

To: Senate Health & Welfare and House Health Care Committees

From: Jill Olson & Jessa Barnard on behalf of the coalition of health care association leaders

Date: January 5, 2022

RE: Extension of Expiring Act 6 COVID-Related Flexibilities

Thank you for the opportunity to testify this morning regarding extending certain provisions of Act 6, providing COVID-19-related regulatory flexibility. In many ways, providers are experiencing greater challenges today than at any time since March 2020. The regulatory flexibilities provided in Act 6 have supported our members' ability to respond to the pandemic. It is more important now than ever to ensure that providers have the flexibilities they need to continue to respond to the pandemic. **Our associations support extending the majority of the expiration dates set in Act 6 from March 31, 2022 to March 31, 2023, with a few exceptions, and incorporating Act 21 telehealth licensure provisions.** See the details outlined below:

Section 1 of Act 6 (section numbers below refer to the amended sections of original statute):

Section of Act 90/140	Act 6 page	Coalition Recommended Extension	Summary
1	1	March 31, 2023	AHS consideration of modifying existing rules or adopting emergency rules to protect access to services
3	1	March 31, 2023	Protections for employees of health care facilities and human service providers
4	2	March 31, 2023	Authority for AHS Secretary to waive or allow variances from rules and standards governing providers of health care and human services
6	3	March 31, 2023	Flexibility in provider credentialing requirements from Medicaid and health insurers
9	4	March 31, 2023	Early refills of maintenance medications
12	5	March 31, 2023	Buprenorphine prescription renewals without an office visit
13	5	March 31, 2023	Authority for AHS to pay long-term care facilities for bed-hold days
17	5	Varies: <ul style="list-style-type: none">• Telehealth: adopt Act 21 recommendations• MRC/on staff of facility: extend to March 31, 2023 for temporary staffing needs• Add reference to definition of health facility (18 V.S.A. §9432)	Ability for out-of-state licensed health care professionals to provide services in Vermont: <ul style="list-style-type: none">(1) By Telehealth(2) As a volunteer of Medical Reserve Corps(3) On staff of licensed facility or FQHC
18	8	March 31, 2023 & add reference to definition of health facility (18 V.S.A. §9432)	Ability for retired/inactive licensed health care professionals to provide services
20	10	March 31, 2023	Emergency authority for Director of OPR and Executive Director of BMP to act for boards

21	11	March 31, 2023	Authority for OPR Director and Commissioner of Health to issue emergency regulatory orders
26(a)	12	Until end of Federal PHE	Ability to waive HIPAA-compliant-connection requirements for telemedicine, to extent permitted by federal law
26(b)	12	No extension needed – expired with state PHE	Flexibility for providers not to obtain/document a patient’s informed consent for use of telemedicine if not practicable

Section 2 of Act 6:

15 (of Act 140)	13	March 31, 2023	Authority for BMP to issue temporary licenses to out-of-state providers and waive certain requirements for physician assistants
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Section 2a of Act 6:

12a (of Act 178)	14	March 31, 2023	Pharmacists’ authority to order and administer COVID tests
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Section 3 of Act 6

8 (of Act 91/140)	14	March 31, 2023	DFR authority to adopt emergency rules regarding insurance coverage and cost-sharing requirements for COVID-19
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Section 4-9 of Act 6

n/a	15-24	No extension needed	Permanent telehealth/audio-only provisions
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Section 10 of Act 6

n/a	24	March 31, 2023	Allows remote witnesses and explainers for advance directives
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Thank you for your leadership addressing needed regulatory flexibilities. We are happy to answer any questions regarding the specific provisions of Act 6 that require an extension.

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Laura Pelosi, on behalf of
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