

1 S.196

2 Introduced by Senator Lyons

3 Referred to Committee on Health and Welfare

4 Date: January 5, 2016

5 Subject: Human services; designated agencies; preferred providers; contracts

6 Statement of purpose of bill as introduced: This bill proposes to require the
7 Agency of Human Services to submit a report surveying contract performance
8 measures and compensation to designated agencies and preferred providers, as
9 well as a comparison of private sector pay.

10 ~~An act relating to the Agency of Human Services' contracts with providers~~
*An act relating to nutrition procurement standards for State government
and the Agency of Human Services' contracts with providers*

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

12 ~~Sec. 1. REPORT, AGENCY OF HUMAN SERVICES' CONTRACTS~~

13 (a) On or before January 1, 2017, the Agency of Human Services shall
14 submit a report to the Senate Committee on Health and Welfare and to the
15 House Committee on Human Services after surveying the Agency's contracts
16 with designated agencies and preferred providers. The report shall address the
17 following:

18 (1) the type of performance measures and other evaluations commonly
19 ~~used in Agency contracts with designated agencies and preferred providers;~~

1 ~~(2) how contract performance measures and other evaluations impact~~

2 compensation of designated agencies and preferred providers; and

3 (3) how the Agency's compensation of designated agencies and

4 preferred providers compare to average private sector pay for the same

5 services.

6 (b) As used in this section:

7 (1) "Designated agency" means the same as in 18 V.S.A. § 7252.

8 (2) "Preferred provider" means any substance abuse organization that

9 has attained a certificate of operation from the Department of Health's

10 Division of Alcohol and Drug Abuse Programs and has an existing contract or

11 grant from the Division to provide substance abuse treatment.

12 Sec. 2. EFFECTIVE DATE

13 ~~This act shall take effect on July 1, 2016.~~

** * * Nutrition Procurement Standards for State Government * * **

Sec. 1. FINDINGS

(a) Approximately 13,000 Vermont residents are employed by the State or employed by a person contracting with the State. Reducing the impact of diet-related diseases will support a more productive and healthy workforce that will pay dividends to Vermont's economy and cultivate national competitiveness for State residents and employees.

(b) Improving the nutritional quality of food sold or provided by the State on public property will support people in making healthy eating choices.

(c) State properties are visited by Vermont residents and out-of-state visitors, and also provide care to dependent adults and children.

(d) Approximately 25 percent of Vermont residents are overweight or obese.

(e) Obesity costs Vermont \$291 million each year in health care costs, contributing to debilitating yet preventable diseases, such as heart disease, cancer, stroke, and diabetes.

(f) Improving the types of foods and beverages served and sold in workplaces positively affects employees' eating behaviors and can result in weight loss.

(g) Maintaining a healthy workforce can positively affect indirect costs by reducing absenteeism and increasing worker productivity.

Sec. 2. 29 V.S.A. § 160c is added to read:

§ 160c. NUTRITION PROCUREMENT STANDARDS

(a)(1) The Commissioner of Health shall establish and post on the Department's website nutrition procurement standards that:

(A) consider relevant guidance documents, including those published by the U.S. General Services Administration, the American Heart Association, and the National Alliance for Nutrition and Activity and, upon request, the Department shall provide a rationale for any divergence from these guidance documents;

(B) consider both positive and negative contributions of nutrients, ingredients, and food groups to diets, including calories, portion size, saturated fat, trans fat, sodium, sugar, and the presence of fruits, vegetables, whole grains, and other nutrients of concern in Americans' diets; and

(C) contain exceptions for circumstances in which State-procured foods or beverages are intended for individuals with specific dietary needs.

(2) The Commissioner shall review and, if necessary, amend the nutrition procurement standards at least every five years to reflect advances in nutrition science, dietary data, new product availability, and updates to federal Dietary Guidelines for Americans.

(b)(1) All foods and beverages purchased, sold, served, or otherwise provided by the State or any entity, subdivision, or employee on behalf of the State shall meet the minimum nutrition procurement standards established by the Commissioner of Health.

(2) All bids and contracts between the State and food and beverage vendors shall comply with the nutrition procurement standards. The Commissioner, in conjunction with the Commissioner of Buildings and General Services, may periodically review or audit a contracting food or beverage vendor's financial reports to ensure compliance with this section.

(c) The Governor's Health in All Policies Task Force may disseminate information to State employees on the Commissioner's nutrition procurement standards.

(d) All State-owned or -operated vending machines, food or beverage vendors contracting with the State, or cafeterias located on property owned or operated by the State shall display nutritional labeling to the extent permitted under the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. ch. 9 § 301 et seq.

(e) The Commissioner of Buildings and General Services shall incorporate the nutrition procurement standards established by the Commissioner into the appropriate procurement document.

Sec. 3. EXISTING PROCUREMENT CONTRACTS

To the extent possible, the State's existing contracts and agreements with food and beverage vendors shall be modified to comply with the nutrition procurement standards established by the Commissioner of Health.

* * * Contracts between the Agency of Human Services
and Providers * * *

Sec. 4. REPORT; AGENCY OF HUMAN SERVICES' CONTRACTS

(a) On or before January 1, 2017, the Agency of Human Services, in consultation with Vermont Care Partners, the Green Mountain Care Board, and representatives from preferred providers, shall submit a report to the Senate Committee on Health and Welfare and to the House Committees on Health Care and on Human Services. The report shall address the following:

(1) the amount and type of performance measures and other evaluations used in fiscal year 2016 and 2017 Agency contracts with designated agencies, specialized service agencies, and preferred providers;

(2) how the Agency's funding levels of designated agencies, specialized service agencies, and preferred providers affect access to and quality of care; and

(3) how the Agency's funding levels for designated agencies, specialized service agencies, and preferred providers affect compensation levels for staff relative to private and public sector pay for the same services.

(b) The report shall contain a plan developed in conjunction with the Vermont Health Care Innovation Project and in consultation with the Vermont Care Network and the Vermont Council of Developmental and Mental Health Services to implement a value-based payment methodology for designated agencies, specialized service agencies, and preferred providers that shall improve access to and quality of care, including long-term financial sustainability. The plan shall describe the interaction of the value-based

payment methodology for Medicaid payments made to designated agencies, specialized service agencies, and preferred providers by the Agency with any Medicaid payments made to designated agencies, specialized service agencies, and preferred providers by the accountable care organizations.

(c) As used in this section:

(1) “Designated agency” means the same as in 18 V.S.A. § 7252.

(2) “Preferred provider” means any substance abuse organization that has attained a certificate of operation from the Department of Health’s Division of Alcohol and Drug Abuse Programs and has an existing contract or grant from the Division to provide substance abuse treatment.

(3) “Specialized service agency” means any community mental health and developmental disability agency or any public or private agency providing specialized services to persons with a mental condition or psychiatric disability or with developmental disabilities or children and adolescents with a severe emotional disturbance pursuant to 18 V.S.A. § 8912.

Sec. 5. MEDICAID PATHWAY

(a) The Secretary of Human Services, in consultation with the Director of Health Care Reform and affected providers, shall create a process for payment and delivery system reform for Medicaid providers and services. This process shall address all Medicaid payments to affected providers and shall focus on services not included in the Medicaid equivalent of Medicare Part A and Part B services.

(b) On or before January 15, 2017 and annually for five years thereafter, the Secretary of Human Services shall report on the results of this process to the Senate Committee on Health and Welfare, the House Committees on Health Care and on Human Services, and the Green Mountain Care Board. The Secretary’s report shall address:

(1) all Medicaid payments to affected providers, including progress toward integration of services not included in the Medicaid equivalent of Medicare Part A and Part B services in the previous year;

(2) changes to reimbursement methodology and services impacted;

(3) changes to quality measure collection and identifying alignment efforts and analyses, if any; and

(4) the interrelationship of results-based accountability initiatives with the quality measures in subdivision (3) of this subsection.

Sec. 6. EFFECTIVE DATES

(a) This section and Secs. 4 and 5 shall take effect on passage.

(b) Secs. 1–3 shall take effect on July 1, 2016.