

1 H.528

2 Introduced by Committee on Health Care

3 Date:

4 Subject: Health; health care delivery; rural health care; Rural Health Services

5 Task Force

6 Statement of purpose of bill as introduced: This bill proposes to create the  
7 Rural Health Services Task Force to evaluate the current state of rural health  
8 care in Vermont and to explore ways to ensure that the system is sustainable  
9 and provides access to affordable, high-quality health care services.

10 An act relating to the Rural Health Services Task Force

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

12 ~~Sec. 1. RURAL HEALTH SERVICES TASK FORCE; REPORT~~

13 (a) Creation. There is created the Rural Health Services Task Force to  
14 evaluate the current state of rural health care in Vermont and identify ways to  
15 sustain the system and to ensure it provides access to affordable, high-quality  
16 health care services.

17 (b) Membership. The Rural Health Services Task Force shall be composed  
18 of the following members:

19 ~~(1) the Secretary of Human Services or designee,~~

- 1 (2) the Chair of the Green Mountain Care Board or designee;
- 2 (3) the Chief Health Care Advocate from the Office of the Health Care  
3 Advocate or designee;
- 4 (4) two representatives of rural Vermont hospitals, selected by the  
5 Vermont Association of Hospitals and Health Systems, who shall represent  
6 hospitals that are located in different regions of the State and that face different  
7 levels of financial stability;
- 8 (5) one representative of Vermont's federally qualified health centers,  
9 who shall be a Vermont-licensed health care professional, selected by Bi-State  
10 Primary Care Association;
- 11 (6) one Vermont-licensed physician from an independent practice  
12 located in a rural Vermont setting;
- 13 (7) one representative of Vermont's designated agencies, selected by  
14 Vermont Care Partners;
- 15 (8) one Vermont-licensed mental health professional from an  
16 independent practice located in a rural Vermont setting;
- 17 (9) one representative of Vermont's home health agencies, selected  
18 jointly by the VNAs of Vermont and Bayada Home Health Care; and
- 19 (10) one representative of long-term care facilities, selected by the  
20 Vermont Health Care Association.

1 (c) Powers and duties. The Rural Health Services Task Force shall

2 consider issues relating to rural health care delivery in Vermont, including:

3 (1) the current system of rural health care delivery in Vermont,  
4 including the role of rural hospitals in the health care continuum;

5 (2) how to ensure the sustainability of the rural health care system,  
6 including identifying the major financial, administrative, and workforce  
7 barriers;

8 (3) ways to overcome any existing barriers to the sustainability of the  
9 rural health care system, including prospective ideas for the future of access to  
10 health care services in rural Vermont across the health care continuum; and

11 (4) the potential consequences of the failure of one or more rural  
12 Vermont hospitals.

13 (d) Assistance. The Rural Health Services Task Force shall have the  
14 administrative, technical, and legal assistance of the Agency of Human  
15 Services and the Green Mountain Care Board.

16 (e) Report. On or before December 31, 2019, the Rural Health Services  
17 Task Force shall submit a written report to the House Committees on Health  
18 Care and on Human Services and the Senate Committee on Health and Welfare  
19 with its findings and recommendations, including any recommendations for  
20 legislative action.

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~~(f) Meetings~~  
~~(1) The Secretary of Human Services or designee shall call the first meeting of the Rural Health Services Task Force to occur on or before July 1, 2019.~~  
~~(2) The Task Force shall select a chair from among its members at the first meeting.~~  
~~(3) A majority of the membership of the Task Force shall constitute a quorum.~~  
~~(4) The Task Force shall cease to exist following submission of its report or on December 31, 2019, whichever occurs first.~~  
Sec. 2. EFFECTIVE DATE  
~~This act shall take effect on passage.~~

*Sec. 1. RURAL HEALTH SERVICES TASK FORCE; REPORT*

*(a) Creation. There is created the Rural Health Services Task Force to evaluate the current state of rural health care in Vermont and identify ways to sustain the system and to ensure it provides access to affordable, high-quality health care services.*

*(b) Membership. The Rural Health Services Task Force shall be composed of the following members:*

*(1) the Secretary of Human Services or designee;*

*(2) the Chair of the Green Mountain Care Board or designee,*

(3) the Chief Health Care Advocate from the Office of the Health Care Advocate or designee;

(4) two representatives of rural Vermont hospitals, selected by the Vermont Association of Hospitals and Health Systems, who shall represent hospitals that are located in different regions of the State and that face different levels of financial stability;

(5) one representative of Vermont's federally qualified health centers, who shall be a Vermont-licensed health care professional, selected by Bi-State Primary Care Association;

(6) one Vermont-licensed physician from an independent practice located in a rural Vermont setting, selected jointly by the Vermont Medical Society and HealthFirst;

(7) one representative of Vermont's designated agencies, selected by Vermont Care Partners;

(8) one Vermont-licensed mental health professional from an independent practice located in a rural Vermont setting, selected by the Commissioner of Mental Health;

(9) one representative of Vermont's home health agencies, selected jointly by the VNAs of Vermont and Bayada Home Health Care; and

(10) one representative of long-term care facilities, selected by the Vermont Health Care Association.

~~(c) Powers and duties. The Rural Health Services Task Force shall consider issues relating to rural health care delivery in Vermont, including:~~

~~(1) the current system of rural health care delivery in Vermont, including the role of rural hospitals in the health care continuum;~~

~~(2) how to ensure the sustainability of the rural health care system, including identifying the major financial, administrative, and workforce barriers;~~

~~(3) ways to overcome any existing barriers to the sustainability of the rural health care system, including prospective ideas for the future of access to health care services in rural Vermont across the health care continuum; and~~

~~(4) the potential consequences of the failure of one or more rural Vermont hospitals.~~

~~(d) Assistance. The Rural Health Services Task Force shall have the administrative, technical, and legal assistance of the Agency of Human Services and the Green Mountain Care Board.~~

~~(e) Report. On or before December 31, 2019, the Rural Health Services Task Force shall submit a written report to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare with its findings and recommendations, including any recommendations for legislative action.~~

(f) Meetings

(1) The Secretary of Human Services or designee shall call the first meeting of the Rural Health Services Task Force to occur on or before July 1, 2019.

(2) The Task Force shall select a chair from among its members at the first meeting.

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

(4) The Task Force shall cease to exist following submission of its report or on December 31, 2019, whichever occurs first.

*Sec. 2. EFFECTIVE DATE*

This act shall take effect on passage.

*Sec. 1. RURAL HEALTH SERVICES TASK FORCE; REPORT*

(a) Creation. There is created the Rural Health Services Task Force to evaluate the current state of rural health care in Vermont and identify ways to sustain the system and to ensure it provides access to affordable, high-quality health care services.

(b) Membership. The Rural Health Services Task Force shall be composed of the following members:

(1) the Secretary of Human Services or designee;

(2) the Chair of the Green Mountain Care Board or designee;

(3) the Chief of the Office of Rural Health and Primary Care in the Department of Health or designee;

(4) the Chief Health Care Advocate from the Office of the Health Care Advocate or designee;

(5) two representatives of rural Vermont hospitals, selected by the Vermont Association of Hospitals and Health Systems, who shall represent hospitals that are located in different regions of the State and that face different levels of financial stability;

(6) one representative of Vermont's federally qualified health centers, who shall be a Vermont-licensed health care professional, selected by Bi-State Primary Care Association;

(7) one Vermont-licensed physician from an independent practice located in a rural Vermont setting, selected jointly by the Vermont Medical Society and HealthFirst;

(8) one representative of Vermont's free clinic programs, selected by the Vermont Coalition of Clinics for the Uninsured;

(9) one representative of Vermont's designated and specialized service agencies, selected by Vermont Care Partners;

(10) one preferred provider from outside the designated and specialized service agency system, selected by the Commissioner of Health;

(11) one Vermont-licensed mental health professional from an



independent practice located in a rural Vermont setting, selected by the Commissioner of Mental Health;

(12) one representative of Vermont's home health agencies, selected jointly by the VNAs of Vermont and Bayada Home Health Care; and

(13) one representative of long-term care facilities, selected by the Vermont Health Care Association.

(c) Powers and duties. The Rural Health Services Task Force, in consultation with Vermont-certified accountable care organizations and other interested stakeholders, shall consider issues relating to rural health care delivery in Vermont, including:

(1) the current system of rural health care delivery in Vermont, including the role of rural hospitals in the health care continuum;

(2) how to ensure the sustainability of the rural health care system, including identifying the major financial, administrative, and workforce barriers;

(3) ways to overcome any existing barriers to the sustainability of the rural health care system, including prospective ideas for the future of access to health care services in rural Vermont across the health care continuum;

(4) ways to encourage and improve care coordination among institutional and community service providers; and

(5) the potential consequences of the failure of one or more rural

Vermont hospitals.

(d) Assistance. The Rural Health Services Task Force shall have the administrative, technical, and legal assistance of the Agency of Human Services and the Green Mountain Care Board.

(e) Findings and recommendations. On or before January 15, 2020, the Rural Health Services Task Force shall present its findings and recommendations, including any recommendations for legislative action, to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare.

(f) Meetings.

(1) The Chair of the Green Mountain Care Board or designee shall call the first meeting of the Rural Health Services Task Force to occur on or before July 1, 2019.

(2) The Task Force shall select a chair from among its members at the first meeting.

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

(4) The Task Force shall cease to exist following the presentation of its findings and recommendations or on January 15, 2020, whichever occurs first.

*Sec. 2. REPORT; ANALYSIS OF RESIDENTIAL MENTAL HEALTH*

*NEEDS*

(a) The Department of Mental Health shall evaluate and determine the mental health bed needs for residential programs across the State by geographic area and provider type, including long-term residences (group homes), intensive residential recovery facilities, and secure residential recovery facilities. This evaluation shall include a review of needs in rural locations, current and historic occupancy rates, an analysis of admission and referral data, and an assessment of barriers to access for individuals requiring residential services. The evaluation shall include consultation with providers and with past or present program participants or individuals in need of residential programs, or both.

(b) On or before December 15, 2019, the Department shall submit a report to the House Committees on Appropriations and on Health Care and to the Senate Committees on Appropriations and on Health and Welfare containing its findings and recommendations related to the analysis required pursuant to subsection (a) of this section.

*Sec. 3. AFFORDABLE HOUSING OPTIONS; LEGISLATIVE INTENT*

The Department of Mental Health, in collaboration with the Vermont Housing and Conservation Board, the Vermont State Housing Authority, and other community service organizations, shall initiate efforts to increase the number of affordable housing opportunities for individuals with mental health needs, including those experiencing homelessness, by identifying potential

funding sources for supportive housing and services and by using Section 8 vouchers to the greatest extent possible. If funding is available to invest in these affordable housing opportunities, it is the intent of the General Assembly that the funds shall be used to create new options for affordable permanent housing around the State based on My Pad, Housing First, and other evidence-based supportive housing models.

*Sec. 4. EFFECTIVE DATE*

*This act shall take effect on passage.*