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MEMORANDUM

To: Representative Mary Hooper, Chair, House Committee on Appropriations

From: Representative Bill Lippert, Chair, House Committee on Health Care

Date: February 18, 2021

Subject: House Committee on Health Care recommendations for use of one-time funds

The House Committee on Health Care has identified a total of \$10,500,000 in critical, one-time funding needs. We have divided our recommendations into three categories: addressing health care disparities, expanding the health care workforce, and responding to urgent mental health needs. We believe they are all extremely important, especially during the COVID-19 pandemic. That said, if we must identify specific priorities among our recommendations, we would first fund the health care disparity category in full and then allocate the remaining funds proportionately across our remaining proposals. We are also amenable to allocating funds for some or all of the purposes described in this memo as part of the FY 2022 budget bill, if the House Committee on Appropriations deems that to be the preferred approach.

Addressing Health Care Disparities: \$500,000 (total)

Enhancing Data Collection

The House Committee on Health Care recommends appropriating \$200,000 in one-time funds to enhance the State's capacity to collect demographic data regarding equity in access to and use of health care services by Vermonters. Of those funds, \$66,000 would go to the Green Mountain Care Board to update Vermont's all-payer claims database, the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES), to improve data collection related to health equity. Using its billback authority, the Board can leverage the one-time \$66,000 State investment to secure a total of approximately \$165,000. After making the necessary infrastructure improvements to centralize creation of enhanced data sets, the Board would require payers submitting data to VHCURES to include race and ethnicity data with their claims. The Committee recognizes the particular importance of gathering this data after seeing the disproportionate impact of COVID-19 on members of Vermont's Black, Indigenous, and Persons of Color (BIPOC) community, and we believe that development of the infrastructure to do so needs to begin immediately. The VHCURES database contains medical and pharmacy claims and demographic information for 80 percent of the commercially insured market and 100 percent of Medicaid and Medicare enrollees, so including race and ethnicity data would allow for analysis of the health care services being

provided to Vermonters and would, for example, assist in identifying certain populations that may be experiencing barriers to access and that may benefit from targeted health outreach services.

The Committee recommends directing the Board to collaborate with the Department of Health, the Department's health equity staff, and members of the BIPOC community to develop appropriate criteria for data submission, collection, and usage. Testimony from the Department of Health indicates that the VHCURES enhancements align with the Department's desire for more complete and accurate data about Vermonters who experience health disparities, including their race and ethnicity. The importance of collecting and utilizing complete and accurate demographic data, both in the health care sector and across all of State government, is also an essential component of [H.210](#), a bill addressing health disparities that is currently under consideration in the House Committee on Health Care. H.210 contemplates additional data collection and analysis efforts; while the specific dollar amounts needed for this work are not yet apparent, we recommend applying the \$134,000 balance of the \$200,000 appropriation toward this purpose. These recommended one-time appropriations align with recommendations the Committee received from the Green Mountain Care Board and the Department of Health and with the provisions of H.210.

Emergency Outreach to Peer-Support and LGBTQ Organizations

The Committee recommends appropriating \$300,000 to the Department of Mental Health for grants to peer-led and -impacted member-led organizations for emergency outreach services to address COVID-19-related needs. Of these funds, the Department should allocate \$150,000 to peer-support organizations and \$150,000 to organizations supporting the needs of LGBTQ youths. These organizations, and the constituencies they serve, received minimal amounts through the Coronavirus Relief Fund appropriation to the Department of Health and they remain in urgent need of support. These emergency outreach efforts have also been identified by the Commissioner of Mental Health as a high priority for the use of immediate, one-time funds.

Expanding the Health Care Workforce: \$5,000,000 (total)

Nursing and Primary Care Physician Scholarships

The Committee recommends appropriating \$3,000,000, to be spent over three years and matched with federal dollars under Vermont's Global Commitment to Health Medicaid Section 1115 demonstration, on the nursing and primary care physician scholarship programs established in 2020 Acts and Resolves No. 155. Specifically, the Committee recommends appropriating \$608,419 in Global Commitment investment funds to the Department of Health in each of the three years for scholarships for third- and fourth-year medical students who commit to practicing primary care in this State after graduation in accordance with 18 V.S.A. § 33 and appropriating \$1,035,957 in Global Commitment investment funds to the Department of Health in each of the three years for additional scholarships for nursing students in accordance with the provisions set forth in Act 155, Sec. 5. The Department should administer the primary care physician scholarships in collaboration with the Office of Primary Care and Area Health Education Centers Program at the University of Vermont

College of Medicine and provide the funds for the nursing scholarships to the Vermont Student Assistance Corporation (VSAC) for administration in accordance with 18 V.S.A. § 31.

Vermont has a primary care physician shortage, and the data do not suggest it is likely to end anytime soon. In 2018, more than 40 percent of the primary care physicians in seven of Vermont's 14 counties were 60 years of age or older, and it is critical to recruit additional primary care physicians to Vermont. Under the primary care physician scholarship program, award recipients incur a two-year service obligation for each year of tuition covered by the scholarship. In addition to providing funds to support the next three years of the scholarship program, the Committee recommends repealing the July 1, 2022 sunset placed on the program in Act 155, Sec. 7a to enable the program to continue to attract primary care physicians to practice in this State.

Vermont also continues to experience a critical nursing shortage; the State currently needs more than 5,000 nurses at all levels to fill new positions and to fill vacancies resulting from expected retirements. The nursing scholarship program established in Act 155, Sec. 5 gives first priority to students pursuing a practical nursing certificate to become a licensed practice nurse (LPN), second priority to students pursuing an associate's degree in nursing to become a registered nurse (RN), and third priority to students pursuing a bachelor of science degree in nursing. Recipients incur a one-year service obligation following licensure for each year of scholarship awarded. From the funds appropriated for nursing scholarships in the Act 155 program for fiscal year 2021, VSAC was able to award 69 scholarships for the second half of the 2021 academic year. This success rate is particularly encouraging when compared with only five scholarships awarded under the existing nursing scholarship program under 18 V.S.A. § 31 for all of fiscal year 2021, six scholarships for fiscal year 2020, seven scholarships for fiscal year 2019, and five scholarships for fiscal year 2018.

Long-Term Care/LPN Partnership Program

In addition to the funds for the existing primary care physician and nursing scholarship programs, the Committee recommends appropriating \$2,000,000 to the Department of Health to establish a partnership program between skilled nursing facilities and Vermont Technical College (VTC) that would bring VTC's LPN program to the skilled nursing facilities to train current employees, such as nursing assistants, to become higher level providers. The funds would cover the trainees' tuition and fees and provide a stipend to help meet their living costs, such as housing and child care, while attending the program. The funds would also support VTC's instructional, program, and administrative costs. While additional nurses are needed in all practice settings, the need is especially great in Vermont's long-term care facilities, and LPNs serve a critical role in delivering care directly to the residents in these facilities. Helping existing employees, such as nursing assistants, to become LPNs would enhance Vermont's health care workforce and advance these individuals' career and economic well-being.

Responding to Urgent Mental Health Needs: \$5,000,000 (total)

Housing Supports

Vermont's mental health system was in crisis before the COVID-19 pandemic began, and the current public health emergency has exacerbated existing problems while creating additional needs. Many individuals are presently in need of supportive housing opportunities, especially in light of current public health-related restrictions on congregate housing arrangements. The Committee recommends appropriating \$4,000,000 to the Department of Mental Health for grants to Vermont Care Partners and other stakeholder organizations to provide housing supports in community settings. The Committee encourages giving priority to proposals:

- in underserved regions of the State, such as the Northeast Kingdom;
- from organizations that demonstrate the greatest ability to respond immediately to the need for housing supports;
- that employ or build on successful, evidence-based models of supportive housing, such as Housing First;
- that will not require additional State funds for operating costs in future years or that can redirect current expenditures, or both;
- that create movement within the current system of care, such as those that would move individuals out of hospitals and other restrictive settings and back into a community setting; and
- that focus on equity and on providing patient-centered care.

The Committee also strongly recommends that a portion of the funding be prioritized for peer-run or peer-directed housing.

Urgent Case Management Services

The Committee recommends appropriating \$850,000 to the designated and specialized services agencies (DAs/SSAs) to address an urgent increased need for case management staffing. Each DA and SSA needs to hire an additional case manager for one year to provide case management services to Vermonters whose lives have been upended by the COVID-19 pandemic and who are in need of urgent supports right now. Most of these individuals do not meet the strict eligibility criteria for the Department of Mental Health's bundled payments for services. The bundled payments have been level-funded for the last three years, which means that those funds were already allocated for existing staffing and services at a level that is below the current increased demand due to COVID-19. If some of the individuals need longer term supports, the DAs and SSAs will be able to assist them in accessing programming for which they are eligible, whether through a DA/SSA, community action agency, parent-child center, or other organization.

Mental Health Workforce Training and Wellness

Many more Vermonters find themselves in need of mental health services due to or as a result of the COVID-19 pandemic, and the community mental health system is experiencing

a surge in demand. The Committee recommends appropriating \$150,000 to the Department of Mental Health, to be allocated for training and wellness supports for front-line health care workers. These dedicated staff would welcome additional training opportunities to help them meet Vermonters' current mental health needs, such as training for emergency department personnel responding to an increased demand for crisis services as a result of the COVID-19 pandemic and training on trauma-informed and trauma-specific care for mental health professionals responding to the surge in mental health treatment needs. The staff would also benefit from wellness supports as they continue to care for people in crisis while experiencing their own stress, anxiety, and trauma as a result of the pandemic.