

VERMONT

Community Benefit Requirement

Vermont law does not expressly require nonprofit hospitals to provide community benefits.

Minimum Community Benefit Requirement

Vermont law does not expressly require nonprofit hospitals to provide community benefits.

Community Benefit Reporting Requirement

Vermont requires all community hospitals to report certain community benefit expenses in annual “Hospital Community Reports.”

Vermont community hospitals are required to submit Hospital Community Reports to the Commissioner of the Department of Financial regulation. The reports must include as a mandatory reporting category “a summary of the hospital's budget, including revenue by source and quantification of cost shifting to private payers.” “Cost shifting to private payers” encompasses a hospital’s costs associated with Medicare and Medicaid reimbursement shortfalls and uncompensated care costs. [Vt. Stat. Ann. tit. 18 §9405b\(a\)\(5\)](#).

Community Health Needs Assessment

Vermont requires hospitals to conduct community health needs assessments.

Vermont law requires each hospital to have a protocol for “meaningful public participation” in its process for “identifying and addressing health care needs that the hospital provides or could provide in its service area.” These needs must be summarized in the hospital’s community report and integrated with the hospital’s long-term planning. [Vt. Stat. Ann. tit. 18 §9405a; 9405b\(a\)\(10\)](#).

Community Benefit Plan/Implementation Strategy

Vermont requires hospitals to develop strategic initiatives to address identified community health care needs.

Vermont requires hospitals to include in their hospital community reports a description of strategic initiatives “discussed with or derived from the identification of health care needs” along with short- and long-term capital expenditure plans and facility depreciation schedules. A summary of identified community needs must be “integrated with the hospital’s long-term planning.” [Vt. Stat. Ann. tit. 18 §9405a; 9405b\(a\)\(10\)](#).



Financial Assistance Policy

Vermont does not require hospitals to adopt or implement financial assistance policies.

Although not legally required, the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA) found in 2007 that every Vermont hospital had its own written uncompensated care policies for providing free care to patients with income not exceeding 100 percent of the federal poverty level. [BISHCA, Report on Vermont Community Hospitals Uncompensated Care Policies \(Jan., 2007\), at 5.](#)

Financial Assistance Policy Dissemination

Vermont does not require nonprofit hospitals to adopt, implement, or disseminate financial assistance policies.

Limitations on Charges, Billing, and Collections

Vermont law requires hospitals to provide patients with an “itemized, detailed, and understandable” explanation of charges, regardless of the source of payment. [Vt. Stat. Ann. Tit. 18 §1852 \(12\).](#)

Income Tax Exemption

Vermont exempts nonprofit hospitals from state income tax.

Vermont law expressly adopts federal income tax law for purposes of computing state income tax liability so that a federally tax-exempt corporation is also exempt from Vermont income tax. [Vt. Stat. Ann. tit. 32 §5824.](#)

Property Tax Exemption

Vermont exempts nonprofit hospitals from state property tax.

Vermont exempts from state property tax any real and personal property that is “used for ... charitable uses.” [Vt. Stat. Ann. tit. 32 §3802\(4\).](#)

Sales Tax Exemption

Vermont law exempts nonprofit hospitals from state sales and use taxes.

Vermont law exempts from state sales and use taxes organizations exempt from federal income tax. [Vt. Stat. Ann. tit. 32 §9743\(3\).](#)

