

History of the Integration of Mental Health as a Component of Health Care in Legislative Actions, Policy and Statute

Rep Anne Donahue, 1/6/2023

In 2005, the House divided its Health and Welfare Committee into the Health Care Committee and Human Services Committee. The next year, the Health Care Committee proposed its principles for health care reform which were adopted in Act 181 [18 VSA 9371]. The committee explicitly discussed whether “health care” language should include “and mental health” and decided it should not, because it would imply that mental health was separate and distinct from health care as a whole.

In 2015, the House finally brought its own house into alignment with that principle by moving jurisdiction of mental health to the health care committee. The question arose from the Speaker’s office and was informally discussed as to whether its jurisdiction – which simply stated “Health care” – should be changed in House Rules. There was immediate recognition that using “and” would imply separation, and the alternative of “including” was suggested, but was noted to potentially also imply that some people did not already recognize it as fully incorporated. The question was deferred for further discussion and ultimately no changes occurred.

In 2018, House Health Care looked at this question of language again. Discussion centered on not wanting to imply any separation or segregation yet feeling a need to address the fact that the state was still a long way away from parity, integration, and elimination of stigma and discrimination, and thus a need to highlight the issue.

As a result, in Act 200, the principles of health care reform were amended to state that quality, access and affordability of mental care must be “equivalent to **other components** of health care as **part of an integrated, holistic system of care.**” Act 200 amended nine other statutes to incorporate this identical language. The crucial terms chosen to avoid any implication of segregation and make the policy of the legislature clear, as highlighted above, are “other components” [mental health is one of many components rather than standing alone] and “part of an integrated system” of all health care.

In 2020, in Act 140, the legislature created the Mental Health Integration Council to bring health care leadership across state and private entities (financing, education, care delivery, etc) together “for the purpose of helping to ensure that all sectors of the health care system actively participate in the State’s principles for mental health integration established pursuant to 18 V.S.A. § 7251(4) and (8) and as envisioned in the Department of Mental Health’s 2020 report ‘Vision 2030: A 10-Year Plan for an Integrated and Holistic System of Care.’”

Act 140 also changed the definition of a hospital so that the Brattleboro Retreat (Vermont’s only segregated psychiatric hospital) was no longer treated differently in statute.

As an aside but also of note, in 2021, in Act 210, the legislature created the Health Equity Advisory Commission, which included persons with disabilities as a group experiencing systemic inequities in access to health care. The new “probing equity questions” document from the Social Equity Caucus (also with the inclusion of people with disabilities) asks us to review factors in the development of legislation, with respect to equity, including the evidence that informed the bill and whether the committee was informed by the people most impacted, the engagement of voices and experiences of the affected community in the formulation of bills; and whether terms are included “that might be considered hurtful or damaging in nature.”