



**Vermont Association
of Hospitals
and Health Systems**

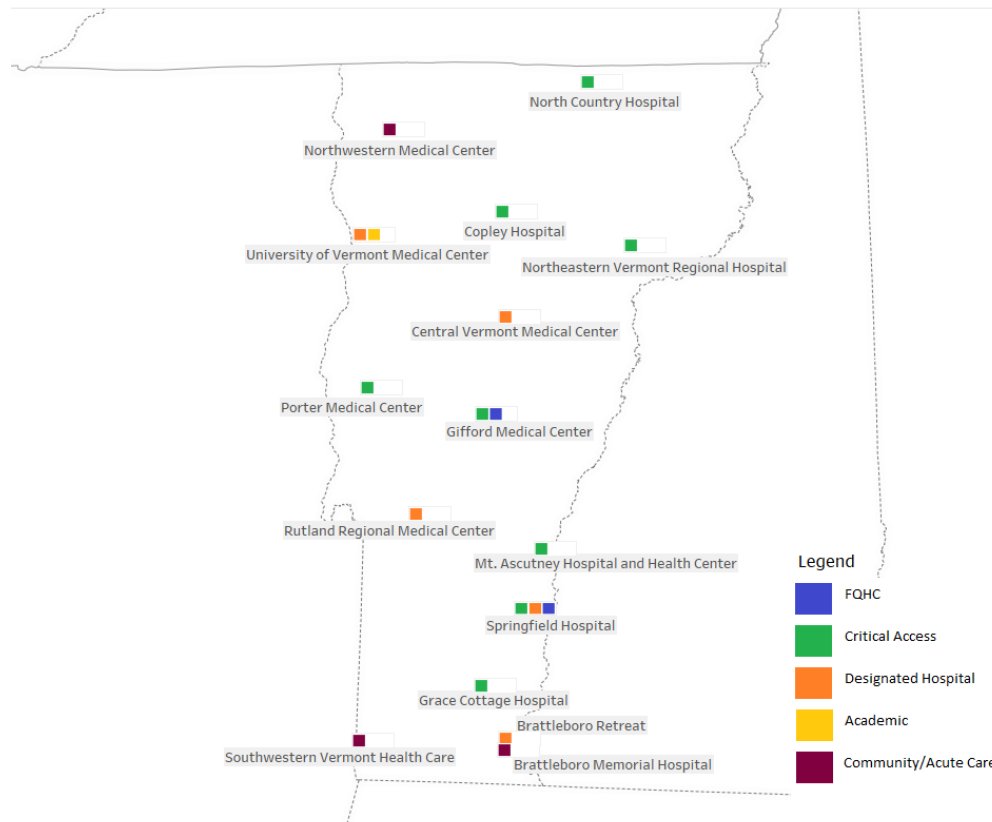
Vermont Hospitals 101

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Senate Health and Welfare Committee

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Vermont's Hospitals



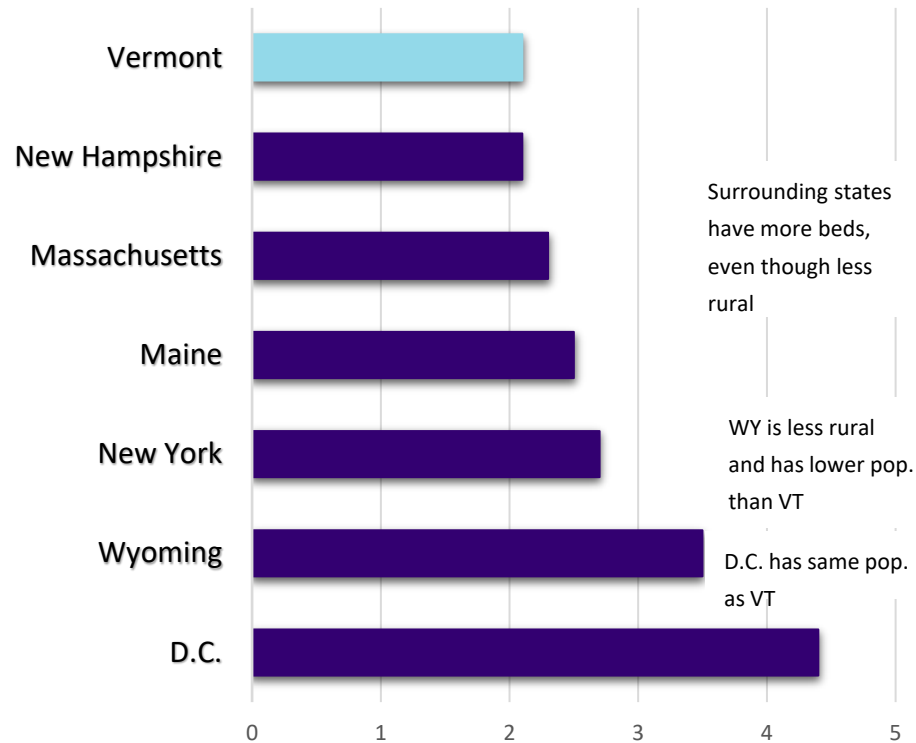
Vermont has 15 nonprofit hospitals and two government hospitals

- 8 Critical Access Hospitals
- 1 Academic Medical Center
- 7 Designated Hospitals
- 1 FQHC

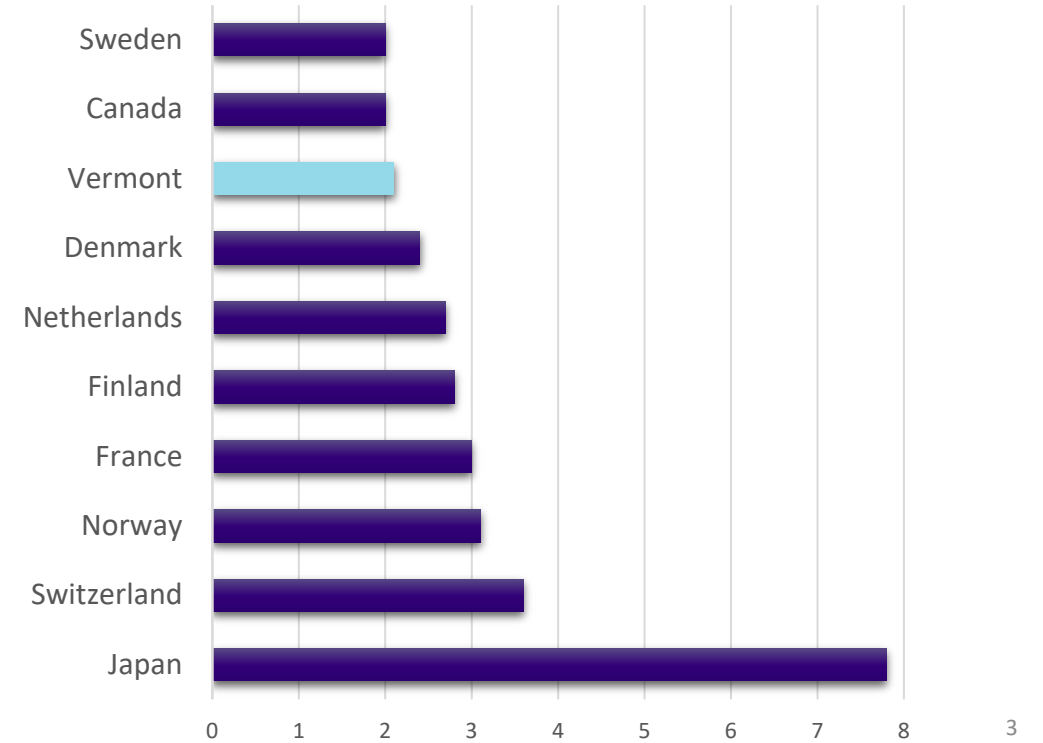
Vermont is one of only five states with NO for-profit hospitals

Vermont's Hospitals: Doing More with Less

Vermont: Fewer Hospital Beds Per 1,000 Individuals Regionally

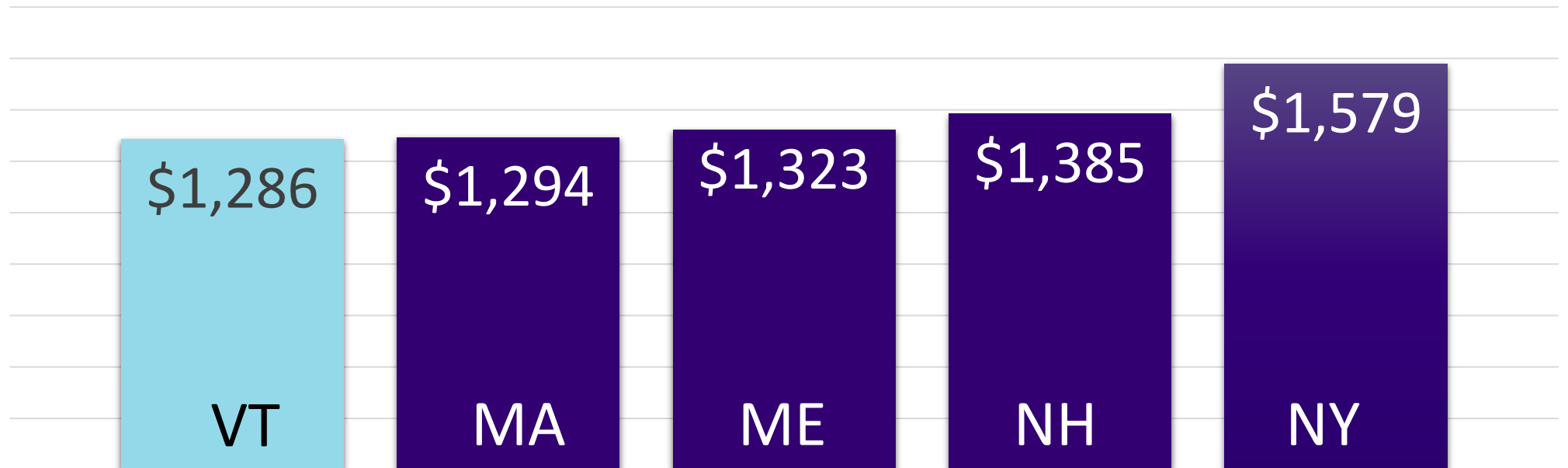


Vermont: Fewer Acute Hospital Beds Per 1,000 Internationally



Vermont's Hospitals: Doing More For Less

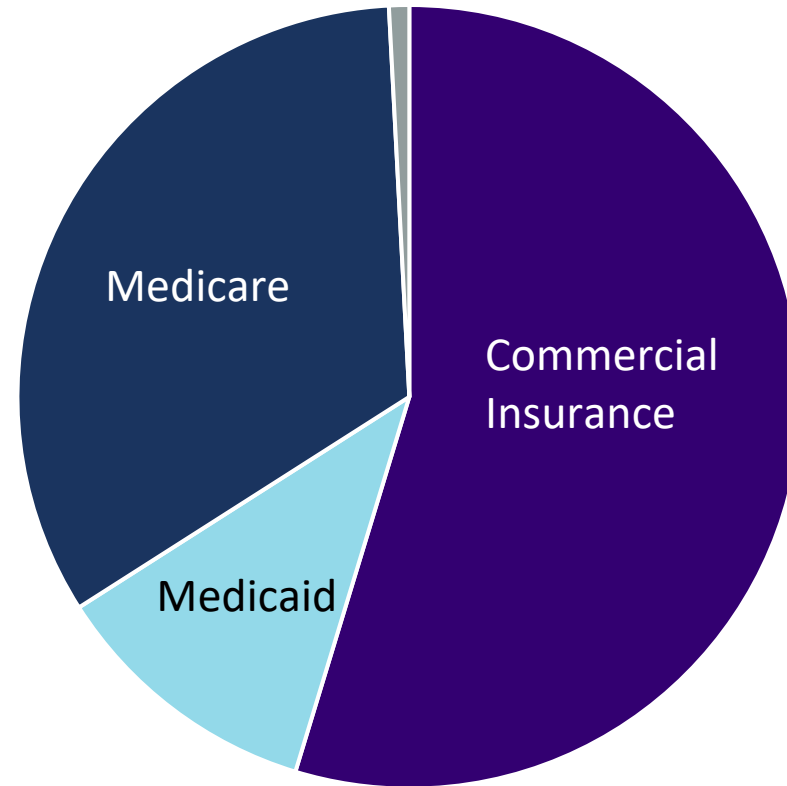
Insurance Reimbursements for Inpatient Hospital Services per Adult



Data: Truven MarketScan, Source: [The Commonwealth Fund](#)

Payer Mix

45% Medicare,
Medicaid, and
Disproportionate
Share Hospital
Payments (DSH)



55%
Commercial
Insurance

Vermont Regulation/Agency Interaction

Green Mountain Care Board

- Budget review
- Certificate of Need
- Health Resources Allocation Plan
- Hospital Sustainability

Department of Health

- Licensure
- Community Health Needs Assessment
- Hospital Report Cards

Department of Mental Health

- Inpatient Designation Authority
- Coordination of Care

Federal Regulation

Hospitals must comply with 629 discrete regulatory requirements across nine domains/offices.

Medicare and Medicaid Conditions of Participation (CoPs): Health and safety standards that health care organizations must meet to be Medicare- and Medicaid-certified

IRS Requirements: To be tax-exempt under IRS regulations, a hospital's margin must be reinvested in its mission to provide high-quality care as opposed to being paid out to private shareholders. Hospitals must also perform a community health needs assessment every three years.

COVID Response

- Vaccinating health care workers and communities
- Establishing incident command and led their facilities and communities through response
- Providing COVID-19 parking lot testing
- Created new areas of the emergency department to enhance infection control
- Built negative pressure rooms, moving units, creating alternatives to ICU and ventilation
- Housed providers who worked long hours and/or don't want to expose their families
- Worked with nursing homes to minimize COVID-19 spread
- Helped state coordinate and optimize surge planning
- Suspended non-essential health care procedures

2021 Legislative Session Priorities

Keep health care providers financially stable as they serve their communities

- Preserve or enhance Medicaid reimbursement levels
- Prioritize the health care sector for new federal coronavirus relief dollars

Revisit Act 140 of 2020 to maintain regulatory flexibility for the pandemic response and recovery periods

- At the beginning of the pandemic, the legislature provided hospitals with the regulatory flexibilities needed to quickly respond to changing conditions. Hospitals may need these flexibilities extended as COVID-19 continues and to smoothly transition back to normal functioning.

2021 Legislative Session Priorities

Support and strengthen the workforce

- Pass the interstate nurse compact
- Make permanent and expand the nurse and physician scholarships passed in Act 155 of 2020
- Extend reimbursement for audio-only telehealth
- Increase the earned income tax credit for low-income sector of the workforce
- Implement tax incentives for nurses
- Adjust the benefit cliff for income-eligible workers