

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 12  
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) the Mental Health Care Ombudsman designated pursuant to  
7           18 V.S.A. § 7259;

8           (11) an individual who was previously under an order of non-  
9           hospitalization, appointed by Vermont Psychiatric Survivors; and

10           (12) the family member of an individual who is currently or was  
11           previously under an order of non-hospitalization, appointed by the Vermont  
12           chapter of the National Alliance on Mental Illness.

13           (c) Powers and duties. The Committee shall examine the strengths and  
14           weaknesses of Vermont’s orders of non-hospitalization for the purpose of  
15           improving patient care and may propose a pilot project that seeks to redress  
16           any weaknesses and build upon any existing strengths. The Committee shall:

17           (1) review and understand existing laws pertaining to orders of non-  
18           hospitalization, including 1998 Acts and Resolves No. 114;

19           (2) review existing studies and reports on whether or not outpatient  
20           commitment and involuntary treatment orders improve patient outcomes;

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                    **SECURE RESIDENTIAL RECOVERY FACILITIES**

20        In the event that the Department of Disabilities, Aging, and Independent  
21        Living amends its rules pertaining to **secure residential recovery facilities** 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) data regarding emergency involuntary procedures performed in an  
15                   emergency department on individuals seeking psychiatric care.

16           (b) On or before January 15 of each year between 2019 and 2021, the  
17           Commissioner of Mental Health shall submit a written report to the House  
18           Committee on Health Care and to the Senate Committee on Health and  
19           Welfare containing the data collected pursuant to subsection (a) of this section  
20           during the previous calendar year.

1       Sec. 6. REPORT; RATES OF PAYMENTS TO DESIGNATED AND  
2                   SPECIALIZED SERVICE AGENCIES

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 pertaining to the implementation of 18 V.S.A. § 8914 (rates of  
7       payments to designated and specialized services agencies). Specifically, the  
8       report shall address the cost adjustment factor used to reflect changes in  
9       reasonable costs of goods and services of designated and specialized service  
10       agencies, including those attributed to inflation and labor market dynamics. If  
11       new payment methodologies are developed, the report shall address how the  
12       payments cover reasonable costs of goods and services of designated and  
13       specialized service agencies, including labor market dynamics.

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

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

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

7 \* \* \*

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

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

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

20 (8) recommendations for encouraging regulators and policymakers to  
21 account for mental health care spending growth as part of overall cost growth



1 within the health care system rather than singled out and capped by the State's  
2 budget; and

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

6 **Sec. 8. REPORT, INSTITUTIONS FOR MENTAL DISEASE**

7 The Secretary of Human Services, in partnership with entities in Vermont  
8 designated by the Centers for Medicare and Medicaid Services as “institutions  
9 for mental disease” (IMDs), shall submit the following written reports to the  
10 House Committees on Appropriations, on Corrections and Institutions, on  
11 Health Care, and on Human Services and to the Senate Committees on  
12 Appropriations, on Health and Welfare, and on Institutions regarding the  
13 Agency's progress in evaluating the impact of federal IMD spending on  
14 persons with serious mental illness or substance use disorders:

15 (1) status updates that shall provide possible solutions considered as part  
16 of the State's response to the Centers for Medicare and Medicaid Services'  
17 requirement to begin reducing federal Medicaid spending due on or before July  
18 15, September 15, and November 15 of 2019; and

19 (2) on or before January 15 of each year from 2019 to 2025, a written  
20 report evaluating:



1 individual insured or to his or her assigns and for which the amount of the  
2 benefit is not based on potential medical costs or actual costs incurred.

3 Premium rates and rules for the classification of risk for Medicare  
4 supplemental insurance policies shall be governed by sections 4062b and  
5 4080e of this title.

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

1 a provision that does not meet the standards expressed in this subsection. In  
2 such notice, the Commissioner shall state that a hearing will be granted within  
3 20 days upon the insurer’s written request.

4 Sec. 10. 18 V.S.A. § 7201 is amended to read:

5 § 7201. MENTAL HEALTH

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

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

17 Sec. 11. 18 V.S.A. § 7251 is amended to read:

18 § 7251. PRINCIPLES FOR MENTAL HEALTH CARE REFORM

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

21 \* \* \*

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

5 \* \* \*

6 Sec. 12. 18 V.S.A. § 9371 is amended to read:

7 § 9371. PRINCIPLES FOR HEALTH CARE REFORM

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

10 \* \* \*

11 (4) Primary care must be preserved and enhanced so that Vermonters  
12 have care available to them, preferably within their own communities. The  
13 health care system must ensure that Vermonters have access to appropriate  
14 mental health care that meets the Institute of Medicine’s triple aims of quality,  
15 access, and affordability and that is equivalent to other components of health  
16 care as part of an integrated, holistic system of care. Other aspects of  
17 Vermont’s health care infrastructure, including the educational and research  
18 missions of the State’s academic medical center and other postsecondary  
19 educational institutions, the nonprofit missions of the community hospitals,  
20 and the critical access designation of rural hospitals, must be supported in such

1 a way that all Vermonters, including those in rural areas, have access to  
2 necessary health services and that these health services are sustainable.

3 \* \* \*

4 Sec. 13. 18 V.S.A. § 9382 is amended to read:

5 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

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

16 \* \* \*

17 (2) The ACO has established appropriate mechanisms and care models  
18 to provide, manage, and coordinate high-quality health care services for its  
19 patients, including incorporating the Blueprint for Health, coordinating  
20 services for complex high-need patients, and providing access to health care  
21 providers who are not participants in the ACO. The ACO ensures equal access

1 to appropriate mental health care that meets the Institute of Medicine’s triple  
2 aims of quality, access, and affordability in a manner that is equivalent to other  
3 aspects of health care as part of an integrated, holistic system of care.

4 \* \* \*

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

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

1 of the Senate ~~and House Committees~~ Committee on Health and Welfare ~~no~~  
2 ~~later than January 15, 2005~~ and the House Committee on Health Care.

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

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

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

19 § 9437. CRITERIA

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



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(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. **17.** 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





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Representative \_\_\_\_\_

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FOR THE COMMITTEE