# Vermont Legislative Joint Fiscal Office

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## FISCAL NOTE

Date: Updated March 20, 2020 Prepared by: Nolan Langweil

# H.742 An act relating to supporting the health care system in responding to COVID-19 An act relating to grants for emergency medical personnel training (and COVID-19 Emergency Response Bill)

Senate Committee on Health & Welfare Amendment – Draft 1.3

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 continues 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.

Sec. 1 of this bill relates to grants for emergency medical personnel training. The rest of the bill was passed in response to the coronavirus disease 2019 (COVID-19) pandemic and only apply during a declared state of emergency as a result of COVID-19.

#### Summary

Sec.	Description	Fiscal	FY Year	Fiscal
		Impact		Impact
1	Emergency Medical personnel training	Yes	2021	\$450,000 SF
3	Temporary provider tax waiver authority	Potential	Not Specified	TBD
18	Bed-holds at 24-hour facilities and programs	Potential	Not Specified	TBD

#### Sec. 1 - Emergency Medical Personnel Training

This section proposes to appropriate the sum of \$450,000 from the Emergency Medical Services (EMS) Fund to the Department of Health (VDH) in fiscal year 2021 for purposes of emergency medical personnel training – specifically for funding live and online training opportunities for emergency medical personnel and for other emergency medical personnel training-related purposes, with a priority on training volunteers.

The Governor's FY 2021 budget recommendation includes an appropriation of \$150,000 for emergency medical services training purposes. This bill appropriates an additional \$300,000 for a total of \$450,000 from the EMS special fund. At the end of FY 2019, the EMS Fund had a cash balance of \$377,732. Additionally, the Fund will receive an annual allocation of \$150,000 in FY2021 as per 32 V.S.A. 8557. As such it is anticipated that the fund will have a sufficient

balance to fund this section of the bill on a one-time basis in FY 2021. For more information about how funds are raised and allocated to the EMS Special Fund, see the issue brief titled <u>EMS Special Fund – Overview</u> located on the JFO website.<sup>1</sup>

*Fiscal Impact*: This section has a one-time appropriation of \$450,000 from the EMS Special Fund.

The following sections 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. 3 – 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 <u>waive or modify</u> 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 <u>modify</u> provider tax payments.<sup>2</sup> 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

#### Sec. 18 – 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 programs providing 24-hour per day services for bed-hold days. 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.

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

<sup>&</sup>lt;sup>1</sup> <u>https://ljfo.vermont.gov/assets/Subjects/Issue-Briefs-and-Other-Health-Care-Related-Information/54dd49a242/EMS Fund Overview.pdf</u>

#### **ADDENDUM**

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

Note: Grey Box = New section added to House passed version

Impact   Impact   Impact   Impact   Impact   Impact   Impact   Appropriation   SF   State of Emergency; Legislative Intent   3   Agency of Human Services; Temporary   Provider Tax Modification Authority   Potential   2020   TBD   Not Specified   Payment Floxibility   Agency of Human Services; Provider   Payment Floxibility   Potential   2020   TBD   Payment Floxibility   Potential   Po	Sec.	:: Grey Box = New section added to House passon  Description	Fiscal	FY Year	Fiscal
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Rulemaking	13	Access to Health Care Services; Department	Not Priced		
		of Financial Regulation; Emergency			
14 Prescription Drugs: Maintenance Not Priced		Rulemaking			
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Medications; Early Refills		Medications; Early Refills			
15 Pharmacists; Clinical Pharmacy; Extension of Not Priced	15	Pharmacists; Clinical Pharmacy; Extension of	Not Priced		
Prescription for Maintenance Medication		Prescription for Maintenance Medication			

15a	Pharmacists; Clinical Pharmacy; Therapeutic	Not Priced		
	Substitution due to lack of availability			
16	Buprenorphine; Prescription Renewals	Not Priced		
<del>17</del>	Expanded capacity for nutrition services	Potential	Not Specified	TBD
18	Bed-holds at 24-hour facilities and	Potential	Not Specified	TBD
	programs			
19	Office of Professional Regulation; Board of	Not Priced		
	Medical Practice; Emergency Authority to			
	Act for Regulatory Boards			
20	Emergency Regulatory Orders	Not Priced		
21	Office of Professional Regulation; Board of	Not Priced		
	Medical Practice; Imputed Jurisdiction			
22	Department of Mental Health; Isolation or	Not Priced		
	Quarantine of Patient for COVID-19 Not			
	Seclusion			
23	Telehealth Expansion; Legislative Intent	Not Priced		
24	Coverage of Health Care Services Delivered	Not Priced		
	Through Telemedicine and by Store-and-			
	Forward Means [Telemedicine]			
25	Health Care Providers Delivering Health Care	Not Priced		
	Services through Telemedicine or by Store-			
	and-Forward Means [Telemedicine]			
25a	Waiver of Certain Telehealth Requirements	Not Priced		
	During State of Emergency			
26	Telemedicine Reimbursement; Sunset	Not Priced		
<del>27</del>	Department of Financial Regulation; Store	Not Priced		
	and Forward; Emergency Rulemaking			
	Authority			
28	Board of Medical Practice; Office of	Not Priced		
	Professional Regulation; Out-of-State Health			
	Care Providers; Telehealth;			
<del>29</del>	Agency of Human Services; Medicaid, Health	Not Priced		
	Care Services Delivered by Telephone			
30	Extended In-Person Drivers' License	Not Priced		
	Renewal Period			
31	Vehicle Inspection Enforcement Suspension	Not Priced		
32	Effective Dates			