



**STATE OF VERMONT**  
GENERAL ASSEMBLY  
SENATE COMMITTEE ON HEALTH AND  
WELFARE

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**MEMORANDUM**

To: Senator Jane Kitchel, Chair, Senate Committee on Appropriations

From: Senator Ginny Lyons, Chair, Senate Committee on Health and Welfare

Date: June 23, 2020

Subject: Recommendations for H.965, An act relating to health care- and human services-related appropriations from the Coronavirus Relief Fund

We appreciate the collaborative approach that the Committees on Appropriations and on Health and Welfare have taken to developing proposals for appropriating Coronavirus Relief Fund (CRF) monies in response to the needs of the health care and human services system. We have several recommendations for modifications to H.965, An act relating to health care- and human services-related appropriations from the Coronavirus Relief Fund, as passed by the House. Our central recommendation is to simplify the approach taken by the House in order to provide increased flexibility to the administering entities so that they can address providers' and consumers' demonstrated needs within the limits of what is permitted under federal law. To that end, we recommend consolidating many of the smaller appropriations from the House bill into larger tranches that can be deployed quickly and to the areas of greatest need.

The Committee on Health and Welfare has worked diligently since the beginning of the COVID-19 pandemic to understand the impact of the pandemic on the business of health care and human services providers in this State. The disruptions to the normal operations of these essential providers has been devastating, and we hope to see funds distributed to them without delay to ensure that the services they provide will continue to be available to the Vermonters who rely on them. We believe the federal parameters regarding permissible uses of monies from the CRF support their distribution to cover costs incurred by these providers in responding directly to COVID-19-related health care and human services needs and to cover losses resulting from business disruptions caused by the COVID-19 public health emergency.

**Health Care Provider Stabilization Grant Program**

Health care providers need our assistance with stabilizing their businesses to enable them to continue delivering health care and human services to Vermonters. The Committee on Health and Welfare recommends that all available CRF monies not otherwise allocated by this memorandum should be appropriated to the Health Care Provider Stabilization

Grant Program (Grant Program) established in Sec. 6 of H.965. The Committee recommends reallocating the \$9 million for community health investments in Sec. 7 of the bill as passed by the House to the Grant Program. Community health investments include population health initiatives that have been essential during the COVID-19 pandemic, such as those relating to care coordination and care management, to delivering social support services to children and families through pediatric primary care practices, to providing psychiatric services to children and youth, and to providing COVID-19 screening, testing, and education in local community settings. In addition, we recommend eliminating the minimum amounts identified in Sec. 6(e)(3) for nursing homes (\$5 million) and for certain other providers (\$8.5 million) in order to maximize the flexibility afforded to the Agency of Human Services (AHS) to award grants based on the demonstrated needs of the applicants.

We support inclusion of all of the provider types listed in H.965 as providers who are eligible to apply for the Grant Program, including the designated and specialized services agencies. We recommend adding emergency medical service and ambulance service providers and naturopathic physicians to the list of providers of “other professional services” in Sec. 6(c)(3)(A)(iv) and adding some catch-all language to the end of the list, so it would read as follows:

(iv) other professional services, including mental health providers, residential and nonresidential substance use disorder treatment providers, emergency medical service and ambulance service providers, advanced practice registered nurses, physical therapists, podiatrists, optometrists, chiropractors, naturopathic physicians, and other health care providers licensed by the Board of Medical Practice or the Office of Professional Regulation;

The Committee on Health and Welfare supports AHS’s request in Secretary Smith’s June 19, 2020 [memorandum](#) to the Committee on Appropriations to add maintenance of participation in value-based payment arrangements, if applicable, as a criterion for evaluating grant applications. That language to be added to Sec. 6(d)(1) would read as follows:

(6) If applicable, the applicant maintains participation in value-based payment arrangements.

The Committee on Health and Welfare has concerns about the Grant Program application process and wants to ensure that it not be onerous for provider applicants. We recommend directing AHS to require applicants to provide only the information necessary for AHS to determine their financial need and the extent to which they meet the Grant Program criteria. We support AHS’s request to use a portion of CRF monies to administer the Grant Program and for other staff time that is substantially dedicated to

addressing COVID-19. Finally, the Committee on Health and Welfare agrees with AHS's recommendation that reporting on the distribution of grant funds should be provided to the General Assembly by August 15, 2020 and October 1, 2020, rather than by the House bill's proposed dates of July 31, 2020 and September 1, 2020.

### **Mental Health and Substance Use Disorder**

The Committee on Health and Welfare encourages AHS to leverage other funding opportunities to the greatest extent possible to maximize the amount of CRF monies available for the Grant Program. We support the AHS proposal to reallocate the \$800,000.00 for suicide prevention in Sec. 9 to the Grant Program if the Department of Mental Health is awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) grant for similar purposes.

We recommend maintaining the \$200,000.00 appropriated in Sec. 10 of H.965 as passed by the House, which will provide sufficient funding to ensure that Pathways Vermont's warm line will remain available 24 hours per day, seven days per week through December 30, 2020. As noted in the bill, 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 funding will also enable Pathways Vermont to conduct outreach to health care providers and other Vermonters regarding the availability of the warm line and other hotline resources and to encourage them to use those resources.

The Committee supports the House's proposed appropriation of \$350,000.00 to recovery residences for the purposes of providing rental payments on behalf of residents who are unable to pay rent due to unemployment as a result of COVID-19 and purchasing cleaning supplies and personal protective equipment necessary to mitigate the transmission of COVID-19 within a recovery residence.

### **Health Disparities**

The Committee on Health and Welfare supports AHS's proposal to seek to use the Department of Health's Epidemiology and Laboratory Capacity Enhanced Detection Grant for subgrants to community organizations to address health disparities related to COVID-19 as described in Sec. 8, with any unused CRF monies being reallocated to the Grant Program.

### **Child Care and Family Supportive Services**

The Committee on Health and Welfare recognizes that businesses cannot thrive without the support of a strong child care system throughout the State. The well-being of Vermont's system was precarious prior to the COVID-19 public health emergency and is now in even greater jeopardy due to forced closures, low enrollment rates upon reopening, and additional cleaning and personal protective equipment expenses.

An appropriation for additional restart grants ensures that summer camps, afterschool programs, and child care providers are able to conform to health and safety standards designed to mitigate the risk of COVID-19 infections, such as altering staffing patterns, securing personal protective equipment and cleaning supplies, and retrofitting facilities. It is also necessary to cover budgetary shortfalls resulting from the inability of a summer camp, afterschool program, or child care provider to open at full capacity, which is due to COVID-19, because families are either unenrolling children to prevent transmission of the virus or summer camps, afterschool programs, and child care providers are reducing their capacity to conform with required health and safety standards.

The Committee supports the House's proposed appropriations to the parent child centers and children's integrated services. It recommends providing one joint appropriation to child care providers, summer camps, afterschool programs, parent child centers, and children's integrated services by replacing Secs. 11, 12, and 13 of H.965, as passed by the House, with the following language:

Sec. A. CHILD CARE PROVIDERS, SUMMER CAMP, AFTERSCHOOL,  
PARENT CHILD CENTERS, AND CHILDREN'S INTEGRATED  
SERVICES; CORONAVIRUS RELIEF FUND;  
APPROPRIATION

(a)(1) The sum of \$13,000,000.00 is appropriated from the Coronavirus Relief Fund to the Department for Children and Families in fiscal year 2021 for the purposes of providing:

(A) additional restart grants to summer camps, afterschool programs, and child care providers;

(B) the cost incurred by Parent Child Centers in responding to the COVID-19 public health emergency, including the increased demand for services by impacted families; and

(C) funds to address the immediate needs related to providing Children's Integrated Services, including information technology training and the provision of equipment necessary for telehealth services.

(2) The Department shall determine the allocation of funding for this subsection and develop an application process to distribute funds to providers.

(b) Once the Department has determined how the appropriation set forth in this section shall be distributed, but not later than August 18, 2020, it shall report to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare regarding how the funds are to be distributed across programs.

As noted above, the Committee favors consolidating many of the smaller appropriations from the House bill into larger tranches. To that end, we recommend distributing CRF monies to various vulnerable populations who are facing extraordinary financial hardship, social isolation, or COVID-19-related health care challenges in accordance with a needs-based assessment. This approach ensures that vulnerable Vermonters impacted by the COVID-19 public health emergency are equitably served. This one appropriation is meant to include individual appropriations proposed by the House for the Green Mountain Self Advocates, Reach Up, and adult day programs.

The Committee recommends replacing Secs. 20 and 21 of H.965, as passed by the House, with the following language:

Sec. B. GRANTS TO VULNERABLE POPULATIONS; CORONAVIRUS RELIEF  
FUND; APPROPRIATION

The sum of \$3,250,000.00 is appropriated from the Coronavirus Relief Fund to the Agency of Human Services in fiscal year 2021 for the purposes of distributing the monies among populations made vulnerable by the COVID-19 public health emergency as determined by a needs-based assessment. The populations served by this section shall include older Vermonters, individuals with a disability, and households living below 300 percent of the Federal Poverty Level. Monies distributed pursuant to this section shall assist the designated populations in addressing permissible household needs under Sec. 5001 of the CARES Act, Pub. L. No. 116-136 and related guidance, such as:

(1) cleaning supplies and personal protective equipment to prevent infection by transmission of COVID-19;

(2) cash assistance to families with children under six years of age;

(3) expenses related to remote learning or employment, including access to the Internet; and

(4) transportation-related expenses to offset limited public transportation options during the COVID-19 public health emergency.

### **Addressing Food Insecurity**

The Committee on Health and Welfare believes that it is necessary to use CRF monies to address the needs of Vermonters made food insecure as a result of high unemployment rates, business closures, and significant business interruptions during the COVID-19 public health emergency. We support the Agency of Human Services' recommendation that the Department for Children and Families versus the Department of Health distribute funds to the Vermont Foodbank. Similarly, the Committee agrees that infant supplies should be distributed through the Vermont Foodbank and its partners.

The Committee supports the House's proposed appropriation of \$2,000,000.00 for meal delivery services to older Vermonters and other vulnerable populations and \$12,000,000.00 to provide summer meals for children.

The Committee recognizes the necessity of coordinating the State's response to food insecurity among Vermont households, which has increased as a result of COVID-19-related financial hardships. While numerous State entities and community partners are involved in the response to food insecurity, these monies are necessary to ensure that there is neither duplication of effort, nor gaps in the populations or regions served. The Committee proposes the addition of the following section to foster coordination among entities serving food insecure Vermonters:

Sec. C. COORDINATION OF FOOD PROCUREMENT AND DISTRIBUTION;

#### **CORONAVIRUS RELIEF FUND; APPROPRIATION**

The sum of \$400,000.00 is appropriated from the Coronavirus Relief Fund to the Agency of Human Services in fiscal year 2021 to establish a food procurement and distribution system to ensure coordination among the Agencies of Human Services, Education, and Agriculture, their departments, and community partners serving food

insecure households in their response to food insecurity resulting from the COVID-19 public health emergency.

### **New Americans, Refugees, and Immigrants**

The Committee on Health and Welfare supports the House's proposal to appropriate \$700,000.00, divided equally between the Association of Africans Living in Vermont and the U.S. Committee for Refugees and Immigrants' Vermont Refugee Resettlement Program. This appropriation is critical because many members of Vermont's New American, refugee, and immigrant populations have been unable to access information related to the prevention of COVID-19 transmission and support services for persons experiencing either symptoms of the virus or financial hardship as a result of high unemployment rates, business closure, or significant business interruption due to the COVID-19 public health emergency.

### **Conclusion**

The Committee on Health and Welfare recognizes the financial crisis facing our State and its residents. We are living through a period of unprecedented financial instability in the midst of a public health crisis. Our Committee advocates adopting public health policies that support the transition from adversity to economic recovery, and our recommendations are consistent with this goal. Many Vermont families, vulnerable individuals, health care providers, nonprofit organizations, and others continue to suffer despite the important steps the General Assembly and the State have taken thus far to attenuate the effects of COVID-19. We have communicated our priorities for addressing these issues to our peers in the House, and we submit for your consideration our recommendations for stabilizing our health care and human services system and for directing aid to those who are most in need during the COVID-19 pandemic.