

Vermont Legislative Joint Fiscal Office

One Baldwin Street • Montpelier, VT 05633-5701 • (802) 828-2295 • Fax: (802) 828-2483

FISCAL NOTE

Date: Updated March 23, 2020

Prepared by: Nolan Langweil

H.742 An act relating to grants for emergency medical personnel training

As recommended by the Senate Committee on Health & Welfare– Draft 3.2

NOTE: The Families First Coronavirus Response Act (H.R. 6201) has become law and included funding for things such as emergency food and nutrition assistance, paid family leave, and increasing the federal medical assistance percentage (FMAP) for states. We will continue to monitor potential further federal responses to the COVID-19 Pandemic as they continue to evolve in Congress.

In Vermont, it was determined that the Executive Branch already had some of the authority to implement some of the provisions in H.742 as it was passed by the House.

The proposed amendment as recommended by the Senate Health & Welfare Committee would strike the language relating related to emergency medical personnel training and change the name to “**an act relating to Vermont’s response to COVID-19**”. The remaining language solely focuses on responding to the coronavirus disease 2019 (COVID-19) pandemic. Finally, it is a possibility that other provisions regarding such things as transportation, open meeting laws, etc. may be added to the bill before the Senate votes.

Summary

Sections 1, 2 and 13 will have fiscal impacts to the extent that the identified Secretary, Agency, or Department take actions under the authorities allowed under this bill. The actual dollar amounts will depend on what and when such actions are specifically taken and cannot be determined at this time.

Sec.	Description	Fiscal Impact	FY Year	Fiscal Impact
1	Provider Sustainability	No Fiscal Obligation		
2	Temporary provider tax waiver authority	Potential	Not Specified	TBD
13	Bed-holds at 24-hour facilities and programs	Potential	Not Specified	TBD
28	Temporary suspension of cap on supplemental child care grants	Within existing appropriation	FY 2020	

Sec. 1 – Provider Sustainability

During a state of emergency as a result of COVID-19, this section would require AHS to consider changes to existing rules or adoption of new rules that protect access to health care services, long-term services and supports and other human services. While this language requires AHS to consider specific actions, it does not require action to be taken and therefore does not entail a fiscal obligation.

Sec. 2 – Temporary Provider Tax Modification Authority

During a state of emergency as a result of COVID-19 and for a period of six months following the termination of the state of emergency, this section would give the Secretary of Human Services the authority to waive or modify all or a prorated portion of provider tax payments by one or more of the classes of the health care providers that currently pay the tax, with the exception of hospitals during. In the case of hospitals, the Secretary may modify provider tax payments.¹ This authority would only apply if 1) the action is necessary to preserve the ability of the providers to continue offering health care services and 2) the Secretary has obtained approval from the Emergency Board as necessary where indicated in the bill.

Note: The hospital provider tax averages roughly \$12.5 million per month in revenue. The other provider taxes revenues collectively raise approximately \$1.85 million per month. Combined, provider taxes represent approximately 24% of the state dollars used to draw federal match dollars.

Sec. 13 – Bed Hold Days at 24-Hour Facilities and Programs

During a declared state of emergency as a result of COVID-19, this section would allow AHS to reimburse Medicaid-funded long-term care facilities and other programs providing 24-hour per day services for bed-hold days as permitted by federal law. It is our understanding bed days last as long as 10 days and that facilities and programs are not currently reimbursed for bed-hold days, except in the case of nursing homes when it is the last female bed in the facility in which case Medicaid will reimburse for up to six days.

Note: Bed-holds are paid at the Vermont skilled nursing facility Medicaid rate, which varies by facility. For the first quarter of CY 2020, the rate ranged from \$186.64 per day (Newport) to \$323.39 per day (Woodbridge). The Vermont Veterans Home rate is \$475.00 per day.

Sec. 28 – Supplemental Child Care Grants; Temporary Suspension of Cap

33 V.S.A. § 3505(a) enables the Commissioner for Children and Families to reserve not more than 0.5% of the Child Care Financial Assistance Program (CCFAP) appropriation for extraordinary relief to assist child care programs that are at risk of closing due to financial hardship. This language would notwithstanding 33 V.S.A. § 3505(a) allowing the Commissioner to direct a greater percentage of the FY 2020 CCFAP appropriation for this purpose while a state of emergency related to COVID-19 is in effect. This language would not have an additional fiscal impact because it allows this flexibility only within the existing FY 2020 appropriation.

¹ DVHA has the authority to postpone provider tax payments under 33 V.S.A., Chapter 19, Subchapter 2.

Section Summary: H.742 – Senate Health & Welfare Amendment – Draft 1.2

Note: Section numbers likely to change as other sections are added from other Committees

Sec.	Description	Fiscal Impact	FY Year	Fiscal Impact
1	Agency of Human Services; Health Care and Human Service Provider Sustainability	No Fiscal Obligation		
2	Agency of Human Services; Temporary Provider Tax Modification Authority	Potential	Not Specified	TBD
3	Protections for Employees of Health Care Facilities and Human Services Providers	Not Priced		
4	Health Care and Human Service Provider Regulation; Waiver or Variance Permitted	Not Priced		
5	Green Mountain Care Board Rules; Waiver or variance permitted	Not Priced		
6	Medicaid and Health Insurers; Provider Enrollment and Credentialing	Not Priced		
7	Involuntary Treatment; Documentation and Reporting Requirements; Waiver Permitted	Not Priced		
8	Access to Health Care Services; Department of Financial Regulation; Emergency Rulemaking	Not Priced		
9	Prescription Drugs; Maintenance Medications; Early Refills	Not Priced		
10	Pharmacists; Clinical Pharmacy; Extension of Prescription for Maintenance Medication	Not Priced		
11	Pharmacists; Clinical Pharmacy; Therapeutic Substitution due to lack of availability	Not Priced		
12	Buprenorphine; Prescription Renewals	Not Priced		
13	24-hour facilities and programs; Bed-Hold Days	Potential	Not Specified	TBD
14	Powers of Board; Discipline Process [Professional Regulations]	Not Priced		
15	Powers and Duties of the Board [Board of Medical Practice]	Not Priced		
16	Transition to Practice	Not Priced		
17	Office of Professional Regulation; Board of Medical Practice; Out-of-State Health Care Professionals	Not Priced		
18	Retired Health Care Providers; Board of Medical Practice; Office of Professional Regulation	Not Priced		

19	Office of Professional Regulation; Board of Medical Practice; Imputed Jurisdiction	Not Priced		
20	Office of Professional Regulation; Board of Medical Practice; Emergency Authority to Act for Regulatory Boards	Not Priced		
21	Office of Professional Regulation; Board of Medical Practice; Emergency Regulatory Orders	Not Priced		
22	Isolation or Quarantine for COVID-19 Not Seclusion	Not Priced		
23	Telehealth Expansion; Legislative Intent	Not Priced		
24	Coverage of Health Care Services Delivered Through Telemedicine and by Store-and-Forward Means [Telemedicine]	Not Priced		
25	Health Care Providers Delivering Health Care Services through Telemedicine or by Store-and-Forward Means [Telemedicine]	Not Priced		
26	Waiver of Certain Telehealth Requirements During State of Emergency	Not Priced		
27	Telemedicine Reimbursement; Sunset	Not Priced		
28	Supplemental Child Care Grants; Temporary Suspension of Cap	No additional Appropriation Required		
29	Effective Dates			