer Sarah Clark reviewed the difference in the Senate budget from the House version with the House Appropriations Committee. The Senate put less funds into H.728 for substance use disorder services because they were informed by the Administration that there are additional federal funds available. The funding for S.285 shifted from one-time to general fund. Collective bargaining agreement for Direct Support Professional funding is to go up by 5% in FY23 and 4.5% in FY24, unless the minimum wage goes up above that.

Sarah Clark said even though AHS expressed concern about the DA/SSA approaching the global commitment cap, the Senate went to 8% and is still within the cap. The Senate reduced the \$200,000 line item for the Howard Center with the idea of using prevention coalition funding to cover it. The Senate budget appropriates \$2 million for residential and sober beds, and includes rate increases for SUD residential. It has appropriations base funding for recovery centers and restores full funding for Jenna's House to \$500,000 from the House level of \$400,000. It also adds \$390,000 for expansion to Bennington County by Pathways for Housing.

### **Senate Health and Welfare Makes Recommendation on H.703 to Economic Development Committee**

The Senate Health and Welfare Committee reviewed the proposal for workforce development in H.703 as passed by the House. They noted the lack of support for mental health workforce. With little time available they developed recommendations which included loan repayment funding for child psychiatrists, support for a VSAC program for MA level for mental health professionals, and, after receiving advocacy from Vermont Care Partners and DA/SSA executive directors, \$1.25 million for the Vermont Care Partners tuition assistance and loan repayment program. Unfortunately, language from last year's budget bill was used and corrections will need to be made in the Senate Economic Development Committee to include developmental disability staff, access to staff pursuing associate degrees and to raise the funding level. That Committee will be taking up the bill again this week.

### **House Appropriations Review S.197 and Full House Concurs with Senate Bill**

After reviewing S.197 with Rep Sarah Austin from the House Committee on Education and Senior Fiscal Analyst Nolan Langweil of the Joint Fiscal Office, the House Appropriations Committee Approved S.197. The Full House of Representatives then approved the legislation which has these key components:

- An inventory of mental health crisis response programs by the Department of Mental Health (DMH) in consultation with the Agencies of Education and Human Services (AOE and AHS), and the Department of Public Safety. A Mobile Crisis Needs Assessment report will be presented to the relevant legislative committees.
- Provision of mental health and well-being support for educators and grants to expand mental health and well-being services to youth.
  - (1) expand existing school-based counseling services in underserved districts of the State; or
  - (2) develop either school-based or community-based afterschool programs, operating in a variety of settings outside the school day and over the summer, including before and after

school, in-service days, and school vacation week, that support the mental health and wellness needs of students, families, and staff.

- Creates an interagency afterschool youth task force to report to legislative committees on achieving expanded universal afterschool and summer programming.

### **Senate Health and Welfare Reviews and Passes H.728 on Opioid Overdose Response Services**

Bob Purvis from the Central Vermont Turning Point endorsed the proposal for mobile medication assisted treatment services and safe injection/overdose prevention sites. He supports the development of a workgroup to review the evidence and said the programs could result in more people accessing treatment.

In the end the Senate Health and Welfare Committee made these changes to the Bill:

- Section 8: Language was added to have the working group review the findings from previous groups on overdose prevention sites. The working group shall identify the feasibility, liability, and costs to implement publicly and privately funded overdose prevention sites and funding requirements. They will also develop an actionable plan for one or more overdose prevention programs. The report of the working group is due January 2023.
- Section 9: VDH ADAP shall present a summary of its use of federal funds for mobile MAT services and assess the efficacy of mobile MAT at preventing overdose deaths.
- Section 10: VDH ADAP shall present a summary to key legislative committee on use of federal funds and on MAT services for justice-involved individuals.
- Section 11: On or before November 15, 2023, the Agency shall summarize use of federal funds and the status of the work.

Senator Terenzini did not vote in favor of the bill due to concerns about section 8 on safe injection sites. He thinks safe injections sites could lead to a false sense of security and could defeat the goal of reducing drug misuse and overdoses.

### **House Human Services Receives Overview of S.285 by Senator Ginny Lyons**

Senator Lyons reviewed the history of the development of the S.285 on health reform. She highlighted that the Bill supports analysis of serving moderate-needs individuals in the Choices for Care program. She said access to care and improving health care integration are important. She acknowledged the work outlined in the Bill may be perceived as a herculean task given the stress that health providers are experiencing.

### **House Health Care Testimony and Approval of S.285 the Health Reform Bill**

The House Health Care Committee adjusted S.285 on health reform which proposes a process for proceeding forward with health reform, focuses on global budgeting for hospitals, addresses funding the blueprint, addresses health data and calls for consideration of expanding the moderate needs category for the Choices for Care program. The Bill passed the Committee on a vote of 9-2-2 and then was reviewed by the House Appropriations Committee.

The Bill requires the Director of Health Care Reform (in AHS), in collaboration with the Green Mountain Care Board (GMCB), to develop an All-Payer Model (APM) proposal for CMMI approval and to report to the relevant legislative committees on progress. It is to be informed by a community- and provider-

inclusive process and result in reduced inefficiencies in health care, lower costs, improve population health outcomes, and increase access to essential services. The Bill directs the State to address: total cost of care targets; global payment models; investments in primary care; strategies to address social determinants of health, improve access to mental health and substance use disorder treatment services, and health inequities. It also calls for consideration of alternative payment and delivery system approaches for hospital services and community-based providers including mental health providers and substance use providers. It would require the Director of Health Care Reform to recommend to the legislative committees of jurisdiction, amounts by which health insurers and Medicaid should increase the amount of per-person, per month (PMPM) payments for the Blueprint for Health community health teams.

Ena Backus, Director of Health Reform for the Agency of Human Services (AHS), and John Saroyan Director of the Blueprint for Health testified in support of the quality improved processes outlined in S.285 and requested modifications. They want to integrate clinical and claims data, as available, for quality improvement of patient-centered medical homes. Saroyan explained that quality improvement facilitation process occurs through NCQA accreditation and are associated with both better clinical outcomes and cost-savings. They are very supportive of the language which calls for the Blueprint to make recommendations on funding levels to the legislature next January

A coalition which includes Patrick Flood and Julie Wasserman, requested to testify in favor of S.285. They would like to see hospital global budgets pursued and believe savings from it could be invested in community-based services. They also requested additional language to implement reference-based pricing that benchmarks rates to Medicare for inpatient and outpatient hospital services. They encouraged a robust community engagement process. Robin Lunge said they could look at reference-based pricing, but she sees it as a fee-for-services approach that they are not interested in pursuing.

Sarah Teachout of Blue Cross Blue Shield (BC/BC) said rate filings are made over 6 months in advance and they would need to know the potential costs of the Bill's directive to support the Blueprint for Health. She said most employers do not want to purchase private insurance to cover the cost of their employees accessing the Blueprint for Health. This bill would increase BC/BS's current investment of over \$7 million which would then be reflected in health insurance rates. She would like to see the dates pushed out, and further exploration of value-based payments. She is supportive of a study but would like the language to add further specificity on the use of funds. Rep Donahue suggested specificity about who pays what, as there are multiple payers for the Blueprint.

Ena Backus Director of Health Reform for AHS supports the new direction for the Bill developed by the House Health Care Committee that more fully addresses the full care continuum and asked for language for cooperative development of payment models. She also supports greater involvement of community stakeholders in the engagement process. The language now clarifies that the models developed may or may not include an ACO structure. Rep Houghton noted that this new community engagement process will be focused more broadly on APM, not just on hospital global budget payments.

At the recommendation of Rep Donahue this language was added to the bill.

(C) The proposal shall:

(i) include appropriate mechanisms to convert fee-for-service reimbursements to predictable payments for multiple provider types, including those described in subdivision (A) of this subdivision

(Section A lists: hospital services and community-based providers, such as primary care providers, mental health providers, substance use disorder treatment providers, skilled nursing facilities, home health agencies, and providers of long-term services and supports.)

(2)(ii) include a process to ensure reasonable and adequate rates of payment and a reasonable and predictable schedule for rate updates; and

(iii) meaningfully impact health equity and address inequities in terms of access, quality, and health outcomes; and

(iv) support equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care.

(3)(A) The Director of Health Care Reform, in collaboration with the Green Mountain Care Board, shall ensure that the process for developing the proposal includes opportunities for meaningful participation by the full continuum of health care and social service providers, payers, and other interested stakeholders in all stages of the proposal's development.

GMCB originally asked for \$5 million for the work. The new funding scenario is that AHS will receive \$1.4 million and GMCB will be appropriated \$3.6 million. GMCB may then return to request the complement of their original funding in FY24.

Devon Green of VAHHS said the work will support sustainability but she does not expect improvement in affordability. She does see potential for improving health care and outcomes which could then eventually decrease the rate of growth of health expenditures. VAHHS is not in consensus with AHS and GMCB on the proposed legislation. Rep Houghton pointed out that the health care associations coalition did contribute to the draft bill, even if they did not come to consensus on supporting it.

In the end the Committee voted to approve the Bill on a vote of 9-2-2 with representatives Page and Peterson not in support. They both expressed concerned that it will not help sustain the hospitals. Rep Cina and Rep Donahue still have concerns about continuing the expenditures on the ACO, but feel the bill is in the right direction. Rep Donahue wants to increase access but does not see the bill as reducing costs or reducing use of fee-for-service payments. Rep Cordes said this is better than doing nothing.

### **House Appropriations Committee Reviews H.285**

Rep Lori Houghton reviewed H.285 with the House Appropriations Committee. The House Health Care Committee is recommending \$5 million for H.285, even though the House budget only appropriates \$4 million. She said there will be collaboration between Director of Health Reform and the GMCB on a plan for health reform transformation. She described the APM as the umbrella with hospitals as part of it and then it starts to look at community providers to determines how to move away from fee-for-service to value-based payment models. Only 15% of the health care system is currently value-based payments. She said the Bill is gives us the opportunity to study models and find the next way to move forward, bring other providers into value-based payments, and to improve hospital sustainability. Eventually, she said, the cost of health care will come down. Robin Lunge also testified and explained the intent to increase value-based payments to hospitals to the level that changes their incentives. Rep Houghton emphasized that all providers need to move in the same direction.

### **Senate Appropriations Reviews H.720 the Developmental Disabilities Bill**

Senator Lyons gave an overview of the H.720 to Senate Appropriations Committee and acknowledged the strong advocacy for housing alternatives. She explained that there was tension about whether the Legislature should approve the proposed systems change, but it would have stretched out the time for implementing changes, so the language was adjusted.

The Bill has funding for a residential program developer. Bard Hill, Principal Assistant to the Commissioner of DAIL, said the residential program developer position came from the recommendation of the housing advocates. This position would support planning and development of housing options. Senator Kitchel spoke about intentional communities and said she had visited Heartbeat. She asked if that is a model that will be considered. Bard Hill said families want stable residential models where people are not at risk of losing their homes which can happen if the family providing shared living decides to discontinue providing supports. The position would serve as a consultant and technical assistant to those who receive planning grants to develop housing.

DAIL requested that the section requiring annual on-site developmental services quality reviews be struck because of the limited availability of staffing. The Committee agreed to strike that section and also decided that there should be more flexibility for the five positions which had been specified for developmental disability quality reviews. The Appropriations Committee will propose an amendment for the Bill when it comes before the full Senate on the 25<sup>th</sup>.

### **Senate Appropriations Reviews H.711 Opioid Advisory Bill**

Senator Lyons gave an overview to the Senate Appropriations Committee on H.711, the Opioid Settlement Bill. The total funding will be approximately \$39 million. The Settlement includes guidelines on the use of the funds. The requirements include an Advisory Committee and a designated agency to receive the opioid settlement funds. The bill specifies the membership of the advisory committee and suggestions for use of the funds. The Committee approved the bill and expressed gratitude for the resources to address opioid addiction.

### **House Health Care Committee Considers S.195 on Peer Certification**

There is concern about the value of the peer certification legislation because the Senate stripped the bill of funding. Wilda White communicated on behalf of the Peer Workforce Development Initiative Coalition asking that the Bill not go further this session. DMH is already in the process of issuing a grant to the peer groups to develop recommendations with stakeholder engagement. In response to these events, Rep Donahue recommended alternative language for the legislation including a new name. S.195 "An act relating to examine mental health peer support certification".

The Committee voted to do a 'strike all' of the Senate language with the exception of the findings on peer support. The new language requires the Department of Mental Health to issue a grant for a peer stakeholder-run process to develop recommendations for a statewide peer support specialist certification program. "On or before December 15, 2022, the Department shall submit a written report providing policy guidance and recommendations to the House Committee on Health Care and to the Senate Committee on Health and Welfare for any legislation necessary to create the program. The report shall include input from: the Office of Professional Responsibility and the Department of Vermont Health Access regarding the options and steps required to seek Medicaid funding for certified peer

support specialists.” The Committee approved the new language on a vote of 9-0-2. After approval by the full House, the Bill will be reconsidered by the Senate.

### **House Human Services Reviews Public Engagement Plan on Conflict-Free Case Management**

Ashley Berliner, Director of Healthcare Policy, Agency of Human Services, provided background on the Center for Medicaid and Medicare Services (CMS) Conflict-Free Case Management rule and how it pertains to Vermont programs. There are five Home- and Community-Based Services programs in Vermont that are all subject to the CMS rule: Choices for Care, Brain Injury Program, Developmental Disabilities Services, Community Rehabilitation and Treatment Program, and Intensive Home- and Community-Based Services Program. CMS determined that Vermont was not in compliance with the rule and a 5-year plan was developed and submitted to CMS, which has not yet been approved. With collaboration from all five programs, an RFP for technical assistance was drafted and will be released pending CMS plan approval. Technical assistance includes a thorough assessment of current HCBS programs, robust and sensitive stakeholder engagement, recommendations for eligibility, assessment, and case management/person-centered planning solutions, and implementation planning and execution.

Rep. Wood asked if the Technical Assistance RFP will consider variety and complexity of stakeholders. The committee wants reassurance that whoever is chosen will provide appropriate and accessible engagement options. Ashley Berliner assured the committee that a competent and well-informed contractor is a high priority and is working with national Medicaid organizations on recommended vendors.

In response to a question from Senator McFaun, witnesses defined stakeholders to be first and foremost individuals receiving services, followed by family members, providers, organizations, advocacy groups, VT Legal Aid, and anyone else impacted by case management changes. Senator McFaun urged face-to-face engagement opportunities.

### **Worker Relocation Program H.159**

The VT worker relocation incentive program was adjusted by the Senate. The Senate proposal of amendment to H.159 was in the House Calendar for Friday with the specific language on pages 2467 - 2469. See link:

<https://legislature.vermont.gov/Documents/2022/Docs/CALENDAR/hc220422.pdf#page=1>

The language would eliminate the list of qualifying occupations to access the funds which was creating a barrier for our new employees. However, there would still be quite a few restrictions to access the program. Because the language was not in the original House bill, to become a statute the House would need to accept the Senate proposal of amendment or agree to it in conference committee. The next step is for the House Ways and Means Committee to review the Bill.

### ***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***

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

**Tuesday, May 10th - 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](#)**

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](http://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.