



**STATE OF VERMONT**  
GENERAL ASSEMBLY  
SENATE COMMITTEE ON HEALTH AND  
WELFARE

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**MEMORANDUM**

**To: Senator Jane Kitchel**

**From: Senator Claire Ayer, Chair, Senate Committee on Health and Welfare**

**Date: April 13, 2018**

**Subject: Appropriations for the Support of Government**

Thank you for inviting the Senate Committee on Health and Welfare to weigh in on appropriations for the support of government.

Like all politicians, we begin with a “disclaimer” about the significance of the term “preferences” in a budget context that guarantees some real needs will not be met. The economic argument that such limited resources are necessary makes the very idea of “preferences” meaningless because each “preference” undermines equally worthy options. Our suggestions (or preferences) should be understood as a Sophie’s Choice.

The recommendations below are not in order of importance, but rather clumped in general policy areas.

**Children**

- Our childcare subsidy is a pathetic amount. Parts of the FY18 allocation were unused due to lack of knowledge re access and not worth the effort at upper income limits.
- Support the TEACH program: It enables care givers to increase skills, provide better care, and earn more money. Retention data are available and very favorable.
- Invest more in Parent Child Centers, CIS, and before and after school programs, and mentoring. Results are solid, interventions are upstream.
- Before we invest in increasing childcare options for working Vermonters, we need to know where the children are who are not in registered care programs. Who’s caring for them? Are their parents happy with the arrangements? If we work to build supply, what should it look like, where should it be, who should it serve, and how should we fund it? We recommend a study to find the answers.

**Mental health:**

- Use one-time money for one time expenditures, such as increased treatment capacity.
- Work force issues must be addressed; we don’t have enough professionals to staff what facilities we have.

- Consider grants to teaching institutions to recruit and retain teaching staff for APRNs, RNs, and LPNs for 5 years. Nursing programs in VT have far more applicants than slots due to faculty constraints. Promote clinical rotations/internships in Vermont institutions. Students who come to Vermont tend to stay.
- Retain and improve AHEC grants for primary care and psychology.
- Designated agency salaries: Appropriate second installment; look at most difficult to fill positions. Documented decrease in turnover rate and use of crisis beds, but not enough.
- Restore funding for housing first initiatives such as expansion of the operation of the Warm Line service and implementation of Rutland County supportive housing, as well as restoring the Mental Health Rental Assistance program.

#### **Substance abuse:**

- Approve acupuncture study as submitted to Appropriations. The 2 year program clearly gets at efficacy and cost effectiveness in pain relief. Fund with Medicaid drug fees in DHVA budget.
- Consider funding for a revitalized Vermont Tobacco Evaluation and Review Board (VTERB). Expand the scope and goals of the Board to include all addictive substances. Utilize existent Board approaches to prevention, education, community activities, or other data informed programs to reduce addiction in Vermont communities. Add necessary funding from the budget and or tobacco settlement funds.

#### **Universal primary Care:**

- Commit to fund GMCB's work on Universal Primary Care.

#### **Hospital budgets:**

- Hospitals take risk with capitation. Cuts in insurance premium lead to increased uninsured and increasing deductibles with decreased access to primary care. Leave DSH payments for GMCB to sort out in budget process.
- Maintain primary care coordination payments to promote patient connections to community programs and supports.

#### **ACO Budget Review:**

- Hospital budgets are being tapped to make up for low Delivery System Reform (DSR) funding (originally estimated at up to \$50M/year for five years, now at 2.6 M) to front load improvements such as funding community programs and supports and health information tech. Leave DSR funds intact in OneCare

Thank you for the opportunity to share our feedback with you. Please let me know if you have questions.