

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.

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

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

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