



Fiscal Year 2022 Budget

**Mark A. Levine, MD
Commissioner**

January 28, 2021

Public Health in Vermont



public
 prevention **Healthy** support
Vermonters
 promote equity **Living**
communities valued **workforce**

Vision

Healthy Vermonters living in healthy communities

Mission

Protect and promote the best health for all Vermonters

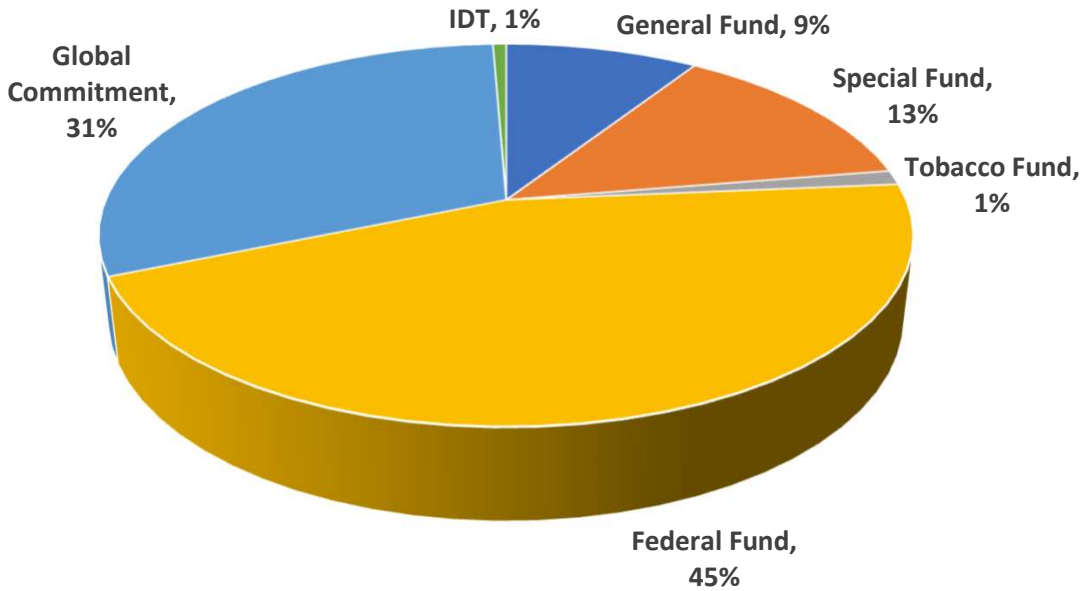
- 1 Effective and integrated public health programs
- 2 Communities with the capacity to respond to public health needs
- 3 Internal systems that provide consistent and responsive support
- 4 A competent and valued workforce that is supported in promoting and protecting the public's health
- 5 A public health system that is understood and valued by Vermonters
- 6 Health equity for all Vermonters

**Agency of Human Services
Vermont Department of Health
FY 2022 Governor's Recommend Budget**

Mission: To protect and promote the best health for all Vermonters.

FY 2022 SUMMARY & HIGHLIGHTS

Current service budget is funded
No reductions to programs, staff or services.



General Fund	\$ 15,375,085.00
Special Fund	\$ 22,339,110.00
Tobacco Fund	\$ 2,038,835.00
Federal Fund	\$ 75,808,345.00
Global Commitment	\$ 51,612,670.00
IDT	\$ 1,062,729.00
Total	\$ 168,236,774.00

Agency of Human Services - Department of Health Fiscal Year 2022 Executive Budget Recommendation

Health Department FY 22 Budget Request Administration and Support Appropriation	GF	SF	IdptT	FF	CRF	Invmnt GCF	TOTAL
As Passed FY21	2,704,133	2,041,597	94,962	7,493,305	1,000,000	2,681,102	16,015,099
Personal Services:							
Salary and Fringe Increase/(Decrease) - Existing Positions	28,308	4,387		41,897		13,271	87,863
Net Personal Services Account Code Changes	(8,895)		(10,000)	(3,720)		(7,385)	(30,000)
ISF Change - Workers Compensation (505200)	16,071	5,222	871	44,623		10,560	77,347
Reverse CRF swap (FY21 one-time)	200,000				(200,000)		0
							0
Operating Expenses:							0
Net Operating Expense Account Code Changes	(4,500)		(22,500)	98,610		(45,922)	25,688
ISF Change - Communications and Info Tech (ADS) (516685)	(1,401)	(660)	(110)	(5,649)		(1,338)	(9,158)
ISF Change - Human Resources (519006)	1,762	577	96	4,932		1,167	8,534
ISF Change - VISION (516671)	(6,001)	(1,950)	(99)	(16,660)		(4,169)	(28,879)
ISF Change - State Liability (GL) (516010)	(3,711)	(1,206)	(201)	(10,302)		(2,438)	(17,858)
ISF Change - Property and Commercial Insurance (516000)	(1,079)	(351)	(34)	(2,997)		(734)	(5,195)
ISF Change - ADS Service Level Agreement (516660)	57,530	14,241	1,321	133,619		32,017	238,728
Reverse CRF swap (FY21 one-time)					(800,000)	800,000	0
Grants:							
FY22 Subtotal of Increases/Decreases	278,084	20,260	(30,656)	284,353	(1,000,000)	795,029	347,070
FY22 Gov Recommended	2,982,217	2,061,857	64,306	7,777,658	0	3,476,131	16,362,169

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As Passed FY21	10,325,430	18,763,637	1,088,918	1,239,806	25,000	47,328,052	1,650,000	1,295,297	11,969,624	93,685,764
Personal Services:										
Salary and Fringe Increase/(Decrease) - Existing Positions	95,116	123,406		(142,008)		310,698			24,090	411,302
Salary and Fringe Increase - New Positions						1,641,784				1,641,784
Net Personal Services Account Code Changes	(15,000)	24,282		(50,000)		80,718			(40,000)	0
Reverse CRF swap (FY21 one-time)	800,000						(1,650,000)		850,000	0
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Operating Expenses:										0
Net Operating Expense Account Code Changes	(48,664)	(13,500)		(49,375)		24,875			(66,888)	(153,552)
ISF Change - Fee for Space (515010)	(2,548)	(334)				(6,742)			(2,637)	(12,261)
										0
Grants:										0
Home Visiting Expansion - budget for full fiscal year 2022								1,908,863		1,908,863
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FY22 Subtotal of Increases/Decreases	828,904	133,854	0	(241,383)	0	2,051,333	(1,650,000)	1,908,863	764,565	3,796,136
FY22 Gov Recommended	11,154,334	18,897,491	1,088,918	998,423	25,000	49,379,385	0	3,204,160	12,734,189	97,481,900

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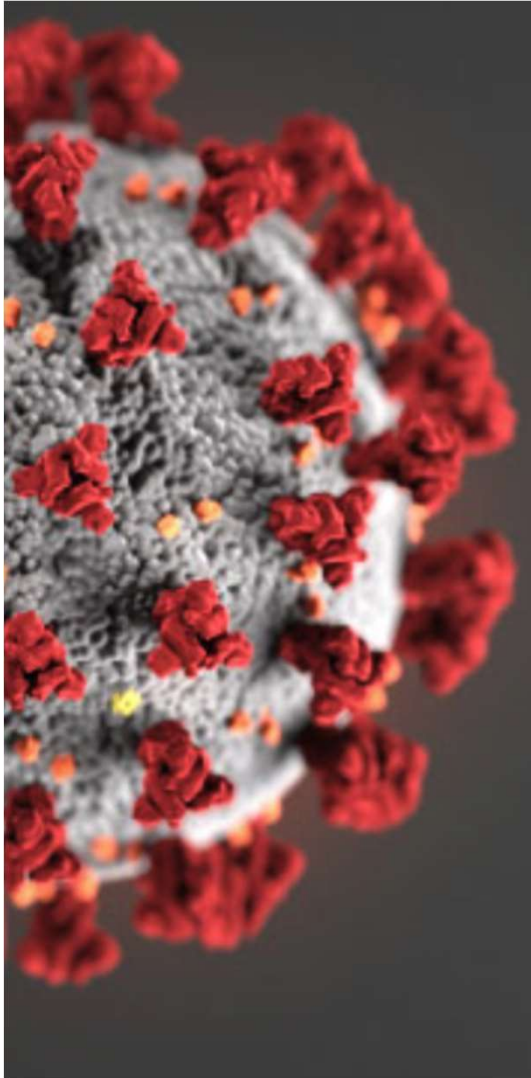
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As Passed FY21	1,234,338	1,281,066	949,917	18,491,664	26,959,264	5,238,926	54,155,175
Personal Services:							
Salary and Fringe Increase/(Decrease) - Existing Positions	10,696	22,521		141,082			174,299
Net Personal Services Account Code Changes		41,175		(47,444)			(6,269)
Operating Expenses:							
Net Operating Expense Account Code Changes	(6,500)	10,000		66,000			69,500
Grants:							
FY22 Subtotal of Increases/Decreases	4,196	73,696	0	159,638	0	0	237,530
FY22 Gov Recommended	1,238,534	1,354,762	949,917	18,651,302	26,959,264	5,238,926	54,392,705

Agency of Human Services - Department of Health Fiscal Year 2022 Executive Budget Recommendation

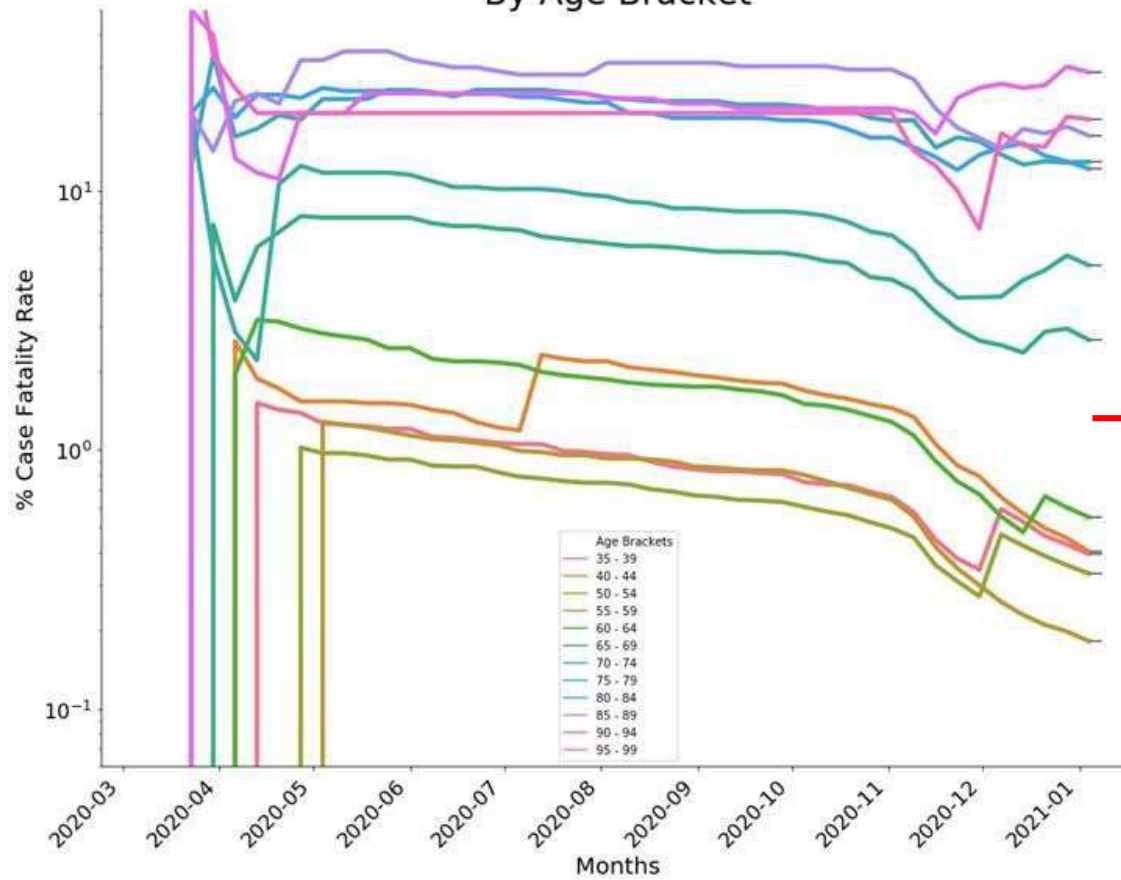
Funding for Health Department COVID-19 Response

Public Health Emergency Response	3/15/2020	\$	4,902,840
Epi & Lab Capacity (ELC) CARES Supplement	4/23/2020	\$	5,447,600
CRF allocation JFC	5/8/2020	\$	18,175,863
ELC Enhancing Detection Supplement	5/18/2020	\$	55,078,471
Vaccine preparedness	6/5/2020	\$	262,328
Vaccine preparedness	9/23/2020	\$	374,800
Vaccine preparedness	12/16/2020	\$	262,328
ELC supplement	12/17/2020	\$	854,000
ELC ED Expansion Supplement	1/14/2021	\$	35,915,798
Immunization Grant Supplement	1/15/2021	\$	5,638,273
Total Funding Awarded through 1/25/21		\$	126,912,301
Health Department COVID-19 spending through 12/31/20		\$	34,750,421
Remaining funds on hand for response		\$	92,161,880



COVID-19 Vaccine Update

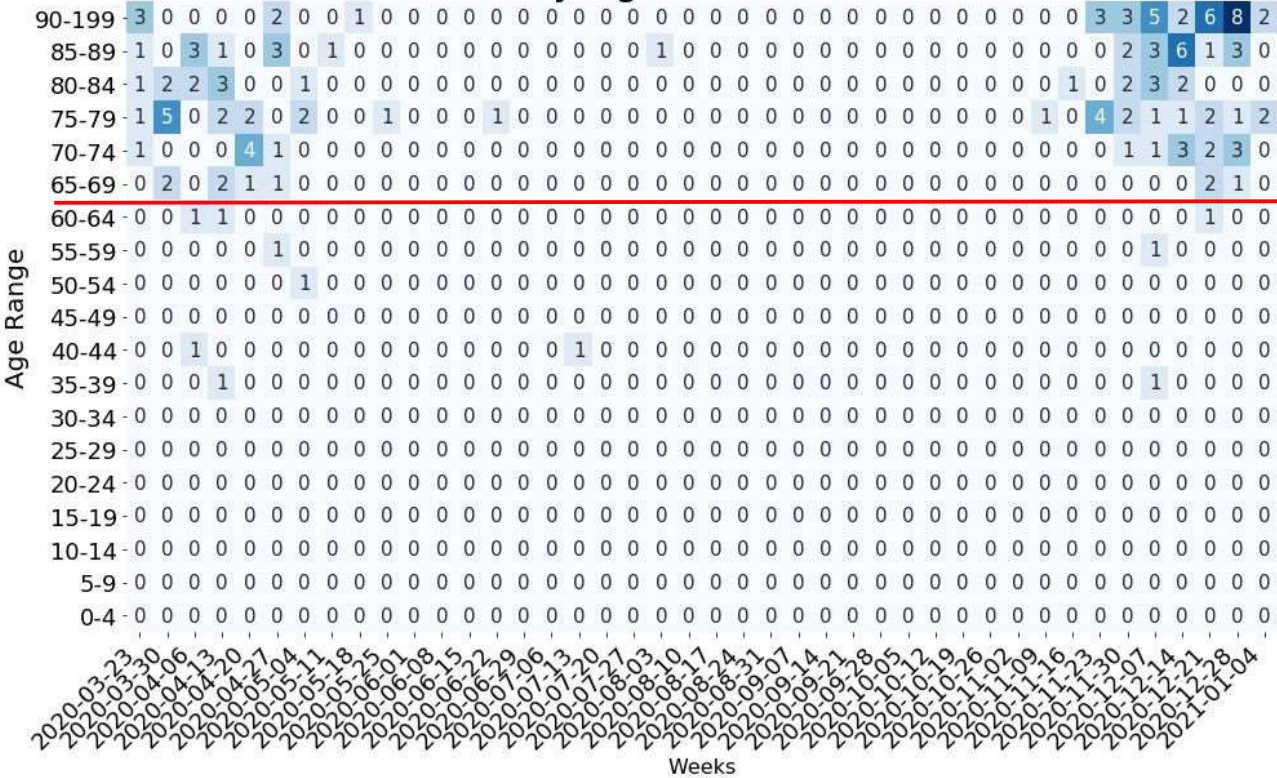
Case Fatality Rate of COVID-19 Deaths in Vermont
By Age Bracket



VT CFR 1.9%

- Age 95-99: 18.9%
- Age 90-94: 28.7%
- Age 85-89: 16.3%
- Age 80-84: 12.2%
- Age 75-79: 13.0%
- Age 70-74: 5.2%
- Age 65-69: 2.7%
- Age 60-64: .5%
- Age 55-59: .4%
- Age 50-54: .2%
- Age 45-49: .4%
- Age 40-44: .4%

Heatmap of COVID-19 Deaths in Vermont By Age Over Time

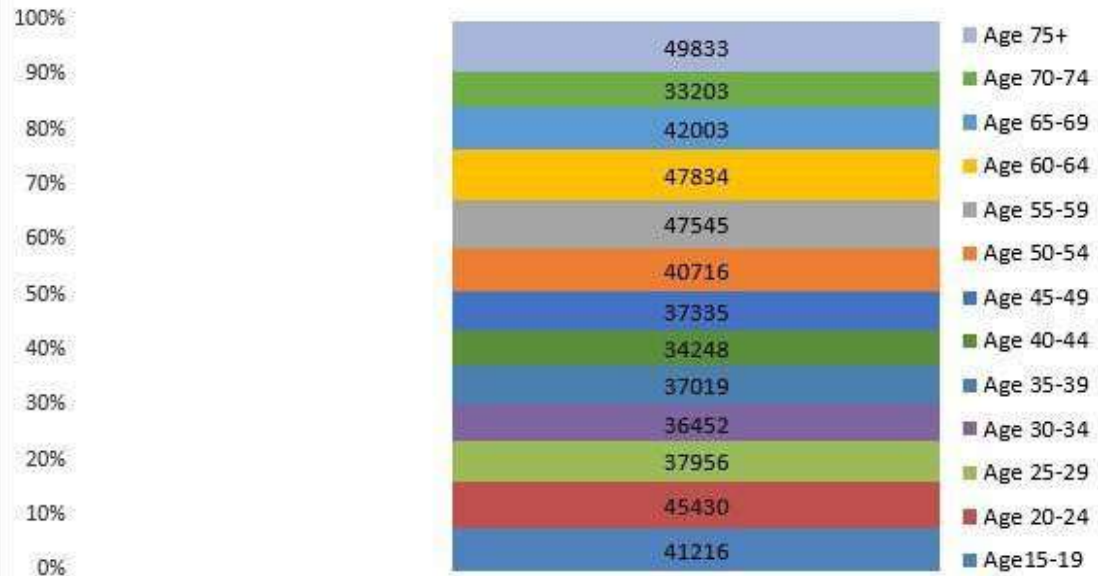


139 Vermonters

10 Vermonters

Vaccine Age Bands

Vermont 2019 Population Estimates, by Age Groups



Vermonters with COVID-19 who are high risk have more serious health outcomes.

Average Length of Illness (Days)



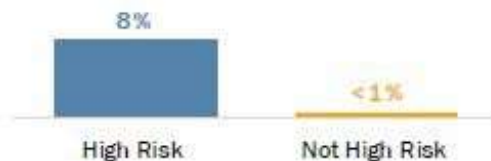
Nearly 1 in 3 high risk Vermonters hospitalized are admitted to the ICU (31%).

Average Length of Hospitalization (Days)



All deaths have been among those who are high risk.

Percent hospitalized



4% case fatality rate among those who are high risk.

0% case fatality rate among those who are not high risk (0 deaths).

Vermonters 40 – 64 with High-Risk Health Conditions

Condition	#	%
COPD	15,700	8%
Chronic Kidney Disease	3,100	2%
Obesity	48,800	26%
Severe Obesity	9,000	5%
CVD	14,500	7%
Smoking	33,300	17%
Pregnancy*	200	1%
Diabetes**	18,000	9%
Cancer***	12,100	6%
1+ High-Risk Condition/Risk Factor (Including cancer)***	100,400	59%
1+ High-Risk Condition/Risk Factor (Excluding cancer)***	95,600	57%

- Diabetes diagnosis, CVD diagnosis, Chronic Kidney diagnosis, and Cancer diagnosis are all EVER diagnosed.
- CVD includes: myocardial infarction, coronary heart disease, and stroke.
- Obesity indicates those with a BMI of 30 kg/m² or higher but < 40 kg/m².
- **Diabetes measure does not distinguish between Type 1 and Type 2.
- ***CDC high-risk conditions and risk factors list refers to 'current cancer,' not 'ever'. As a result, the cancer information likely overestimates the population.
- Down Syndrome, Immunocompromised, and Sickle Cell are not captured on the BRFSS. VHCURES data were analyzed for these populations: fewer than 200 Vermonters aged 40-64 had for down syndrome, sickle cell disease, or had an immunocompromised state (weakened immune system) from solid organ transplant, which is likely an underestimate.

Data source: BRFSS (2019); VHCURS (2019)

*Only asked of women 18-49. The number indicates the average number per year from 2013-2019. These data are suppressed because the RSE was large.

Vermont Healthcare Claims Uniform Reporting and Evaluating System (VHCURES) through the Green Mountain Care Board. Analyses, conclusions, and recommendations are solely those of the Vermont Department of Health and are not necessarily those of the GNCB.

Covid-19 Vaccine: Basics

- What is the strategy for vaccination after phase 1A (healthcare workers and LTCFs)?
- What data supports this strategy?
- How long will the initial priority phases take to get through?
- When can WE get the vaccine?
- Why should I trust this vaccine?
- How will the vaccine impact “getting back to normal”?

“Getting back to normal”

- The dual pathway public health guidance
- Every infection prevented-> health and economic recovery
- What does it take to achieve herd immunity?
- How long will it take to achieve herd immunity?
 - Vaccine dashboard
 - Vaccine allocation
 - Number of vaccine platforms approved and their efficacy rates
 - Uptake of vaccine by the population
 - Degree of viral suppression we achieve independent of the vaccine
- What does “going back to the office” look like and when?
- What work practices will endure post-Covid? Zoom meetings, online transactions