H.301

Introduced by Representatives Nuovo of Middlebury, Batchelor of Derby, Buxton of Tunbridge, Carr of Brandon, Cheney of Norwich, Cole of Burlington, Davis of Washington, Donahue of Northfield, Ellis of Waterbury, Fisher of Lincoln, French of Randolph, Gallivan of Chittenden, Haas of Rochester, Lanpher of Vergennes, Manwaring of Wilmington, Martin of Springfield, McCullough of Williston, Moran of Wardsboro, Mrowicki of Putney, Pearson of Burlington, Ralston of Middlebury, Ram of Burlington, Russell of Rutland City, Sharpe of Bristol, Smith of New Haven, Stuart of Brattleboro, Till of Jericho, Townsend of South Burlington, Van Wyck of Ferrisburgh, Weed of Enosburgh, and Wizowaty of Burlington

Referred to Committee on

Date:

Subject: Professions and occupations; attendant care providers; preliminary assessment

Statement of purpose of bill as introduced: This bill proposes to create a task force to assess whether the need to train or license direct care workers exists.

An act relating to a task force on direct care workers

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. FINDINGS

The General Assembly finds that:

(1) Direct care is the hands-on assistance and support that an individual provides to another in negotiating the tasks of daily living. When direct care cannot be provided by a family member or friend, individuals rely on direct care workers for assistance.

(2) The number of individuals needing direct care and support is outpacing the growth of the direct care workforce due to both an aging population and people with physical disabilities seeking more independence.

(3) Safe and high quality care for people who are elderly or disabled depends on a stable and professional direct care workforce.

(4) The 2008 Legislative Study of the Direct Care Workforce in Vermont found that direct care workers provide significantly longer years of service when employers offer in-service training, funding for continuing education courses, and funding for conferences and workshops.

(5) Orientation and ongoing professional development opportunities improve quality of care and keep direct care workers engaged in their positions.

(6) The 2008 Legislative Study of the Direct Care Workforce in Vermont further found that direct care workers who are satisfied with their

orientation and training provide more years of services than those workers who are not satisfied with the orientation and training they received.

(7) High rates of turnover among direct care workers undermine consumers' ability to establish consistent, ongoing relationships with direct care workers who are familiar with their care and needs.

Sec. 2. DIRECT CARE WORKER TASK FORCE

(a) As used in this section:

(1) "Activities of daily living" means dressing and undressing, bathing, personal hygiene, bed mobility, toilet use, mobility in and around the home, and eating.

(2) "Direct care worker" shall mean an individual who is reimbursed by the State to assist adults residing in community settings not licensed by the State with activities of daily living and instrumental activities of daily living.

(3) "Instrumental activities of daily living" means meal preparation, medication management, telephone use, money management, household maintenance, housekeeping, laundry, shopping, transportation, and care of adaptive equipment.

(b) The Direct Care Worker Task Force is established to identify existing categories of direct care workers and to make recommendations to the General Assembly regarding the necessity of training or licensing direct care workers.

(c) The Task Force shall consist of the following members or their designees:

(1) the Secretary of Human Services;

(2) the Commissioner of Disabilities, Aging, and Independent Living, who shall serve as chair;

(3) the Commissioner of Labor;

(4) the State Long-Term Care Ombudsman;

(5) two direct care workers;

(6) two recipients of services from direct care workers, including at least one recipient who directs his or her own care;

(7) a representative from the Vermont Center for Independent Living;

(8) a representative from the Vermont Assembly of Home Health Agencies;

(9) a representative of Bayada Home Health Care;

(10) a representative of a private agency providing home care services, appointed by the Governor;

(11) a representative of the Community of Vermont Elders;

(12) a representative of the University of Vermont School of Nursing;

(13) a representative of the Vermont State Colleges System;

(14) a representative of an Area Agency on Aging;

(15) a representative of the Alzheimer's Association;

(16) a representative of the Vermont Designated Agencies;

(17) a representative of the Green Mountain Self Advocates;

(18) a representative of the Vermont Health Care Association; and

(19) a representative of the Vermont Psychiatric Survivors.

(d)(1) On or before July 1, 2013, the Secretary of Human Services or designee shall convene the first meeting of the Task Force.

(2) The Agency of Human Services shall contract with a consultant specializing in workforce development to provide technical and managerial support to the Task Force. The Agency shall provide administrative support to the consultant.

(e)(1) The Task Force shall:

(A) review prior initiatives in Vermont to develop or promote training opportunities for direct care workers, including Better Jobs Better Care, the CareWell curriculum, and the Vermont Association of Professional Care Providers;

(B) identify existing categories of direct care workers and catalogue both the type of services provided and the populations served by each category;

(C) identify current training requirements and opportunities available to direct care workers in each category;

(D) assess and recommend whether a need for training direct care workers exists, and if so, the appropriate requirements for each category of direct care worker;

(E) recommend additional training strategies that would enhance the development of a stable and professional direct care workforce; and

(F) assess and recommend whether mandatory or voluntary licensure or certification of direct care workers would contribute to the development of a stable and professional direct care workforce.

(2) The Task Force shall aim to execute its duties in this subsection (e) without compromising the autonomy of individuals receiving services from direct care workers or their ability to hire and train direct care workers.

(f)(1) On or before November 15, 2013, the Task Force shall provide an interim report to the chairs and vice chairs of the House Committees on Human Services and on Appropriations and the Senate Committees on Health and Welfare and on Appropriations.

(2) On or before January 15, 2014, the Task Force shall submit a final report containing findings and recommendations to the House Committees on Human Services and on Appropriations and the Senate Committees on Health and Welfare and on Appropriations.

(g)(1) A majority of the members of the Task Force shall be physically present at the same location to constitute a quorum.

(2) Action shall be taken only if there is both a quorum and a majority vote of all members physically present and voting.

(h) Members of the Task Force who are not employees of the State of Vermont and who are not otherwise compensated or reimbursed for their physical attendance shall be entitled to per diem compensation or reimbursement of expenses or both pursuant 32 V.S.A. § 1010 for no more than six meetings.

Sec. 3. APPROPRIATION

Up to $100,000.00 of carry-forward appropriations available to the Department of Vermont Health Access for the Choices for Care waiver shall be used for any costs associated with the Direct Care Worker Task Force, including consultant fees, per diems, and other related expenses.

Sec. 4. EFFECTIVE DATE

This act shall take effect on passage.