

**HHC Coronavirus Relief Fund (CRF) language**

\* \* \* Health Care \* \* \*

Sec. 1. HEALTH CARE PROVIDER STABILIZATION PROGRAM;

CORONAVIRUS RELIEF FUND; AGENCY OF HUMAN SERVICES;

APPROPRIATION

(a) The sum of \$139,000,000.00 is appropriated from the Coronavirus Relief Fund to the Agency of Human Services in fiscal year 2021 for purposes of establishing the Health Care Provider Stabilization Grant Program as set forth in this section.

(b) The General Assembly determines that the expenditure of monies from the Coronavirus Relief Fund as set forth in this section is necessary to stabilize health care providers based on their COVID-19-related costs and the fiscal impacts of disruptions to their business operations as a result of COVID-19. Health care providers have had to change their care delivery models, suspend elective procedures and surgeries, reduce patient volume, acquire additional equipment and supplies, and make other modifications to their practices in order to respond to and mitigate the effects of the COVID-19 public health emergency.

(c)(1) The Agency of Human Services shall establish the Health Care Provider Stabilization Grant Program to disburse the funds appropriated in this section to eligible health care provider applicants as expeditiously as possible using a needs-based application process.

(2) Based on federal law and guidance, the Agency shall establish guidelines identifying the specific types of costs for which grant recipients may use grant funds. Costs are not compensable under this section if the same costs or expenses have been or

will be covered by insurance or by another State or federal grant; provided, however, that this restriction does not include loans or advance payments for which repayment is expected.

(3)(A) Providers of health care services in the following categories shall be eligible to apply for grant funds pursuant to this section if the provider is located in Vermont and delivers health care services in this State:

(i) hospitals, including community hospitals and psychiatric hospitals;

(ii) health care professional services, including independent medical practices, hospital-owned medical practices, designated and specialized services agencies, federally qualified health centers, rural health clinics, ambulatory surgical centers, and laboratory and imaging centers;

(iii) dental services;

(iv) other professional services, including mental health providers, residential and nonresidential substance use disorder treatment providers, advanced practice registered nurses, physical therapists, podiatrists, optometrists, chiropractors, and other health care providers;

(v) home health and hospice agencies;

(vi) pharmacy services;

(vii) long-term care services, including skilled nursing facilities, nursing homes, residential care homes, assisted living facilities, and adult day service providers;  
and

(viii) organizations recognized by the Agency of Human Services through their status as provider grant recipients providing health support services, including peer support services.

(B) The Agency of Human Services shall evaluate applicants based on their demonstrated need and ability to meet the criteria set forth in subsection (d) of this section, not on the basis of a provider applicant's size or its proportion of health care spending in this State, and shall consider the impact of the requested funds on the applicant's sustainability.

(d) In determining whether and how much to award an applicant from the Health Care Provider Stabilization Grant Program, the Agency shall consider the applicant's demonstrated need and the extent to which the applicant meets some or all of the following criteria, to the extent applicable:

(1) the applicant would use the grant funds to sustain or improve the quality of health care services, including essential community services and services delivered using telehealth, provided during the COVID-19 public health emergency;

(2) the applicant would use the grant funds to prepare for mitigating or responding to anticipated surges in COVID-19 cases or to prepare to meet increased needs for specific types of services, such as the likely demand for mental health services as a result of prolonged social isolation and economic stress due to the COVID-19 public health emergency;

(3) the applicant would use the grant funds to provide or support services that would otherwise likely become limited or unavailable as a result of business disruptions caused by the COVID-19 public health emergency, or the grant funds would enable the

applicant to withstand and recover from business disruptions caused by the COVID-19 public health emergency, or both;

(4) the applicant would use the grant funds to supplement existing patient financial assistance programs in order to assist patients whose financial situations have been negatively affected by the COVID-19 public health emergency or to enable the applicant to continue providing services to Medicaid beneficiaries, or both; and

(5) the applicant appears capable of making appropriate and efficient use of the grant funds.

(e)(1)(A) The Agency shall provide notice and outreach regarding the availability of the grants and grant applications to health care providers and provider organizations in a timely manner.

(B) The information the Agency requires a provider to provide in an application for the Health Care Provider Stabilization Grant Program should not exceed the minimum necessary to demonstrate the applicant's need for the grant funds requested and the degree to which the provider satisfies some or all of the criteria in subsection (d) of this section, to the extent applicable.

(C) The Agency shall consider each application received and shall prioritize applications and the amount of each grant award based on the applicant's level of financial need and on the extent to which the applicant satisfies some or all of the criteria set forth in subsection (d) of this section, to the extent applicable.

(2) Grants to be awarded pursuant to this section may be requested and disbursed as a single payment or as multiple payments, depending on the needs of the applicant and

the proposed uses of the funds, provided that all funds shall be disbursed, and cover costs incurred, on or before December 30, 2020 as required by the CARES Act.

(f) Within two weeks following disbursement of Health Care Provider Stabilization Grant Program funds, the Agency of Human Services shall report to the House Committees on Appropriations, on Health Care, and on Human Services and the Senate Committees on Appropriations and on Health and Welfare regarding its distribution of the grant funds, including the types of providers awarded funds and the aggregate amounts awarded by provider type.

Sec. 2. COMMUNITY HEALTH INVESTMENTS; CORONAVIRUS RELIEF FUND;  
APPROPRIATION

(a) The sum of \$9,000,000.00 is appropriated from the Coronavirus Relief Fund to the Agency of Human Services in fiscal year 2021 in order to sustain existing population health management programs.

(b) The General Assembly determines that the expenditure of monies from the Coronavirus Relief Fund as set forth in this section is necessary to promote the health of Vermonters, including identifying patients most at risk from COVID-19, providing outreach and education regarding prevention of and testing for COVID-19, expanding access to telehealth, and maintaining care management programs to help patients manage chronic conditions while access to health care services is limited as a result of the COVID-19 public health emergency.

Sec. 3. ADDRESSING HEALTH DISPARITIES; CORONAVIRUS RELIEF FUND;  
APPROPRIATION

(a) The sum of \$1,000,000.00 is appropriated from the Coronavirus Relief Fund to Department of Health in fiscal year 2021 for purposes of addressing health disparities in Vermont as they relate to COVID-19 by providing direct services to affected populations and conducting outreach to isolated individuals at high risk of adverse outcomes from COVID-19.

(b) The General Assembly determines that the expenditure of monies from the Coronavirus Relief Fund as set forth in this section is necessary to reduce health disparities that disproportionately affect individuals who belong to or identify with certain social categories by providing all Vermont residents with an equal opportunity to be healthy and to protect themselves and others from COVID-19.

(c)(1) The Department of Health shall use the funds appropriated in this section to provide up to 10 grants to community agencies to provide direct services to populations most likely to experience adverse outcomes from COVID-19 based on factors such as race or ethnicity, immigrant status, sexual orientation, gender identity, disability, age, and geographic location. Grantees shall work directly with affected populations and conduct outreach to isolated individuals at high risk of adverse outcomes from COVID-19 to assess and identify their needs during the COVID-19 public health emergency in order to help them protect themselves and others from the disease, such as by providing education and resources regarding prevention of COVID-19 in languages and formats appropriate to the population, assisting with access to COVID-19 testing and treatment, and

identifying and addressing difficulties in safely meeting essential needs, including food, shelter, health care, and emotional support, during the public health emergency.

(2) The Department shall select grantees based on prior demonstrated work with the affected population, membership as part of the affected population, and ability to rapidly implement programming in response to the COVID-19 public health emergency.

(d)(1) The grantees under the program established in this section shall provide insights gathered from their work under the grant, and recommendations for further actions based on those insights, to the Department to inform the Department’s future efforts to address health disparities in Vermont.

(2) The Department of Health shall use the insights and recommendations provided by the grantees, along with the recommendations from the Governor’s Racial Equity Task Force expected on or before August 15, 2020, to enhance and expand upon the Department’s previous work in addressing health disparities in Vermont and shall consider ways to continue involving members of the affected populations in the Department’s health equity planning processes and action plans going forward.

#### Sec. 4. SUICIDE PREVENTION; CORONAVIRUS RELIEF FUND;

##### APPROPRIATION

(a) The sum of \$800,000.00 is appropriated from the Coronavirus Relief Fund to Department of Mental Health in fiscal year 2021 for purposes of implementing suicide prevention initiatives focused on individuals at heightened risk of death by suicide due to economic stress, social isolation, or other impacts of the COVID-19 public health emergency.

(b) The General Assembly determines that the expenditure of monies from the Coronavirus Relief Fund as set forth in this section is necessary to mitigate the negative effects of COVID-19 on Vermonters' mental health as economic stress, social isolation, and other impacts of the COVID-19 public health emergency have increased many individuals' feelings of panic, fear, anxiety, depression, loneliness, and other mental health concerns.

Sec. 5. PEER WARM LINE; CORONAVIRUS RELIEF FUND; APPROPRIATION

(a) The sum of \$200,000.00 is appropriated from the Coronavirus Relief Fund to the Department of Mental Health in fiscal year 2021 for purposes of a grant to Pathways Vermont to operate its peer warm line 24 hours per day, seven days per week until December 30, 2020 and to conduct outreach to health care providers and others across Vermont to make them aware of the warm line and encourage them to use it.

(b) The General Assembly determines that the expenditure of monies from the Coronavirus Relief Fund as set forth in this section is necessary because call volume to Pathways Vermont's warm line has increased substantially as a result of the COVID-19 public health emergency, including significantly increased numbers of calls regarding suicidality; the warm line provides an essential service to Vermonters on which their mental health and, in some cases, their lives may depend; and currently Pathways only has sufficient funds to continuing operating the warm line 24 hours per day, seven days per week through June 30, 2020. In addition, responding to the COVID-19 public health emergency has taken an enormous toll on the mental health of health care providers across the State, and it is vital that they be aware of the support available to them through the warm line.



(c) Pathways Vermont shall use the funds received pursuant to this section to:

(1) operate its warm line 24 hours per day, seven days per week, until December 30, 2020;

(2) conduct outreach to health care providers across provider types in all geographic regions of the Vermont to make them aware of the warm line and of existing hotline options in Vermont and encourage them to use those resources; and

(3) conduct outreach to Vermonters all across the State to make them aware of the warm line and of existing hotline options in Vermont and encourage them to use those resources.

Sec. 6. HEALTH INSURANCE RATE REVIEW; PLAN YEAR 2021;

AFFORDABILITY AS PRIORITY

In recognition of the impact of the COVID-19 public health emergency on the financial capacity of many individuals and businesses in Vermont, when conducting health insurance rate reviews pursuant to 8 V.S.A. § 4062 for the 2021 plan year, the Green Mountain Care Board shall prioritize plan affordability over insurer solvency to the greatest extent actuarially feasible. In addition, when considering insurer solvency pursuant to 8 V.S.A. § 4062(a)(2)(B), the Department of Financial Regulation shall take into account an insurer's claims experience during the COVID-19 public health emergency, including the effects of provider suspension or cancellation of elective procedures on the insurer's claims costs, and apply that perspective in its solvency opinions for the 2021 plan year.

Sec. 7. TIER II FUNDING; CORONAVIRUS RELIEF FUND; HEALTH CARE  
PROVIDER STABLIZATION GRANT PROGRAM; APPROPRIATION

(a) In the event that additional monies from the Coronavirus Relief Fund are available for expenditure for policy priorities, the sum of \$75,000,000.00 is appropriated from the Coronavirus Relief Fund to the Agency of Human Services in fiscal year 2021 for a second round of grants under the Health Care Provider Stabilization Grant Program as set forth Sec. 1 of this act.

(b) A provider who received grant funds in the first round of grants shall be eligible to receive additional grant funds in the second round of grants, provided that any grant funds received in the first round shall be considered when determining the provider's financial need in the second round.