

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

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

Sec. X. HEALTH CARE PROVIDER STABILIZATION PROGRAM;

CORONAVIRUS RELIEF FUND; AGENCY OF HUMAN SERVICES;

APPROPRIATION

(a) The sum of \$XXX,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 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) physician services, including independent physician practices, hospital-owned practices, community mental health centers, federally qualified health centers, rural health clinics, ambulatory surgical centers, and laboratory and imaging centers;

(iii) dental services;

(iv) other professional services, including chiropractors, physical therapists, mental health providers, podiatrists, and optometrists;

(v) home health care services;

(vi) pharmacy services;

(vii) vision products and durable medical equipment;

(viii) skilled nursing facilities, including nursing homes and rehabilitative services;

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

(x) others?.

(B) The Agency of Human Services shall endeavor to meet eligible providers' needs equitably, regardless of provider size, based on demonstrated need and ability to meet the criteria set forth in subsection (d) of this section.

(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:

(1) the applicant would use grant funds to sustain or improve the quality of health care services delivered during the COVID-19 public health emergency;

(2) the applicant would use grant funds to prepare for mitigating or responding to anticipated surges in COVID-19 cases during the current COVID-19 public health emergency;

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

(4) the grant funds would enable the applicant to withstand and recover from the business disruptions caused by the COVID-19 public health emergency;

(5) the applicant has demonstrated fiscal responsibility in responding to the COVID-19 public health emergency, both in delivering services and as it has affected the applicant's organization, such that the applicant appears primed to make appropriate and efficient use of grant funds;

(6) the grant funds are essential in preparing the applicant to meet imminent needs relating to the impact of the COVID-19 public health emergency, such as by addressing

pent-up demand for health care services as restrictions loosen or by meeting the likely demand for increased mental health services as a result of prolonged social isolation due to the COVID-19 public health emergency; and

(7) the grant funds would enable the provider to support, or continue to support, efforts to deliver health care services despite the challenges of the COVID-19 public health emergency, such as through expanded use of telehealth.

(e) Applications for the Health Care Provider Stabilization Grant Program shall be submitted to the Agency of Human Services on or before July 30, 2020. The Agency shall consider each application received and shall rank eligible applicants based on the extent to which they meet some or all of the criteria set forth in subsection (d) of this section. On or before July 15, 2020, the Agency shall disburse the grant funds to the successful applicants.

(2) Grants to be awarded pursuant to this section may be requested and disbursed as a single payment or as multiple (prospective?) payments, depending on the needs of the applicant and the proposed uses of the funds, provided that all funds must be disbursed, and cover costs incurred, on or before December 30, 2020 as required by the CARES Act.

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

(a) The sum of \$18,000,000.00 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. ACCESS TO HEALTH CARE; CORONAVIRUS RELIEF FUND;

APPROPRIATION

(a) The sum of \$10,000,000.00 is appropriated from the Coronavirus Relief Fund to the Agency of Human Services in fiscal year 2021 for purposes of providing financial assistance to Vermonters that will enable them to access health care services.

(b) The General Assembly determines that the expenditure of monies from the Coronavirus Relief Fund as set forth in this section is necessary to help Vermonters who are experiencing economic harm as a result of the COVID-19 public health emergency and are struggling to afford necessary health care services.

(c) The Agency shall develop a streamlined process for offering financial assistance to Vermont residents by providing consumers with:

(1) assistance with out-of-pocket costs for health care services based on financial need; and

(2) premium assistance based on financial need to prevent loss of coverage for individuals with health insurance who do not otherwise receive premium supports.

Sec. 4. ADDRESSING HEALTH DISPARITIES; CORONAVIRUS RELIEF FUND;

## APPROPRIATION

(a) The sum of \$10,000,000.00 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, immigration status, sexual orientation, sexual identity, disability, socioeconomic status, 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, 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.

(3) The Department may use up to \$50,000.00 of the funds appropriated pursuant to subsection (a) of this section to hire one full-time, temporary position to coordinate outreach efforts and to administer the grant program created by this section.

Sec. 5. HEALTH DISPARITY TASK FORCE; ACTION PLAN; CORONAVIRUS RELIEF FUND; APPROPRIATION; REPORT

(a) The sum of \$500,000.00 is appropriated from the Coronavirus Relief Fund to the Department of Health in fiscal year 2021 for purposes of hiring a consultant and assembling the Health Disparity Task Force to create an action plan for addressing health disparities in Vermont that place individuals at a higher risk of contracting and being adversely affected by 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 identify and develop actionable steps for addressing the increased risk of adverse outcomes from COVID-19 that disproportionately affect certain Vermont populations based on factors such as race or ethnicity, immigration status, sexual orientation, sexual identity, disability, socioeconomic status, and geographic location.

(c) The Department of Health shall assemble and convene the Health Disparity Task Force to develop an action plan that incorporates, expands upon, and implements aspects of the recommendations of the Governor's Racial Equity Task Force expected on or before August 15, 2020. Notwithstanding any provision of law to the contrary, the

Department may enter into a contract with an independent third party to provide consulting services to the Health Disparity Task Force created in this section without the need to competitively bid the contract. For the purposes of the assessment, the public health risk posed by COVID-19 shall be deemed to be an emergency situation that justifies the execution of a sole source contract pursuant to Bulletin 3.5, the State's Procurement and Contracting Procedures.

(d) On or before December 30, 2020, the Health Disparity Task Force shall submit its action plan for addressing COVID-19-related health disparities to the House Committees on Health Care and on Human Services, the Senate Committee on Health and Welfare, the Green Mountain Care Board, and the Governor.