

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred House Bill  
3 No. 528 entitled “An act relating to the Rural Health Services Task Force”  
4 respectfully reports that it has considered the same and recommends that the  
5 Senate propose to the House that the bill be amended by striking out all after  
6 the enacting clause and inserting in lieu thereof the following:

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

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

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

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

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

16 (3) the Chief of the Office of Rural Health and Primary Care in the  
17 Department of Health or designee;

18 (4) the Chief Health Care Advocate from the Office of the Health Care  
19 Advocate or designee;

20 (5) two representatives of rural Vermont hospitals, selected by the  
21 Vermont Association of Hospitals and Health Systems, who shall represent

1 hospitals that are located in different regions of the State and that face different  
2 levels of financial stability;

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

6 (7) one Vermont-licensed physician from an independent practice  
7 located in a rural Vermont setting, selected jointly by the Vermont Medical  
8 Society and HealthFirst;

9 (8) one representative of Vermont’s free clinic programs, selected by the  
10 Vermont Coalition of Clinics for the Uninsured;

11 (9) one representative of Vermont’s designated and specialized service  
12 agencies, selected by Vermont Care Partners;

13 (10) one preferred provider from outside the designated and specialized  
14 service agency system, selected by the Commissioner of Health;

15 (11) one Vermont-licensed mental health professional from an  
16 independent practice located in a rural Vermont setting, selected by the  
17 Commissioner of Mental Health;

18 (12) one representative of Vermont’s home health agencies, selected  
19 jointly by the VNAs of Vermont and Bayada Home Health Care; and

20 (13) one representative of long-term care facilities, selected by the  
21 Vermont Health Care Association.

1        (c) Powers and duties. The Rural Health Services Task Force, in  
2        consultation with Vermont-certified accountable care organizations and other  
3        interested stakeholders, shall consider issues relating to rural health care  
4        delivery in Vermont, including:

5            (1) the current system of rural health care delivery in Vermont,  
6            including the role of rural hospitals in the health care continuum;

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

10           (3) ways to overcome any existing barriers to the sustainability of the  
11           rural health care system, including prospective ideas for the future of access to  
12           health care services in rural Vermont across the health care continuum;

13           (4) ways to encourage and improve care coordination among  
14           institutional and community service providers; and

15           (5) the potential consequences of the failure of one or more rural  
16           Vermont hospitals.

17        (d) Assistance. The Rural Health Services Task Force shall have the  
18        administrative, technical, and legal assistance of the Agency of Human  
19        Services and the Green Mountain Care Board.

20        (e) Findings and recommendations. On or before January 15, 2020, the  
21        Rural Health Services Task Force shall present its findings and

1 recommendations, including any recommendations for legislative action, to the  
2 House Committees on Health Care and on Human Services and the Senate  
3 Committee on Health and Welfare.

4 (f) Meetings.

5 (1) The Secretary of Human Services or designee shall call the first  
6 meeting of the Rural Health Services Task Force to occur on or before July 1,  
7 2019.

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

10 (3) A majority of the membership of the Task Force shall constitute a  
11 quorum.

12 (4) The Task Force shall cease to exist following the presentation of its  
13 findings and recommendations or on January 15, 2020, whichever occurs first.

14 **Sec. 2. REPLACEMENT OF MIDDLESEX SECURE RESIDENTIAL**  
15 **RECOVERY FACILITY; INTENT (NEW)**

16 To the extent that the Department of Disabilities, Aging, and Independent  
17 Living amends its rules pertaining to therapeutic community residences to  
18 allow secure residential recovery facilities to utilize emergency involuntary  
19 procedures and that these rules are identical to the rules adopted by the  
20 Department of Mental Health governing the use of emergency involuntary  
21 procedures in psychiatric inpatient units, it is the intent of the General

1 Assembly that the State shall replace the Middlesex Secure Residential  
2 Recovery Facility by:

3 (1) constructing a physically secure State-owned secure residential  
4 recovery facility for up to an additional 16 beds that meets the security  
5 standards currently used at the Middlesex Secure Residential Recovery  
6 Facility; and

7 (2) exploring the placement of interim secure residential recovery  
8 beds or permanent beds that could be flexible to meet other potential  
9 therapeutic community residential uses as determined by the Department  
10 of Mental Health under Sec. 3 of this act.

11 **Sec. 3. REPORT; ANALYSIS OF RESIDENTIAL MENTAL HEALTH**

12 **NEEDS (REVISED)**

13 (a) The Department of Mental Health shall evaluate and determine the  
14 mental health bed needs for residential programs across the State by  
15 geographic area and provider type, including long-term residences (group  
16 homes), intensive residential recovery facilities, and secure residential  
17 recovery facilities. This evaluation shall include a review of current and  
18 historic occupancy rates, an analysis of admission and referral data, and an  
19 assessment of barriers to access for individuals requiring residential services.

20 The evaluation shall include consultation with providers.

1        (b) On or before December 15, 2019, the Department shall submit a report  
2        to the House Committees on Appropriations, on Corrections and Institutions,  
3        and on Health Care and to the Senate Committees on Appropriations, on  
4        Institutions, and on Health and Welfare containing its findings and  
5        recommendations related to the analysis required pursuant to subsection (a) of  
6        this section. The report shall include an analysis of operating secure residential  
7        recovery beds at Rutland Regional Medical Center and Rutland Mental Health  
8        Services.

9        **Sec. 4. AFFORDABLE HOUSING OPTIONS; LEGISLATIVE INTENT**

10        **(NEW)**

11        The Department of Mental Health, in collaboration with the Vermont  
12        Housing and Conservation Board and other community service organizations,  
13        shall initiate efforts to increase the number of affordable housing opportunities  
14        for individuals with mental health needs by identifying potential funding  
15        sources and by using Section 8 vouchers to the greatest extent possible. If  
16        funding is available to invest in these affordable housing opportunities, it is the  
17        intent of the General Assembly that the funds shall be used to create new  
18        options for affordable permanent housing around the State based on the My  
19        Pad model.

20        **Sec. 5. EFFECTIVE DATE**

21        This act shall take effect on passage.

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2 (Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

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FOR THE COMMITTEE