



# VERMONT CARE PARTNERS

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## LEGISLATIVE UPDATE FOR MARCH 22, 2023

Last week legislative committees worked on the Fiscal Year (FY) 24 budget requests, adult protective services, suicide prevention, quality measures, Psychological Interjurisdictional Compact, tuition assistance and loan repayment, and updating emergency transport.

The Crossover deadline was March 17<sup>th</sup>, when all bills had to be voted out of Committee to be considered by the other Chamber. The FY24 appropriations bill is an exception and will be voted out of Committee at the end of this week.

### *TESTIMONY*

#### **Senate Health and Welfare Approves S.47 to Clarify Transport in Need of Psychiatric Care**

The Senate Health and Welfare Committee approved S.47 on the last day before cross-over. Senator Lyons will report it on the Floor. DMH has several concerns about the bill. Additionally, the Department of Public Safety raised concerns about the cost to purchasing soft restraints for all law enforcement officers which was recommended by Sheriff Marcoux.

#### **House Commerce Committee Approves Tuition Assistance/Loan Repayment**

The House Commerce Committee is including tuition assistance and loan repayment for all staff employed by designated and specialized service agencies after testimony from Kelsey Stavseth, Executive Director of NKHS, Stacey Remillard, Human Resources Director for NCSS and Julie Tessler of Vermont Care Partners, and based on hearing supportive recommendations from the House Health Care and Human Services who received additional testimony from Vermont Care Partners. The workforce bill directs \$4 million in global commitment funds for **ALL** staff at designated and specialized service agencies. The funding levels will be reviewed and approved by the House Appropriations Committee which will put the specific funding into the appropriations bill.

#### **House Judiciary Committee Comments on H.171—An act relating to adult protective services**

Representative Joseph Andriano presented the House Committee on Judiciary recommendations on H.171 to the House Human Services Committee. He said that the Judiciary Committee carefully reviewed and adjusted language in access to records section to assure that

professional privileges would be recognized and maintained during an investigation. If privilege presents an impediment to the investigation, there is a process within the bill to petition to Superior Court if needed.

The Judiciary Committee also recommended language to clarify the mandated reporter definitions, which the House Human Services Chair elected to hold off on accepting pending further review. In a later meeting the Human Services Committee agreed that they would not adopt the recommended mandated reporter language. After passing the full House Chamber the bill is expected to land in the Senate Health and Welfare Committee where they will resume scrutiny of the language options.

Before voting on the Bill, Chair Wood noted that the Healthcare Provider Associations Coalition continues to have concerns with the revision to the definition of abuse to include the words “negligent” and “negligently”, which they believe will expand the scope of mandatory reports to include unintentional mistakes by a caregiver. Discussion around this point will continue at Senate Health and Welfare. The HHS committee voted 8-1 in favor of the bill, with Representative Anne Donahue opposing it. After passing second reading, the third reading of the bill on the House floor is scheduled for Wednesday, March 22<sup>nd</sup>.

### **Centers for Medicaid and Medicare Services (CMS) Quality Measures**

Kirsten Murphy, Executive Director of Vermont Developmental Disabilities Council (VTDDC), reviewed the CMS quality assurances requirements. VTDDC must participate in planning, design, and redesign and monitoring of services for people with developmental disabilities, including the upcoming quality assurances measures. The Global Commitment waiver requires the State to tell CMS which measures Vermont will report to the federal government on each of the five HCBS programs.

VTDDC is particularly concerned about an unannounced change in practice by the Vermont Agency of Human Services (AHS) to use the Consumer Assessment of Healthcare Providers & Systems (CAHPS) experiential survey instead of the historically preferred National Core Indicators (NCI) survey for Developmental HCBS Services. The NCI survey is used by more than 30 states, so its use is a national norm. It is of utmost importance to measure what matters to people with the services that they receive. The NCI survey aligns well with Vermont values and the individual perspective. Vermont can take a leadership role with CMS and determine a better way to evaluate the system. VTDDC is also concerned about the lack of transparency and engagement in this decision-making process by AHS. There is a statutory requirement for the VTDDC to be involved in decision-making.

There is also concern that the selected quality measures are reporting-oriented and not prioritizing the CMS Comprehensive Quality Strategy. Due to the workforce shortage and other reasons, there are serious quality issues and impediments to services in the Vermont developmental services system, so quality measures should address quality assurances.

The VTDDC recommends that Vermont returns to use of the NCI survey for Developmental Services under HCBS. The VTDDC is also interested in possible statutory support to ensure stakeholders are at the decision-making table around determination of quality measures, which Chair Wood declined to pursue but the Committee has commented on their displeasure with the measures. The Committee will also write a letter in support of the NCI survey for Developmental Services.

### **The Role of the Suicide Prevention Coordinator Defined in House Health Care Committee**

After hearing testimony on suicide prevention efforts in Vermont from the Department of Mental Health, the Agency of Education, the Vermont Department of Health [VDH], Terri Lavelly, Board Chair of the Vermont Chapter of the American Foundation for Suicide Prevention and others over the week, House Health Care passed out a bill, [H481](#), that defines the role and duties of DMH's new Suicide Prevention Coordinator, including:

- Developing and submitting a Suicide Prevention Strategic Plan Report by July 1, 2024, with quarterly updates. The Plan will “identify goals, possible partners, and strategies for meeting clearly defined targets in the prevention of suicide. Key resources and gaps shall be identified, including sustainable 988 lifeline funding, zero suicide program expansion, improved data collection and reporting to identify contributing causes, including social factors, to inform prevention strategies, and data-informed systems and strategies for establishing and maintaining postvention services within communities, schools, and health care systems.”
- By January 1, 2024, the Suicide Prevention Coordinator will submit a model protocol for all schools regarding suicide prevention, education, and postvention services.
- By February 1, 2024, the Coordinator shall report on the VDH Comprehensive Suicide Prevention Grant as well as the VDH Suicide Data Linkages Project.

### **Moving forward on the Psychological Interjurisdictional Compact in House Health Care**

The House Health Care Committee also passed the [H282, the Psychological Interjurisdictional Compact](#), out of committee. The purpose of the bill is that the State of Vermont will enter and adopt this interstate compact for psychologists. An overview of the Compact prepared by the Legislative Counsel is [here](#). The Office of Professional Regulation [provided testimony](#) summarizing the bill, as well as benefits and concerns. UVM Health Network also provided testimony in support of the compact.

## **LEGISLATIVE RESOURCES**

### **Vermont Care Partners Advocacy Fact Sheet**

Here is a link to our updated [Advocacy Fact Sheet](#). The critical points are the rising demand, the impact of the ongoing workforce crisis and need for improved funding.

### **YouTube link for Mental Health Advocacy Day**

<https://www.youtube.com/watch?v=S3ml6skUE4A>

### **NAMI-VT Fact Sheet on Mental Health**

Here is the [NAMI-VT fact sheet on mental health](#).

### **Vermont Care Partners Legislative Advocacy Webinar**

In case you missed it, here's a link to the [recording](#) of our Legislative Advocacy Webinar to help guide you through the process of working with legislators. In just 40 minutes you can learn the basics for effective advocacy.

### **Key Committees in relation to Network Agencies**

Here are the key Committees in relation to our network services with the Agencies in each legislator's region noted. We encourage everyone to reach out to your local legislators to introduce yourself and share the issues most important to you: [Legislative Committees by DA and SSA Region](#).

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 and specialized developmental and mental health service agencies.