

1 Introduced by Committee on Health Care

2 Date:

3 Subject: Health; health care delivery; rural health care; Rural Health Services  
4 Task Force

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

9 An act relating to the Rural Health Services Task Force

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

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

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

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

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

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

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

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

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

10           (6) one Vermont-licensed physician from an independent practice  
11           located in a rural Vermont setting;

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

14           (8) one Vermont-licensed mental health professional from an  
15           independent practice located in a rural Vermont setting;

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

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

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

- 1           (1) the current system of rural health care delivery in Vermont,  
2           including the role of rural hospitals in the health care continuum;
- 3           (2) how to ensure the sustainability of the rural health care system,  
4           including identifying the major financial, administrative, and workforce  
5           barriers;
- 6           (3) ways to overcome any existing barriers to the sustainability of the  
7           rural health care system, including prospective ideas for the future of access to  
8           health care services in rural Vermont across the health care continuum; and
- 9           (4) the potential consequences of the failure of one or more rural  
10           Vermont hospitals.
- 11           (d) Assistance. The Rural Health Services Task Force shall have the  
12           administrative, technical, and legal assistance of the Agency of Human  
13           Services and the Green Mountain Care Board.
- 14           (e) Report. On or before December 31, 2019, the Rural Health Services  
15           Task Force shall submit a written report to the House Committees on Health  
16           Care and on Human Services and the Senate Committee on Health and Welfare  
17           with its findings and recommendations, including any recommendations for  
18           legislative action.

1        (f) Meetings.

2            (1) The Secretary of Human Services or designee shall call the first  
3        meeting of the Rural Health Services Task Force to occur on or before July 1,  
4        2019.

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

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

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

11        Sec. 2. EFFECTIVE DATE

12        This act shall take effect on passage.