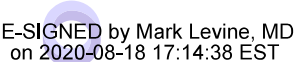


MEMORANDUM

August 18, 2020

TO: Representative Catherine Toll, Chair, House Committee on Appropriations
Senator Jane Kitchel, Chair, Senate Committee on Appropriations

FR: Mark Levine, MD, Commissioner of Health 

RE: Health Department Fiscal Year 2021 Budget Restatement

The restated FY '21 budget recommendation for the Health Department includes a state funding reduction of \$1.1 million.

Delay in expanded home visiting program - Most of this reduction, about \$850,000, results from the delayed implementation of the expanded home visiting program. Our original budget assumed that the expansion would begin in July and the fiscal year '21 cost would be about \$1 million in state funds. When the Agency of Human Services mobilized in February for the SARS-CoV-2 pandemic response, all planning work on this project stopped.

We now believe that we and our community partners will be unable to begin the expanded program before the fourth quarter of fiscal year '21. The restated budget acknowledges this reality and reduces the Global Commitment budget in our Public Health Appropriation by \$1.8 million.

The balance of the savings come from slightly lower internal service charges, and a revised estimate of the federal share of department administration costs.

Public Health Response to SARS-CoV-2

All Health Department costs for the public health emergency response have been funded by federal grants. Our spending on the emergency in fiscal year '20 was just under \$10 million. For fiscal year '21, we have an allocation of Coronavirus Relief Fund (CRF) along with a supplemental CDC grant to fund our response.

We are confident that we have sufficient federal funding for our response activities in fiscal year '21, although there is uncertainty about the timing and scale of a potential vaccination program. If a vaccine is approved for use in early 2021 and is widely available, we would need to revise our spending forecast. We expect that additional federal funding for an immunization program will be available in that event.



CRF Funded Projects Authorized by the General Assembly

The Health Department is implementing three projects authorized by the General Assembly and funded by the Coronavirus Relief Fund.

1. COVID Response Telehealth Connectivity Program - \$800,000

This project was authorized by Act 137 (H.966) Section 17 and is intended to support equitable access to telehealth services by providing outreach, training and equipment needed to support telehealth needs. The legislation directed that the program be administered by the Vermont Program for Quality in Health Care (VPQHC), consistent with its Connectivity Care Packages proposal.

The project plan was approved by the COVID-19 Financial Office on July 27. We are working with VPQHC to complete a grant agreement for the project.

2. Addressing COVID-19 Related Health Disparities - \$500,000

This project was authorized by Act 136 (H.965) Section 8, to provide subgrants to community organizations to engage with specific 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.

The project plan was approved by the COVID-19 Financial Office on August 7. Work is underway to negotiate subgrants. For more details on the planned subgrants, I refer you to the legislative report on this project that we submitted this week.

3. Emergency Medical Technician and Paramedic Training - \$900,000

This project was authorized by Act 109 Section 36 (a)(7)(A) as amended by Act 210 Section A.52 to provide funding for live and online training opportunities for emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics.

The project plan was approved by the COVID-19 Financial Office on August 6. We have begun to accept applications for tuition support.