

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 * * * Order of Non-Hospitalization Study Committee * * *

8 Sec. 1. ORDER OF NON-HOSPITALIZATION STUDY COMMITTEE

9 (a) Creation. There is created the Order of Non-Hospitalization Study
10 Committee to examine the strengths and weaknesses of Vermont’s orders of
11 non-hospitalizations for the purpose of improving patient care.

12 (b) Membership. The Committee shall be composed of the following 11
13 members:

14 (1) the Commissioner of Mental Health or designee;

15 (2) the Commissioner of Public Safety or designee;

16 (3) the Chief Superior Judge or designee;

17 (4) a member appointed by the Vermont Care Partners;

18 (5) a member appointed by the Vermont Association of Hospitals and
19 Health Systems;

20 (6) a member appointed by Vermont Legal Aid’s Mental Health Project;

1 (7) a member appointed by the Executive Director of the Department of
2 State’s Attorneys and Sheriffs;

3 (8) the Vermont Defender General or designee;

4 (9) the Executive Director of Vermont Psychiatric Survivors or
5 designee;

6 (10) an individual who was previously under an order of non-
7 hospitalization, appointed by Vermont Psychiatric Survivors; and

8 (11) 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 the 2017 Treatment Advocacy Center report entitled
18 “Reimagining ONH,” including the efficacy of each recommendation in the
19 report;

1 (3) review existing data pertaining to orders of non-hospitalization,
2 including data pertaining to individuals entering the mental health system
3 through both civil and forensic procedures;

4 (4) if appropriate, propose a pilot project for the purpose of improving
5 the efficacy of orders of non-hospitalization;

6 (5) if appropriate, recommend any changes necessary to approve the
7 efficacy of orders of non-hospitalization; and

8 (6) identify statutory changes necessary to implement recommended
9 changes to orders of non-hospitalization, if any.

10 (d) Assistance. The Committee shall have the administrative, technical,
11 and legal assistance of the Department of Mental Health.

12 (e) Report. On or before November 1, 2018, the Committee shall submit a
13 written report to the House Committee on Health Care and the Senate
14 Committee on Health and Welfare with its findings and any recommendations
15 for legislative action.

16 (f) Meetings.

17 (1) The Commissioner of Mental Health or designee shall call the first
18 meeting of the Committee to occur on or before August 1, 2018.

19 (2) The Commissioner of Mental Health or designee shall be the Chair.

20 (3) A majority of the membership shall constitute a quorum.

21 (4) The Committee shall cease to exist on December 1, 2018.

1 (g) Compensation and reimbursement. Members of the Committee who are
2 not employees of the State of Vermont and who are not otherwise compensated
3 or reimbursed for their attendance shall be entitled to per diem compensation
4 and reimbursement of expenses pursuant to 32 V.S.A. § 1010 for not more than
5 four meetings. These payments shall be made from monies appropriated to the
6 Department of Mental Health.

7 * * * Waiver of Certificate of Need Requirement for Secure
8 Residential Recovery Facility * * *

9 Sec. 2. WAIVER OF CERTIFICATE OF NEED REQUIREMENT FOR
10 SECURE RESIDENTIAL RECOVERY FACILITY

11 Notwithstanding the provisions of 18 V.S.A. chapter 221, subchapter 5, the
12 construction, development, purchase, or renovation of land or buildings, or a
13 combination thereof, in order to establish a secure residential recovery facility
14 as authorized in the fiscal year 2019 capital bill shall not be considered a “new
15 health care project” for which a certificate of need is required.

16 * * * Use of Emergency Involuntary Procedures in the Secure Residential
17 Recovery Facility * * *

18 Sec. 3. EMERGENCY INVOLUNTARY PROCEDURES IN
19 THERAPEUTIC COMMUNITY RESIDENCES

20 In the event that the Department of Disabilities, Aging, and Independent
21 Living amends its rules pertaining to therapeutic community residences to

1 allow the use of emergency involuntary procedures in them, the rules adopted
2 shall be identical to those rules adopted by the Department of Mental Health
3 that govern the use of emergency involuntary procedures in psychiatric
4 inpatient units.

5 * * * Reports * * *

6 Sec. 4. REPORT; TRANSPORTING PATIENTS

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

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

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

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

1 Sec. 5. DATA COLLECTION AND REPORT; PATIENTS SEEKING
2 MENTAL HEALTH CARE IN HOSPITAL SETTINGS

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

7 (1) the number of individuals seeking psychiatric care voluntarily and
8 the number of individuals in the custody or temporary custody of the
9 Commissioner who are admitted to inpatient psychiatric units and the
10 corresponding lengths of stay on the unit;

11 (2) the lengths of stay in emergency departments for individuals seeking
12 psychiatric care voluntarily and for individuals in the custody or temporary
13 custody of the Commissioner; and

14 (3) the number and type of emergency involuntary procedures
15 performed in an emergency department on individuals seeking psychiatric care
16 voluntarily and on individuals in the custody or temporary custody of the
17 Commissioner.

18 (b) On or before January 15 of each year between 2020 and 2025, the
19 Commissioner of Mental Health shall submit a written report to the House
20 Committee on Health Care and to the Senate Committee on Health and

1 Welfare containing the data collected pursuant to subsection (a) of this section
2 during the previous calendar year.

3 Sec. 6. REPORT; RATES OF PAYMENTS TO DESIGNATED AND
4 SPECIALIZED SERVICE AGENCIES

5 On or before January 15, 2019, the Secretary of Human Services shall
6 submit a written report to the House Committees on Appropriations and on
7 Health Care and to the Senate Committees on Appropriations and on Health
8 and Welfare pertaining to the implementation of 18 V.S.A. § 8914 (rates of
9 payments to designated and specialized services agencies). Specifically, the
10 report shall address the cost adjustment factor used to reflect changes in
11 reasonable costs of goods and services of designated and specialized service
12 agencies, including those attributed to inflation and labor market dynamics.

13 Sec. 7. 2017 Acts and Resolves No. 82, Sec. 3(c) is amended to read:

14 (c) On or before January 15, 2019, the Secretary shall submit a
15 comprehensive evaluation of the overarching structure for the delivery of
16 mental health services within a sustainable, holistic health care system in
17 Vermont to the Senate Committee on Health and Welfare and to the House
18 Committees on Health Care and on Human Services, ~~including~~. The Secretary
19 shall ensure that the evaluation process provides for input from persons who
20 identify as psychiatric survivors, consumers, or peers; family members of such
21 persons; providers of mental health services; and providers of services within

1 the broader health care system. The evaluation process shall include direct
2 stakeholder involvement in the development of a written statement that
3 articulates a common, long-term, statewide vision of how integrated, recovery-
4 and resiliency-oriented services shall emerge as part of a comprehensive and
5 holistic health care system. The evaluation shall include:

6 * * *

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

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

12 (7) how Vermont’s mental health system currently addresses, or should
13 be revised better to address, the goal articulated in 18 V.S.A. § 7629(b) of
14 achieving “high-quality, patient-centered health care, which the Institute of
15 Medicine defines as ‘providing care that is respectful of and responsive to
16 individual patient preferences, needs, and values and ensuring that patient
17 values guide all clinical decisions’”; and

18 (8) any recommendations for encouraging regulators and policymakers
19 to account for mental health care spending growth as part of overall cost
20 growth within the health care system rather than singled out and capped by the
21 State’s budget and for ensuring parity between providers with the same job

1 descriptions regardless of whether they are State employees or are employed
2 by a State-financed agency.

3 * * * Mental Health Parity * * *

4 Sec. 8. 8 V.S.A. § 4062 is amended to read:

5 § 4062. FILING AND APPROVAL OF POLICY FORMS AND PREMIUMS

6 (a)(1) No policy of health insurance or certificate under a policy filed by an
7 insurer offering health insurance as defined in subdivision 3301(a)(2) of this
8 title, a nonprofit hospital or medical service corporation, a health maintenance
9 organization, or a managed care organization and not exempted by subdivision
10 3368(a)(4) of this title shall be delivered or issued for delivery in this State, nor
11 shall any endorsement, rider, or application which becomes a part of any such
12 policy be used, until a copy of the form and of the rules for the classification of
13 risks has been filed with the Department of Financial Regulation and a copy of
14 the premium rates has been filed with the Green Mountain Care Board; and the
15 Green Mountain Care Board has issued a decision approving, modifying, or
16 disapproving the proposed rate.

17 * * *

18 (3) The Board shall determine whether a rate is affordable; promotes
19 quality care; promotes access to health care; ensures equal access to
20 appropriate mental health care in a manner equivalent to other aspects of health
21 care as part of an integrated, holistic system of care; protects insurer solvency;

1 and is not unjust, unfair, inequitable, misleading, or contrary to the laws of this
2 State. In making this determination, the Board shall consider the analysis and
3 opinion provided by the Department of Financial Regulation pursuant to
4 subdivision (2)(B) of this subsection.

5 * * *

6 Sec. 9. 18 V.S.A. § 7201 is amended to read:

7 § 7201. MENTAL HEALTH

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

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

1 Sec. 10. 18 V.S.A. § 7251 is amended to read:

2 § 7251. PRINCIPLES FOR MENTAL HEALTH CARE REFORM

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

5 * * *

6 (4) The mental health system shall be integrated into the overall health care
7 system and ensure equal access to appropriate mental health care in a manner
8 equivalent to other aspects of health care as part of an integrated, holistic
9 system of care.

10 * * *

11 Sec. 11. 18 V.S.A. § 9371 is amended to read:

12 § 9371. PRINCIPLES FOR HEALTH CARE REFORM

13 The General Assembly adopts the following principles as a framework for
14 reforming health care in Vermont:

15 * * *

16 (4) Primary care must be preserved and enhanced so that Vermonters
17 have care available to them, preferably within their own communities. The
18 health care system must ensure that Vermonters have access to appropriate
19 mental health care that meets the Institute of Medicine’s triple aims of quality,
20 access, and affordability and that is equivalent to other components of health
21 care as part of an integrated, holistic system of care. Other aspects of

1 Vermont’s health care infrastructure, including the educational and research
2 missions of the State’s academic medical center and other postsecondary
3 educational institutions, the nonprofit missions of the community hospitals,
4 and the critical access designation of rural hospitals, must be supported in such
5 a way that all Vermonters, including those in rural areas, have access to
6 necessary health services and that these health services are sustainable.

7 * * *

8 Sec. 12. 18 V.S.A. § 9382 is amended to read:

9 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

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

20 * * *

1 (2) The ACO has established appropriate mechanisms and care models
2 to provide, manage, and coordinate high-quality health care services for its
3 patients, including incorporating the Blueprint for Health, coordinating
4 services for complex high-need patients, and providing access to health care
5 providers who are not participants in the ACO. The ACO ensures equal access
6 to appropriate mental health care that meets the Institute of Medicine’s triple
7 aims of quality, access, and affordability in a manner that is equivalent to other
8 aspects of health care as part of an integrated, holistic system of care.

9 * * *

10 Sec. 13. 18 V.S.A. § 9405(a) is amended to read:

11 (a) ~~No later than January 1, 2005, the~~ The Secretary of Human Services or
12 designee, in consultation with the Chair of the Green Mountain Care Board and
13 health care professionals and after receipt of public comment, shall adopt a
14 State Health Improvement Plan that sets forth the health goals and values for
15 the State. The Secretary may amend the Plan as the Secretary deems necessary
16 and appropriate. The Plan shall include health promotion, health protection,
17 nutrition, and disease prevention priorities for the State; identify available
18 human resources as well as human resources needed for achieving the State’s
19 health goals and the planning required to meet those needs; identify gaps in
20 ensuring equal access to appropriate mental health care that meets the Institute
21 of Medicine’s triple aims of quality, access, and affordability equivalent to

1 other components of health care as part of an integrated, holistic system of
2 care; and identify geographic parts of the State needing investments of
3 additional resources in order to improve the health of the population. ~~The Plan~~
4 ~~shall contain sufficient detail to guide development of the State Health~~
5 ~~Resource Allocation Plan.~~ Copies of the Plan shall be submitted to members
6 of the Senate ~~and House Committees~~ Committee on Health and Welfare ~~no~~
7 ~~later than January 15, 2005~~ and the House Committee on Health Care.

8 Sec. 14. 18 V.S.A. § 9405a(a) is amended to read:

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

1 through compliance with the relevant Internal Revenue Service community
2 health needs assessment requirements for nonprofit hospitals.

3 Sec. 15. 18 V.S.A. § 9437 is amended to read:

4 § 9437. CRITERIA

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

7 * * *

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

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

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

17 Sec. 16. 18 V.S.A. § 9456(c) is amended to read:

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

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

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

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

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

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

9 (6) demonstrate that they support equal access to appropriate mental
10 health care that meets the Institute of Medicine’s triple aims of quality, access,
11 and affordability equivalent to other components of health care as part of an
12 integrated, holistic system of care.

13 Sec. 17. 18 V.S.A. § 9491 is amended to read:

14 § 9491. HEALTH CARE WORKFORCE; STRATEGIC PLAN

15 * * *

16 (b) The Director or designee shall collaborate with the area health
17 education centers, the Workforce Development Council established in
18 10 V.S.A. § 541, the Prekindergarten-16 Council established in 16 V.S.A.
19 § 2905, the Department of Labor, the Department of Health, the Department of
20 Vermont Health Access, and other interested parties; to develop and maintain
21 the plan. The Director of Health Care Reform shall ensure that the strategic

1 plan includes recommendations on how to develop Vermont’s health care
2 workforce, including:

3 * * *

4 (2) the resources needed to ensure that:

5 (A) the health care workforce and the delivery system are able to
6 provide sufficient access to services given demographic factors in the
7 population and in the workforce, as well as other factors,~~and;~~

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

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

17 * * *

18 * * * Effective Date * * *

19 Sec. 18. EFFECTIVE DATE

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

21

1

2

3

4

5

6

7 (Committee vote: _____)

8

9

Representative _____

10

FOR THE COMMITTEE