Vermont Health Care Advocacy – March, 2020

This handout focuses on framing questions to ponder when building a plan that involves asking for Legislative action and uses examples of bills before the Vermont Legislature in the 2019-2020 session. It is a complement to broader advocacy principles covered in this workshop. Remember that showing up to ask the Legislature to do something is not a first step – the first step is to build constructive relationships and engagement with others working in your area of interest. Within the context of requesting legislative action, however, we can start with figuring out what you want to explore, brainstorming specific examples, and identifying just how specific you’re ready to get. A brainstorm with priorities selected might look like:

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>General Concerns (Health Care in Upper Valley)</th>
<th>Specific Concerns (Older Vermonters)</th>
<th>General Solutions (Nutrition / Food Access)</th>
<th>Specific Solutions (Transportation to Food Access)</th>
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<tbody>
<tr>
<td>Health Care in the Upper Valley</td>
<td>Older Vermonters →</td>
<td>Nutrition / food access →</td>
<td>Medically Tailored Meals</td>
<td>Change Medicare / Medicaid reimbursement</td>
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<td>National Health Care Policy</td>
<td>Rural Vermonters</td>
<td>Social Isolation</td>
<td>Meals on Wheels – connection to primary care</td>
<td>Language in state transportation plan</td>
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<td>Health Care Workforce</td>
<td>Vermont-New Hampshire Coordination</td>
<td>Difficulty Traveling / Care At Home</td>
<td>Local food in residential care facilities</td>
<td>Pilot project to test transportation</td>
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<td>Payment Reform</td>
<td>Community Wellness</td>
<td></td>
<td>Transportation to food access points as part of medical transportation →</td>
<td>Funding to expand programs to bring food to seniors at home</td>
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Do These Solutions Involve Going to the Legislature?

There are a lot of policy solutions that don’t actually involve the Legislature, or it’s a gray area if they involve the Legislature, or talking to the Legislature is a last resort. Related areas that show up when discussing potential legislation and whether it really belongs as legislation:

- **Federal Government** – Some things Vermont can’t change alone and remember the majority of money going into health care in our state is federal dollars. We have a new tool to try to get flexibility from the federal government, which is the All-Payer Model and ACO (OneCare
Vermont) so there are more state-led options than there used to be. It’s still good to know if your issue is with the feds, not the state. For example, in work happening this session on Telehealth (H. 723) a lot of the constraints come from restrictive Medicare (federal) rules.

- Administration (e.g. Agency of Human Services) – This includes administrative rulemaking, for example, Medicaid reimbursement systems are generally outlined in statute, but then the Department of Vermont Health Access determines how they get implemented. The Legislature might tell AHS to write a report on a specific topic or on how they would implement a specific goal . . . and, of course, the Legislature reviews the administration’s budget. When in doubt, begin with checking whether what you’re interested in is something already being worked on in state government before going to the Legislature.

- Green Mountain Care Board – In Vermont the Green Mountain Care Board regulates hospitals, insurers, and the ACO. They don’t exactly make new policy for the state, but it’s important to remember that a lot of policy decisions play out through their deliberations and is informed by their findings. For example, this year in consideration of whether Vermont could eliminate co-pays for primary care two key issues were federal rules on actuarial values in Qualified Health Plans and what Vermont uses to define “primary care” – both of which connect back to the GMCB work.

- Coalition Work – Some issues get solved through coalitions working together, sometimes / often with a Legislative request. For example, this year the Legislature will likely request that UVM Medical School and Medical Center work with a coalition of health care provider organizations to understand what might be involved in expanding rural residency options in primary care, since that is an obstacle to getting more primary care doctor into practice. The Legislature also highly prioritizes stakeholder groups presenting consensus or near-consensus proposals, if you have a new idea they will ask if you’ve worked with other groups (including those who might initially be opposed) to reach agreement first.

- Non-Profit Organizations and Associations – There’s plenty of examples of non-profit organizations addressing health care related issues. In this context one question to ask is whether your issue is something you want to make a Legislative priority, or whether it’s something you think an organization that does Legislative work should make into their priority.
  - A related point is whether your priority belongs with the Office of the Health Care Advocate, which handles anything related to barriers to Vermonters accessing care. They do this on an individual level for people who are having trouble, and they also do this on a statewide policy level.

If You Want a Legislative Solution, What Type of Solution?
Your local legislators can talk through specific options, but it helps to think in general what tool you’d like them to employ. Examples of categories:

- General Education for Lawmakers – If there’s a topic that you think is under-appreciated by legislators, then maybe the first step isn’t specific legislation, it’s general education. There are a
lot of ways to do that. Speaking individually to your local legislators (preferably not in a busy part of the session) is step one. During the first half of the biennium, relevant committees may welcome groups giving general / background information unconnected to legislation before the committee (they get more grumpy about that later in the session when they get down to details). Some groups have educational days at the state house where they bring in a lot of constituents. Some regions hold regular legislator updates in the region – for example the Northeast Kingdom does monthly breakfasts that bring together health care leaders with policymakers. Being localized and reaching legislators in their home regions is often much more effective than doing education in the state house – it’s what a small group of neighbors who care about a topic can do better than statewide lobbying groups.

- **Focused Corrections to Existing Statute** – The best example of this is from New Hampshire last year, where statute required new physicians to arrive *in person* in Concord for a background check and proof of identification to be licensed. Specific provider groups may want targeted changes to rules governing their practices. Or maybe common practices have changed since a statute was written and it needs an update. Current examples would be S.128 (updating physician assistant licensure) or H. 47 (expanding the cigarette tax to include e-cigarettes).

- **Study / Task Force / Working Group** – Yes, it’s a joke that often government avoids taking action by convening a task force, but this is often necessary. Vermont legislators don’t have staff and health care is really complicated; changing one part of the system can have unintended consequences that cause real harm and reduce access to care or quality of care. We don’t want that. Another reason why legislation in “task force” category may be a good idea is because effective health care integrates different sectors and this is a platform to bring those groups into alignment. For example, H.611, the Older Vermonters Act, is a plan for bringing many different stakeholders together to build a comprehensive support system for older Vermonters.

- **Reorganization** – Usually reorganization-focused bills would work hand in hand with the administration, they don’t just impose a new structure out of the blue. An example of reorganization-focused legislation is last year’s S. 146, which reorganized substance use prevention. The previous system had been built by new councils and boards being layered on top of each other, so you ended up having them split across substances (tobacco, alcohol, opioids, etc) and also concentrated in the treatment sphere, not prevention. S. 146 addressed this by creating a broader Substance Misuse Prevention Council and housing it higher up in the government’s administrative structure to reach across different departments and agencies.

- **Budget Allocation (Big Bill)** – Budget work is really difficult. Generally speaking, it involves first attempting to get your request into the Governor’s recommended budget. If that doesn’t work, you need a legislator (preferably on Appropriations) to help guide it through. And then it’s important to have someone who can be at the state house vigilantly to get the allocation across the finish line. Topics for budget discussions are not clearly posted online, the schedule changes regularly, line items change in the last few seconds before a vote . . . it’s a big, big pain. Having an enthusiastic advocate in the Administration or being connected to a group with a daily state
house presence would be pretty important to move money around in the budget.

**What Is Happening Already Around this Issue?**

If you’re working on a topic in health care, chances are somebody else has already been working on it. . . here are ways to find out what’s happening / what’s already happened:

**Legislature’s Website** ([https://legislature.vermont.gov/](https://legislature.vermont.gov/))

On this website you can:

- Find individual legislators and their contact information.
- Search by bills (number or key words) and see all that is happening on that bill, including all related testimony.
- Search by committees to see their schedule, see what actions they’ve taken on bills, and see what witnesses they’ve had and the testimony of those witnesses – not every witness brings in written testimony to be posted online, but most do.
  - Remember that you can sit in on any committee discussions, they’re open to the public
- Track what new bills get introduced, including searching by topic area.
- Access reports and studies, this includes annual reports (many programs are required to do annual reporting) and studies from one-time task forces / working groups.
- See what happened in previous sessions.
- Review Vermont state statutes.
- Look for public comment sessions – you can request to testify on any bill in committee, and attend any committee meeting, but some bills have public hearings where they invite anyone interested in providing input to speak for 5 minutes, usually in the evening.


It is not the most user-friendly website in the world, but this is where you go for information on the money behind the policy. It includes broad reports like state revenue forecasts and more narrow memos on the fiscal impact of specific pieces of legislation.

**Green Mountain Care Board Website** ([https://gmcboard.vermont.gov/](https://gmcboard.vermont.gov/))

On this website you will find:

- GMCB meeting schedule and testimony – some meetings are very narrow (like reviewing a hospital’s certificate of need request) but many include broader educational elements, like a panel on workforce issues or an explanation of how insurance rate setting works.
- 2020 Rural Health Services Task Force Report: [https://gmcboard.vermont.gov/content/rural-health-services-task-force](https://gmcboard.vermont.gov/content/rural-health-services-task-force)
- Materials related to the All Payer Model and ACO
- Many Data Reports – The GMCB manages the combined claims database, so they’re the first stop for data around health care spending and utilization patterns.
- If you want details on why insurance costs what it does or how hospitals set their budgets, this is where you’ll find that information – although it may be a bit of a slog to get through.

Examples of some of the reports you can find from the Vermont Department of Health include:

- Detailed performance scorecards on key indicators for population health [https://www.healthvermont.gov/about/performance](https://www.healthvermont.gov/about/performance)
- Maps of health care resources and also health concerns [https://www.healthvermont.gov/GIS](https://www.healthvermont.gov/GIS)
- Pharmacy database and annual report, which also ties into opioid misuse [https://www.healthvermont.gov/health-statistics-vital-records/registries/vpms](https://www.healthvermont.gov/health-statistics-vital-records/registries/vpms)

Health Care Policy (and also Lobbying) Organizations

While some materials might be available only to members or clients, most of these organizations also have newsletters anyone can subscribe to, news posts, resource pages, and social media feeds.

- Bi-State Primary Care Association
- Downs Rachlin Martin
- Leonine Public Affairs
- MMR
- Necrason Group
- Office of the Health Care Advocate
- Planned Parenthood of Northern New England
- Vermont Association of Hospitals and Health Systems (VAHHS)
- Vermont Care Partners
- Vermont Coalition of Clinics for the Uninsured
- Vermont Dental Society
- Vermont Health Care Association
- Vermont Medical Society
- Vermont State Nurses Association
- Visiting Nurses Association