

Legislation Related to Vermont's MH/SUD Workforce

2011 Acts and Resolves No. 48, § 12a (as amended):

18 V.S.A. § 9491: Health care workforce; strategic plan

- Director of Health Care Reform shall oversee the development of a current health care workforce development strategic plan that continues efforts to ensure that Vermont has the health care workforce necessary to provide care to all Vermont residents. The Green Mountain Care Board shall review the draft strategic plan and shall approve the final plan.
- The Director shall ensure that the strategic plan includes recommendations on how to develop Vermont's health care workforce, including:
 - the current capacity and capacity issues of the health care workforce and delivery system in Vermont, including the shortages of health care professionals, specialty practice areas that regularly face shortages of qualified health care professionals, issues with geographic access to services, and unmet health care needs of Vermonters;
 - the resources needed to ensure that:
 - the health care workforce and the delivery system are able to provide sufficient access to services given demographic factors in the population and in the workforce, as well as other factors;
 - the health care workforce and the delivery system are able to participate fully in health care reform initiatives; and
 - all Vermont residents have access to appropriate mental health care that meets the Institute of Medicine's triple aims of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care;
 - how State government, universities and colleges, the State's educational system, entities providing education and training programs related to the health care workforce, and others may develop the resources in the health care workforce and delivery system to educate, recruit, and retain health care professionals to achieve Vermont's health care reform principles and purposes;
 - reviewing data on the extent to which individual health care professionals begin and cease to practice in their applicable fields in Vermont;
 - identifying factors which either hinder or assist in recruitment or retention of health care professionals, including an examination of the processes for prior authorizations, and making recommendations for further improving recruitment and retention efforts;
 - assessing the availability of State and federal funds for health care workforce development.

Strategic Plan available here:

<https://legislature.vermont.gov/Documents/Reports/285604.PDF>

2013 Acts and Resolves No. 75, § 15a: *An act relating to strengthening Vermont's response to opioid addiction and methamphetamine abuse*

This required the Commissioner of Health to submit a report addressing, in part, the Department's plans for addressing the need for additional opioid addiction treatment programs, including workforce needs.

Report available here: <https://legislature.vermont.gov/Documents/Reports/299314.PDF>

2015 Acts and Resolves No. 59: *An act relating to licensed alcohol and drug abuse counselors as participating providers in Medicaid*

This act requires the Department of Vermont Health Access to allow a licensed alcohol and drug abuse counselor (LADC) acting within his or her scope of practice to participate as a Medicaid provider for the purpose of delivering clinical and case coordination services to Medicaid beneficiaries, regardless of whether the LADC works for a preferred provider. The act further requires the Department of Health's Division of Alcohol and Drug Abuse Programs (ADAP) and Secretary of State's Office of Professional Regulation (OPR) to develop and propose a plan to the General Assembly for moving responsibility for the licensure of LADCs from ADAP to OPR.

2017 Acts and Resolves No. 82, §§ 9 and 10: *An act relating to examining mental health care and care coordination*

Section 9 creates the Mental Health, Developmental Disabilities, and Substance Use Disorder Workforce Study Committee to examine best practices for training, recruiting, and retaining health care providers, particularly with regard to the fields of mental health, developmental disabilities, and substance use disorders.

Report available here: <https://legislature.vermont.gov/assets/Legislative-Reports/Act-82-Sec.9-Workforce-Report.pdf>

Section 10 requires the Director of Professional Regulation to engage other states in a discussion of the creation of national standards for coordinating the regulation and licensing of mental health professionals for the purpose of licensure reciprocity and greater interstate mobility of that workforce.

2017 Acts and Resolves No. 85, §§ E.314.1 and E.314.2: *An act relating to making appropriations for the support of government*

- In section E.314.1, \$8.37m was appropriated to increase payments to DAs/SSAs in FY18. It was the intent of the General Assembly that the appropriation be used to fund or offset the cost of increasing the hourly wages of workers to \$14 and to increase the salaries for crisis response and crisis bed personnel in a manner that advances the goal of achieving competitive compensation to equivalent positions.
- In section E.314.2, the Secretary of Human Services was directed to estimate the levels of funding necessary to sustain the designated and specialized service agencies'

workforce, including increases in the hourly wages of workers to \$15 and to increase the salaries for crisis response and crisis bed personnel in a manner that advances the goal of achieving competitive compensation to equivalent positions for inclusion in the FY19 budget.

2018 (Sp. Sess.) Acts and Resolves, No. 11, § C.106.1: *An act relating to making appropriations for the support of government*

This act appropriated \$5m from the Tobacco Litigation Settlement Fund to AHS in FY18 and was directed to carry forward for the uses and based on the allocations below:

- \$1.5m for FY19, which was not to be distributed until AHS provided proposed expenditures as part of its FY19 budget adjustment request;
- \$1.5m for FY20, which was not to be distributed until AHS provided proposed expenditures as part of its FY20 budget adjustment request;
- \$1.5m for FY21, which was not to be distributed until AHS provided proposed expenditures as part of its FY21 budget adjustment request; and
- \$500,000, which may be provided in FY22 or after as needed to ensure successful implementation of workforce expansion initiatives.

A work group was established to select among proposals those most likely to build capacity in Vermont's substance use disorder treatment and mental health systems.