

H.742 – HHC amendment; provider tax and provider payment language

Sec. 3. AGENCY OF HUMAN SERVICES; TEMPORARY PROVIDER

TAX WAIVER AUTHORITY

(a) The Secretary of Human Services may modify or postpone payment of all or a prorated portion of the assessment imposed on hospitals by 33 V.S.A. § 1953 for fiscal year 2020, and may waive, modify, or postpone payment of all or a prorated portion of the assessment imposed by 33 V.S.A. chapter 19, subchapter 2 for one or more other classes of health care providers for fiscal year 2020, if the following three conditions are met:

(1) the Governor has declared a state of emergency as a result of COVID-19;

(2) the action is necessary to preserve the ability of the providers to continue offering necessary health care services; and

(3) the Secretary has obtained the approval of the Joint Fiscal Committee and the Emergency Board as set forth in subsections (b) and (c) of this section.

(b)(1) If the Secretary proposes to waive, modify, or postpone payment of an assessment in accordance with the authority set forth in subsection (a) of this section, the Secretary shall first provide to the Joint Fiscal Committee:

(A) the Secretary's rationale for exercising the authority, including the balance between the fiscal impact of the proposed action on the State budget and the needs of the specific class or classes of providers; and

(B) a plan for mitigating the fiscal impact to the State.

(2) Upon the Joint Fiscal Committee's approval of the plan for mitigating the fiscal impact to the State, the Secretary may waive, modify, or postpone payment of the

assessment as proposed unless the mitigation plan includes one or more actions requiring the approval of the Emergency Board.

(c)(1) If the mitigation plan includes one or more actions requiring the approval of the Emergency Board, the Secretary shall obtain the Emergency Board's approval for the action or actions prior to waiving, modifying, or postponing payment of the assessment.

(2) Upon the Emergency Board's approval of the action or actions, the Secretary may waive, modify, or postpone payment of the assessment as proposed.

Sec. 4. AGENCY OF HUMAN SERVICES; PROVIDER PAYMENT

FLEXIBILITY

(a) Notwithstanding any provision of law to the contrary and upon approval from the Joint Fiscal Committee and Emergency Board as set forth in subsections (b) and (c) of this section, during a declared state of emergency in Vermont as a result of COVID-19, the Agency of Human Services may provide payments to providers of health care services, long-term care services and supports, home- and community-based services, and child care services in the absence of claims or utilization if a provider's patients or clients are not seeking services due to the COVID-19 pandemic, even if federal matching funds that would otherwise apply are not available, in order to sustain these providers and enable them to continue providing services both during and after the outbreak of COVID-19 in Vermont.

(b)(1) If the Secretary proposes to provide payments in accordance with the authority set forth in subsection (a) of this section, the Secretary shall first provide to the Joint Fiscal Committee:

(A) the Secretary’s rationale for exercising the authority, including the balance between the fiscal impact of the proposed action on the State budget and the needs of the providers to whom the Secretary proposes to provide the payments; and

(B) a plan for mitigating the fiscal impact to the State.

(2) Upon the Joint Fiscal Committee’s approval of the plan for mitigating the fiscal impact to the State, the Secretary may provide the payments as proposed unless the mitigation plan includes one or more actions requiring the approval of the Emergency Board.

(c)(1) If the mitigation plan includes one or more actions requiring the approval of the Emergency Board, the Secretary shall obtain the Emergency Board’s approval for the action or actions prior to making the payments.

(2) Upon the Emergency Board’s approval of the action or actions, the Secretary may provide the payments to providers as proposed.