June 17, 2020

Via Email

Dear Chair Lyons and Members of the Senate Health and Welfare Committee:

The coalition of health care provider associations listed below thanks you for your work extending the provisions of Act 91. Act 91 has made critical tools available to health care providers and facilities to respond to the COVID 19 pandemic and they will remain crucially important in the months to come. **In reviewing the latest draft of Act 91 extensions (DR 20-0981 – draft 3.2 – dated 6/16/20), we do request that in addition to the sections that you have already slated for extension, the following sections also be extended until March 31, 2021.** Laura Pelosi would be happy to represent the Coalition to provide further testimony on any of these points.

Sec 2 – Provider Tax

- We anticipate the financial needs of health care providers will exceed the allocation of CRF support for health care providers, in part due to the fact that COVID-19 is expected to have long-term implications for admissions and census, and result in ongoing increased costs well into 2021. Preserving this flexibility in the event it is a necessary option is preferred.

Sec 4 – AHS Waivers of Regulation

- This regulatory flexibility has been necessary and relied on by a number of health care facility types Hospitals have needed flexibility on quality reporting. Long-term care facilities have had to work with regulatory entities to incorporate flexibility into response plans during the pandemic. Given the uncertainties and the anticipated second wave, preserving this section is a key tool.

Sec 5 – Green Mountain Care Board

- While this provision remains in effect 6 months beyond the emergency, this time period could lapse in early January, and would not allow the legislature to respond in time to continue critical flexibilities for creating isolation/quarantine spaces or other space modifications to respond to COVID-19, or in hospital budgeting.

Sec 6 – Medicaid and Insurer Enrollment and Credentialing

- These flexibilities should continue for both DVHA and private insurers. We fully expect another wave of infections this fall and want to maintain the ability to quickly bring providers on board to respond through the fall and winter.

Sec 18 – Retired Health Professionals

- We support the request by OPR to extend this provision – again expecting that we may need to rely on additional providers at any point during the pandemic.

Sec 22 – Isolation or Quarantine not Seclusion

- This section allows a patient to be isolated or quarantined for the purpose of preventing the further spread of COVID 19, without having to follow a very specific and rigorous set of regulatory requirements if this is considered "seclusion" under Vermont's mental health statutes. This is a necessary flexibility to avoid or respond to future outbreaks and both protect other patients and staff.

Sec 26 – Waiver of Certain Telehealth Requirement

- As the Committee has heard, the federal Office of Civil Rights is waiving penalties during the federal state of emergency for providers who provide telehealth services using non-HIPAA compliant technology. However, Vermont Statute requires both HIPAA-compliant technology and specific consent to telehealth services. If Vermont's state of emergency (and this section of Act 91) ends, providers will abruptly be required to use HIPAA-compliant technology and consent language. This may not give providers adequate time to make a smooth transition to HIPAA compliant platforms.

Thank you for considering our requests. Again, we would be happy to provide testimony to clarify any of these points.

Sincerely,

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