

H.528

An act relating to the Rural Health Services Task Force

The Senate proposes to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

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.