
This act summary is provided for the convenience of the public and members of the General Assembly. It is intended to provide a general summary of the act and may not be exhaustive. It has been prepared by the staff of the Office of Legislative Council without input from members of the General Assembly. It is not intended to aid in the interpretation of legislation or to serve as a source of legislative intent.

Act No. 200 (S.203). Health; mental health

An act relating to systemic improvements of the mental health system

This act makes numerous miscellaneous changes to the State's mental health laws, including several provisions related to mental health parity and evolving plans to increase inpatient capacity. It expresses legislative intent to increase the number of inpatient psychiatric beds in a manner that ensures clinical best practice, support the development of UVM Health Network's proposal to expand capacity at the Central Vermont Medical Center campus, and replace the temporary secure residential recovery facility with a permanent facility. The act requires the Secretary of Human Services to provide regular updates to the Health Reform Oversight Committee pertaining to the status of proposed renovations at the Brattleboro Retreat and the UVM Health Network's proposal.

The act waives the certificate of need requirements for the implementation of renovations at the Brattleboro Retreat as authorized in the fiscal year 2019 capital budget adjustment bill to ensure the renovations will not be considered a "new health care project." Similarly, it waives the conceptual development phase certificate of need for the UVM Health Network's proposal to expand capacity at the Central Vermont Medical Center campus if certain criteria are met.

The act establishes an Order of Non-Hospitalization Study Committee for the purposes of improving patient care and possibly proposing a pilot project to redress any existing weaknesses and build upon existing strengths related to this judicial proceeding.

The act specifies that if the Department of Disabilities, Aging, and Independent Living were to amend its secure residential recovery facility rules to allow the use of emergency involuntary procedures, the rules adopted must be identical to the rules adopted by the Department of Mental Health that govern the use of emergency involuntary procedures in inpatient psychiatric units.

By January 15, 2019, the act requires that the Secretary of Human Services submit a report to the General Assembly on the secure transport of patients by sheriffs' departments, particularly with regard to contract provisions required by 2017 Acts and Resolves No. 85, Sec. E.314 (transporting patients). By the same date, the Secretary shall present a proposal, in collaboration with the Green Mountain Care Board and designated and specialized service agencies, for providing the designated and specialized service agency budgets to the Board for informational purposes for its work on health care system costs. The act requires the Commissioner of Mental

Health to collect data from hospitals in the State that have either an inpatient psychiatric unit or emergency department receiving patients with psychiatric health needs and to report those findings to the General Assembly annually between 2019 and 2021. The act amends the reporting requirements of 2017 Acts and Resolves No. 82, Sec. 3(c). The act requires the Secretary to submit a series of reports pertaining to the State's response to the Centers for Medicare and Medicaid Services' requirement to begin reducing federal Medicaid spending at "institutions for mental disease."

The remaining provisions of the act require the inclusion of mental health parity at various stages of decision making, including as part of the criteria for accountable care organizations, as part of each hospital's strategic planning process, and as part of the certificate of need application process.

Effective Date: July 1, 2018