

H.542 Senate Passed FY20 Budget - HHC summary

FY20 ONE-TIME APPROPRIATIONS

(5) To the Department of Mental Health: \$60,000 for a grant to the Copeland Center for peer support services.

(15) To the Department of Health, Alcohol and Drug Abuse Programs: \$200,000 for a pilot program to provide transportation services to support and recovery and treatment programs for clients who are opioid addicted. The Department shall establish participation requirements for clients who are eligible for transportation services under this pilot.

(16) To the Department of Disabilities, Aging and Independent Living: \$750,000. These funds shall be matched with federal Medicaid funds and expended in equal amounts over fiscal years 2020 through 2022. In each year these funds shall be for the statewide administration of the Support and Services at Home (SASH) program. The intent is for this portion of statewide administration funding to transition to the statewide ACO as additional Medicare covered lives are attributed to the ACO during this three-year period. These funds are in addition to other funding included in the Department's budget for SASH. The Department shall include a report on the SASH statewide administration with the fiscal year 2021 budget presentation.

FISCAL YEAR 2019 ONE-TIME APPROPRIATIONS

(a) In fiscal year 2019, funds are appropriated from the General Fund as follows:

(4) To the Agency of Human Services: \$2,000,000 to fund grants for the development of an electronic medical/health records system for the State's Designated Agency system.

(A) Vermont Care Partners and the Agency of Human Services shall present a plan for review and approval by the Joint Fiscal Committee at its July 2019 meeting. The plan shall summarize the development and implementation of the system and demonstrate that this project will support the goals set forth in the State-wide Health Information Technology (HIT) Plan (defined in 18 V.S.A. § 9351) and meet, at a minimum, the connectivity requirements set forth in the State-wide HIT plan and the requirements of the Centers for Medicaid Services (CMS). The plan shall support current payment reform initiatives and include the projected project timeline and total budget including the allocation of this

appropriation. No funds shall be released prior to review and approval by the Joint Fiscal Committee.

(c) In fiscal year 2019, \$400,000 funds are appropriated from fund number 21912 the Evidence Based Education Manufacturing Fund to the Department of Health for the Substance Misuse Prevention Advisory Council. A portion of these funds may be used for analysis and planning including an inventory of direct substance misuse prevention funding currently allocated in the State budget. The remaining funds shall be used to implement the comprehensive State-wide substance misuse prevention plan developed by the Council.

Sec. E.300.1 TRANSITION OF STATE HEALTH CARE RESOURCES FUND REVENUES TO THE GENERAL FUND

(a) The Department of Finance and Management shall report the total statewide revenues received from each of the following revenue sources both historically and prospectively and compare those amounts to the total amount of State fund sources appropriated in Sec. B.301 of this act, as amended by the Budget Adjustment Act for fiscal year 2019:

(1) all revenue from cigarette and tobacco products taxes levied pursuant to 32 V.S.A. chapter 205;

(2) all revenue from health care provider assessments pursuant to 33 V.S.A. chapter 19, subchapter 2;

(3) all revenue from the Employers' Health Care Fund contribution pursuant to 32 V.S.A. chapter 245; and

(4) all revenue from health care claims assessments pursuant to 32 V.S.A. § 10402.

(b) The State agency or department to which the revenue is remitted shall maintain the same level of accounting detail for each of the revenue sources listed in subdivisions (a)(1)–(4) of this section as was maintained prior to July 1, 2020.

Sec. E.300.5 18 V.S.A. § 4653(a) is amended to read:

(a) On or before July 1, ~~2019~~ 2020, the Agency of Human Services shall submit a formal request to the Secretary of the U.S. Department of Health and Human Services for certification of the State's wholesale prescription drug importation program.

Sec. E.300.6 3 V.S.A. § 3028 is added to read:

§ 3028. WHOLESALE PRESCRIPTION DRUG IMPORTATION PROGRAM

(a) The Agency of Human Services shall be responsible for the development and, upon approval from the Secretary of the U.S. Department of Health and Human Services, the implementation and administration of a wholesale prescription drug importation program that complies with the applicable requirements of 21 U.S.C. § 384, including the requirements regarding safety and cost savings.

(b) The Secretary of Human Services may adopt rules pursuant to chapter 25 of this title as needed to develop, implement, and administer the program.

Sec. E.300.7 NEXT STEPS FOR IMPLEMENTING A WHOLESALE PRESCRIPTION DRUG IMPORTATION PROGRAM

(a) The Agency of Human Services shall consult with the National Academy for State Health Policy (NASHP) and with states pursuing or interested in pursuing a wholesale prescription drug importation program to identify opportunities to coordinate and work collaboratively in these efforts. On or before October 1, 2019, the Agency shall provide an update on its progress in obtaining federal approval for a wholesale prescription drug importation program pursuant to 18 V.S.A. § 4653, including the results of its consultations with NASHP and with other states, to the House Committees on Appropriations, on Health Care, and on Ways and Means; the Senate Committees on Appropriations, on Health and Welfare, and on Finance; and the Joint Fiscal Committee.

(b) The Board of Pharmacy in the Office of Professional Regulation, in consultation with the Agency of Human Services, shall explore whether any new prescription drug wholesaler license categories would be necessary in order to operate a wholesale prescription drug importation program in this State. On or before January 15, 2020, the Board shall provide its findings and recommendations with respect to new prescription drug wholesaler license categories to the House Committees on Government Operations and on Health Care and the Senate Committees on Government Operations and on Health and Welfare.

Sec. E.301.2 MENTAL HEALTH AND SUBSTANCE USE DISORDER
WORKFORCE;

(a) The \$1,500,000 allocated to the Agency of Human Services for fiscal year 2019 pursuant to 2018 (Sp. Sess.) Acts and Resolves No. 11, Sec. C.106.1(b)(2) shall be carried forward to fiscal year 2020 and be used for loan repayment and tuition assistance to promote the recruitment and retention of high-quality providers of mental health and substance use disorder treatment services in Vermont. The funds shall be made available to Vermont residents, and to residents of other states enrolled in Vermont educational institutions, based on a three-year commitment to provide mental health services or substance use disorder treatment services, or both, in Vermont, for the following uses:

(1) loan repayment for masters-level clinicians, bachelor's-level direct-service staff, and nurses; and

(2) tuition assistance for individuals pursuing degrees to become masters-level clinicians, bachelor's level direct service staff, and nurses.

(b) The Agency may contract with Area Health Education Centers or the Vermont Student Assistance Corporation or both to administer these programs.

(c) The fiscal year 2020 appropriation pursuant to 2018 (Sp. Sess.) Acts and Resolves No. 11, Sec. C.106.1(b)(2) shall be reserved to be addressed in the fiscal year 2020 budget adjustment or fiscal year 2021 budget processes.

Sec. E.306.1 33 V.S.A. chapter 19, subchapter 4 is added to read:

Subchapter 4. Coverage for Dental Services

§ 1991. DEFINITIONS

As used in this chapter:

(1) “Dental hygienist” means an individual licensed to practice as a dental hygienist under 26 V.S.A. chapter 12.

(2) “Dental services” means preventive, diagnostic, or corrective procedures related to the teeth and associated structures of the oral cavity.

(3) “Dental therapist” means an individual licensed to practice as a dental therapist under 26 V.S.A. chapter 12.

(4) “Dentist” means an individual licensed to practice dentistry under 26 V.S.A. chapter 12.

§ 1992. MEDICAID COVERAGE FOR ADULT DENTAL SERVICES

(a) Vermont Medicaid shall provide coverage for medically necessary dental services provided by a dentist, dental therapist, or dental hygienist working within the scope of the provider’s license as follows:

(1) Up to two visits per calendar year for preventive services, including prophylaxis and fluoride treatment, with no co-payment. These services shall not be counted toward the annual maximum benefit amount set forth in subdivision (2) of this subsection.

(2) Diagnostic, restorative, and endodontic procedures, to a maximum of \$1,000.00 per calendar year, provided that the Department of Vermont Health Access may approve expenditures in excess of that amount when exceptional medical circumstances so require.

(3) Other dental services as determined by the Department by rule.

(b) The Department of Vermont Health Access shall develop a reimbursement structure for dental services in the Vermont Medicaid program that encourages dentists, dental therapists, and dental hygienists to provide preventive care.

Sec. E.306.2 AMENDMENT TO MEDICAID STATE PLAN

(a) If necessary, the Secretary of Human Services shall request approval from the Centers for Medicare and Medicaid Services for an amendment to Vermont’s Medicaid State Plan to include the expanded Medicaid dental benefits set forth in 33 V.S.A. § 1992.

Sec. E.306.3 DENTAL ACCESS AND REIMBURSEMENT WORKING GROUP; REPORT

(a) The Department of Vermont Health Access, in consultation with the Board of Dental Examiners and the Vermont State Dental Society, shall convene a working group of interested stakeholders to:

(1) evaluate current Medicaid reimbursement rates to dentists, dental therapists, and other providers of dental services and determine the amount of fiscally responsible increases to the rates for specific services that would be needed in order to attract additional providers to participate in the Vermont Medicaid program;

(2) determine the feasibility of and costs associated with establishing a State dental assistance program to provide access to affordable dental services for Vermont residents who have lower income and are enrolled in Medicare; and

(3) explore opportunities to further expand access to dental care in Vermont, including:

(A) examining the potential to reimburse dentists, dental therapists, and dental hygienists for teledentistry services; and

(B) exploring the possible integration of dental services into the scope of services provided through accountable care organizations.

(b)(1) On or before November 1, 2019, the Department of Vermont Health Access shall provide to the House Committee on Health Care and the Senate Committee on Health and Welfare the working group's findings and recommendations regarding the feasibility and costs of creating a dental assistance program for Medicare beneficiaries as described in subdivision (a)(2) of this section and on opportunities to further expand access to dental care as described in subdivision (a)(3) of this section. The report shall also include the amount of funding that would be needed to achieve the reimbursement rates determined by the working group pursuant to subdivision (a)(1) of this section.

(2) The Department of Vermont Health Access shall report on the amount of funding necessary to achieve the reimbursement rates determined by the working group pursuant to subdivision (a)(1) of this section as part of the Department's fiscal year 2021 budget presentation.

Sec. E.308 LONG TERM CARE APPROPRIATION; TRANSFER

(a) In fiscal year 2020, the Administration is authorized to transfer the appropriation in Sec. B.308 of this act from the Department of Vermont Health Access to the Department of Disabilities, Aging, and Independent Living. This change shall be reflected in future budget recommendations.

(b) The Secretary of Human Services shall review and assess the appropriation structure for funding licensed residential care facilities and make recommendations in the Agency's fiscal year 2021 budget proposal.

Sec. E.312.1 REPORT; PROMOTION OF IMMUNIZATION

(a) On or before July 1, 2019, the Commissioner of Health shall submit a report to the House Committee on Health Care and to the Senate Committee on Health and Welfare summarizing the Department's efforts to promote immunization in Vermont in accordance with the U.S. Centers for Disease Control and Prevention's recommendations. The report shall specifically address:

(1) existing efforts by the Department to promote immunization in Vermont, as well as the funding source and annual funding amount used for each effort; and

(2) the availability of additional federal funds to enhance Vermont's efforts to promote immunizations.

Sec. E.312.2 DISTRIBUTION OF FENTANYL TESTING STRIPS

(a) The Department of Health, Alcohol and Drug Abuse Programs shall allocate \$50,000 of special funds appropriated in fiscal year 2020 for the distribution of fentanyl testing strips through active syringe service programs in the State. Priority should be given to syringe service programs that do not currently distribute testing strips to areas of the State with the highest overdose death rates and highest percentage of fentanyl involvement, and to pregnant and parenting women. The amount expended shall not exceed available funds. The Department shall establish participation requirements for the syringe service programs receiving strips under this pilot.

Sec. E.314 ENHANCED CRT; SUPPORTED HOUSING

(a) \$1,560,800 of the funds provided to the Department of Mental Health shall be utilized to create up to 12 supported housing arrangements for CRT individuals whose acuity and particular needs have been prohibitive to

community reentry. The intent of this funding is reduced inpatient use by individuals who have limited discharge options.

Sec. E.314.1 SUCCESS BEYOND SIX; REVIEW

(a) The Success Beyond Six program is based on agreements between the Designated Agencies and local schools, supervisory unions, or districts. The Agency of Human Services currently does not play a role in negotiating the contracts, however the overall program spending is part of the Medicaid program and impacts overall Medicaid spending and the budget neutrality cap.

(b) Given the limited room in the Global Commitment Medicaid budget neutrality cap, the Agency of Human Services (AHS) and Department of Mental Health (DMH) shall assess and determine how to evaluate Success Beyond Six program spending against other competing priorities in the Medicaid program.

(c) AHS/DMH shall report to the General Assembly on Success Beyond Six evaluation and oversight no later than January 15, 2020. The report shall include:

(1) analysis of the trend in school based mental health programming that is funded through the Success Beyond Six program fiscal mechanism;

(2) evaluation of the program attributes;

(3) determination, in partnership with the with the Designated Agencies, of metrics for evaluating program outcomes; and

(4) determination of how AHS/DMH should participate in Success Beyond Six spending decisions.

Sec. E.338.1 28 V.S.A. § 801 is amended to read:

§ 801. MEDICAL CARE OF INMATES

* * *

(e)(1) Except as otherwise provided in this subsection, an inmate who is admitted to a correctional facility while under the medical care of a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse and who is taking medication at the time of admission pursuant to a valid prescription as verified by the inmate's pharmacy of record, primary care provider, other licensed care provider, or as verified by the Vermont Prescription Monitoring System or other prescription monitoring or information system, including buprenorphine, methadone, or other medication prescribed in the course of medication-assisted treatment, shall be entitled to continue that medication and to be provided that medication by the Department pending an evaluation by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse.

(2)(A) Notwithstanding subdivision (1) of this subsection, the Department may defer provision of a validly prescribed medication in accordance with this subsection if, in the clinical judgment of a licensed physician, a physician assistant, or an advanced practice registered nurse, it is not medically necessary to continue the medication at that time.

(B) Notwithstanding subdivision (1) of this subsection (e), an inmate taking medication prescribed in the course of medication-assisted treatment shall attend the counseling and behavioral therapy components of medication-assisted treatment.

* * *

Sec. E.338.2 28 V.S.A. § 801b is amended to read:

§ 801b. MEDICATION-ASSISTED TREATMENT IN CORRECTIONAL FACILITIES

(a) If an inmate receiving medication-assisted treatment prior to entering the correctional facility continues to receive medication prescribed in the course of medication-assisted treatment pursuant to section 801 of this title, the inmate shall be authorized to receive that medication for as long as medically necessary. The inmate shall attend the counseling and behavioral therapy components of medication-assisted treatment.

(b)(1) If at any time an inmate screens positive as having an opioid use disorder, the inmate may elect to commence buprenorphine-specific medication-assisted treatment if it is deemed medically necessary by a provider authorized to prescribe buprenorphine. The inmate shall be authorized to receive the medication as soon as possible and for as long as medically necessary. The

inmate shall attend the counseling and behavioral therapy components of medication-assisted treatment.

(2) Nothing in this subsection shall prevent an inmate who commences medication-assisted treatment while in a correctional facility from transferring from buprenorphine to methadone if:

(A) methadone is deemed medically necessary by a provider authorized to prescribe methadone; and

(B) the inmate elects to commence methadone as recommended by a provider authorized to prescribe methadone.

(c) The licensed practitioner who makes the clinical judgment to discontinue a medication shall cause the reason for the discontinuance to be entered into the inmate's medical record, specifically stating the reason for the discontinuance. The inmate shall be provided, both orally and in writing, with a specific explanation of the decision to discontinue the medication and with notice of the right to have his or her community-based prescriber notified of the decision. If the inmate provides signed authorization, the Department shall notify the community-based prescriber in writing of the decision to discontinue the medication.

(d)(1) As part of reentry planning, the Department shall commence medication-assisted treatment prior to an inmate's release if:

(A) the inmate screens positive for an opioid use disorder;

(B) medication-assisted treatment is medically necessary; ~~and~~

(C) the inmate elects to commence medication-assisted treatment; and

(D) the inmate agrees to attend the counseling and behavioral therapy components of medication-assisted treatment.

(2) If medication-assisted treatment is indicated and despite best efforts induction is not possible prior to release, the Department shall ensure comprehensive care coordination with a community-based provider.

(e) ~~Any counseling or~~ Counseling and behavioral therapies shall be provided in conjunction with the use of medication for all medication-assisted treatment ~~shall be medically necessary.~~

Sec. E.338.3 CORRECTIONS HEALTH CARE; REPORTS

(a) On or before November 15, 2019, the Department of Corrections shall provide an interim report to the Joint Legislative Justice Oversight Committee regarding:

(1) the Department's current and planned future efforts, in consultation with the Agency of Human Services and the other departments in the Agency,

to integrate health care services delivered in correctional facilities with Vermont's broader health care reform initiatives;

(2) the Department's implementation of the requirement pursuant to Secs. E.338.1 and E.338.2 of this act that counseling and behavioral therapy services be provided as an essential element of medication-assisted treatment provided in correctional, as well as community, settings; and

(3) the Department's current and planned future efforts to increase the use of local health care professionals and hospitals and to reduce its reliance on traveling nurses and other temporary providers.

(b) On or before January 15, 2020, the Department shall provide a final report on the topics described in subdivisions (a)(1)–(3) of this section to the House Committees on Appropriations, on Corrections and Institutions, on Health Care, and on Human Services and the Senate Committees on Appropriations, on Health and Welfare, on Institutions, and on Judiciary.