

Date: February 4, 2021
To: House Committee of Health Care
From: Disability Rights Vermont
Re: Issues in health care affecting people with

DRVT would like to provide our perspective in a few areas that will be likely be affected by your deliberations.

- People with complex cases in institutional settings such as hospitals and correctional facilities need to be identified and their care coordinated with community providers so that their discharge to the most appropriate integrated community setting may be achieved once they are medically cleared for discharge. Progress in this area will lessen the need for developing expensive hospital “beds.”
(see: <http://www.disabilityrightsvt.org/pdfs/Publications/DRVT-Olmstead-Report-2020.pdf>)
- Community mental health and developmental services need to have protection from inflation if we don’t want to see our system continue to decline. We de-institutionalized our long term care services by creating services based in community integration and recovery. Our goals were higher than maintenance, but over time we have lost ground and case management is at the center of the system rather than more aspirational services. Progress in this area would also help prevent development of expensive institutional care.
- Vermont’s All Payer Model of health system reform is a financial construct with the Accountable Care Organization One Care Vt. at its center. One Care is fundamentally a hospital led enterprise. Long term care should be led by the people who know it best, not by the acute care institutions
- Successful systems of universal access the world around have public control at their heart. Vermont’s current All Payer Model is “provider led” health care reform, but should rather be led by the public through their representatives.

Thanks you for your consideration. We would be happy to provide more detail at your convenience.