



## Medicaid and Exchange Advisory Committee Meeting: 03/22/2021\*

\*Convened virtually with call-in information due to the COVID-19 Public Health Emergency in accordance with flexibilities enacted by Act 92 of 2020.

### Committee Members Present

✓	Jessa Barnard	✓	Yacouba Jacob Bogre		Kelly Dougherty
✓	Lisa Draper	✓	Mike Fisher	✓	Jordan Giacano
✓	Devon Green	✓	Dale Hackett	✓	Rebecca Heintz
✓	Sharon Henault	✓	Zachary Hozid	✓	Gladys Konstantin
✓	Helen Labun		Joan Lavoie	✓	Erin Maguire
✓	Gustavo Mercado Muniz	✓	Kirsten Murphy	✓	Jamie Rainville
	John Schultz	✓	Sarah Teel	✓	Julie Tessler
✓	Jason Williams				

### Other Attendees Present

✓	Cory Gustafson	✓	Adaline Strumolo	✓	Sandi Hoffman
✓	Nissa James	✓	Zachary Goss	✓	Sean Sheehan
✓	Nancy Hogue	✓	Victoria Jarvis	✓	Shannon Mead
✓	Sebastian Arduengo	✓	Bard Hill	✓	Shayla Livingston
✓	Cynthia Seivwright	✓	Betty Morse	✓	Alexandra Sosnowski
✓	Corey Atanda	✓	Bill Baylor	✓	Brendan Hogan
✓	Sarah Peterson				

### Agenda

- **Supporting Documents: Posted to [Department of Vermont Health Access website](#).**  
Advisory Committee 3\_22\_21 Agenda.pdf  
Advisory Committee PPT 3\_22\_2021.pdf
- **Convene**  
Erin Maguire, Co-Chair, chaired the meeting and called the meeting to order.
- **Roll Call, Approval of Minutes, and Quorum**  
Zack Goss, Health Care Training and Communication Manager (DVHA) completed the roll call, and determined a quorum was present. The motion to approve the February 2021 meeting minutes was made, seconded, the Chair stated the question to approve the February 2021 meeting meetings to the Committee, and upon no discussion, the Chair put the motion to a vote. The February 2021 meeting minutes were approved.

○ **All-Payer Model: Potential for Subsequent Agreement**

Ena Backus, Director of Health Care Reform for the Agency of Human Services, shared that the Agency of Human Services is required to submit a proposal for a subsequent agreement of the All-Payer Model by December of 2021. The Agency is also required to submit a plan for whether and how to integrate mental health and home- and community-based services into the All-Payer Model agreement. The Director of Health Care Reform indicated that if individuals are interested in providing early feedback, they may do so by contacting her directly in writing. The Agency will have more information to release soon about the next steps that will entail a more structured process for providing feedback in the coming months, but she wanted to offer the Committee an early opportunity to share conceptual feedback if that may be of interest to Committee members.

Areas of interest from Committee members included whether:

- Current performance on the All-Payer Model would affect future negotiations;
- Home- and community-based services would include Supportive and Services at Home (SASH) activities;
- The impact of the COVID-19 public health emergency will inform the proposal for a subsequent agreement;
- The proposal could include reimbursement for licensed, master's-level mental health providers that Medicare does not recognize/provide reimbursement for currently.

Chair Maguire shared that this was a welcome opportunity for the Advisory Committee to provide feedback and requested that as more information is available, the Committee is informed about the timeline for offering feedback given the Committee only meets monthly and will require time for planning, obtaining, and organizing such feedback. The Chair indicated, with support from the Committee, that she would like to incorporate this opportunity into the agenda-making process in the future.

○ **Policy Proposal: State-funded Expansion of Health Coverage for Undocumented Pregnant Individuals and Children**

Michael Fisher, the Chief Health Care Advocate, introduced the Advisory Committee members to the Office of the Health Care Advocate's proposal for a state-funded program that expands health coverage for income-eligible undocumented pregnant individuals and children who are not eligible for Medicaid under federal law due to their immigration status. The proposal was reviewed and discussed by the House Committee on Health Care, voted out of the House Committee on Health Care as a committee bill, introduced as [H.430 of 2021](#), and passed by the House on March 24, 2021.

Committee discussion included:

- That the bill seems to have a narrow focus for addressing a much larger issue of access to health care broadly;
- That no one benefits from not providing health services to those in poverty;
- The bill aligns with the Committee's focus on equity and supports the importance of addressing the social determinants of health;

- Non-traditional methods of outreach are essential and lessons learned from previous efforts should be reviewed.
  - [H.210 of 2021](#) was discussed as it relates to the Committee's priority of ensuring health equity. There was a concern identified that as written, H.210 could be potentially harmful as it conflates race/ethnicity with culture as the same thing;
  - The motion to draft a letter indicating support for H.430 and H.210 was made, seconded, the Chair stated the question to the Committee, and upon no further discussion, the Chair put the motion to a vote. The motion to draft a letter of support was approved.
  - An Advisory Committee member shared that high-needs children, and patients with disabilities in general, are often accepted into a health care provider's patient panel but the provider may not have adequate equipment to care for their specific needs; this is an essential part of ensuring health equity.
- **Commissioner's Update**
- Cory Gustafson, Commissioner of the Department of Vermont Health Access, described the many responsibilities for the Department in looking ahead. These include unwinding the flexibilities implemented in response to the COVID-19 public health emergency (for example, beginning redeterminations for eligibility) once the Emergency ends but also the immediate impact of the American Rescue Plan Act for the health insurance marketplace, ongoing work under the Integrated Eligibility and Enrollment program that must continue to make progress, and the need to ensure adequate staffing to support all of these activities.
- Addie Strumolo, Deputy Commissioner, provided an overview of the provisions within the American Rescue Plan Act that will impact the Department's administration of Vermont's health insurance marketplace, including the changes to the premium tax credit eligibility and amounts. The Deputy Commissioner detailed the tremendous amount of work required to implement these changes, but that the work is necessary because the changes could result in tens of thousands of Vermonters seeing tens of millions of dollars in additional federal tax credits.
- **Public Comment**
- No public comment was offered.
- **Final Committee Discussion**
- It was suggested that future agendas should include time for discussion of the All-Payer Model and mental health, as well as the responsibilities and role of the Office of the Health Care Advocate.
  - One member wished to convey to the Committee that as the State explores health insurance coverage for audio-only telehealth, it must be considered that health care services delivered through audio-only telehealth are often extremely challenging for the hearing impaired.
  - Next meetings are scheduled for: April 26 and May 24, 2021 from 10AM – 12PM.
  - **Meetings are convened through Microsoft Teams, with a call-in telephone number available, due to the State of Emergency produced by COVID-19 until further notice.**
  - The Advisory Committee's informational webpage and materials are in the process of being transferred from the Vermont Health Connect website to the new DVHA website and this is



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anticipated to be completed by April's meeting.

- **Adjournment**

The meeting was adjourned at 12:01PM.

**Additional about the Department's response to the COVID-19 public health emergency may be located here: <https://dvha.vermont.gov/covid-19>**