March 18, 2020

Priority	Lead Agency/Department	Section(s) of Bill	Proposed Additions
Personal protective equipment. This is in short supply across the health care system, and sub-acute providers have very little on hand because they do not typically use it.	VDH	N/A	N/A
Childcare to bolster the workforce with schools closed.	DOE, DCF	7 (flex of childcare regs)	
Licensing and credentialing flexibility to bolster the workforce and provide more services remotely. [Jessa Barnard, Lauren Hibbert, David Hirlihy]	OPR, Board of Medical Practice	9-11, 19-21, 28	Clarify that credentialing is to allow for clinical practice and reimbursement
Financial Assistance: Support for health care providers doing more during this crisis (i.e. hospitals); protection for those doing less. (adult day) or things not usually reimbursable for that provider (home health). Some of the actions would help many or all providers, some are provider specific. The provider tax provisions should be considered for each taxed class individually – relatively small impact on the state budget if applied to HHAs, ambulance services, bigger impact if applied to hospitals.	DVHA	3-6, 18	Include protection for providers entirely suspending services Allow provider tax provisions for duration of COVID-19 emergency, not fiscal year. Adjust "guardrails" to fiscal flexibility so that it doesn't require ***physical*** convening of legislators. Additional assistance options: DSH payment increases Reduce or eliminate claims suspension including MAP

			Payment for services needed for COVID-19 not usually covered Rate increases for all providers including post-acute (nursing home, home health) using federal FMAP.
Regulatory flexibility: Health care providers have a vast array of state obligations beyond licensing requirements that they may not be able to meet during this crisis because of workforce issues – for example staffing ratios and flexible use of staff for nursing homes; obligations to take all referrals for home health agencies.	AHS, especially DAIL	7, 12, 22	Direct AHS to seek 1135 emergency waivers (example FL) GMCB flexibility re CON, to expand capacity; flexibility on budget process Allow quarantine of voluntary inpatient psychiatric patients (not just involuntary)
More options to provide reimbursable care remotely - particularly by telephone, since video conferencing may not be available to all patients in all areas, and allow reimbursement for brief telecommunications, which are a tool to triage surges of patient requests for services	DFR, DVHA, DAIL, DMH, VDH	13, 23- 29	Specificity/technical correction about types of services to be conducted by phone (addition in 13); also need to address waiver of current Vermont statutory requirements for HIPAA-compliant technology (25), specific consent for telehealth

			(25), and "established patient" relationship requirements (24 & 29). Allow more telehealth for all services (not just related directly to COVID-19) to reduce person to person contact; use workforce efficiently. (replace 28)
Consumer protection – eliminate out-of-pocket costs for COVID-19 diagnosis, treatment and prevention.	DFR	13	
Consumer protection – expedited access to maintenance medication through suspension of deductibles, early refills, pharmacist authority to extend prescriptions, access to buprenorphine.	DFR	13-16	
Other human services protections like nutrition services	AHS	17	