HHC proposed language for inclusion in FY21 budget – August 2020

NEW language regarding future mental health budgets:

Sec. A. INTEGRATED MENTAL HEALTH BUDGET; BUDGET TRANSFER FROM DEPARTMENT OF MENTAL HEALTH TO DEPARTMENT OF VERMONT HEALTH ACCESS

(a) The legislative budget process is an essential structural component of ensuring that the State is supporting the principle of fully integrating mental health into the health care system. The separation of Medicaid mental health expenditures between the Department of Vermont Health Access's and the Department of Mental Health's proposed budgets is an obstacle to achieving the General Assembly's mental health reform principle of "ensur[ing] equal access to appropriate mental health care in a manner equivalent to other aspects of health care as part of an integrated, holistic system of care," as codified in 18 V.S.A. § 7251(4).

(b) The Agency of Human Services and the Departments of Mental Health and of Vermont Health Access shall integrate public funding for inpatient mental health care services to the extent feasible with the funding for other health care services within the Department of Vermont Health Access budget. Federal funding requirements shall be adhered to and the Departments shall establish oversight, utilization review, care management, and data collection responsibilities based on statutory and legal custodial obligations and responsibilities. This integrated funding shall begin in fiscal year 2023, with a plan for integrated funding provided to the General Assembly on or before April 15, 2021.

Sec. B. MENTAL HEALTH BUDGET PRESENTATION; FISCAL YEAR 2022

(a) In anticipation of the fiscal year 2023 budget realignment, the Departments of Mental Health and of Vermont Health Access shall provide a report on caseload, expenditures, and utilization as part of their fiscal year 2022 budget presentation, identifying the budget categories incorporated into each Department's budget for inpatient services by the following funding categories, including any subdivision between persons served by the community rehabilitation and treatment program:

(1) the State-run inpatient hospital;

(2) Level 1 inpatient psychiatric services delivered in private hospitals;

(3) other involuntary inpatient psychiatric services; and

(4) voluntary inpatient psychiatric services.

(b) The Departments' fiscal year 2022 budget presentations shall also include any implementation recommendations to achieve integrated funding in accordance with Sec. A(b) of this act.

Language to REPLACE Sec. E.307 of Governor's restatement (amending 33 V.S.A. § 1999):

Sec. E.307 33 V.S.A. § 1999 is amended to read:

§ 1999. CONSUMER PROTECTION RULES; PRIOR AUTHORIZATION

(a)(1) The Pharmacy Best Practices and Cost Control Program shall authorize pharmacy benefit coverage when a patient's health care provider prescribes a prescription drug not on the preferred drug list, or a prescription drug ~~which~~ that is not the list's preferred choice, if ~~either~~ any of the circumstances set forth in subdivision (2) or (3) of this subsection applies.

(2)(A) The Program shall authorize coverage under the same terms as coverage for preferred choice drugs if the prescriber determines, after consultation with the pharmacist, or with the participating health benefit plan if required by the terms of the plan, that one or more of the following circumstances apply:

(i) ~~the~~ The preferred choice ~~has~~ or choices have not been effective, or with reasonable certainty ~~is~~ are not expected to be effective, in treating the patient's condition~~;~~ ~~or~~.

(ii) ~~the~~ The preferred choice ~~causes~~ or choices cause or ~~is~~ are reasonably expected to cause adverse or harmful reactions in the patient.

(iii)(I) The patient is new to the Program and has been stabilized on a prescription drug that is not on the preferred drug list or is not one of the list's preferred choices, or a current patient has been stabilized on a prescription drug that has been removed from preferred drug list or is no longer one of the list's preferred choices, and it is clinically indicated that the patient should remain stabilized on the drug in order to avoid an adverse clinical impact or outcome.

(II) The Drug Utilization Review Board and the Department of Vermont Health Access shall clinically evaluate newly introduced medications and therapeutic classes to determine their clinical appropriateness for continuation of coverage as set forth in subdivision (I) of this subdivision (iii).

* * *

(c) ~~For HIV and AIDS-related medications used by individuals with HIV or AIDS, the preferred drug list and any utilization review procedures shall not be more restrictive than the drug list and the application of the list used for the State of Vermont AIDS Medication Assistance Program.~~ [Repealed.]

(d) ~~The Agency may include prescription drugs prescribed for the treatment of severe and persistent mental illness, including schizophrenia, major depression, or bipolar disorder, in the prior authorization process after the Health Care Oversight Committee has reviewed the report as provided for in 2005 Acts and Resolves No. 71, Sec. 305(a)(2)(A)~~. [Repealed.]

* * *