

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 Chair of the Green Mountain
6 Care Board or designee shall call the first meeting of the Rural Health
7 Services Task Force to occur on or before July 1, 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. **REPORT; ANALYSIS OF RESIDENTIAL MENTAL HEALTH**
15 **NEEDS (REVISED)**

16 (a) The Department of Mental Health shall evaluate and determine the
17 mental health bed needs for residential programs across the State by
18 geographic area and provider type, including long-term residences (group
19 homes), intensive residential recovery facilities, and secure residential
20 recovery facilities. This evaluation shall include a review of needs in rural

1 locations, current and historic occupancy rates, an analysis of admission and
2 referral data, and an assessment of barriers to access for individuals requiring
3 residential services. The evaluation shall include consultation with providers.

4 (b) On or before December 15, 2019, the Department shall submit a report
5 to the House Committees on Appropriations and on Health Care and to the
6 Senate Committees on Appropriations and on Health and Welfare containing
7 its findings and recommendations related to the analysis required pursuant to
8 subsection (a) of this section.

9 **Sec. 3. AFFORDABLE HOUSING OPTIONS; LEGISLATIVE INTENT**

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

19 **Sec. 4. EFFECTIVE DATE**

20 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