

1 S.126

2 Introduced by Senator Lyons

3 Referred to Committee on

4 Date:

5 Subject: Health; mental health; Blueprint for Health; integration of care

6 Statement of purpose of bill as introduced: This bill proposes to expand
7 community health team capacity to support patients' mental health and
8 substance use disorder needs.

9 An act relating to expanding community health teams to provide additional
10 mental health and substance use disorder services

11 It is hereby enacted by the General Assembly of the State of Vermont:

12 Sec. 1. 18 V.S.A. § 705 is amended to read:

13 § 705. COMMUNITY HEALTH TEAMS

14 (a) Consistent with federal law to ensure federal financial participation, the
15 community health team shall consist of health care professionals from multiple
16 disciplines, including obstetrics and gynecology, pharmacy, nutrition and diet,
17 social work, behavioral and mental health, chiropractic, other complementary
18 and alternative medical practice licensed by the State, home health care, public
19 health, and long-term care.

1 (b) The Director shall assist communities to identify the service areas in
2 which the teams work, which may include a hospital service area or other
3 geographic area.

4 (c) Health care professionals participating in a community health team
5 shall:

6 (1) Collaborate with other health care professionals and with existing
7 State agencies and community-based organizations in order to coordinate
8 disease prevention, manage chronic disease, coordinate social services if
9 appropriate, and provide an appropriate transition of patients between health
10 care professionals or providers. Priority may be given to patients willing to
11 participate in prevention activities or patients with chronic diseases or
12 conditions identified by the Director of the Blueprint for Health.

13 (2) Support a health care professional or practice ~~which~~ that operates as
14 a medical home, including by:

15 (A) ~~assisting~~ Assisting in the development and implementation of a
16 comprehensive care plan for a patient that integrates clinical services with
17 prevention and health promotion services available in the community and with
18 relevant services provided by the Agency of Human Services. Priority may be
19 given to patients willing to participate in prevention activities or patients with
20 chronic diseases or conditions identified by the Director of the Blueprint for
21 Health.

1 (B) ~~providing~~ Providing a method for health care professionals,
2 patients, caregivers, and authorized representatives to assist in the design and
3 oversight of the comprehensive care plan for the patient;

4 (C) ~~coordinating~~ Coordinating access to high-quality, cost-effective,
5 culturally appropriate, and patient- and family-centered health care and social
6 services, including preventive services, activities ~~which~~ that promote health,
7 appropriate specialty care, inpatient services, medication management services
8 provided by a pharmacist, and appropriate complementary and alternative
9 (CAM) services;

10 (D) ~~providing~~ Providing support for treatment planning, monitoring
11 the patient's health outcomes and resource use, sharing information, assisting
12 patients in making treatment decisions, avoiding duplication of services, and
13 engaging in other approaches intended to improve the quality and value of
14 health services;

15 (E) ~~assisting~~ Assisting in the collection and reporting of data in order
16 to evaluate the Blueprint model on patient outcomes, including collection of
17 data on patient experience of care, and identification of areas for improvement;
18 ~~and~~.

19 (F) ~~providing~~ Providing a coordinated system of early identification
20 and referral for children at risk for developmental or behavioral problems such

1 as through the use of health information technology or other means as
2 determined by the Director of the Blueprint.

3 (G) Supporting patients' mental health care or substance use disorder
4 needs or both, including the provision of screening, intervention, and treatment
5 in patient-centered medical homes or other means as determined by the
6 Director of the Blueprint for Health.

7 * * *

8 Sec. 2. BLUEPRINT FOR HEALTH; PILOT PROGRAM

9 (a) The Director of the Blueprint for Health, in conjunction with the
10 Blueprint Executive Committee, shall develop and implement a two-year pilot
11 program to expand patient access to mental health and substance use disorder
12 treatment by increasing the capacity of the community health teams to provide
13 additional services. The expansion of services pursuant to this section shall
14 include the provision of screening, intervention, and treatment in patient-
15 centered medical homes or other means as determined by the Director of the
16 Blueprint for Health.

17 (b) On or before January 1, 2026, the Director of the Blueprint for Health
18 shall submit a report to the House Committees on Health Care and on Human
19 Services and to the Senate Committee on Health and Welfare assessing any
20 merits and shortcomings of the pilot program, including the number of unique

1 patients served, and provide any recommendations for continuation and
2 expansion of the program.

3 Sec. 3. BLUEPRINT FOR HEALTH; DEPARTMENT OF VERMONT
4 HEALTH ACCESS; REPORT

5 (a) On or before December 1, 2023, the Department of Vermont Health
6 Access shall submit a report to the House and Senate Committees on
7 Appropriations, the Senate Committee on Health and Welfare, and the House
8 Committee on Health Care containing a breakdown of Blueprint for Health
9 per-member per-month payments to patient-centered medical homes and
10 financial contributions for community health teams made by each payer for
11 fiscal year 2023. The report shall include monetary totals and the number of
12 attributed patients for each payer for each of the following types of health care
13 coverage:

14 (1) individual and small group market health plans;

15 (2) fully insured large group market health plans;

16 (3) employer-sponsored health plans administered by the payer as a
17 third-party administrator;

18 (4) Medicaid; and

19 (5) Medicare.

20 (b) To the extent the Department did not collect per-member per-month
21 payments or financial contributions from all third-party administrators for

1 employer-sponsored health plans for fiscal year 2023, the Department shall
2 include in its report the information required in subsection (a) as if the
3 Department had collected those payments and contributions, including
4 information on how many attributed patients fall under employer-sponsored
5 plans for each payer.

6 Sec. 4. EFFECTIVE DATE

7 This act shall take effect on July 1, 2023.