

To: House Health Care Committee
State of Vermont

Feb. 3rd, 2021

From: Sam Liss

Chair, Vermont Statewide Independent Living Council (SILC)

Testimony Before House Health Care Committee

Dear members of the House Health Care Committee,

The Statewide Independent Living Council (SILC) is a Federally-mandated (under Title VII of the Rehabilitation Act of 1973, as amended) Council. Its members are appointed by the Governor. The SILC writes the three-year State Plan for Independent Living (SPIL) and works with the Centers for Independent Living, the State Division of Blind and Visually Impaired (DBVI), as well as its other networking partners, to support cost-effective, independent, community-based living for people with disabilities (PWD). Such living encourages self-determination, dignity, as well as increased socioeconomic productivity.

The SILC cannot lobby, by Federal regulations, but it can outreach, inform and educate within its purview. We also realize that funding is limited and that we need to be as prudent as possible in use of tax payer dollars.

At this time, the SILC would like to strongly emphasize that appropriate, affordable health care is essential to community-based living – particularly, in these trying times of the COVID-19 pandemic. We would like to emphasize the importance of consumer choice, as this population is educated on critical matters.

It is critical that people with disabilities – often within low income brackets – have access to adequate food and essential medical supplies, as well as other necessities. Without these resources, many members of the disability community are exposed to heightened risk of illness (e.g. severe infection), hospitalization and death. Without these essentials, stable community-based housing may not be able to be maintained and costs rise (in terms of actual dollars and in terms of harm to society) for all of us.

The SILC commends Gov. Scott and the legislature for its outstanding efforts to address the needs arising from the pandemic. Indeed Vermont has among the lowest deaths rates in the country – most of these occurring within nursing homes and similar institutional settings.

The pandemic, however, has exposed shortcomings within the health care system – shortcomings that need to be addressed, certainly long-run. For example, access to primary care and coordinated care for those with complex needs to be improved. As we know, costs will be reduced in the long run. Further, specific means for PWD to remain in their own homes - such as improving access to personal care assistants when indicated – should be considered in this light.

It is also critically important to note that people with mental health care needs often have complex issues that need to be addressed; trusted, coordinated care is essential, as well as cost-effective. The needs of this population must be addressed when next steps in health care reform are considered.

Within its purview, the SILC has been holding regular Olmstead meetings (based upon the SCOTUS decision of 1999) with the longer-term goal of suggesting updates to and reinvigorating the Vermont Olmstead Plan, handed to Gov. Douglas by the legislature in 2004. The goal of stable, community-based housing (as well as other social determinants of health, such as employment) is key to maintaining better health care outcomes.

The SILC is currently supporting the efforts under way to mandate private health insurance coverage of hearing aids for the hearing impaired community. This is another example of expanding health care access and eliminating access inequity that could benefit all.

It is with sincere gratitude that I thank the House Health Committee for requesting testimony from the SILC and affording the opportunity.

Respectfully submitted,

Sam Liss

Chairperson, Vermont SILC