

1
2
3
4
5
6
7
8
9
10
11
12

13
14
15
16
17
18
19

H.579

Introduced by Representatives Donahue of Northfield, Mrowicki of Putney,
and Webb of Shelburne

Referred to Committee on

Date:

Subject: Health; Blueprint for Health; accountable care organizations; trauma-
informed care

Statement of purpose of bill as introduced: This bill proposes to integrate
trauma-informed care into health care settings by requiring Blueprint for
Health providers to assess trauma and seek opportunities for resilience building
and by requiring accountable care organizations to provide incentives for
addressing adverse childhood experiences and other types of trauma.

An act relating to trauma-informed care in health care settings

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

Sec. 1. 18 V.S.A. § 702 is amended to read:

§ 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

* * *

(c) The Blueprint shall be developed and implemented to further the
following principles:

1 (1) the primary care provider should serve a central role in the
2 coordination of medical care and social services and shall be compensated
3 appropriately for this effort;

4 (2) use of information technology should be maximized;

5 (3) local service providers should be used and supported, whenever
6 possible;

7 (4) transition plans should be developed by all involved parties to ensure
8 a smooth and timely transition from the current model to the Blueprint model
9 of health care delivery and payment;

10 (5) implementation of the Blueprint in communities across the ~~state~~
11 State should be accompanied by payment to providers sufficient to support
12 care management activities consistent with the Blueprint, recognizing that
13 interim or temporary payment measures may be necessary during early and
14 transitional phases of implementation; ~~and~~

15 (6) interventions designed to prevent chronic disease and improve
16 outcomes for persons with chronic disease should be maximized, should target
17 specific chronic disease risk factors, and should address changes in individual
18 behavior; the physical, mental, and social environment; and health care
19 policies and systems; and

1 (7) providers should assess trauma and toxic stress to ensure that the
2 needs of the whole person are addressed and opportunities to build resilience
3 are maximized.

4 * * *

5 Sec. 2. 18 V.S.A. § 9382 is amended to read:

6 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

7 (a) In order to be eligible to receive payments from Medicaid or
8 commercial insurance through any payment reform program or initiative,
9 including an all-payer model, each accountable care organization shall obtain
10 and maintain certification from the Green Mountain Care Board. The Board
11 shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and
12 processes for certifying accountable care organizations. To the extent
13 permitted under federal law, the Board shall ensure these rules anticipate and
14 accommodate a range of ACO models and sizes, balancing oversight with
15 support for innovation. In order to certify an ACO to operate in this State, the
16 Board shall ensure that the following criteria are met:

17 * * *

18 (17) the ACO provides incentives for preventing and addressing the
19 impacts of adverse childhood experiences (ACEs) and other traumas, such as
20 developing quality outcome measures for use by primary care providers
21 working with children and families, developing partnerships between nurses

1 and families, providing opportunities for home visits, and including parent-
2 child centers and designated agencies as participating providers in the ACO.

3 * * *

4 Sec. 3. EFFECTIVE DATE

5 This act shall take effect on July 1, 2018.