1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred Senate Bill No. 203
3 entitled "An act relating to systemic improvements of the mental health
4 system" respectfully reports that it has considered the same and recommends
5 that the House propose to the Senate that the bill be amended by striking out all
6 after the enacting clause and inserting in lieu thereof the following:

7 * * * Legislative Intent * * *

8 Sec. 1. LEGISLATIVE INTENT

9 (a) The General Assembly recognizes the need for additional inpatient
10 psychiatric beds in Vermont. To achieve an increase in the number inpatient
11 psychiatric beds in a manner that ensures clinical best practice, the General
12 Assembly supports identifying the appropriate number of beds needed and
13 developing corresponding capacity within existing hospital and health care
14 systems. The General Assembly further supports the intent of the University
15 of Vermont Health Network to initiate a proposal expanding inpatient
16 psychiatric bed capacity at the Central Vermont Medical Center campus.

17 (b) It is the intent of the General Assembly that the Agency of Human
18 Services shall:

19 (1) work towards replacing the temporary Middlesex Secure Residential
20 Recovery Facility with a permanent facility that has a 16-bed capacity and is
21 located in the same geographic region as the existing facility;

1 (2) assist the University of Vermont Health Network in identifying the
2 appropriate number of additional inpatient psychiatric beds needed in the
3 State; and
4 (3) aim to implement the increased number of inpatient psychiatric beds
5 in a manner that maximizes the State's ability to leverage Medicaid dollars.
6 * * * Order of Non-Hospitalization Study Committee * * *
7 Sec. 2. ORDER OF NON-HOSPITALIZATION STUDY COMMITTEE
8 (a) Creation. There is created the Order of Non-Hospitalization Study
9 Committee to examine the strengths and weaknesses of Vermont's orders of
10 non-hospitalizations for the purpose of improving patient care.
11 (b) Membership. The Committee shall be composed of the following
12 12 members:
13 (1) the Commissioner of Mental Health or designee;
14 (2) the Commissioner of Public Safety or designee;
15 (3) the Chief Superior Judge or designee;
16 (4) a member appointed by the Vermont Care Partners;
17 (5) a member appointed by the Vermont Association of Hospitals and
18 Health Systems;
19 (6) a member appointed by Vermont Legal Aid's Mental Health Project;
20 (7) a member appointed by the Executive Director of the Department of
21 State's Attorneys and Sheriffs;

1 (8) the Vermont Defender General or designee;
2 (9) the Executive Director of Vermont Psychiatric Survivors or
3 designee;
4 (10) the Mental Health Care Ombudsman designated pursuant to
5 18 V.S.A. § 7259;
6 (11) an individual who was previously under an order of non-
7 hospitalization, appointed by Vermont Psychiatric Survivors; and
8 (12) the family member of an individual who is currently or was
9 previously under an order of non-hospitalization, appointed by the Vermont
10 chapter of the National Alliance on Mental Illness.
11 (c) Powers and duties. The Committee shall examine the strengths and
12 weaknesses of Vermont's orders of non-hospitalization for the purpose of
13 improving patient care and may propose a pilot project that seeks to redress
14 any weaknesses and build upon any existing strengths. The Committee shall:
15 (1) review and understand existing laws pertaining to orders of non-
16 hospitalization, including 1998 Acts and Resolves No. 114;
17 (2) review existing studies and reports on whether or not outpatient
18 commitment and involuntary treatment orders improve patient outcomes;
19 (3) review existing data pertaining to orders of non-hospitalization,
20 including data pertaining to individuals entering the mental health system
21 through both civil and forensic procedures;

1 (4) if appropriate, propose a pilot project for the purpose of improving
2 the efficacy of orders of non-hospitalization;
3 (5) if appropriate, recommend any changes necessary to approve the
4 efficacy of orders of non-hospitalization; and
5 (6) identify statutory changes necessary to implement recommended
6 changes to orders of non-hospitalization, if any.
7 (d) Assistance. The Committee shall have the administrative, technical,
8 and legal assistance of the Department of Mental Health.
9 (e) Report. On or before November 1, 2018, the Committee shall submit a
10 written report to the House Committee on Health Care and the Senate
11 Committee on Health and Welfare with its findings and any recommendations
12 for legislative action.
13 (f) Meetings.
14 (1) The Commissioner of Mental Health or designee shall call the first
15 meeting of the Committee to occur on or before August 1, 2018.
16 (2) The Commissioner of Mental Health or designee shall be the Chair.
17 (3) A majority of the membership shall constitute a quorum.
18 (4) The Committee shall cease to exist on December 1, 2018.
19 (g) Compensation and reimbursement. Members of the Committee who are
20 not employees of the State of Vermont and who are not otherwise compensated
21 or reimbursed for their attendance shall be entitled to per diem compensation

1 and reimbursement of expenses pursuant to 32 V.S.A. § 1010 for not more than
2 four meetings. These payments shall be made from monies appropriated to the
3 Department of Mental Health.

4 * * * Waiver of Certificate of Need Requirement for Renovations at the
5 Brattleboro Retreat * * *

6 Sec. 3. WAIVER OF CERTIFICATE OF NEED REQUIREMENT FOR
7 RENOVATIONS AT THE BRATTLEBORO RETREAT

8 Notwithstanding the provisions of 18 V.S.A. chapter 221, subchapter 5, the
9 implementation of renovations at the Brattleboro Retreat as authorized in the
10 fiscal year 2019 capital bill shall not be considered a "new health care project"
11 for which a certificate of need is required.

12 * * * Use of Emergency Involuntary Procedures in the Secure Residential
13 Recovery Facility * * *

14 Sec. 4. EMERGENCY INVOLUNTARY PROCEDURES IN
15 SECURE RESIDENTIAL RECOVERY FACILITIES

16 In the event that the Department of Disabilities, Aging, and Independent
17 Living amends its rules pertaining to secure residential recovery facilities to
18 allow the use of emergency involuntary procedures in them, the rules adopted
19 shall be identical to those rules adopted by the Department of Mental Health
20 that govern the use of emergency involuntary procedures in psychiatric
21 inpatient units.

1 * * * Reports * * *

2 Sec. 5. REPORT; TRANSPORTING PATIENTS

3 On or before January 15, 2019, the Secretary of Human Services shall
4 submit a written report to the House Committees on Appropriations and on
5 Health Care and to the Senate Committees on Appropriations and on Health
6 and Welfare regarding the implementation of 2017 Acts and Resolves No. 85,
7 Sec. E.314 (transporting patients). Specifically, the report shall:

8 (1) describe specifications introduced into the Agency of Human
9 Services' fiscal year 2019 contracts as a result of 2017 Acts and Resolves
10 No. 85, Sec. E.314;

11 (2) summarize the Agency's oversight and enforcement of 2017 Acts
12 and Resolves No. 85, Sec. E.314; and

13 (3) provide data from each sheriff's department in the State on the use of
14 restraints during patient transports.

15 Sec. 6. DATA COLLECTION AND REPORT; PATIENTS SEEKING
16 MENTAL HEALTH CARE IN HOSPITAL SETTINGS

17 (a) Pursuant to the authority granted to the Commissioner of Mental Health
18 under 18 V.S.A. § 7401, the Commissioner shall collect the following
19 information from hospitals in the State that have either an inpatient psychiatric
20 unit or emergency department receiving patients with psychiatric health needs:

1 (1) the number of individuals seeking psychiatric care voluntarily and
2 the number of individuals in the custody or temporary custody of the
3 Commissioner who are admitted to inpatient psychiatric units and the
4 corresponding lengths of stay on the unit;
5 (2) the lengths of stay in emergency departments for individuals seeking
6 psychiatric care voluntarily and for individuals in the custody or temporary
7 custody of the Commissioner; and
8 (3) data regarding emergency involuntary procedures performed in an
9 emergency department on individuals seeking psychiatric care.
10 (b) On or before January 15 of each year between 2019 and 2021, the
11 Commissioner of Mental Health shall submit a written report to the House
12 Committee on Health Care and to the Senate Committee on Health and
13 Welfare containing the data collected pursuant to subsection (a) of this section
14 during the previous calendar year.
15 Sec.7. REPORT; RATES OF PAYMENTS TO DESIGNATED AND
16 SPECIALIZED SERVICE AGENCIES
17 On or before January 15, 2019, the Secretary of Human Services shall
18 submit a written report to the House Committees on Appropriations and on
19 Health Care and to the Senate Committees on Appropriations and on Health
20 and Welfare pertaining to the implementation of 18 V.S.A. § 8914 (rates of
21 payments to designated and specialized services agencies). Specifically, the

1 report shall address the cost adjustment factor used to reflect changes in
2 reasonable costs of goods and services of designated and specialized service
3 agencies, including those attributed to inflation and labor market dynamics. If
4 new payment methodologies are developed, the report shall address how the
5 payments cover reasonable costs of goods and services of designated and
6 specialized service agencies, including labor market dynamics.
7 Sec. 8. 2017 Acts and Resolves No. 82, Sec. 3(c) is amended to read:
8 (c) On or before January 15, 2019, the Secretary shall submit a
9 comprehensive evaluation of the overarching structure for the delivery of
10 mental health services within a sustainable, holistic health care system in
11 Vermont to the Senate Committee on Health and Welfare and to the House
12 Committees on Health Care and on Human Services, ~~including~~. The Secretary
13 shall ensure that the evaluation process provides for input from persons who
14 identify as psychiatric survivors, consumers, or peers; family members of such
15 persons; providers of mental health services; and providers of services within
16 the broader health care system. The evaluation process shall include direct
17 stakeholder involvement in the development of a written statement that
18 articulates a common, long-term, statewide vision of how integrated, recovery-
19 and resiliency-oriented services shall emerge as part of a comprehensive and
20 holistic health care system. The evaluation shall include:
21 * * *

(5) how mental health care is being fully integrated into health care payment reform; ~~and~~

(6) any recommendations for structural changes to the mental health system that would assist in achieving the vision of an integrated, holistic health care system;

(7) how Vermont's mental health system currently addresses, or should be revised better to address, the goals articulated in 18 V.S.A. § 7629 of achieving "high-quality, patient-centered health care, which the Institute of Medicine defines as 'providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions'" and of achieving a mental health system that does not require coercion;

(8) recommendations for encouraging regulators and policymakers to account for mental health care spending growth as part of overall cost growth within the health care system rather than singled out and capped by the State's budget; and

(9) recommendations for ensuring parity between providers with similar job descriptions regardless of whether they are public employees or are employed by a State-financed agency.

1 Sec. 9. REPORT, INSTITUTIONS FOR MENTAL DISEASE
2 The Secretary of Human Services, in partnership with entities in Vermont
3 designated by the Centers for Medicare and Medicaid Services as "institutions
4 for mental disease" (IMDs), shall submit the following reports to the House
5 Committees on Appropriations, on Corrections and Institutions, on Health
6 Care, and on Human Services and to the Senate Committees on
7 Appropriations, on Health and Welfare, and on Institutions regarding the
8 Agency's progress in evaluating the impact of federal IMD spending on
9 persons with serious mental illness or substance use disorders:
10 (1) status updates that shall provide possible solutions considered as part
11 of the State's response to the Centers for Medicare and Medicaid Services'
12 requirement to begin reducing federal Medicaid spending due on or before July
13 15, September 15, and November 15 of 2019; and
14 (2) on or before January 15 of each year from 2019 to 2025, a written
15 report evaluating:
16 (A) the impact to the State caused by the requirement to reduce and
17 eventually terminate federal Medicaid IMD spending;
18 (B) the number of existing psychiatric and substance use disorder
19 treatment beds at risk and the geographical location of those beds;
20 (C) the State's plan to address the needs of Vermont residents if
21 psychiatric and substance use disorder treatment beds are at risk;

1 (D) the potential of attaining a waiver from the Centers for Medicare
2 and Medicaid Services for existing psychiatric and substance use disorder
3 services; and
4 (E) alternative solutions, including alternative sources of revenue,
5 such as general funds, or opportunities to repurpose buildings designated as
6 IMDs.
7 * * * Mental Health Parity * * *
8 Sec. 10. 8 V.S.A. § 4062(h) is amended to read:
9 (h)(1) The authority of the Board under this section shall apply only to the
10 rate review process for policies for major medical insurance coverage and shall
11 not apply to the policy forms for major medical insurance coverage or to the
12 rate and policy form review process for policies for specific disease, accident,
13 injury, hospital indemnity, dental care, vision care, disability income, long-
14 term care, student health insurance coverage, Medicare supplemental coverage,
15 or other limited benefit coverage, or to benefit plans that are paid directly to an
16 individual insured or to his or her assigns and for which the amount of the
17 benefit is not based on potential medical costs or actual costs incurred.
18 Premium rates and rules for the classification of risk for Medicare
19 supplemental insurance policies shall be governed by sections 4062b and
20 4080e of this title.

1 (2) The policy forms for major medical insurance coverage, as well as
2 the policy forms, premium rates, and rules for the classification of risk for the
3 other lines of insurance described in subdivision (1) of this subsection shall be
4 reviewed and approved or disapproved by the Commissioner. In making his or
5 her determination, the Commissioner shall consider whether a policy form,
6 premium rate, or rule is affordable and is not unjust, unfair, inequitable,
7 misleading, or contrary to the laws of this State; and, for a policy form for
8 major medical insurance coverage, whether it ensures equal access to
9 appropriate mental health care in a manner equivalent to other aspects of health
10 care as part of an integrated, holistic system of care. The Commissioner shall
11 make his or her determination within 30 days after the date the insurer filed the
12 policy form, premium rate, or rule with the Department. At the expiration of
13 the 30-day period, the form, premium rate, or rule shall be deemed approved
14 unless prior to then it has been affirmatively approved or disapproved by the
15 Commissioner or found to be incomplete. The Commissioner shall notify an
16 insurer in writing if the insurer files any form, premium rate, or rule containing
17 a provision that does not meet the standards expressed in this subsection. In
18 such notice, the Commissioner shall state that a hearing will be granted within
19 20 days upon the insurer's written request.

1 Sec. 11. 18 V.S.A. § 7201 is amended to read:

2 § 7201. MENTAL HEALTH

3 (a) The Department of Mental Health, as the successor to the Division of
4 Mental Health Services of the Department of Health, shall centralize and more
5 efficiently establish the general policy and execute the programs and services
6 of the State concerning mental health, and integrate and coordinate those
7 programs and services with the programs and services of other departments of
8 the State, its political subdivisions, and private agencies, so as to provide a
9 flexible comprehensive service to all citizens of the State in mental health and
10 related problems.

11 (b) The Department shall ensure equal access to appropriate mental health
12 care in a manner equivalent to other aspects of health care as part of an
13 integrated, holistic system of care.

14 Sec. 12. 18 V.S.A. § 7251 is amended to read:

15 § 7251. PRINCIPLES FOR MENTAL HEALTH CARE REFORM

16 The General Assembly adopts the following principles as a framework for
17 reforming the mental health care system in Vermont:

18 * * *

19 (4) The mental health system shall be integrated into the overall health
20 care system and ensure equal access to appropriate mental health care in a

1 manner equivalent to other aspects of health care as part of an integrated,
2 holistic system of care.
3 * * *
4 Sec. 13. 18 V.S.A. § 9371 is amended to read:
5 § 9371. PRINCIPLES FOR HEALTH CARE REFORM
6 The General Assembly adopts the following principles as a framework for
7 reforming health care in Vermont:
8 * * *
9 (4) Primary care must be preserved and enhanced so that Vermonters
10 have care available to them, preferably within their own communities. The
11 health care system must ensure that Vermonters have access to appropriate
12 mental health care that meets the Institute of Medicine's triple aims of quality,
13 access, and affordability and that is equivalent to other components of health
14 care as part of an integrated, holistic system of care. Other aspects of
15 Vermont's health care infrastructure, including the educational and research
16 missions of the State's academic medical center and other postsecondary
17 educational institutions, the nonprofit missions of the community hospitals,
18 and the critical access designation of rural hospitals, must be supported in such
19 a way that all Vermonters, including those in rural areas, have access to
20 necessary health services and that these health services are sustainable.
21 * * *

1 Sec. 14. 18 V.S.A. § 9382 is amended to read:

2 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

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

13 * * *

14 (2) The ACO has established appropriate mechanisms and care models
15 to provide, manage, and coordinate high-quality health care services for its
16 patients, including incorporating the Blueprint for Health, coordinating
17 services for complex high-need patients, and providing access to health care
18 providers who are not participants in the ACO. The ACO ensures equal access
19 to appropriate mental health care that meets the Institute of Medicine's triple
20 aims of quality, access, and affordability in a manner that is equivalent to other
21 aspects of health care as part of an integrated, holistic system of care.

* * *

Sec. 15. 18 V.S.A. § 9405(a) is amended to read:

(a) ~~No later than January 1, 2005, the~~ The Secretary of Human Services or designee, in consultation with the Chair of the Green Mountain Care Board and health care professionals and after receipt of public comment, shall adopt a State Health Improvement Plan that sets forth the health goals and values for the State. The Secretary may amend the Plan as the Secretary deems necessary and appropriate. The Plan shall include health promotion, health protection, nutrition, and disease prevention priorities for the State~~,~~; identify available human resources as well as human resources needed for achieving the State's health goals and the planning required to meet those needs~~,~~; identify gaps in ensuring equal access to appropriate mental health care that meets the Institute of Medicine's triple aims of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care; and identify geographic parts of the State needing investments of additional resources in order to improve the health of the population. ~~The Plan shall contain sufficient detail to guide development of the State Health Resource Allocation Plan.~~ Copies of the Plan shall be submitted to members of the Senate ~~and House Committees~~ Committee on Health and Welfare ~~no later than January 15, 2005~~ and the House Committee on Health Care.

1 Sec. 16. 18 V.S.A. § 9405a(a) is amended to read:

2 (a) Each hospital shall have a protocol for meaningful public participation
3 in its strategic planning process for identifying and addressing health care
4 needs that the hospital provides or could provide in its service area. Needs
5 identified through the process shall be integrated with the hospital's long-term
6 planning. Each hospital shall post on its website a description of its identified
7 needs, strategic initiatives developed to address the identified needs, annual
8 progress on implementation of the proposed initiatives, ~~and~~ opportunities for
9 public participation, and the ways in which the hospital ensures access to
10 appropriate mental health care that meets the Institute of Medicine's triple aims
11 of quality, access, and affordability equivalent to other components of health
12 care as part of an integrated, holistic system of care. Hospitals may meet the
13 community health needs assessment and implementation plan requirement
14 through compliance with the relevant Internal Revenue Service community
15 health needs assessment requirements for nonprofit hospitals.

16 Sec. 17. 18 V.S.A. § 9437 is amended to read:

17 § 9437. CRITERIA

18 A certificate of need shall be granted if the applicant demonstrates and the
19 Board finds that:

20 * * *

(7) the applicant has adequately considered the availability of affordable, accessible patient transportation services to the facility; ~~and~~

(8) if the application is for the purchase or lease of new Health Care Information Technology, it conforms with the health information technology plan established under section 9351 of this title; and

(9) The project will support equal access to appropriate mental health care that meets the Institute of Medicine's triple aims of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care, as appropriate.

Sec. 18. 18 V.S.A. § 9456(c) is amended to read:

(c) Individual hospital budgets established under this section shall:

(1) be consistent with the Health Resource Allocation Plan;

(2) take into consideration national, regional, or ~~instate~~ in-state peer group norms, according to indicators, ratios, and statistics established by the Board;

(3) promote efficient and economic operation of the hospital;

(4) reflect budget performances for prior years; ~~and~~

(5) include a finding that the analysis provided in subdivision (b)(9) of this section is a reasonable methodology for reflecting a reduction in net revenues for non-Medicaid payers; and

1 (6) demonstrate that they support equal access to appropriate mental
2 health care that meets the Institute of Medicine's triple aims of quality, access,
3 and affordability equivalent to other components of health care as part of an
4 integrated, holistic system of care.
5 Sec. 19. 18 V.S.A. § 9491 is amended to read:
6 § 9491. HEALTH CARE WORKFORCE; STRATEGIC PLAN
7 * * *
8 (b) The Director or designee shall collaborate with the area health
9 education centers, the Workforce Development Council established in
10 10 V.S.A. § 541, the Prekindergarten-16 Council established in 16 V.S.A.
11 § 2905, the Department of Labor, the Department of Health, the Department of
12 Vermont Health Access, and other interested parties, to develop and maintain
13 the plan. The Director of Health Care Reform shall ensure that the strategic
14 plan includes recommendations on how to develop Vermont's health care
15 workforce, including:
16 * * *
17 (2) the resources needed to ensure that:
18 (A) the health care workforce and the delivery system are able to
19 provide sufficient access to services given demographic factors in the
20 population and in the workforce, as well as other factors, and;

(B) the health care workforce and the delivery system are able to participate fully in health care reform initiatives, including ~~how to ensure that all Vermont residents have~~ establishing a medical home for all Vermont residents through the Blueprint for Health pursuant to chapter 13 of this title~~,~~ ~~and how to transition~~ and transitioning to electronic medical records; and

(C) all Vermont residents have access to appropriate mental health care that meets the Institute of Medicine's triple aims of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care;

* * *

* * * Effective Date * * *

Sec. 20. EFFECTIVE DATE

This act shall take effect on July 1, 2018.

(Committee vote: ___________)

____

Representative ___________

FOR THE COMMITTEE