

May 6, 2020

To: Senate Committee on Health and Welfare
House Committee on Health Care

Submitted electronically.

Dear Senator Lyons and Representative Lippert:

The COVID-19 emergency has upended health care systems globally and here in Vermont. Through the swift action of the Vermont Legislature, in coordination with the administration of Governor Phil Scott, Vermont quickly set systems in place to contain the epidemic. The tools made available through Act 91 allowed us to mobilize across the range of health care workers, care givers, and other professionals focused on the wellbeing of all Vermonters.

Today, Vermont is fortunate to have contained the first wave of the virus, with a very low incidence of daily new cases. We are taking first steps in reopening parts of the economy, including in health care. We know, however, that these promising numbers could shift at any time – not only will we need to remain vigilant for the virus' re-emergence, we will need to remain prepared for a return to strict containment measures at a moment's notice, regardless of whether there is a state of emergency in place. Through measures undertaken in the first phases of this response, we have learned lessons about what works and gained insight into the systems we need in place to make that rapid turn to remote care and containment.

Based on our experiences since March 13th, 2020, we have the following recommendations:

Extend Act 91 flexibilities through FY 2021. Many of the provisions of Act 91 are dependent on the state of emergency. We now know there will be waves and flare-ups of COVID-19 for an extended period of time, and providers will need flexibility to practice in a COVID-19 environment regardless of the state of emergency status. Setting an extension date allows them to have a measure of stability in a very uncertain environment of responding to this epidemic. We ask that you **extend key health care provisions from Act 91, Sections 1- 26, through the end of FY 2021, including the emergency rules currently promulgated under Sections 1 and 8.** This extension reflects both the length of time we anticipate actively responding to the threat of COVID-19 and also the time it will take to make longer-term adjustments to the system based on our lessons learned.

Make a permanent statutory change to require payers to allow for audio-only telemedicine, in addition to continuing options for audio-only telehealth (sometimes referred to as "triage calls"). A combination of weaknesses in broadband and cellular coverage, cost barriers, and different levels of digital literacy / comfort make this an access and equity issue.

Adopt the interstate Nurse Licensure Compact (S.125) and other licensing related bills S.233 (uniform licensing standards), S.128 (PA bill), S.220 (OPR Bill). The COVID-19 response has demonstrated the importance of workforce flexibility, something that will continue to be a need as

Vermont addresses the workforce shortages that existed even before the current emergency. In particular, interstate licensing compacts create the reciprocal flexibilities needed to allow telework to happen across state lines in response to disruptions in location and travel.

The COVID-19 public health emergency has required Vermont's health care providers to rapidly change their systems of delivering care. There will continue to be uncertainty as we respond to this epidemic over time. We feel it is imperative to keep the current framework in place to provide a stable point of reference over the next full year.

Thank you for your consideration.

Sincerely,

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