

Final Proposed Filing - Coversheet

Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the "Rule on Rulemaking" adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms shall be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of "Proposed Rule Postings" online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

**PLEASE REMOVE ANY COVERSHEET OR FORM NOT
REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!**

Certification Statement: As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

Rules of the Board of Medical Practice

/s/ Todd W. Daloz , on 1/17/24
(signature) (date)

Printed Name and Title:

Todd W. Daloz
Deputy Secretary
Agency of Human Services

RECEIVED BY: _____

- Coversheet
- Adopting Page
- Economic Impact Analysis
- Environmental Impact Analysis
- Strategy for Maximizing Public Input
- Scientific Information Statement (if applicable)
- Incorporated by Reference Statement (if applicable)
- Clean text of the rule (Amended text without annotation)
- Annotated text (Clearly marking changes from previous rule)
- ICAR Minutes
- Copy of Comments
- Responsiveness Summary

1. TITLE OF RULE FILING:

Rules of the Board of Medical Practice

2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE

23P039

3. ADOPTING AGENCY:

Vermont Department of Health

4. PRIMARY CONTACT PERSON:

(A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

Name: Natalie Weill

Agency: Department of Health

Mailing Address: 108 Cherry St, Burlington, VT 05401

Telephone: 802-863-7280 Fax: 802-951-1275

E-Mail: ahs.vdhrules@vermont.gov

Web URL *(WHERE THE RULE WILL BE POSTED)*:

<http://www.healthvermont.gov/about-us/laws-regulations/public-comment>

5. SECONDARY CONTACT PERSON:

(A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).

Name: Brendan Atwood

Agency: Department of Health

Mailing Address: 108 Cherry St, Burlington, VT 05401

Telephone: 802-863-7282 Fax: 802-951-1275

E-Mail: ahs.vdhrules@vermont.gov

6. RECORDS EXEMPTION INCLUDED WITHIN RULE:

(DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE, EXEMPTING IT FROM INSPECTION AND COPYING?) No

IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

7. LEGAL AUTHORITY / ENABLING LEGISLATION:

(THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).

26 V.S.A. § 1351(e), 3 V.S.A. § 831(d), 26 V.S.A. § 1377(a), 26 V.S.A. § 3061, 26 V.S.A. § 1391(c), Act 38 (2023), and 3 V.S.A. § 801(b)(11).

EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:

26 V.S.A. § 1351(E) states: "The Commissioner of Health shall adopt, amend, and repeal rules of the Board that the Commissioner determines necessary to carry out the provisions of this Chapter and Chapters 7, 29, 31, and 52 of this title."

26 V.S.A. § 1391(c) states: "An applicant shall satisfy the Board's requirements for medical licensing examination as established by the Board by rule. The Board may identify which examinations are accepted, set passing standards, and set limits on time and numbers of attempts for exams. The Board may establish by rule exceptions or alternative means to meet examination requirements."

26 V.S.A. §3061 states: "The Office or the Board may adopt rules in accordance with 3 V.S.A. chapter 25 to carry out the purposes of this chapter, including, in consultation with the appropriate boards and advisor appointees for professions regulated by the Office, rules regarding any profession-specific requirements related to telehealth licenses and telehealth registrations."

8.

9. THE FILING HAS NOT CHANGED SINCE THE FILING OF THE PROPOSED RULE.

10. THE AGENCY HAS NOT INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.

11. SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE NOT RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.

12. THE AGENCY HAS INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.

13. THE AGENCY HAS NOT INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.

14. CONCISE SUMMARY (150 WORDS OR LESS):

The proposed rulemaking primarily responds to statutory changes, but also reflect revisions to Board policy.

1) 26 V.S.A. § 3061 creates two new forms of health care credentials, telehealth license and telehealth registration. This rulemaking implements these new credentials.

2) The public health emergency disrupted access to the testing required to become a Vermont physician. Delayed access caused some applicants to exceed established time limitations. This rulemaking extends the time limit for applicants affected by the disruption.

3) Act 38 (2023) revised supervision and practice location requirements for radiologist assistants (RAs). This rulemaking aligns the rule with statutory changes.

4) 26 V.S.A. § 1377 authorizes the Board, through rulemaking, to offer licensees a nondisciplinary financial penalty option for a violation of purely an administrative nature (e.g., failure to maintain a current address with the Board).

5) Modifies the rule for clarity and consistency with Board practices.

15. EXPLANATION OF WHY THE RULE IS NECESSARY:

26 V.S.A. § 1391(c) gives rulemaking authority to the Board to set the requirements regarding medical licensing examinations. Because of the COVID-19-related disruptions to testing, a number of physicians exceeded the Vermont time limit for completing the US medical exam sequence. This impacts the ability for applicants to become Vermont licensed MDs and thus negatively affects hospitals, practices, and patients access to physicians. Therefore, the Board must amend the rule to extend the time limits to correct the implications from the delays.

Professionals regulated by the BMP would not be able to receive the new telehealth license or registration as authorized by 26 V.S.A. §3061.

Without the proposed revisions, Section VII regulating RAs would be inconsistent with Act 38 (2023), causing the rule to be unnecessarily narrower than statute.

Amendments to the list of administrative violations improves clarity and efficiency and is authorized by 26 V.S.A. § 1377.

16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:

The decisions made by the Department regarding these regulations are factually based, rationally connected to those factual bases, and would make sense to a reasonable person.

17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:

Physicians, physician assistants, podiatrists, anesthesiology assistants, and radiology assistants, the Board of Medical Practice, Vermont hospitals, practices, and patients.

18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):

The Board can elect to offer a licensee the option to pay a nondisciplinary penalty in lieu of being investigated. Licensees who elect to pay the nondisciplinary financial penalty avoid the costs of being investigated, avoid the risk of a larger financial penalty, and the additional potential sanctions that could result from an investigation process.

This rulemaking operationalizes two new forms of professional credentials created by statute, telehealth license and telehealth registration. Telehealth licenses are limited to 20 patients and have a fee of 75 percent of the full license fee. Telehealth registration lasts only 120 days, and is limited to 10 unique patients. The fee for a telehealth registration is one half the full license fee. An economic benefit is anticipated for the health care system and for patients from the implementation of the telehealth credentialing.

19. A HEARING WAS HELD.

20. HEARING INFORMATION

(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING, PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date: 12/5/2023

Time: 01:00 PM

Street Address: 108 Cherry St, Burlington VT Rm 3B

Zip Code: 05401

URL for Virtual: Or call in (audio only)

+1 802-828-7667,,688759862# United States, Montpelier

Phone Conference ID: 688 759 862#

Find a local number | Reset PIN

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

Date:

Time: AM

Street Address:

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Time: AM

Street Address:

Zip Code:

URL for Virtual:

21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING):

12/12/2023

KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

The Board's licensees
Board of Medical Practice
Physician
Physician Assistant
Radiology Assistant
Doctor
US Medical Licensing Examination (USMLE)
Examination
MD
MD/PhD

280 State Drive - Center Building
Waterbury, VT 05671-1000



OFFICE OF THE SECRETARY
TEL: (802) 241-0440
FAX: (802) 241-0450

JENNEY SAMUELSON
SECRETARY

TODD W. DALOZ
DEPUTY SECRETARY

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

MEMORANDUM

TO: Sarah Copeland Hanzas, Secretary of State

FROM: Jenney Samuelson, Secretary, Agency of Human Services

A handwritten signature in black ink, appearing to be 'Jenney Samuelson', written over a circular scribble.

DATE: January 31, 2023

SUBJECT: Signatory Authority for Purposes of Authorizing Administrative Rules

I hereby designate Deputy Secretary of Human Services Todd W. Daloz as signatory to fulfill the duties of the Secretary of the Agency of Human Services as the adopting authority for administrative rules as required by Vermont's Administrative Procedure Act, 3. V.S.A § 801 et seq.

Cc: Todd W. Daloz

Adopting Page

Instructions:

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

1. TITLE OF RULE FILING:

Rules of the Board of Medical Practice

2. ADOPTING AGENCY:

Vermont Department of Health

3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW*):

- **AMENDMENT** - Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment if the rule is replaced with other text.
- **NEW RULE** - A rule that did not previously exist even under a different name.
- **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

This filing is **AN AMENDMENT OF AN EXISTING RULE** .

4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE*):

July 1, 2022 2020 Secretary of State Rule Log #22-019



INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES

Meeting Date/Location: October 9, 2023, virtually via Microsoft Teams
Members Present: Chair Sean Brown, Jared Adler, Jennifer Mojo, Diane Sherman, Michael Obuchowski, and Nicole Dubuque
Members Absent: John Kessler and Brendan Atwood
Minutes By: Melissa Mazza-Paquette

- 2:01 p.m. meeting called to order.
- Review and approval of minutes from the September 11, 2023 meeting.
- No additions/deletions to agenda. Agenda approved as drafted.
- Note: The following emergency rules were supported by ICAR Chair Brown:
 - 'Emergency Administrative Rules for Notaries Public and Remote Notarization' by the Office of Professional Regulation, on 09/19/23
 - OPR seeks to renew the emergency rules to ensure notaries can provide remote notary public services while the permanent rules go through the APA rulemaking process. More permanent rules to implement Act 171 are drafted.
 - These Emergency Rules allow an individual to satisfy the "personal appearance" requirement for the performance of notarial acts by appearing before a notary public through a secure communication link using specific protocols and standards.
 - 'PUC Emergency Rule 2.500 COVID-19 Emergency Procedures' by the VT Public Utility Commission, on 09/25/23
 - Risk of exposure for members of the public and state agency staff to the COVID-19 virus established as a global pandemic by the World Health Organization as of March 11, 2020.
 - This emergency rule amends various filing and procedural requirements and provides alternative procedures to reduce or eliminate in-person contact between members of the public and Commission staff or other members of the public to reduce the risk of exposure to the COVID-19 virus. This is the seventh extension of the emergency rule filed in April 2020. A number of measures included in this revised emergency rule have proven beneficial to those who appear before and interact with the Commission. The Commission is undertaking a process of adopting policies and promulgating permanent rules, where appropriate, so that the remaining measures in this revised emergency rule could either be phased out or incorporated into permanent rules. The revisions in this version reflect adoption of permanent Commission Rule 2. Two other Commission rules modified by this rule have entered formal rulemaking. The provisions in this revised emergency rule will be superseded when the permanent rules take effect.
- No public comments.

- Presentation of Proposed Rules on pages 3-12 to follow:
 1. Residential Care Home and Assisted Living Residence Licensing Regulations, Agency of Human Services, Department of Disabilities, Aging, and Independent Living, page 3
 2. Independent School Program Approval Rules, State Board of Education, page 4
 3. Vermont Low Emission Vehicle and Zero Emission Vehicle Rules, Agency of Natural Resources, page 5
 4. Investigation and Remediation of Contaminated Properties Rule (IRule), Agency of Natural Resources, page 6
 5. Children's Personal Care Services, Agency of Human Services, Department of Health, page 7
 6. Rules of the Board of Medical Practice, Agency of Human Services, Department of Health, page 8
 7. Crisis Fuel Assistance Rules, Agency of Human Services, Department for Children and Families, Economic Services Division, page 9
 8. Seasonal Fuel Assistance Rules, Agency of Human Services, Department for Children and Families, Economic Services Division, page 10
 9. Rule Governing the Prescribing of Opioids for Pain, Agency of Human Services, Department of Health, page 11
 10. Council Rules, Vermont Criminal Justice Council, page 12
- No other business
- Next scheduled meeting is November 13, 2023 at 2:00 p.m.
- 3:54 p.m. meeting adjourned.

DRAFT

Proposed Rule: Rules of the Board of Medical Practice, Agency of Human Services, Department of Health

Presented By: Natalie Weill

Motion made to accept the rule by Sean Brown, seconded by Mike Obuchowski, and passed unanimously except for Jared Adler who abstained, with the following recommendations:

1. Proposed Filing – Coversheet:
 - a. #8: Clarify what the rule is in terms of what it regulates, as well as the 3rd and 4th bullet. Explain the 5th bullet. Clarify what the board practices are.
 - b. #10: Expand upon how the rule is not arbitrary as defined in statute.
 - c. #12: Align with #3 in the Economic Impact Analysis for consistency.
2. Economic Impact Analysis, #6: Include how the economic impact described in #3 is similar, if not the same for small businesses.
3. Public Input Maximization Plan, #4: Include how the department will reach out to the entities listed to advise of the public comment period.

DRAFT



Economic Impact Analysis

Instructions:

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn’t appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

1. TITLE OF RULE FILING:

Rules of the Board of Medical Practice

2. ADOPTING AGENCY:

Vermont Department of Health

3. CATEGORY OF AFFECTED PARTIES:

LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:

Licenses: This rulemaking adds a form of violation to the already existing schedule of nondisciplinary financial penalties for unprofessional conduct that is of a purely administrative nature. The new form of violation is levied when a physician obtains a license through the Interstate Medical Licensure Compact, and fails to subsequently submit information that is

required by Vermont law to create a publicly available profile about the licensee. Licensees who elect to pay the nondisciplinary financial penalty avoid the costs of being investigated (e.g., cost of legal representation) and the risk of a larger penalty or additional sanctions that could result from the investigation process.

The Board of Medical Practice: The Board will receive a small sum of additional revenue from the new nondisciplinary financial penalty, but may also forego some revenue that could have resulted from investigation and imposition of a public action. Some savings may be realized by avoiding staff time for investigation of these administrative matters. All financial penalties received by the Board are to be used for limited purposes as provided by 26 V.S.A. § 1374(b)(B), 1377(d). The main purpose of these nondisciplinary financial penalties is to promote compliance with administrative requirements, many of which are created by Vermont law, and to reduce the burden of investigations for both the Board and licensees. The violations covered by these provisions do not involve patient safety or reflect on a licensee's competence to practice; they are all associated with administrative requirements.

The two new credentials offered pursuant to 26 V.S.A. § 3061, telehealth licensure and telehealth registration, are expected to have a de minimis economic impact on the Board and licensees. The Legislature created these two new credentials for health professionals to offer lower-priced alternatives to healthcare professionals who anticipate a limited practice in Vermont. The telehealth license is limited to 20 patients; telehealth practitioners who expect a greater number of patients will opt to get a full license as they do now, rather than applying for a telehealth license, which offers a fee of 75 percent of the full license fee. Telehealth registration is limited to only 10 patients and to only 120 days. The main feature of telehealth registration is a significantly reduced application process that is commensurate with the limitations on

how much the registrant will be able to practice with Vermont patients. An economic benefit is anticipated for the health care system and patients from the implementation of the telehealth registration because it will allow a provider to care for a patient who will be in Vermont for a limited time, or to be able to care for a patient who comes to Vermont while the provider is obtaining a full license to be able to care for the patient going forward. The Board may see a small amount of additional revenue from the fees for these new credential types, but that increase may be offset by a slight reduction in fees received for full licenses. The motivation for these new forms of credentials is to foster access to care for patients, not to obtain revenue.

4. IMPACT ON SCHOOLS:

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:

No anticipated impact.

5. ALTERNATIVES: *CONSIDERATION OF ALTERNATIVES TO THE RULE TO REDUCE OR AMELIORATE COSTS TO LOCAL SCHOOL DISTRICTS WHILE STILL ACHIEVING THE OBJECTIVE OF THE RULE.*

Not applicable given there is no anticipated impact.

6. IMPACT ON SMALL BUSINESSES:

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):

Licenses who own their own practice and who elect to pay the nondisciplinary financial penalty will avoid the costs of being investigated (e.g., cost of legal representation) and the risk of a larger penalty or additional sanctions that could result from the investigation process.

7. SMALL BUSINESS COMPLIANCE: *EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.*

Not applicable given there is no anticipated impact.

8. COMPARISON:

COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:

There are no alternatives given the amendments made to the rules are statutory requirements. Failure to adopt proposed amendments would narrow licensing scope of practice. As a result, hospitals, medical practices, and patients throughout Vermont would see a decrease in access to healthcare services, negatively impacting public health and the healthcare system.

9. SUFFICIENCY: *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*

The Department's proposed rulemaking and analysis was informed by a review and integration of recently passed legislation identified above. The Department has provided the relevant information it has based on as assessment of the potential impacts.

Environmental Impact Analysis

Instructions:

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

1. TITLE OF RULE FILING:

Rules of the Board of Medical Practice

2. ADOPTING AGENCY:

Vermont Department of Health

3. GREENHOUSE GAS: *EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):*
No anticipated impact.

4. WATER: *EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):*
No anticipated impact.

5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*
No anticipated impact.

6. RECREATION: *EXPLAIN HOW THE RULE IMPACTS RECREATION IN THE STATE:*
No anticipated impact.

7. **CLIMATE:** *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*
No anticipated impact.
8. **OTHER:** *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*
No anticipated impact
9. **SUFFICIENCY:** *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*
Because there is no anticipated impact, the analysis is sufficient.

Public Input Maximization Plan

Instructions:

Agencies are encouraged to hold hearings as part of their strategy to maximize the involvement of the public in the development of rules. Please complete the form below by describing the agency's strategy for maximizing public input (what it did do, or will do to maximize the involvement of the public).

This form must accompany each filing made during the rulemaking process:

1. TITLE OF RULE FILING:

Rules of the Board of Medical Practice

2. ADOPTING AGENCY:

Vermont Department of Health

3. PLEASE DESCRIBE THE AGENCY'S STRATEGY TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE, LISTING THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

Consultation with stakeholders include discussions with the following: the Board of Medical Practice, the Vermont Medical Society, the Physician Assistant Academy of Vermont, and the Board's licensees. A public hearing is scheduled with a public comment period. The proposed rule will be posted online and in newspapers, and on the Department of Health's website.

4. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

The Department engaged the above listed stakeholders to seek input on the proposed changes to the rule. A public hearing will be held.

The rule was posted for public comment on the Department's website
<http://www.healthvermont.gov/about-us/laws-regulations/public-comment>.

Comment on the Vermont Board of Medical Practice's Telehealth Rule

Elliot Burg <eburg4@gmail.com>

Sun 12/10/2023 5:32 PM

To:AHS - VDH Rules <AHS.VDHRules@vermont.gov>

You don't often get email from eburg4@gmail.com. [Learn why this is important](#)

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

To Whom It May Concern:

I am writing to comment on the Vermont Board of Medical Practice's proposed rule with respect to telehealth licensing and registration, and specifically to express strong support for making permanent those telehealth options.

By way of background, I live in Middlesex, where my wife and I raised our two sons; for many years I worked as a public interest lawyer, including in the Vermont Attorney General's Office. This fall, a close member of our family was diagnosed with myelodysplastic syndrome (MDS), a blood disorder that involves the production of too few red blood cells, white blood cells, and/or platelets in the bone marrow, and that can shorten one's lifespan and sometimes evolve into a fatal form of leukemia.

MDS was initially diagnosed by a local hematologist, who then supported the idea of seeking a second opinion and treatment from a specialist at Dana Farber Cancer Institute in Boston. In November, we traveled to Dana Farber to meet with Dr. Jacqueline Garcia, one of whose areas of expertise is MDS, and who is also a researcher on blood cancers and an Assistant Professor of Medicine at Harvard Medical School. Prior to the appointment, Dr. Garcia reviewed all of the past blood test results, and she expertly and supportively shared her thoughts on diagnosis, prognosis, and treatment options.

The plan is now to meet every three to six months with Dr. Garcia in Boston and, in between those meetings, with the local hematologist, with whom Dr. Garcia will consult. We feel extremely fortunate to be able to access such excellent care.

At the same time, it makes so much sense to be able to confer with Dr. Garcia on Zoom whenever appropriate, rather than having to drive eight hours round trip for a consultation that in some cases, we are told, will last 30 to 45 minutes. Particularly in the winter, when road conditions can be difficult, we believe that telehealth would be by far the best option--for us and for others, including for people who might consider moving to Vermont in the future if continuity of out-of-state medical care were available to them.

For these reasons, we urge the Board of Medical Practice to offer telehealth options to Vermonters who can benefit from online care from qualified medical providers in other jurisdictions, subject to the least onerous reasonable requirements.

Sincerely,

Elliot Burg
107 North Bear Swamp Road
North Middlesex, VT 05682

Tel. (802) 272-4920

Annotated
Text

RULES OF THE BOARD OF MEDICAL PRACTICE

SECTION I. GENERAL PROVISIONS

1.0 Overview

1.1 Purpose

The purpose of the Board of Medical Practice is to protect the public health, safety and welfare. The Board does this by setting standards for issuing licenses and certifications, by licensing and certifying only qualified applicants, by investigating unprofessional conduct and unlicensed practice of medicine, by disciplining and regulating the practices of license and certificate holders, and by providing licensees with guidelines, policies, and continuing medical education.

1.2 Authority

This rule is adopted pursuant to 26 V.S.A. § 1351(e) and 3 V.S.A. § 831(d).

1.3 Scope

This rule establishes requirements for the licensing or certification, and regulation of physicians, physician assistants, podiatrists, anesthesiologist assistants, and radiologist assistants by the Board of Medical Practice.

2.0 Definitions

2.1 "ABMS" means the American Board of Medical Specialties.

2.2 "Accredited Medical School" means a medical school accredited by the LCME or the Canadian equivalent.

2.3 "ACGME" means the Accreditation Council for Graduate Medical Education.

2.4 "AMA" means the American Medical Association.

2.5 "Board" means the Board of Medical Practice created by 26 V.S.A. Chapter 23.

2.6 "Board-approved medical school" means a medical school that:

2.6.1 Appears on the official California Recognized Medical Schools list; or

- 2.6.2 A foreign medical school that has been accredited under the system for medical school accreditation established by the Educational Commission for Foreign Medical Graduates (ECFMG) and deemed to meet the minimum requirements substantially equivalent to the requirements of medical schools accredited by the Liaison Committee on Medical Education or the Committee on Accreditation of Canadian Medical Schools; or
- 2.6.3 A medical school that was approved as provided by the standards established by the United States National Committee on Foreign Medical Education and Accreditation Certification, but only if the applicant holds American Board of Medical Specialties board certification, or meets all eligibility requirements for such certification and is only lacking current licensure.
- 2.7 "CACMS" means the Committee on Accreditation of Canadian Medical Schools.
- 2.8 "CFPC" means the College of Family Physicians of Canada.
- 2.9 "CME" means continuing medical education as defined by the Accreditation Council for Continuing Medical Education (ACCME).
- 2.10 "CPME" means Council on Podiatric Medical Education of the American Podiatric Medical Association.
- 2.11 "ECFMG" means the Educational Commission for Foreign Medical Graduates.
- 2.12 "Fifth pathway" means a program of medical education that meets the following requirements:
 - 2.12.1 Completion of two years of pre-medical education in a college or university of the United States.
 - 2.12.2 Completion of all the formal requirements for the degree corresponding to doctor of medicine except internship and social service in a medical school outside the United States ~~which~~ that is recognized by the World Health Organization.
 - 2.12.3 Completion of one academic year of supervised clinical training sponsored by an approved medical school in the United States or Canada.
 - 2.12.4 Completion of one year of graduate medical education in a program approved by the Liaison Committee on Graduate Medical Education of the American Medical Association.
- 2.13 "FLEX" means the Federation Licensing Examination.
- 2.14 "Foreign medical school" means a legally chartered medical school in a sovereign state other than the United States or Canada.
- 2.15 "Immediate family" means the following: a spouse (or spousal equivalent), parent, grand-parent, child, sibling, parent-in-law, son/daughter-in-law, brother/sister-in-law, step-parent, step-child, step-sibling, or any other person who is permanently

residing in the same residence as the licensee. The listed familial relationships do not require residing in the same residence.

- 2.16** "Lapsed license" means a license that has expired or is no longer valid due to the licensee's failure to complete the requirements for renewal of that license.
- 2.17** "Limited temporary license" means a license issued for the purpose of completing post-graduate training and allows the licensee to practice under the supervision and control of a Vermont-licensed physician in an ACGME-accredited training program.
- 2.18** "LCME" means the Liaison Committee on Medical Education of the AMA.
- 2.19** "LMCC" means the Licentiate of the Medical Council of Canada.
- 2.20** "MCCQE" means Medical Council of Canada Qualifying Examination.
- 2.21** "National Boards" means the examination given by the National Board of Medical Examiners.
- 2.22** "NCCPA" means National Commission for the Certification of Physician Assistants.
- 2.23** "PA" means physician assistant.
- 2.24** "Participating Physician" means a medical doctor or osteopathic physician who holds a full Vermont medical license, who meets the requirements of Vermont law and this rule to be the Participating Physician for a PA, and who has executed a practice agreement to act as the Participating Physician for a Vermont PA.
- 2.25** "Physician" means a medical doctor or holder of an equivalent degree that qualifies a person to be licensed as an allopathic physician. It does not mean doctor of osteopathy when used in this rule unless specified.
- 2.26** "PMLexis" means the Podiatric Medical Licensure Examination for States.
- 2.27** "Professional" means a member of one of the health care professions licensed by the Board: medical doctor; physician assistant; podiatrist; anesthesiologist assistant, and radiologist assistant.
- 2.28** "RCPSC" means the Royal College of Physicians and Surgeons of Canada, which is the accrediting body for postgraduate medical education in Canada.
- ~~"RRC" means the Residency Review Committee of the ACGME.~~
- 2.29** "Specialty Board certification" means the certification granted upon successfully completing the educational and examination requirements of a specialty board of the American Board of Medical Specialties.
- 2.30** "USMLE" means the United States Medical Licensing Examination.
- 2.31** "Verification" means documentation that is provided to the Board that comes directly from the original issuing authority, or recognized successor entity, in a format acceptable to the Board, or from the Federation Credential Verification Service (FCVS) or other record repository as may be recognized by the Board.

2.32 “V.S.A.” means Vermont Statutes Annotated.

3.0 Hearings Before the Board

- 3.1 **Hearing Panel:** The Executive Director may designate a hearing panel of no fewer than 3 members, with a minimum of one public member and one physician member of the Board, to conduct hearings that would otherwise be heard by the full Board. When a hearing is conducted by a hearing panel, the panel shall report its findings and conclusions to the Board -within 60 days of the conclusion of the hearing unless the Board grants an extension.
- 3.2 **Full Board Hearing:** Hearings before the Board require five members, including at least one public member and at least one physician member. Members of a hearing panel designated under section 26 V.S.A. § 1372 shall not participate in or be present during deliberations of the Board but may be present for all other parts of the hearing.
- 3.3 Hearings shall be open to the public, except when required or permitted to be closed pursuant to law.

4.0 Licensing Process: Licensing Committee and Applicant’s Right to a Written Decision~~Applicant’s Right to a Written Decision~~

4.1 Licensing Committee: The Licensing Committee of the Board is a standing committee that consists of at least three members, including at least one physician (MD) member and at least one public member of the Board. The Licensing Committee may conduct business with as few as two members participating but if only two members of the Licensing Committee are participating actions taken must be upon a unanimous vote and there must be a public member and a physician member present. If three or more members of the Licensing Committee are participating actions are taken on a majority of the members present and voting. Participation on the Licensing Committee is voluntary. Any sitting member of the Board of Medical Practice may volunteer for service at one or more meetings of the Licensing Committee.

4.14.2 Applicants Right to a Written Decision: The Board must document, in writing, all decisions on whether an applicant is granted or denied a license or certification. The Board may stay its decision on an application for a license or certification from an applicant who is the subject of an unresolved licensing board investigation or a criminal complaint in another jurisdiction that involves or relates to the practitioner’s care of patients or fitness to practice medicine. If an application is stayed, the Board may require the applicant to update some or all parts of the application when the stay is removed and the application is to be considered.

4.1.14.2.1 _____ Whenever the Board intends to deny an applicant a license, it shall first issue a Notice of Intent to Deny, which shall include:

- 4.1.14.2.1.1 The specific reasons for the license denial;
- 4.1.14.2.1.2 Notice that the applicant has the right to request a hearing at which the Board shall review the preliminary decision, and that such request must be filed with the Board within 30 days of the date the decision was sent to the applicant.
- 4.1.24.2.2 If the applicant requests a hearing in writing, a hearing panel shall be appointed as provided by 26 V.S.A. § 1372 and 26 V.S.A. § 1398.
- 4.1.34.2.3 At the hearing to review the preliminary decision to deny the license application, the applicant shall be given the opportunity to show compliance with the licensing requirements.
- 4.1.44.2.4 After the hearing, the Board shall affirm or reverse the preliminary decision, and shall issue a final written decision and order setting forth its reasons for the decision. The decision and order shall be signed by the chair or vice-chair of the Board and the Board shall enter the order. A decision and order is effective upon entry.
- 4.1.54.2.5 Notice of both the preliminary decision and the final decision and order shall be sent to the applicant by certified mail.

5.0 Applicant's Right to Appeal

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision to the Vermont Supreme Court, as provided by 26 V.S.A. § 1367, by filing a notice of appeal- with the Executive Director of the Vermont Board of Medical Practice. For further rules concerning appeals, see 3 V.S.A, ch. 25 Administrative Procedures and the Vermont Rules of Appellate Procedure.

6.0 Fees

6.1 Application fees are established in 26 V.S.A. §§ 374, 378, 1401a, 1662, 1740, and 2862, and 3054.

6.2 Physician fee waivers.

6.2.1 Pro Bono Clinic Waiver. A physician who will limit practice in Vermont to providing pro bono services at a Board-recognized free or reduced fee health care clinic, as provided by 26 V.S.A. § 1401a(c), shall meet all license requirements, but may apply for a waiver of licensing fee, by submitting a fee waiver request to the Board which shall include the following information:

6.2.1.1 The name and address of the free or reduced fee health clinic(s) where the pro bono services shall be performed;

- 6.2.1.2 Certification that the licensee shall perform only pro bono services in Vermont, and shall only perform such services at the listed clinics;
- 6.2.1.3 The clinic director's certification that the licensee shall perform only pro bono services at the clinic.
- 6.2.2 Medical Reserve Corps Waiver. A physician who will limit practice in Vermont to service with the Medical Reserve Corps, as provided in 26 V.S.A. § 1401a(c) shall meet all license requirements, but may apply for a waiver of licensing fee, by submitting a fee waiver request to the Board using the appropriate form.
- 6.2.3 A physician granted a waiver request must reapply for the waiver at each biennial renewal. A physician may obtain a fee waiver under each basis; if volunteering under each basis, the necessary documentation must be submitted for each. The licensee's failure to follow the terms of the certifications submitted or the provisions of this rule may constitute unprofessional conduct as set forth in 26 V.S.A. §§ 1354 and 1398 and may result in disciplinary action.
- ~~6.2.3~~6.2.4 Additional fee provisions regarding military members and their spouses are found in Sections 80.078 and 81.079.

7.0 Renewing a License or Certification

- 7.1 Licenses and certifications are renewed on a fixed biennial schedule. A professional must renew his or her license or certification before it lapses. The date on which a license or certification shall lapse is printed on it. 90 days before such date, the Board will provide each professional with notice of renewal to the email address last provided to the Board. If a professional does not complete the renewal application, submit all required documentation, and pay the renewal fee to the Board by the date on which the license or certification shall lapse, the license or certification will lapse automatically.
- 7.2 A professional whose initial license or certification is issued within 90 days of the next-occurring renewal date, will not be required to renew or pay the renewal fee. Instead, the license or certification will be issued with an expiration date at the end of the next full period of licensure or certification. A professional who is issued an initial license or certification more than 90 days prior to the next-occurring expiration date will be required to renew and pay the renewal fee or the license or certification will lapse.
- 7.3 Professionals have a continuing obligation during each two-year renewal period to promptly notify the Board of any change to the answers on the initial or renewal application last filed with the Board, including but not limited to disciplinary or other action limiting or conditioning the license, certification, or ability to practice in any jurisdiction. Failure to do so may subject the professional to disciplinary action by the Board.

- 7.4 Limited training licenses (LTLs) are issued on a fixed annual schedule. Otherwise, these provisions apply to holders of LTLs.
- 7.5 Additionally, specific requirements for renewal as a physician assistant, radiologist assistant, or anesthesiologist assistant are listed in the sections specific to those professions.

8.0 Lapsed Licenses or Certifications

If a license or certification has not been renewed by the required date, it lapses. A professional regulated by the Board may not legally practice in Vermont after a license or certification has lapsed. The professional must halt practice immediately and completely until the license or certification has been reinstated.

9.0 Reinstatement of a License or Certification

9.1 Reinstating a License or Certification after It Has Been Lapsed for Less Than One Year (364 days or fewer).

9.1.1 To seek reinstatement after failing to renew, a professional must complete in full the renewal application and tender it to the Board with any required documentation and a late fee, in addition to the fee required for renewal, within a year of lapsing. The Board may seek or request such additional information as it deems needed to make a determination as to the renewal application. The Board may deny the renewal of a license or certification on grounds of unprofessional conduct as set forth under Vermont law, after notice and opportunity to be heard has been provided to the professional.

9.2 Reinstating a License or Certification after It Has Lapsed for One Year or More (365 days or more).

9.2.1 If a license or certification has been lapsed for one year or more the professional must complete a reinstatement application in full and pay the application fee for an initial application. The reinstatement application requires additional information beyond that required in the standard renewal application. This includes but is not limited to the requirement to submit a chronological accounting of all professional activities in other jurisdictions during the period the Vermont license or certification was lapsed.

9.2.2 The professional submitting a renewal for a license or certification lapsed for one year or more must provide:

9.2.2.1 For physicians or any other professional who held hospital privileges, a form completed by the chief of staff of the hospital where privileges were most recently held during the period when the Vermont license was lapsed;

- 9.2.2.2 For professionals who are required to practice under supervision, a form completed by each supervisor who provided supervision during the period when the Vermont license or certification was lapsed; and
- 9.2.2.3 A verification from each state in which the professional held an active license or certification during the period when the Vermont license or certification was lapsed.
- 9.2.3 Reinstatement may be denied on grounds of unprofessional conduct as set forth under Vermont law or for other good cause, after notice and opportunity to be heard has been provided to the professional. The provisions of Section 4.0 regarding license denial apply to denial of reinstatement.

10.0 Stale Applications

- 10.1 An application that becomes stale under these provisions is terminated without Board action and without refund of any fees paid.
- 10.2 An application becomes stale if six months pass from the time that the applicant is notified that additional information or documentation is needed and the information or documentation has not been provided. Once an application has become stale, verifications and documentation as determined by the Board must be resubmitted and the fee must be paid again if the applicant desires to resume the application process.
- 10.3 An application that has been forwarded to the licensing committee may be determined by the licensing committee to be incomplete. An application becomes stale while before the licensing committee if the licensing committee requests additional information and the information is not submitted within sixty days. An applicant may request more time from the licensing committee, which shall rule finally on all matters of whether the application was completed in a timely matter.

11.0 Enforcement of Child Support

The Board licenses or certifies five professions: Physicians, Physician Assistants, Podiatrists, Anesthesiologist Assistants, and Radiologist Assistants. Per 15 V.S.A. § 795, the Board may not issue or renew a professional license or certification to practice these professions or be a trainee if the applicant is under an obligation to pay child support and is not in good standing or in full compliance with a plan to pay the child support due. The Board requires that each applicant for the issuance or renewal of a license or certification sign a statement that the applicant is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed.

12.0 Tax Compliance

The Board licenses or certifies five professions: Physicians, Physician Assistants, Podiatrists, Anesthesiologist Assistants, and Radiologist Assistants. Per 32 V.S.A. § 3113, the Board may not issue or renew a professional license or certification to practice those professions or be a trainee unless the applicant is in good standing with respect to or in full compliance with a plan to pay any and all taxes due. The Board requires that each applicant for the issuance or renewal of a license or certification sign a statement that the applicant is in good standing with respect to or in full compliance with a plan to pay any and all taxes due.

13.0 Professional Standards.

13.1 Change of Name or Address.

All professionals are responsible for notifying the Board within 10 days of any change of name, public address, mailing address, or telephone number. All professionals who hold a Vermont license or certification are required to keep the Board informed of a current email address; email is used to provide important notices to all professionals regulated by the Board. A professional who holds a Vermont license but who has not been engaged in practice in Vermont shall notify the Board at least 30 days in advance of the intended starting date of the Vermont practice.

13.2 Self-Prescribing and Prescribing for Family Members.

13.2.1 **Controlled Substances:** It is unacceptable medical practice and unprofessional conduct for a licensee to prescribe or dispense controlled substances listed in US Drug Enforcement Agency (“D.E.A.”) Schedules II, III, or IV for the licensee’s own use. It also is unacceptable medical practice and unprofessional conduct for a licensee to prescribe or dispense Schedule II, III, or IV controlled substances to a member of the licensee’s immediate family, as defined in ~~sub~~Section 2.156, except in a bona fide emergency, of short-term and unforeseeable character. Prescribing for self or immediate family members, as defined in this rule, constitutes a violation of 26 V.S.A. § 1354.

13.2.2 **Non-controlled Substances:** It is discouraged for a licensee to prescribe or dispense non-controlled prescription substances for the licensee’s own use. It is also discouraged for licensee to prescribe or dispense non-controlled prescription substances to a member of the licensee’s immediate family, as defined in ~~sub~~Section 2.156. Licensees who do prescribe non-controlled substances for their own use or that of a family member are required to meet all standards of appropriate care, including proper establishment of a professional relationship with the patient and maintenance of appropriate patient records.

13.3 Methadone Prescribing. Federal law prohibits prescribing methadone outside of a certified opioid treatment program, unless it is prescribed or dispensed as an

analgesic. A licensee must include the words “FOR PAIN” in a prescription for methadone.

SECTION II. PHYSICIANS

14.0 License Required

No one may practice medicine in the state unless licensed by the Board, registered with the Board, or when exempt under the provisions contained in 26 V.S.A. § 1313. Before allowing a physician who is not licensed in Vermont to practice pursuant to the exemption stated in 26 V.S.A. §1313(a)(4), a medical school or teaching hospital must first verify through primary source verification the physician’s qualifications and credentials, including that the physician has a valid, unrestricted license to practice medicine in the current jurisdiction of practice. Such documentation shall be submitted to the Executive Director for review; the Executive Director may approve the exemption or may elect to refer the matter to the Licensing Committee and/or Board. If referred directly to the Board, there is no requirement for review by the Licensing Committee.

15.0 Requirements for Licensing

15.1 In order to be granted a license to practice medicine an applicant must meet the following eligibility requirements:

- 15.1.1 At least 18 years of age;
- 15.1.2 Competent in speaking, writing, and reading the English language;
- 15.1.3 Completed high school and at least two years of college or the equivalent;
- 15.1.4 A graduate of a Board-approved medical school, or a medical school accredited by the LCME or CACMS;
- 15.1.5 Meets the Board’s criteria for Postgraduate Training;
- 15.1.6 Meets the Board’s criteria for License by Examination; or License by Appointment to the faculty of a Vermont medical college; and
- 15.1.7 Meets requirement for moral character and professional competence.

15.2 For each applicant for licensure as a physician the Board must receive; the following in a form satisfactory to the Board:

- 15.2.1 A complete online application;
- 15.2.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
- 15.2.3 If applicable, an ECFMG certificate. An ECFMG certificate is required if an applicant graduated from a medical school outside of the United

States or Canada, unless the applicant successfully completed a fifth pathway program.

- 15.2.4 Evidence of completion of high school and at least two years of college;
 - 15.2.5 For each medical school attended, the Uniform Application Medical School Verification Form for primary source documentation of graduation from a Board-approved medical school or a medical school accredited by the LCME or CACMS;
 - 15.2.6 For each postgraduate training program attended, the Uniform Application Postgraduate Training Verification Form for primary source documentation of all postgraduate training;
 - 15.2.7 Verification of every medical license ever held in any state, territory, or province to practice medicine at any level, including permanent, temporary, and training licenses;-
 - 15.2.8 Verification of medical licensing examination results; sent directly by the applicable examining authority in accordance with the Board of Medical Practice examination requirements;
 - 15.2.9 Board of Medical Practice Reference Forms completed and submitted directly by the chief of service (or equivalent) and two other active physician staff members of the hospital where the applicant currently holds, or most recently held, privileges. If an applicant has not held privileges at a hospital within two years of the date of submission of the application, or cannot provide references as indicated, the Board in its discretion may accept references from other physicians who have knowledge of the applicant's moral character and professional competence. An applicant shall indicate in the application if asking the Board to accept references that do not meet the above-stated standard;-
 - 15.2.10 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 15.2.11 American Medical Association Profile. This must be a current Profile issued within 60 days of submission of the application;
 - 15.2.12 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application;
 - 15.2.13 The applicant's CV (curriculum vitae) or résumé; and
 - 15.2.14 If specialty board-certified, a copy of the specialty board certificate.
- 15.3** All applicants must submit a completed Board application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.

15.4 At the discretion of the licensing committee or the Board any applicant may be required to be interviewed by a Board member.

16.0 Satisfaction of Licensing Requirements by Practice in Another United States Jurisdiction

16.1 A physician can meet the licensing requirements stated in Sections 15.1.2 and 15.1.6 by demonstrating the following~~that~~:

16.1.1 ~~T~~hey have been practicing medicine full-time in another United States jurisdiction while continuously holding a full, unrestricted, and unlimited license in good standing for at least three years preceding the day on which the Vermont license is to be granted; and

16.1.2 ~~T~~hey meet the education and training requirements stated in 26 V.S.A. § 1395(a).

16.2 For each applicant for licensure as a physician under 26 V.S.A. § 1395(a) -the Board must receive, in a form satisfactory to the Board:

16.2.1 A complete online application;

16.2.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;

16.2.3 For each medical school attended, the Uniform Application Medical School Verification Form for primary source documentation of graduation from a Board-approved medical school or a medical school accredited by the LCME or CACMS;

16.2.4 For each postgraduate training program attended, the Uniform Application Postgraduate Training Verification Form for primary source documentation of all postgraduate training;

16.2.5 Verification of the medical license that the applicant relies upon to qualify to apply under the endorsement procedure;

16.2.6 Board of Medical Practice Reference Forms completed and submitted directly by the chief of service (or equivalent) and two other active physician staff members of the hospital where the applicant currently holds, or most recently held, privileges. If an applicant has not held privileges at a hospital within two years of the date of submission of the application, or cannot provide references as indicated, the Board in its discretion may accept references from other physicians who have knowledge of the applicant's moral character and professional competence. An applicant shall indicate in the application if asking the Board to accept references that do not meet the above-stated standard;-

- 16.2.7 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 16.2.8 American Medical Association Profile. This must be a current Profile issued within 60 days of submission of the application;
 - 16.2.9 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application;
 - 16.2.10 The applicant's CV (curriculum vitae) or résumé; and
 - 16.2.11 If specialty board-certified, a copy of the specialty board certificate.
- 16.3 All applicants must submit a completed Board endorsement application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.
- 16.4 At the discretion of the licensing committee or the Board any applicant may be required to be interviewed by a Board member.

17.0 License by Examination

17.1 All applicants entering the examination system after December 31, 1994 must use and pass the USMLE three-step sequence. Primary source documentation of a passing grade on each of the three USMLE steps is required. All three steps must be completed within seven (7) years of the first examination attempt, or ten (10) years if the applicant completed an MD/PhD or equivalent program. Applicants may retake USMLE Step I and II multiple times without limit until successful, subject to the time limit of seven or ten years. Applicants may retake USMLE Step III two times, for a total of three attempts. Additional attempts, even if successful, do not qualify the applicant for a Vermont license unless granted a waiver as provided in Section 17.2 below.

~~17.1~~17.2 Waiver or Exception to USMLE Time Requirement. There is an option for a waiver based on specialty board certification status as set forth in Section 17.2.1 and a special provision for exception or waiver for applicants who were affected by testing interruptions during the public health emergency caused by the COVID-19 pandemic in 2020 and 2021 as set forth in Section 17.2.2 and 17.2.3.

~~17.1.1~~17.2.1 Applicants who do not meet the requirement to have passed all three Steps of the USMLE within a seven-year period, or ten-year period for an MD/PhD applicant, or have required more than three attempts to pass Step III may apply for a waiver of the requirement if they meet all the following criteria:

~~17.1.1.1~~17.2.1.1 Hold a full unrestricted license in another U.S. or Canadian jurisdiction;

~~17.1.1.2~~ 17.2.1.2 Hold an active ABMS, RCPSC, or CFPC specialty certification; and

17.2.1.3 Have successfully completed an ACGME, RCPSC, or CFPC approved post-graduate training program.

17.2.2 If an applicant's USMLE sequence completion time, as stated in Section 17.1, fell during March 1, 2020 to March 1, 2022, then the applicant shall have two additional years added to the time limit. The requirement is met if the following criteria apply:

17.2.2.1 The MD applicant successfully completed the USMLE testing sequence within nine (9) years of the first attempt;
or

17.2.2.2 The MD/PhD applicant successfully completed the USMLE testing sequence within twelve (12) years of the first attempt.

~~17.1.2~~ 17.2.3 Applicants who do not meet the time limits for USMLE completion even with the additional time allowed under 17.2.2 but had special circumstances that significantly affected their ability to complete the examination sequence, such as government-imposed travel bans or a personal health condition that precluded travel to take an examination during the period from March 1, 2020 to August 31, 2022, may apply for an individual waiver. Such applications will be considered on a case-by-case basis and determined by the Board based on a bona fide inability to meet the time limitations for reasons beyond the applicant's control.

~~17.2~~ 17.3 Applicants who first took a medical licensing exam on or before December 31, 1994, must satisfy at least one of the following criteria, as evidenced by primary source documentation:

~~17.2.1~~ 17.3.1 Applicants who successfully completed the National Boards Parts 1, 2, and 3 or FLEX Component 1 and 2 with a grade of at least 75 on all segments of either exam meet the examination criteria of the Board. All segments of either exam must have been completed within seven (7) years. The final clinical segment (Part 3 or Component 2) must have been passed on the first or second attempt to qualify for a Vermont license; or

~~17.2.2~~ 17.3.2 Applicants who entered, but did not complete, either the NBME or FLEX sequences before the discontinuance of FLEX or National Boards may combine some parts (components) from the two discontinued exam systems with USMLE for completion of an acceptable examination sequence. Each of the following combinations are acceptable:

(1)	NBME Part I	plus	NBME Part II	plus	NBME Part III
	or USMLE Step 1		or USMLE Step 2		or USMLE Step 3

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OR					
(2)	FLEX Component I	plus	USMLE Step 3		
OR					
(3)	NBME Part I Or USMLE Step 1	plus	NBME Part II Or USMLE Step 2	plus	FLEX Component 2

~~17.2.3~~17.3.3 Applicants who took and passed a medical licensing examination administered by one of the United States or its Territories with a minimum passing grade of 75% meet the examination requirements.

~~17.2.4~~17.3.4 Graduates of Canadian medical schools, in addition to the above examination options, can qualify for a Vermont license by successfully passing the MCCQE, Part I and Part II.

18.0 License by Faculty Appointment

The Board may license without examination a resident of a foreign country who is a licensed physician in good standing in the country of residence and who presents verifiable evidence of outstanding academic and clinical achievements and potential. To qualify for a Vermont license under this rule the applicant must present evidence that the applicant will be appointed to the University of Vermont College of Medicine full-time faculty at the rank of associate professor or higher. The license is issued only for the duration of the faculty appointment and is dependent on favorable faculty evaluations conducted according to the usual College of Medicine procedures. The licensee shall share these evaluations with the Board if requested.

19.0 Postgraduate Training Requirements

19.1 Graduates of accredited U.S. or Canadian medical schools must have successfully completed two years of postgraduate training accredited by the ACGME, RCPSC, or CFPC. The training should be a progression of directed experience. Multiple first-year programs are not acceptable. Applicants who are currently licensed and in good standing in another U.S. or Canadian jurisdiction who were first licensed to practice in the U.S. or Canada on or before December 31, 1994, must have successfully completed one year of a postgraduate training program accredited by the ACGME, RCPSC, or CFPC.

~~19.2~~ Graduates who hold a diploma from a Board-approved medical school outside of the United States or Canada must have successfully completed ~~one of the following additional requirements:~~

~~19.3~~19.2 ~~Three years of postgraduate training in programs approved by the ACGME, the RCPSC, or the CFPC. The training should be a progression of directed experience, preferably in a single program. Multiple first year programs are not acceptable. Applicants may also satisfy the requirement for three years of postgraduate training by one of the following:~~

~~19.3.1~~19.2.1 ~~Specialty certification by a specialty board recognized by the ABMS, the RCPSC, or CFPC may be substituted for Section 19.1; or~~

~~19.3.2~~19.2.2 ~~Three years as a full-time faculty member at or above the level of assistant professor in a clinical discipline in a medical school approved by the LCME, with documentation of the applicant's clinical training and competence and the school's method of evaluating that competence. The evaluation must be part of the school's normal established procedure. The documentation shall include letters from the chairperson and two senior members of the applicant's department, special honors or awards that the applicant has achieved, and articles that the applicant has published in reputable medical journals or medical textbooks.~~

~~19.4~~19.3 ~~Fifth Pathway graduates are not required to submit an ECFMG certificate and are eligible for a Vermont license after three years of postgraduate training in an ACGME, RCPSC, or CFPC-accredited program.~~

20.0 Application to Take USMLE in Vermont

20.1 The Federation of State Medical Boards and the National Board of Medical Examiners administer the United States Medical Licensing Examination (USMLE). Applicants for Vermont licensure shall contact the Federation to apply to take the USMLE.

20.2 General eligibility requirements to take USMLE Step 3 are:

20.2.1 Certification of graduation from an accredited medical school in the United States or Canada, or a Board-approved medical school located in another country;

20.2.2 Verification of ECFMG certificate if the applicant is a graduate of a medical school outside the United States or Canada. Fifth Pathway graduates are not required to submit an ECFMG certificate;

20.2.3 Certification that the applicant has completed at least seven months of postgraduate training in a program approved by the ACGME, the RCPSC, or the CFPC.

21.0 Limited Temporary License

21.1 A limited temporary license is issued for the purpose of completing postgraduate training and allows the licensee to practice under the supervision and control of a Vermont-licensed physician in an ACGME-accredited training program. The

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applicant must be enrolled in an ACGME-accredited program of postgraduate training or in sub-specialty clinical fellowship training in an institution that has an accredited program in the parent specialty. A limited temporary license may be renewed or reissued, upon submission of a completed renewal application.

21.2 Application for a limited temporary license shall include:

21.2.1 Completed online application;

21.2.2 The required fee;

21.2.3 A copy of the applicant's medical school diploma;

21.2.4 A supervising physician's/ program director's statement, acknowledging statutory responsibility for the applicant's negligent or wrongful acts or omissions;

21.2.5 Direct verification of medical education;

21.2.6 ECFMG if applicable;

21.2.7 Verification of other state licensure;

21.2.8 NPDB self-query; and

21.2.9 Any additional forms or documentation required by the Board.

22.0 Professional Standards Specific to Physicians

22.1 Additional professional standards that apply to all professionals are in Section 13.0 of this rule.

22.2 It is unprofessional conduct for a physician to delegate professional responsibilities to a person whom the physician knows or has reason to know is not qualified by training, experience, education, or licensing credentials to perform. See 26 V.S.A. § 1354(a)29.

22.3 Requesting or Receiving a Prescription from a Physician Assistant for whom the Physician Acts as Participating Physician. A physician shall not request or receive the dispensing of or a prescription for controlled substances listed in D.E.A. Schedules II, III, or IV for the physician's own use from a physician assistant for whom the physician acts as participating physician.

22.4 Requesting or Receiving a Prescription from an Advanced Practice Registered Nurse with Whom the Physician Has an Agreement to Act as the Collaborating Provider. A physician shall not request or receive the dispensing of or a prescription for controlled substances listed in D.E.A. Schedules II, III, or IV for the physician's own use from an advanced practice registered nurse with whom the physician has an agreement to act as the collaborating provider.

23.0 Telehealth License

23.1 Physicians may apply for a license to practice telehealth as provided in 26 V.S.A. § 3054. Telehealth licenses are limited to telehealth practice only. Telehealth

licensees are limited to providing services to a total of only 20 unique patients during each licensing period. Once a physician has treated 20 unique patients during a licensing period, the termination of the physician-patient privilege with a patient during a licensing period does not allow the physician to add another patient during the same licensing period.

- 23.2 The requirements to qualify for a telehealth license include all the requirements for full, unrestricted physician licensure stated in Sections 15.0, ~~16~~, 17.0, and 198.0. In addition, a physician cannot obtain a telehealth license if they have had a medical license revoked in any other U.S. jurisdiction or are pending disciplinary action or investigation in any other U.S. jurisdiction, per 26 V.S.A. § 3057. Applicants must complete the online application for physician telehealth licensure, which includes all the same questions and requires the same documentation as the application for a full license.
- 23.3 Applicants for a telehealth license may use the ~~have the option to use the process described in Section 16.0 in lieu of the process described in Section 15.0. the same as applicants for full licensure.~~
- 23.4 The telehealth license fee is seventy-five percent of the fee for renewal of a full physician license.

24.0 Telehealth Registration

- 24.1 Physicians may apply for a telehealth registration as provided in 26 V.S.A. § 3054. A telehealth registration is valid for only 120 consecutive days from the day issued and allows the registrant to treat a total of only 10 unique patients during the time it is in effect. Once a physician has treated 10 unique patients during the registration period, the termination of the physician-patient privilege with a patient during the 120-day period that the registration is valid does not allow the physician to add another patient during the same period. A telehealth registration may not be renewed. A new telehealth registration cannot be obtained until three years after the day a prior telehealth registration expired.
- 24.2 To qualify for a telehealth registration a physician (MD)~~n M.D.~~ must hold an active, unencumbered license in good standing in another U.S jurisdiction. In addition, the applicant cannot have had a medical license revoked in any U.S. jurisdiction or be pending disciplinary action or investigation in any other U.S. jurisdiction, per 26 V.S.A. § 3057. Applicants must complete the online application for physician telehealth registration and provide the following documentation:-

24.2.1 The Uniform Application Affidavit and Authorization for Release of Information form accessed via the Board's website;

24.2.2 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the

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instructions to the application; and

24.2.3 Verification of an active, unencumbered medical license issued by another U.S. jurisdiction that is -in good standing.

24.3 The fee for a telehealth registration for a physician is fifty percent of the fee for renewal of a full physician license.

24.0 Continuing Medical Education

24.1 Minimum Education Requirement - Hours and Subjects

24.1.1 Each physician applying for renewal of a license to practice medicine must complete at least thirty hours of qualifying CME during the most recent two-year licensing period.

24.1.1.1 The licensee is not required to file documentation of CME that verifies completion at the time that it is reported, however, it is the licensee's responsibility to retain documentation for four years from the time the information is submitted to the Board.

24.1.1.2 The Board may audit records of CME for up to four years from the time of submission; a licensee is required to promptly submit documentation of CME completion in response to a request from the Board.

24.1.2 For physicians licensed in Vermont for the first time during the most recent two-year licensing period, if licensed in Vermont for less than one year, there is no requirement for CME at the time of the first renewal. If licensed for one year or more during that initial period of Vermont licensure, the licensee shall complete at least 15 hours of approved CME activity and those 15 hours shall include any subject-specific CME required by this rule.

24.1.3 Time is calculated from the date the license was approved by the Board until the date of expiration. Any physician who has not completed the required continuing medical education shall submit a make-up plan with a renewal application, as specified in this rule.

24.1.4 Except for required subjects that are mandated by this rule, all CME hours completed in satisfaction of this requirement shall be designed to assure that the licensee has updated knowledge and skills within their own specialties and also has kept abreast of advances in other fields for which patient referrals may be appropriate. A licensee's "own area of practice" shall not be interpreted narrowly; it is acknowledged that training in many other fields may be reasonably related to a practitioner's own specialties.

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24.1.5 Required Subject: Hospice, Palliative Care, Pain Management. 26 V.S.A. § 1400(b) mandates that the Board of Medical Practice shall require physician licensees to provide "evidence of current professional competence in recognizing the need for timely appropriate consultations and referrals to assure fully informed patient choice of treatment options, including treatments such as those offered by hospice, palliative care, and pain management services." Accordingly, all physician licensees who are required under this rule to complete CME shall certify at the time of each renewal that at least one of the hours of qualifying CME activity has been on the topics of hospice, palliative care, or pain management services.

24.1.6 Required Subject: Prescribing Controlled Substances.

All physician licensees who are required to certify completion of CME and who prescribe controlled substances shall certify at the time of each renewal that at least two hours of qualifying CME activity on controlled substances prescribing. The following topics must be covered, as required by Vermont law: abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; the appropriate use of the Vermont Prescription Monitoring System; risk assessment for abuse or addiction; pharmacological and nonpharmacological alternatives to opioids for managing pain; medication tapering and cessation of the use of controlled substances; and relevant State and federal laws and regulations concerning the prescription of opioid controlled substances. Each licensee who is registered with the D.E.A. and who holds a D.E.A. number to prescribe controlled substances, or who has submitted a pending application for one, is presumed to prescribe controlled substances and must meet this requirement.

24.1.7 Licensees who are not in active practice shall still complete CME, including all required subjects, to be relicensed. For purposes of subsection (b), a physician not in active practice may consider the last area of practice as the area of practice to which activity shall relate, or the activity may relate to any intended new area of practice.

24.1.8 Licensees who are members of the armed forces and who are subject to a mobilization and/or deployment for all or part of a licensing cycle will be treated the same as licensees who are licensed for the first time during a licensing cycle. E.g., a licensee whose military mobilization/deployment covers a year or more is not required to complete CME for that cycle. A licensee whose military duties during the two-year cycle total less than one year shall be required to meet the CME requirement of at least 15 hours, including any required subjects.

24.1.9 A licensee who allows a license to lapse by not timely applying for renewal shall certify completion of all CME that would have been required to remained licensed in order to be granted a renewal license.

24.2 Qualifying Continuing Medical Education Activities

- 24.2.1 CME activities that are approved for American Medical Association Physician's Recognition Award Category 1 Credit AMA PRA Category 1 Credit™ qualify as approved Vermont CME.
- 24.2.2 Credit for providing training. The Board accepts all AMA PRA Category 1 Credit™ activity. The AMA PRA program grants two hours of credit for each hour of training presented by a physician. The Board recognizes those credits the same as the AMA PRA program.
- 24.2.3 Certain activities sponsored by the Board may qualify for CME credit even if not designated as AMA PRA Category 1 activities. If CME credit is available, it will be specifically stated by the Board.
- 24.2.4 Special Rule for holders of a full, unlimited license who are participants in a residency or fellowship program approved by a nationally-recognized body that approves graduate medical education (GME). Some physicians who are still in a GME program obtain full licensure in addition to a limited temporary license for training. As fully-licensed physicians, if licensed for a year or more (see Section 243.1.2) they must complete at least 15 hours of CME. If licensed the full period, they must complete 30 hours of CME. However, the Board will recognize participation in a GME program as qualifying for CME credit to the extent provided here.
 - 24.2.4.1 The licensee must have successfully completed the program or continue to be in good standing in the GME program throughout the licensing period to have GME count as CME.
 - 24.2.4.2 Successful completion of a year of full-time participation in an approved program during the two-year licensing period may count for 15 hours of CME to be used to satisfy a CME requirement for that licensing period. Licensees who wish to use participation in a GME program to satisfy part of the CME requirement shall submit a letter to the Board stating so and attesting to successful completion of the GME program year.
 - 24.2.4.3 GME students who are fully licensed must meet the subject-specific requirement for hospice, palliative care, or pain management services if fully licensed for a year or more. --See Section 243.1.5. GME students who are fully licensed for a year or more and who have applied for or hold a D.E.A. number must satisfy the statutory requirement for two hours of CME on controlled substances prescribing. See Section 243.1.6.

24.3 Make-Up Plans

- 24.3.1 Any physician who has not completed the minimum number of hours of CME, or who has not completed the required subject-specific training, as of the deadline for submission of license renewal applications, will not be granted a renewal license unless the application includes an acceptable

make-up plan signed by the licensee. The Board Executive Director is authorized to review and determine if make-up plans are acceptable.

- 24.3.2 An acceptable make-up plan must include a timeline for making up all CME that needs to be completed to satisfy the requirements of this rule. The timeline shall identify the approved activities that the licensee plans to attend. The licensee may later substitute activities, but the plan shall indicate that it is the licensee's good faith intent to complete the activities listed at the time of submission. A licensee shall have up to one hundred twenty (120) days to complete the CME make-up plan.
- 24.3.3 Any licensee who will not complete a make-up plan within the time specified by the plan shall contact the Board at least 30 days in advance of the date on which the period will end to notify the Board and submit a revised plan and request for extension of time.
 - 24.3.3.1 The request for extension of time must include an explanation of the reasons why the licensee was unable to complete the required training in accordance with the plan.
 - 24.3.3.2 Extensions of the make-up plan period are limited to 90 days, during which the licensee shall complete the required CME. Further extensions will be granted only for good cause shown, for reasons such as: serious illness of the licensee or a family member; death of an immediate family member; significant personal hardship, such as a house fire; significant and ongoing medical staff shortage during the make-up period; or similarly compelling reasons.
 - 24.3.3.3 The Board may delegate to the Board Executive Director the authority to approve requests to extend the time for a make-up plan in accordance with this rule. Any request for extension not granted by the Executive Director shall be considered by the Board.
- 24.3.4 CME activity completed as part of a make-up plan does not count toward satisfaction of the requirement to complete CME during that current licensing cycle; activity may only be counted once. If a multi-hour activity is performed partly in satisfaction of a make-up plan and partly for the CME requirement associated with the current licensing cycle, the licensee shall clearly document the allocation.

24.4 Failure to Certify Completion of Required CME, File a Make-Up Plan, or Complete a Make-Up Plan

- 24.4.1 A licensee who has failed to submit certification of completion of CME as required by law and this rule, or who having failed to certify completion of CME has failed to submit a make-up plan with a license renewal application, will be notified of such failure and have not more than 15

days from receipt of notice to file with the Board either a certification of completion of CME or a make-up plan.

24.4.2 A licensee who fails to file a certificate of completion of CME at the end of a make-up period, or to file a request for an extended make-up period, shall be notified of such failure and have not more than 15 days from receipt of notice to file with the Board either a certificate of completion of CME or another request for extension of time in which to make up CME.

24.4.3 A licensee who submits a certificate of completion at the time of submission of the license renewal application, or who has filed an acceptable make-up plan with the renewal application and is in the make-up period, or who having failed to complete the first make-up plan has received approval from the Board for an extended make-up period that has not yet expired, is in good standing with respect to CME requirements.

24.4.4 Any licensee not in good standing with respect to CME requirements is subject to investigation by the Board for unprofessional conduct.

25.0 Grounds for Disciplinary Action

25.1 Grounds for disciplinary action include the conduct set forth in 26 V.S.A. §§ 1354, 1398, and 18 V.S.A. § 1852.

25.2 All complaints and allegations of unprofessional conduct shall be processed in accordance with Section V of this rule.

25.3 After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant or physician found guilty of unprofessional conduct, as provided by 3 V.S.A. § 809, and 26 V.S.A. §§ 13746+(b), including but not limited to:

25.3.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of license;

~~25.3.1~~25.3.2 Imposition of an administrative penalty of not more than \$1,000 for each act of unprofessional conduct;

~~25.3.2~~25.3.3 Required completion of continuing education;

25.3.4 Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board; or,

~~25.3.3~~25.3.5 Such other action relating to discipline or practice as the Board determines appropriate.

25.4 Right to Appeal

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive

Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and 3 V.S.A. § 815.

SECTION III. PHYSICIAN ASSISTANTS

26.0 Introduction

- 26.1** Physician assistants practice medicine pursuant to a written practice agreement with a participating physician. Physician assistant practice is limited to medical care within the physician assistant's education, training, and experience, and subject to any restrictions stated in the practice agreement.
- 26.2** As provided by 26 V.S.A. § 1739, physician assistants are responsible for their own medical decision making. A participating physician in a practice agreement with a physician assistant is not, by the existence of the practice agreement alone, legally liable for the actions or inactions of the physician assistant. However, that statutory language does not otherwise limit the liability of the participating physician.

27.0 Initial Licensure

- 27.1** For each applicant for licensure as a physician assistant the Board must receive, in a form satisfactory to the Board:
- 27.1.1 A complete online application;
 - 27.1.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
 - 27.1.3 Verification of certification or licensure in all other states, territories, or provinces where currently or ever certified or licensed to practice at any level, including permanent, temporary, and training licenses or certifications;
 - ~~27.1.4~~ Two reference forms from allopathic or osteopathic physicians, including one from a physician who supervised or worked closely with the applicant at their most recent practice site.
- 27.1.4
- 27.1.4.1 Applicants with fewer than six months of substantially full-time (at least 30 hours per week) practice must provide a reference from their physician assistant training program director in place of one of the references from a supervising physician. A reference to meet this requirement may be from a physician assistant if the training program director is a physician assistant.

- 27.1.5 The Board of Medical Practice's Certificate of Physician Assistant Education form for primary source documentation of completion of a Board-approved physician assistant program sponsored by an institution of higher education, completed and submitted by the institution;
 - 27.1.6 An original certification from NCCPA. Primary source documentation of current certification sent directly to the Board by NCCPA;
 - 27.1.7 Completed practice agreement with a qualified participating physician who holds a Vermont license as an allopathic or osteopathic physician (for applications who do not have a current employment offer when applying for licensure, see Section 276.2);
 - 27.1.8 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 27.1.9 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application;
 - 27.1.10 The applicant's CV (curriculum vitae) or résumé; and
 - 27.1.11 The required fee.
- 27.2** Upon written request of the applicant, an application may be considered complete and be processed by the Board without a practice agreement. However, if a license is issued it will be inoperable and the applicant will not be able to engage in Vermont practice until a practice agreement has been received by the Board. Licensees should verify that the Board has received the practice agreement by checking the Board's online system.
- 27.3** At the discretion of the licensing committee or the Board, any applicant may be required to be interviewed by a Board member.

28.0 Telehealth License

- 28.1** Physician assistants may apply for a license to practice telehealth as provided in 26 V.S.A. § 3054. Telehealth licenses are limited to telehealth practice only. Telehealth licensees are limited to providing services to a total of only 20 unique patients during each licensing period. The licensing period for a physician assistant telehealth license is the same as the licensing period for a standard physician assistant license. Once a physician assistant has treated 20 unique patients during a licensing period, the termination of the physician assistant-patient privilege with a patient during a licensing period does not allow the physician assistant to add another patient during the same licensing period.
- 28.2** The requirements to qualify for a telehealth license include all the requirements for physician assistant licensure stated in Section 274.0, including the requirement for a practice agreement with a qualified participating physician who holds a Vermont license as an allopathic or

osteopathic physician. A physician assistant cannot obtain a telehealth license if they have had a physician assistant license revoked in any other U.S. jurisdiction or are pending disciplinary action or investigation in any other U.S. jurisdiction, per 26 V.S.A. § 3057. Applicants must complete the online application for physician assistant telehealth licensure, which includes all the same questions and requires the same documentation as the application for a physician assistant license.

28.3 The telehealth license fee is seventy-five percent of the renewal fee for a full physician assistant license.

29.0 Telehealth Registration

29.1 Physician assistants may apply for a telehealth registration as provided in 26 V.S.A. § 3054. A telehealth registration is valid for only 120 consecutive days from the day issued and allows the registrant to treat a total of only 10 unique patients during the time it is in effect. Once a physician assistant has treated 10 unique patients during the term of the registration, the termination of the physician assistant-patient privilege with a patient during the period that the registration is valid does not allow the physician assistant to add another patient during the same period. A telehealth registration may not be renewed. A new telehealth registration cannot be obtained until three years after the day a prior telehealth registration expired.

29.2 To qualify for a telehealth registration a physician assistant must hold an active, unencumbered license in good standing in another U.S jurisdiction. In addition, the applicant cannot have had a physician assistant license revoked in any U.S. jurisdiction or be pending disciplinary action or investigation in any other U.S. jurisdiction, per 26 V.S.A. § 32057. Applicants must complete the online application for physician assistant telehealth registration and provide the following documentation.

29.2.1 The Uniform Application Affidavit and Authorization for Release of Information form;

29.2.2 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application; and

29.2.3 Verification of an active, unencumbered physician assistant license issued by another U.S. jurisdiction that is in good standing; and-

29.2.4 A practice agreement with a qualified participating physician who holds a Vermont license as an allopathic or osteopathic physician.

29.3 The fee for a telehealth registration for a physician assistant is fifty percent of the fee for renewal of a full physician assistant license.

28-030.0 Physician Assistant Renewal

A physician assistant who is not in active practice may renew an inoperable license but cannot practice until a practice agreement with a participating physician is received by the Board. Each practice agreement between a physician assistant and a participating physician must be reviewed, and if necessary updated, during the 90 days preceding submission of the physician assistant's renewal application. The physician assistant shall maintain documentation to show the date on which the practice agreement was reviewed.

29-031.0 Practice Agreement Requirements

29-131.1 Practice agreements must meet the requirements of 26 V.S.A. § 1735a. The requirement for a physician to be accessible for consultation by telephone or electronic means at all times when a physician assistant is practicing is also satisfied when a physician is in the same location and available for in-person consultation. A practice agreement may be submitted in hard copy or filed with the Board by email or fax.

29-231.2 A practice agreement must include the Vermont medical license number of the participating physician and the physician assistant.

29-331.3 A practice agreement must be reviewed by the physician assistant and the participating physician or another qualified physician, as provided by 26 V.S.A. § 1735a(d), no less frequently than at the time of the physician assistant's license renewal. The review must be documented in writing at the time that it is completed and signed by the physician assistant and reviewing physician. If changes are made to the practice agreement the revised agreement must be signed by the physician assistant and participating physician and submitted to the Board.

29-431.4 Submission of a New Practice Agreement upon Employment Changes. A new practice agreement must be received by the Board before a physician assistant may practice after a change in employment. A new practice agreement must be submitted to the Board whenever a physician assistant begins practice with a new employer. This includes both leaving one employment and beginning at another and adding a new employer while continuing to work for a current employer. There must be a practice agreement that applies to each practice setting. If a physician assistant's practice agreement includes restrictions that limit its application to a new practice setting with the same employer, such as by geographic location, by department, or by scope of practice allowed, a new practice agreement must be submitted for a new practice setting beyond those restrictions.

29-531.5 Submission of a New Practice Agreement Upon Unavailability of Participating Physician Who Is a Sole Practitioner. When a physician assistant's participating physician is the only physician in the practice and without prior knowledge becomes unavailable as the result of serious illness, injury, or death, the physician assistant may continue to practice for up to 30 days without entering a practice agreement with a new participating physician. After 30 days the

physician assistant may not practice unless a new practice agreement has been submitted to the Board.

29.631.6 Submission of a New Practice Agreement Upon Unavailability of Participating Physician – General Rule. As soon as it is known that a physician assistant’s participating physician will be unavailable and is expected to be unavailable for 30 days or more in any circumstances other than as described in Section 3128.5, the physician assistant must submit a new practice agreement with a participating physician and may not practice after the participating physician becomes unavailable until the new practice agreement has been submitted to the Board.

29.731.7 Practice Agreements When a Physician Assistant Has Multiple Practice Sites. While separate practice agreements are not required for each practice setting of a PA who has multiple practice settings, in some cases it may not be possible for a single practice agreement to cover each of a PA’s practice settings, such as when a PA works for two different employers, or when a participating physician within one employing organization is not willing to act as the participating physician for an additional practice site with the same employer. Although a single practice agreement may apply to more than one practice setting in instances where a practice agreement does not work for one or more of a PA’s additional practice sites there must be a practice agreement in place that applies to each practice setting.

30.032.0 Physician Assistant Professional Standards; Disciplinary Procedures

30.132.1 Prescribing Controlled Substances for Participating Physician

It is unprofessional conduct for a physician assistant to prescribe or dispense controlled substances listed in D.E.A. Schedules II, III, or IV for a physician who is the PA’s participating physician.

30.232.2 Prescribing for or Treating Participating Physician

It is discouraged for a PA to prescribe or dispense non-controlled prescription substances for the PA’s participating physician. PAs who treat their participating physician are required to meet all standards of appropriate care, including proper establishment of a professional relationship with the patient and maintenance of appropriate patient records.

30.332.3 Practice Without a Practice Agreement in Place

It is unprofessional conduct for a physician assistant to practice without having a valid practice agreement that applies to the practice setting and the care provided, unless one of the two exceptions stated in 26 V.S.A. § 1734c(b) and 26 V.S.A. § 1735a(e) applies. The practice agreement must be on file with the Board. Licensees should verify that practice agreements were received by the Board by checking the Board’s online system.

30.432.4 Continuing Education

~~30.4.1~~32.4.1 As evidence of continued competence in the knowledge and skills of a physician assistant, all physician assistants shall complete a continuing medical education program of 100 approved credit hours every two years. A minimum of 50 credit hours shall be from Category 1. Proof of completion shall be submitted to the Board with the application for renewal of certification.

~~30.4.2~~32.4.2 Certification or recertification by the NCCPA at any time during a 2-year licensure period may be accepted in lieu of 100 hours continuing medical education credits for that 2-year period. PAs must also comply with any applicable continuing medical education requirements established by Vermont law or Board Rule.

~~30.4.3~~32.4.3 **Required CME for PAs With D.E.A. Number**

All licensees who prescribe controlled substances shall certify at the time of each renewal that they have completed at least two hours of CME activity on controlled substances prescribing. The activity must be accredited as AMA PRA Category 1 Credit™ training, American Academy of Physician Assistants Category 1 training, or be specifically designated as qualifying by the Board. The following topics must be covered, as required by Vermont law: abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; the appropriate use of the Vermont Prescription Monitoring System; risk assessment for abuse or addiction; pharmacological and nonpharmacological alternatives to opioids for managing pain; medication tapering and cessation of the use of controlled substances; and relevant State and federal laws and regulations concerning the prescription of opioid controlled substances. Each licensee who is registered with the D.E.A. and who holds a D.E.A. number to prescribe controlled substances, or who has submitted a pending application for one, is presumed to prescribe controlled substances and must meet this requirement. Any physician assistant who is required to certify completion of this CME to renew, but who cannot, will be subject to the provisions regarding makeup of missing CME in subsections ~~24~~3.3 and ~~24~~3.4.

~~30.5~~32.5 **Grounds for Disciplinary Action**

Grounds for disciplinary action include the conduct set forth in 26 V.S.A. § 1736. Under 26 V.S.A. § 1734(e), failure to maintain competence in the knowledge and skills of a physician assistant may result in revocation of license, following notice of the deficiency and an opportunity for a hearing.

~~30.6~~32.6 **Disciplinary Action**

~~30.6.1~~32.6.1 All complaints and allegations of unprofessional conduct shall be processed in accordance with Section V of this rule.

~~30.6.2~~32.6.2 After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant or physician assistant found

guilty of unprofessional conduct, as provided by 3 V.S.A. § 809, and 26 V.S.A. §§ ~~1364~~1374(b) and 1737, including but not limited to:

32.6.2.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of license;

~~30.6.2.1~~32.6.2.2 ~~Imposition of an administrative penalty of not more than \$1,000 for each act of unprofessional conduct;~~

~~30.6.2.2~~32.6.2.3 Required completion of continuing education;

32.6.2.4 Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board; ~~or,~~

~~30.6.2.3~~32.6.2.5 Such other action relating to discipline or practice as the Board determines appropriate.

30.7—Right to Appeal

~~30.8~~—A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and 3 V.S.A. § 815.

32.7

SECTION IV. PODIATRISTS

33.0 License Required

No person shall practice or attempt to practice podiatry or hold themselves out as being able to do so in this state without possessing a valid, current license or registration issued by the Board. In addition, no person shall use in connection with the person's name letters, words, or insignia indicating or implying that the individual is a podiatrist unless licensed by the Board.

34.0 General Requirements for Licensing

34.1 In order to be granted a license to practice podiatry an applicant must meet the following eligibility requirements:

34.1.1 Be at least 18 years of age;

34.1.2 Be competent in speaking, writing and reading the English language;

- 34.1.3 Hold a diploma or certificate of graduation from a school of podiatric medicine accredited by the CPME and approved by the Board;
 - 34.1.4 Have satisfactorily completed one year's postgraduate training in a United States hospital program or preceptorship which is approved by the Board and which meets the minimum requirements set by the CPME;
 - 34.1.5 Have successfully completed the following examinations given by the National Board of Podiatric ~~Medical~~ Examiners: Part I and Part II of the National Board of Podiatric Medical Examiners examination followed in sequence by the PMLexis or Part III examination; and
 - 34.1.6 Meet the requirements for moral character and professional competence.
- 34.2** For each applicant for licensure as a podiatrist the Board must receive, in a form satisfactory to the Board:
- 34.2.1 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
 - 34.2.2 For each podiatric medical school attended, the Board of Medical Practice Podiatric Medical Education Form;
 - 34.2.3 For each postgraduate training program attended, the Board of Medical Practice Verification of Postgraduate Podiatric Training Form for primary source documentation of all postgraduate training;
 - 34.2.4 Verification of podiatric medical licensing examination results; sent directly to the Board by the National Board of Podiatric Medical Examiners;
 - 34.2.5 Verification of all podiatric medical licenses ever held in any state, territory, or province at any level, including permanent, temporary, and training licenses;
 - 34.2.6 The Uniform Application Affidavit and Authorization for Release of Information Form.
 - 34.2.7 Federation of Podiatric Medical Boards Disciplinary Inquiry Report. This must be a current report issued within 60 days of submission of application.
 - 34.2.8 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application.
 - 34.2.9 The applicant's CV (curriculum vitae) or résumé.
 - 34.2.10 Board of Medical Practice Reference Forms completed and submitted directly by the chief of service (or equivalent) and two other active physician or podiatrist staff members of the hospital where the applicant currently holds, or most recently held, privileges. At least one reference

must be from a podiatrist. If an applicant has not held privileges at a hospital within two years of the date of submission of the application, or cannot provide references as indicated, the Board in its discretion may accept references from other podiatrists or physicians who have knowledge of the applicant's moral character and professional competence. An applicant shall indicate in the application if asking the Board to accept references that do not meet the above-stated standard.

- 34.3 All applicants must submit a completed Board application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.
- 34.4 At the discretion of the licensing committee or the Board any applicant may be required to be interviewed by a Board member.

35.0 Licensure Without Examination

- 35.1 To qualify for licensure without examination, an applicant must present evidence satisfactory to the Board that the applicant:
 - 35.1.1 Holds a current and unrestricted podiatrist license in another jurisdiction;
 - 35.1.2 Has met licensing requirements in the other jurisdiction that are substantially equal to the Board's requirements for podiatric licensure;
 - 35.1.3 Has presented current reference letters as to moral character and professional competence; and
 - 35.1.4 Is professionally qualified; the Board may, in its discretion, require an applicant to take and pass Part III ~~ML~~ ^{Lexis} examination prior to licensure.
- 35.2 At the discretion of the licensing committee, any applicant may be required to be interviewed by a Board member.

36.0—Satisfaction of Licensing Requirements by Practice in Another United States Jurisdiction

~~37.0~~36.0

~~37.1~~36.1 A podiatrist can meet the licensing requirements stated in Sections ~~344~~.1.2 and ~~344~~.1.5 by demonstrating that:

~~37.1.1~~36.1.1 They have been practicing podiatry full-time in another United States jurisdiction while continuously holding a full, unrestricted, and unlimited license in good standing for at least three years preceding the day on which the Vermont license is to be granted; and

~~37.1.2~~36.1.2 They meet the education and training requirements stated in 26 V.S.A. § 372(b)(1).

~~37.2~~36.2 For each applicant for licensure as a podiatrist under 26 V.S.A. § 372(a), the Board must receive, in a form satisfactory to the Board:

~~37.2.1~~36.2.1 A complete online application;

~~37.2.2~~36.2.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;

~~37.2.3~~36.2.3 For each podiatric medical school attended, the Board of Medical Practice Podiatric Medical Education Form showing graduation from a school of podiatric medicine accredited by the CPME and approved by the Board;

~~37.2.4~~36.2.4 For each postgraduate training program attended, the Board of Medical Practice Verification of Postgraduate Podiatric Training Form for primary source documentation of all postgraduate training;

~~37.2.5~~36.2.5 Verification of the podiatry license that the applicant relies upon to make them qualified ~~to~~ to apply under the endorsement procedure;

~~37.2.6~~36.2.6 Board of Medical Practice Reference Forms completed and submitted directly by the chief of service (or equivalent) and two other active physician or podiatrist staff members of the hospital where the applicant currently holds, or most recently held, privileges. At least one reference must be from a podiatrist. If an applicant has not held privileges at a hospital within two years within the date of submission of the application, or cannot provide references as indicated, the Board, in its discretion may accept references from other podiatrists or physicians who have knowledge of the applicant's moral character and professional competence. An applicant shall indicate in the application if asking the Board to accept references that do not meet the above stated standards;

~~37.2.7~~36.2.7 The Uniform Application Affidavit and Authorization for Release of Information Form;

~~37.2.8~~36.2.8 A Federation of Podiatric Medical Boards Disciplinary Inquiry Report. This must be a current report issued within 60 days of submission of an application;

~~37.2.9~~36.2.9 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issues within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application; and

~~37.2.10~~36.2.10 The applicants curriculum vitae (CV) or résumé.

~~37.3~~36.3 All applicants must submit a completed Board endorsement application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.

~~37.436.4~~ At the discretion of the licensing committee or the Board, any applicant may be required to be interviewed by a Board member.

38.037.0 Limited Temporary License

~~38.137.1~~ A limited temporary license may be issued for the purpose of completing postgraduate training and allows the licensee to practice under the supervision and control of a Vermont-licensed podiatrist in a CPME-accredited training program. The applicant must be enrolled in a CPME-accredited program of postgraduate training or in sub-specialty clinical fellowship training in an institution that has an accredited program in the parent specialty. A limited temporary license may be renewed or reissued, upon submission of a completed renewal application, including fee and required documentation.

~~38.237.2~~ Application for a limited temporary license shall include:

~~38.2.137.2.1~~ Completed online application;

~~38.2.237.2.2~~ The required fee;

~~38.2.337.2.3~~ A copy of the applicant's podiatric medical school diploma;

~~38.2.437.2.4~~ A supervising podiatrist's/program director's statement acknowledging statutory responsibility for the applicant's negligent or wrongful acts or omissions;

~~38.2.537.2.5~~ Direct verification of medical education;

~~38.2.637.2.6~~ ECFMG, if applicable;

~~38.2.737.2.7~~ Verification of other state licensure;

~~38.2.837.2.8~~ NPDB self-query; and

~~38.2.937.2.9~~ Any additional forms or documentation required by the Board.

38.0 Podiatry Telehealth License

38.1 Podiatrists may apply for a license to practice telehealth as provided in 26 V.S.A. § 3054. Telehealth licenses are limited to telehealth practice only. Telehealth licensees are limited to providing services to a total of only 20 unique patients during each licensing period. Once a podiatrist has treated 20 unique patients during a licensing period, the termination of the podiatrist-patient privilege with a patient during the licensing period does not allow the podiatrist to add another patient during the same licensing period.

38.2 The requirements to qualify for a telehealth license include all the requirements for full, unrestricted podiatrist licensure stated in Sections 34.0, 35.0, and 36.0. In addition, a podiatrist cannot obtain a telehealth license if they have had a podiatry license revoked in any other U.S. jurisdiction or are pending disciplinary action or investigation in any other U.S. jurisdiction, per 26 V.S.A. § 3057. Applicants must complete the online application for podiatrist telehealth licensure, which includes all the same questions and requires the same documentation as the

application for a full license. Applicants have the option to use the process described in Section 36.0 the same as applicants for full licensure.

38.3 The podiatry telehealth license fee is seventy-five percent of the renewal fee for a full podiatry license.

39.0 Telehealth Registration

39.1 Podiatrists may apply for a telehealth registration as provided in 26 V.S.A. § 3054. A telehealth registration is valid for only 120 consecutive days from the day issued and allows the registrant to treat a total of only 10 unique patients during the time it is in effect. Once a podiatrist has treated 10 unique patients during the registration period, the termination of the podiatrist-patient privilege with a patient during the 120-day period that the registration is valid does not allow the podiatrist to add another patient during the same period. A telehealth registration may not be renewed. A new telehealth registration cannot be obtained until three years after the day a prior telehealth registration expired.

39.2 To qualify for a telehealth registration a podiatrist must hold an active, unencumbered license in good standing in another U.S jurisdiction. In addition, the applicant cannot have had a podiatry license revoked in any U.S. jurisdiction or be pending disciplinary action or investigation in any other U.S. jurisdiction, per 26 V.S.A. § 3057. Applicants must complete the online application for podiatrist telehealth registration and provide the following documentation.

39.2.1 The Uniform Application Affidavit and Authorization for Release of Information form accessible via the Board's website;

39.2.2 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application; and

39.2.3 Verification of an active, unencumbered podiatry license issued by another U.S. jurisdiction that is in good standing.

39.3 The fee for a telehealth registration for a podiatrist is fifty percent of the fee for renewal of a full podiatrist license.

40.0 Podiatrists' Professional Standards

40.1 Continuing Medical Education. Required CME: Prescribing Controlled Substances. All podiatry licensees who prescribe controlled substances shall certify at the time of each renewal that they have completed at least two hours of CME activity on controlled substances prescribing. The activity must be accredited as AMA PRA Category 1 Credit™ training or Council on Podiatric Medical Education approved training, or be specifically designated as qualifying

by the Board. The following topics must be covered, as required by Vermont law: abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; the appropriate use of the Vermont Prescription Monitoring System; risk assessment for abuse or addiction; pharmacological and nonpharmacological alternatives to opioids for managing pain; medication tapering and cessation of the use of controlled substances; and relevant State and federal laws and regulations concerning the prescription of opioid controlled substances. Each licensee who is registered with the D.E.A. and who holds a D.E.A. number to prescribe controlled substances, or who has submitted a pending application for one, is presumed to prescribe controlled substances and must meet this requirement. Any podiatrist who is required to certify completion of this CME to renew, but who cannot, will be subject to the provisions regarding makeup of missing CME in Sections ~~243~~.3 and ~~243~~.4.

40.2 Grounds for Disciplinary Action

Grounds for disciplinary action are set out in 3 V.S.A. § 129a, 18 V.S.A. § 1852, and 26 V.S.A. § 375.

40.3 Disciplinary Action

40.3.1 All complaints and allegations of unprofessional conduct shall be processed in accordance with this rule.

40.3.2 After notice and opportunity for hearing and upon a finding of unprofessional conduct, the Board may take disciplinary action against a licensed podiatrist, applicant, or person who later becomes an applicant as provided in 26 V.S.A. § 376 and 26 V.S.A. § ~~1364~~74(b). Disciplinary action may include:

40.3.2.1 Refusal to issue or renew a license;

40.3.2.2 Suspension, revocation, limitation, or conditioning of a license;

40.3.2.3 Issuance of a warning or reprimand; and/or

40.3.2.4 Imposition of an administrative penalty of not more than \$1,000 for each act of unprofessional conduct; or;

40.3.2.5 Such other action relating to discipline or practice as the Board determines appropriate.

~~Issuance of an administrative penalty.~~

40.3.3 The Board may approve a negotiated agreement between the parties. The conditions or restrictions that may be included, without limitation, in such an agreement are set forth in 26 V.S.A. § 376(d).

40.4 Right to Appeal

A party aggrieved by a final decision of the Board may, within 30 days of the decision appeal to the Vermont Supreme Court, by filing a notice of appeal with the Executive Director as provided by 26 V.S.A. § 375(d).

SECTION V. PROCEDURE FOR COMPLAINTS MADE AGAINST PHYSICIANS, PODIATRISTS, PHYSICIAN ASSISTANTS, ANESTHESIOLOGIST ASSISTANTS, AND RADIOLOGIST ASSISTANTS

41.0 Initiating a Complaint

41.1 Form of Complaint; Filing

- 41.1.1 Any party wishing to make a complaint of unprofessional conduct against a professional regulated by the Board may file a written complaint with the Board. Written complaints must include identifying and contact information for the complainant. The Board provides a printed complaint form for this purpose. Use of a form is preferred, but not required. If applicable, a complainant must provide authorization for the release of relevant medical records using the Board's form.
- 41.1.2 The Board may open an investigation on its own initiative to evaluate instances of possible unprofessional conduct that may come to its attention. 26 V.S.A. § 1355(a); 3 V.S.A. § 129(b).

42.0 Notice

42.1 Notice to Complainant

The Board will send the complainant a standard letter of acknowledgment stating that the complaint has been received by the Board and that it will be investigated.

42.2 Notice to Respondent

- 42.2.1 The Board will send the Respondent a copy of the complaint, a copy of a release of medical records signed by the patient or other authorized person, a copy of the statutory definition of unprofessional conduct, and a standard letter stating that:
 - 42.2.1.1 This complaint has been lodged against them;
 - 42.2.1.2 The letter is not a notice of a formal hearing; and
 - 42.2.1.3 The respondent must respond in writing. The response should be addressed to the Investigating Committee at the address of the Board and filed with the Board within 20 days of the date of the letter.
- 42.2.2 The Respondent is responsible for the accuracy of the response and must sign the response, even if also signed by an attorney.
- 42.2.3 The Executive Director or Investigator may grant one extension of up to 20 additional days, or more for reasonable cause, to provide the response.

A request for further delay must be submitted to the assigned investigative committee.

42.2.4 In cases where the Board has initiated an investigation, the Board will send the Respondent a letter providing notice of the investigation and describing the matters for which response is requested.

42.2.5 Unlicensed Practice. No notice need be provided to the target of an investigation into unlicensed practice.

43.0 Investigation

43.1 Investigative Committee

A standing investigative committee or one specially appointed, and an Assistant Attorney General, will investigate each complaint and recommend disposition to the Board. The investigative committee shall be assisted by an investigator from the Board. After the file is received, the investigative committee will discuss the complaint and plan the investigation.

43.2 Cooperation with Investigation; Impeding an Investigation

43.2.1 Professionals are obligated to cooperate with the Board throughout an investigation. A Respondent may contest a subpoena using the appropriate mechanisms, but in the absence of a delay associated with a bona fide objection to subpoena a failure to respond to a subpoena within a reasonable time constitutes a violation of this rule.

43.2.2 Professionals are prohibited from engaging in any action that may deter a witness from cooperating with a Board investigation and from retaliating against any person based upon the filing of a complaint or cooperation in any way with a Board investigation. Professionals are prohibited from concealing, altering or destroying any evidence that is or may be pertinent to a Board investigation.

43.3 Confidentiality of investigations is governed by 26 V.S.A. § 1318.

44.0 Suspension Prior to Completion of an Investigation

44.1 **Summary Suspension:** the investigative committee may find that certain alleged misconduct poses so grave a threat to the public health, safety, or welfare that emergency action must be taken. In such a case, the committee will request a special meeting of the hearing panel, and recommend that the Board order summary suspension of the Respondent's license or certification, pending a hearing under the authority of 3 V.S.A. § 814(c). If the Board orders summary suspension, a hearing will be scheduled as soon as practical, and the Assistant Attorney General will present the case against the suspended professional.

44.2 **Interim Suspension:** grounds for entry of such an order are as follow:

44.2.1 **Criminal Convictions:** the investigative committee shall consider any criminal conviction for which a licensee may be disciplined under 26 V.S.A. § 1354(3) as an unprofessional conduct complaint and may request that the Board immediately suspend the Respondent's license or certification under the authority of 26 V.S.A. § 1365. Upon receipt of the certified copy of the judgment of conviction, the Board may order an interim suspension pending a disciplinary hearing before the Board.

44.2.1.1 The disciplinary hearing shall not be held until the judgment of conviction has become final, unless Respondent requests that the disciplinary hearing be held without delay. The sole issue to be determined at the hearing shall be the nature of the disciplinary action to be taken by the Board.

44.2.1.2 The Respondent, within 90 days of the effective date of the order of interim suspension, may request a hearing concerning the interim suspension at which Respondent shall have the burden of demonstrating why the interim suspension should not remain in effect. The interim suspension shall automatically terminate if Respondent demonstrates that the judgment of conviction has been reversed or otherwise vacated.

44.2.2 **Out-of-State Discipline:** the committee shall consider certain out-of-state disciplinary action as set forth in 26 V.S.A. § 1366 as an unprofessional conduct complaint and may request that the Board immediately suspend the Respondent's license or certification under authority of that statute.

44.2.2.1 Upon receipt of the certified copy of the order or statement regarding the relevant out-of-state disciplinary action, the Board may order an interim suspension pending a disciplinary hearing before the Board.

44.2.2.2 The Respondent, within 90 days of the effective date of the order of interim suspension, may request a hearing concerning the interim suspension at which Respondent shall have the burden of demonstrating why the interim suspension should not remain in effect. The interim suspension shall automatically terminate if Respondent demonstrates that the out-of-state disciplinary action has been reversed or vacated.

45.0 Disposition by the Investigative Committee

45.1 Once the investigative committee determines that the investigation is complete, it shall pursue one of three possible dispositions:

45.1.1 **Concluding the Investigation:** If, after investigating the complaint, the committee and the assistant attorney general determine that the facts established by the investigation do not present cause for pursuing charges of unprofessional conduct, then the committee may recommend that the

Board conclude the investigation. If approved by the Board, the case is closed without further action. A concluded investigation may be reopened if new evidence is received, a new and related complaint is made, or upon request for reconsideration.

45.1.2 **Settlement:** If, after investigating the complaint, the committee and the Office of the Attorney General determine that the facts established by the investigation present cause for pursuing charges of unprofessional conduct, the committee shall explore the possibility of stipulated settlements and consent orders, as established in a Stipulation.

45.1.2.1 Recommended Stipulations should include a concession of wrongdoing by the Respondent, terms and conditions, an understanding that this concession may be relied on by the Board in case the licensee is later found to have engaged in unprofessional conduct, and an understanding that this final disposition of the complaint is public and that the Board shall notify the Federation of State Medical Boards Board Action Data Bank, and the National Practitioner Data Bank, and may notify other states of its contents.

45.1.2.2 When a Stipulation is filed with the Board, the complainant shall be provided with a copy of the stipulation and notice of any stipulation review scheduled before the Board. The complainant shall have the right to be heard at any stipulation review.

45.1.2.3 The Stipulation is finalized only upon acceptance by the full Board. If the investigative committee recommends a disposition in the form of a Stipulation, the Board may vote to ask the committee to change the terms of the Stipulation. If a Stipulation is not accepted by the Board within a reasonable time, the investigative committee may pursue specification of charges.

45.1.3 **Specification of Charges:** If after investigation the investigative committee and the Assistant Attorney General determine that the facts established provide a basis to allege unprofessional conduct as defined by 26 V.S.A. § 1354 and the committee believes a settlement cannot be reached or is not warranted on the facts, a Specification of Charges shall be signed by the Executive Director.

46.0 Disciplinary Proceedings

46.1 The Executive Director may designate a hearing panel composed of at least one physician member of the Board and at least one public member. Members may be appointed as provided by 26 V.S.A. § 1372. The role of the hearing panel is to

hear evidence, make findings of fact, and make recommendations to the Board for a decision on the charges.

46.2 Specification of Charges; Notice; Failure to Appear; Default.

46.2.1 The Board commences disciplinary proceedings by serving a Specification of Charges and a notice of hearing upon the Respondent. The hearing is scheduled no sooner than 30 days after service. Notice shall tell the Respondent that a response may be filed within 20 days of service.

46.2.2 Notice shall be sent to the Respondent or other person or entity entitled to notice by certified mail, return receipt requested, with restricted delivery to addressee only. If service cannot be accomplished by certified mail, the Board will make reasonable attempt to accomplish service by regular mail or by personal service within the state, if feasible. A continuance may be granted upon request for good cause as determined by the Board, hearing committee, or a presiding officer. Copies of the notice shall be sent to the complainant, the Assistant Attorney General, and the Respondent's attorney.

46.2.3 If the Respondent, after proper notice, does not respond to the Specification of Charges or appear at a hearing the Board may take disciplinary action after receiving the report of a hearing panel or after hearing the evidence if a hearing panel is not used. If a Respondent who did not participate in a panel hearing attends the hearing before the Board, they may present arguments to the Board, but may not present additional evidence unless the Board grants the Respondent leave to submit additional evidence. In such circumstances, the right of the Respondent to submit evidence is subject to any limitations set by the Board or hearing officer regarding the scope of evidence that may be presented.

46.2.4 A Respondent who has defaulted may submit a written motion within 10 days of the default to request a new hearing. The Board may grant a new hearing only upon a showing of good cause for not appearing at the hearing and for not requesting a continuation of the hearing. The Board shall issue a written decision making a determination on whether to grant a new hearing.

46.3 Discovery

After a specification of charges has been filed, the Board, or a hearing officer on its behalf, shall have authority to conduct a prehearing conference or discovery conference and to issue orders regulating discovery and depositions, scheduling, motions by the parties, and such other matters as may be necessary to ensure orderly preparation for hearing.

46.4 Hearing

Hearings before a hearing panel and before the Board will be conducted according to the hearing provisions of 26 V.S.A. ch. 23 and the contested case provisions of the Administrative Procedure Act, 3 V.S.A. § 809-815. If a hearing panel is used,

the parties will be allowed to present evidence to the Board only if the Board allows it. A Board hearing officer may act as presiding officer at hearings and pre- and post-hearing conferences for the purpose of making procedural and evidentiary rulings. A presiding officer may administer oaths and affirmations, rule on offers of proof and receive relevant evidence, regulate the course of the hearing, convene and conduct prehearing conferences, dispose of procedural requests and similar matters, and take any other action authorized by the Administrative Procedure Act.

46.5 Decision, Order, and Entry; Notice of Decision; Transcripts

The hearing officer will prepare the written decision and order in accordance with the Board's instructions, within a reasonable time of the closing of the record in the case. The decision and order will be entered upon being signed by the chair or vice-chair of the Board. A decision and order is effective upon entry. Notice of the decision and order will be sent to the Respondent by certified mail. Notice of the decision and order will be sent to the Respondent's attorney, the complainant, and the prosecuting attorney by regular mail or email. A transcript of the proceeding is available at cost.

47.0 Compliance Investigation, License or Certification Reinstatement or Removal of Conditions After Disciplinary Action

47.1 Assignment of Compliance Investigation

Upon entry of an order taking disciplinary action against a Respondent, a compliance investigation file will be opened. The file will be assigned to the investigative committee that was responsible for the initial investigation of unprofessional conduct. If the matter was investigated by a committee of ad hoc members, the file will be assigned to one of the standing investigative committees. The committee shall make recommendations for action to the full Board regarding compliance, requests for reinstatement, or modification or removal of conditions established by the order.

47.2—License or Certification Reinstatement or Removal of Conditions

47.2

A person licensed or certified by the Board who has been disciplined may petition at a later date for license or certification reinstatement or modification or removal of conditions from the license or certification. In addition to complying with any restrictions or conditions on reinstatement imposed by the Board in its disciplinary order, an applicant applying for reinstatement may be asked to complete a reinstatement application. An investigative committee will review such information and make a recommendation to the full Board. The Board may hold a hearing to determine whether reinstatement should be granted.

47.3 Appeals

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision to the Vermont Supreme Court.

SECTION VI. RULES FOR ANESTHESIOLOGIST ASSISTANTS

48.0 Training and Qualification

48.1 The eligibility requirements for certification as an anesthesiologist assistant are listed in 26 V.S.A. § 1654 and supplemented by this rule. The requirements for temporary certification are outlined in 26 V.S.A. § 1655 and supplemented by this rule.

48.2 Prior to being certified as an anesthesiologist assistant by the Board of Medical Practice, a person must be qualified by education, training, experience, and personal character to provide medical services under the direction and supervision of an anesthesiologist. The applicant must submit to the Board all information that the Board requests to evaluate the applicant's qualifications.

49.0 Initial Certification

49.1 For each applicant for initial certification as an anesthesiologist assistant the Board must receive, in a form satisfactory to the Board:

49.1.1 A complete online application;

49.1.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;

49.1.3 Verification of certification or licensure in all other states, territories, or provinces where the applicant is currently or ever was certified or licensed to provide medical services, including permanent, temporary, and training licenses or certifications;

49.1.4 Two Board of Medical Practice reference forms including one from a recent supervising anesthesiologist and one from another prior supervising anesthesiologist;

49.1.4.1 Applicants with fewer than six months of substantially full-time (at least 30 hours per week) practice must provide a reference form from the director of the applicant's training program and another reference form from an anesthesiologist who has supervised the applicant in practice or in training;

- 49.1.5 The Board of Medical Practice's Certificate of Anesthesiologist Assistant Education form for primary source documentation of completion of a Board-approved anesthesiologist assistant program sponsored by an institution of higher education, completed and submitted by the institution;
 - 49.1.6 Primary source documentation of current certification sent directly to the Board by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA);
 - 49.1.7 Completed Proposed Primary Supervising Anesthesiologist form signed by the applicant and supervising anesthesiologist;
 - 49.1.8 Completed Proposed Secondary Supervising Anesthesiologist form signed by the secondary supervising anesthesiologist;
 - 49.1.9 A protocol signed by the proposed supervising anesthesiologist;
 - 49.1.10 A copy of the anesthesiologist assistant's employment contract;
 - 49.1.11 The Board of Medical Practice Anesthesiologist Assistant Employment Contract form;
 - 49.1.12 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 49.1.13 The applicant's CV (curriculum vitae) or résumé; and
 - 49.1.14 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application.
- 49.2** All applicants must submit a completed Board application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.
- 49.3** At the discretion of the licensing committee or the Board, any applicant may be required to be interviewed by a Board member.

50.0 Temporary Certification

- 50.1** The Board may issue a temporary certification to an applicant who meets the educational requirements under 26 V.S.A. § 1654(1) if:
- 50.1.1 The NCCAA certification examination has not been offered since the applicant became eligible to take it; or
 - 50.1.2 The applicant has taken the NCCAA certification examination one time but has not yet received the results of the examination.

50.2 The holder of a temporary certification shall take and successfully pass the next available NCCAA examination. If the holder of a temporary certification does not take the examination, that temporary certification shall expire on the date of that examination. However, if the holder of a temporary certification can show that there was exceptional cause that prevented the individual from taking the examination, the Board may, in its discretion, and for good cause shown, renew the temporary certification until the date of the next available NCCAA examination.

50.3 If the holder of a temporary certification takes the next -available NCCAA examination but does not successfully pass it, the temporary certification shall expire on the day after receiving notice of the failure to pass the examination. In that case, the Board shall not renew the temporary certification. The applicant may re-apply for certification only after having taken and passed the examination.

51.0 Renewal of Certification

51.1 Certification shall be renewable every two years on completion of the online renewal form, payment of the required fee and submission of: current contract; updated copies of primary and secondary supervision forms; updated protocol; and, verification of current, active NCCAA certification.

51.2 Lapsed licenses may be renewed under the provisions of 26 V.S.A. § 1656.

52.0 Change of Certification

52.1 The Board shall be notified and the appropriate applications and documentation filed whenever:

52.1.1 The anesthesiologist assistant's protocol changes;

52.1.2 The anesthesiologist assistant will be working at a different or an additional accredited facility; or

52.1.3 The anesthesiologist assistant will be supervised by a new or an additional anesthesiologist.

52.2 Documents already on file with the Board may be referred to and need not be resubmitted.

53.0 More Than One Supervising Anesthesiologist

53.1 In any application for initial certification, temporary certification, renewal of certification or change of certification, if there is more than one anesthesiologist at an accredited facility who will supervise an anesthesiologist assistant, then, in addition to the information required to be submitted by this rule, a document signed by all anesthesiologists who will be supervising the anesthesiologist assistant shall be filed with the Board with the application.

53.2 Additional supervising anesthesiologists may be added subsequent to the application, provided the supervising anesthesiologist files a signed document with the Board. In the document, the anesthesiologists shall affirm that each assumes responsibility for all professional activities of the anesthesiologist assistant while the anesthesiologist is supervising the anesthesiologist assistant.

54.0 Termination of Certification

If the supervisory relationship between the anesthesiologist and the anesthesiologist assistant is terminated for any reason, each party must notify the Board directly and immediately in writing. The notice shall include the reasons for the termination. The anesthesiologist assistant shall cease practice until a new application is submitted by the supervising anesthesiologist and is approved by the Board.

55.0 Practice

55.1 An anesthesiologist assistant shall perform only those tasks assigned on a case-by-case basis by the supervising anesthesiologist. The anesthesiologist assistant shall implement the personalized plan for each patient as individually prescribed by the supervising anesthesiologist after that physician has completed a specific assessment of each patient. In determining which anesthetic procedures to assign to an anesthesiologist assistant, a supervising anesthesiologist shall consider all of the following:

- 55.1.1 The education, training and experience of the anesthesiologist assistant;
- 55.1.2 The anesthesiologist assistant's scope of practice as defined in 26 V.S.A. Chapter 29 and this rule;
- 55.1.3 The conditions on the practice of the anesthesiologist assistant set out in the written practice protocol;
- 55.1.4 The physical status of the patient according to the physical status classification system of the American Society of Anesthesiologists, as in effect at the time the assignment of procedures is made. The classification system is available from the American Society of Anesthesiologists and shall be posted on the Board's website;
- 55.1.5 The invasiveness of the anesthetic procedure;
- 55.1.6 The level of risk of the anesthetic procedure;
- 55.1.7 The incidence of complications of the anesthetic procedure;
- 55.1.8 The physical proximity of the supervising anesthesiologist and the anesthesiologist assistant or assistants the anesthesiologist may be supervising concurrently; and
- 55.1.9 The number of patients whose care is being supervised concurrently by the supervising anesthesiologist.

55.2 The supervising anesthesiologist retains responsibility for the anesthetic management in which the anesthesiologist assistant has participated.

56.0 Supervision

56.1 A supervising anesthesiologist shall supervise an anesthesiologist assistant within the terms, conditions, and limitations set forth in a written practice protocol. Anesthesiologist supervision requires, at all times, a direct, continuing and close supervisory relationship between an anesthesiologist assistant and the supervising anesthesiologist.

56.2 Supervision does not require the constant physical presence of the supervising anesthesiologist; however, the anesthesiologist must remain readily available in the facility for immediate diagnosis and treatment of emergencies.

56.3 The supervising anesthesiologist shall be readily available for personal supervision and shall be responsible for pre-operative, intra-operative and post-operative care.

56.4 The supervising anesthesiologist shall personally participate in the most demanding procedures in the anesthesia plan, which shall include induction and emergence.

56.5 The supervising anesthesiologist shall insure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the anesthesiologist assistant. All written entries shall be reviewed, countersigned, and dated by the supervising anesthesiologist. The supervising anesthesiologist's signature on the anesthetic record will fulfill this requirement for all written entries on the anesthetic record.

56.6 Nothing in this section shall prohibit the supervising anesthesiologist from addressing an emergency in another location in the facility.

57.0 Protocol and Scope of Practice

57.1 At no time shall the scope of practice for the anesthesiologist assistant include procedures or treatments that the supervising anesthesiologist does not perform within that practice.

57.2 The anesthesiologist assistant may assist the anesthesiologist in developing and implementing an anesthesia care plan for a patient. In so doing, the anesthesiologist assistant may, in the discretion of the anesthesiologist, do any of the following:

57.2.1 Obtain a comprehensive patient history and present that history to the anesthesiologist who must conduct a pre-anesthesia interview and evaluation sufficient to confirm the anesthesiologist assistant's evaluation;

57.2.2 Pretest and calibrate anesthesia delivery systems;

- 57.2.3 Monitor, obtain and interpret information from the anesthesia delivery systems and anesthesia monitoring equipment;
- 57.2.4 Place medically accepted monitoring equipment;
- 57.2.5 Establish basic and advanced airway interventions, including intubations of the trachea and ventilatory support;
- 57.2.6 Administer vasoactive drugs and start and adjust vasoactive infusions;
- 57.2.7 Administer anesthetic drugs, adjuvant drugs and accessory drugs;
- 57.2.8 Administer regional anesthetics;
- 57.2.9 Administer blood, blood products and supportive fluids;
- 57.2.10 Participate in administrative activities and clinical teaching activities;
- 57.2.11 Provide assistance to cardiopulmonary resuscitation teams in response to life-threatening situations;
- 57.2.12 Prescribe peri-operative medications to be used in the accredited facility; and
- 57.2.13 Participate in research activities by performing the same procedures listed above.
- 57.2.14 Any other activity that the Board approves in a protocol to allow for changing technology or practices in anesthesiology.

58.0 Prescriptive Authority

An anesthesiologist assistant shall not have authority to write prescriptions for medications that will be filled outside of the facility in which the anesthesiologist assistant works.

59.0 Places of Practice

An anesthesiologist assistant shall work only in a licensed hospital facility with the supervision of an anesthesiologist.

60.0 Patient Notification and Consent

59.1-60.1

Any physician, clinic, or hospital that uses the services of an anesthesiologist assistant must:

- 59.1-60.1.1 Post a clear notice to that effect in a conspicuous place;

~~59.1.2~~60.1.2 Except in case of an emergency, provide the patient a consent form that includes that the anesthesiologist may use an anesthesiologist assistant; and

~~59.1.3~~60.1.3 Require each anesthesiologist assistant to wear a name tag clearly indicating the title anesthesiologist assistant, per 26 V.S.A. § 1652.

60.061.0 Disciplinary Action

~~60.1~~61.1 All complaints and allegations of unprofessional conduct shall be processed in accordance with Section IV of this rule.

~~60.2~~61.2 After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant, anesthesiologist assistant trainee, or anesthesiologist assistant found guilty of unprofessional conduct, as provided by 3 V.S.A. §§ 129 and 809, and 26 V.S.A. § 1658, including but not limited to:

~~60.2.1~~61.2.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of certification;

~~60.2.2~~61.2.2 Required completion of continuing education;

~~61.2.3~~ Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board; and-

~~60.2.3~~61.2.4 Imposition of an administrative penalty of not more than \$1,000 for each act of unprofessional conduct.

~~61.3~~ The Board may approve a negotiated agreement between the parties. The conditions or restrictions that may be included, without limitation, in addition to those above, in such an agreement are set forth in 3 V.S.A. § 809(d) and 26 V.S.A. § 1659(d).

61.0 Right to Appeal

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and 3 V.S.A. § 815.

~~62.0~~

~~63.0~~62.0

SECTION VII. RULE FOR RADIOLOGIST ASSISTANTS

63.0 Training and Qualification

- 63.1 The eligibility requirements for certification as a radiologist assistant are listed in 26 V.S.A. § 2854 and supplemented by this rule. The requirements for temporary certification are outlined in 26 V.S.A. § 2855 and supplemented by this rule.
- 63.2 Prior to being certified as a radiologist assistant by the Board of Medical Practice, a person must be qualified by education, training, experience, and personal character to provide medical services under the direction and supervision of a radiologist. The applicant must submit to the Board all information that the Board requests to evaluate the applicant's qualifications.

64.0 Initial Certification

- 64.1 An applicant for initial certification as a radiologist assistant shall submit to the Board:
 - 64.1.1 A complete online application;
 - 64.1.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
 - 64.1.3 Verification of current licensure as a radiologic technologist in radiography in Vermont under Chapter 51 of Title 26 V.S.A.;
 - 64.1.4 Verification of certification or licensure in all other states, territories, or provinces where the applicant is currently or ever was certified or licensed to provide medical services, including permanent, temporary, and training licenses or certifications;
 - 64.1.5 Two Board of Medical Practice reference forms including one from a recent supervising radiologist and one from another prior supervising radiologist;
 - 64.1.5.1 Applicants with fewer than six months of substantially full-time (at least 30 hours per week) practice must provide a reference form from the director of the applicant's training program and another reference form from a radiologist who has supervised the applicant in practice or in training;
 - 64.1.6 The Board of Medical Practice's Certificate of Radiologist Assistant Education form for primary source documentation of completion of a Board-approved radiologist assistant program sponsored by an institution of higher education, completed and submitted by the institution;
 - 64.1.7 Primary source documentation of current certification sent directly to the Board by the American Registry of Radiologic Technologists (ARRT);
 - 64.1.8 Completed Proposed Primary Supervising Radiologist form signed by the applicant and supervising radiologist;

- 64.1.9 Completed Proposed Secondary Supervising Radiologist form signed by the secondary supervising radiologist;
- 64.1.10 A protocol signed by the proposed primary supervising radiologist;
- 64.1.11 The Board of Medical Practice Radiologist Assistant Employment Contract form;
- 64.1.12 A copy of the employment contract or documentation of employment of the radiological assistant by:
 - 64.1.12.1 ~~with~~ The primary supervising radiologist;
 - 64.1.12.2 ~~or~~ The hospital at which where the primary supervising radiologist practices; or
 - 64.1.11.1-64.1.12.3 A hospital that is affiliated with the hospital where, or in the absence of a contract, other proof of employment by the primary supervising radiologist or by the hospital at which the radiologist practices, as may be determined by the Board;
- 64.1.12-64.1.13 The Uniform Application Affidavit and Authorization for Release of Information Form;
- 64.1.13-64.1.14 The applicant's CV (curriculum vitae) or résumé; and
- 64.1.14-64.1.15 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application.
- 64.2 All applicants must submit a completed Board application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.
- 64.3 At the discretion of the licensing committee or the Board, any applicant may be required to be interviewed by a Board member.

65.0 Temporary Certification

- 65.1 The Board may issue a temporary certification to an applicant who otherwise meets the requirements of 26 V.S.A. § 2854(1), (3) and (4) if:
 - 65.1.1 The ARRT certification examination has not been offered since the applicant became eligible to take it; or
 - 65.1.2 The applicant has taken the ARRT certification examination one time but has not yet received the results of the examination.
- 65.2 The holder of a temporary certification shall take and successfully pass the next available ARRT examination. If the holder of a temporary certification does not

take the examination, that temporary certification shall expire on the date of that examination. However, if the holder of a temporary certification can show that there was exceptional cause that prevented them from taking the examination, the Board may, in its discretion, and for good cause shown, renew the temporary certification until the date of the next available ARRT examination.

65.3 If the holder of a temporary certification takes the next -available ARRT examination but does not successfully pass it, the temporary certification shall expire on the day after receiving notice of the failure to pass the examination. In that case, the Board shall not renew the temporary certification. The applicant may re-apply for certification only after having taken and passed the examination.

66.0 Renewal of Certification

66.1 Certification shall be renewable every two years on completion of the online renewal form, payment of the required fee, and submission of: current contract; updated copies of primary and secondary supervision forms; updated protocol; verification of current licensure as a radiologic technologist in radiography in 26 V.S.A. ch. 51; and, verification of current active ARRT certification, including compliance with continuing education requirements.

66.2 Lapsed licenses may be renewed under the provisions of 26 V.S.A. § 2856.

67.0 Change of Certification

67.1 The Board shall be notified and the appropriate applications and documentation filed whenever:

67.1.1 The radiologist assistant's protocol changes;

67.1.2 The radiologist assistant will be working at a different or an additional office or hospital; or

67.1.3 The radiologist assistant will be primarily supervised by a different radiologist.

67.2 Documents already on file with the Board may be referred to and need not be resubmitted.

68.0 More Than One Supervising Radiologist

68.1 Each application for initial certification, temporary certification, renewal of certification or change of certification shall identify the primary supervising radiologist who shall be responsible for the radiologist assistant's professional activities and sign the protocol required under 26 V.S.A. § 2853.

68.2 Subject to the scope of practice restrictions in this rule and Chapter 52 of Title 26, the radiologist assistant may also perform services under the supervision of additional board-certified radiologists working in the same office or hospital as

the primary supervising radiologist, or in a hospital affiliated with the hospital where the primary supervising radiologist practices -("secondary supervising radiologist[s]"), but must file a protocol regarding that supervisory relationship and a statement from the secondary supervising radiologist of the responsibility for the professional activities of the radiologist assistant performed under supervision.

69.0 Termination of Supervision

If the supervisory relationship between the primary supervising radiologist and the radiologist assistant is terminated for any reason, both parties must notify the Board directly and immediately in writing, using the Board's Termination of Contract form. The radiologist assistant shall cease practice until a new application is submitted by a primary supervising radiologist and is approved by the Board.

70.0 Practice

70.1 A radiologist assistant shall perform only those tasks assigned on a case-by- case basis by a ~~the~~ supervising radiologist. The radiologist assistant shall implement the personalized plan for each patient as individually prescribed by a ~~the~~ supervising radiologist after that physician has completed a specific assessment of each patient. In determining which radiologic procedures to assign to a radiologist assistant, a supervising radiologist shall consider all of the following:

70.1.1 The education, training and experience of the radiologist assistant;

70.1.2 The radiologist assistant's scope of practice as defined in Chapter 52 of Title 26 and this rule;

70.1.3 The conditions on the practice of the radiologist assistant set out in the written practice protocol;

70.1.4 The guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the ARRT, as amended from time to time;

70.1.5 The physical proximity of the supervising radiologist and the radiologist assistant or assistants the radiologist may be supervising concurrently; and

70.1.6 The number of patients whose care is being supervised concurrently by the supervising radiologist.

71.0 Supervision

71.1 A supervising radiologist shall supervise a radiologist assistant within the terms, conditions, and limitations set forth in the written practice protocol filed with the Board. Radiologist supervision requires, at all times, a direct, continuing and close supervisory relationship between a radiologist assistant and the supervising radiologist.

- 71.2 Supervision does not, necessarily, require the constant physical presence of the supervising radiologist; however, the radiologist must remain readily available ~~at the facility~~ for immediate consultation and intervention with the radiologist assistant by either being in the facility or being able to communicate with the radiologist assistant as provided here. If the radiologist is at a remote location, at minimum, the radiologist must be able to view the imaging that the radiologist assistant is using while treating the patient and be able to speak with the radiologist assistant using telephone, or, preferably, interactive audio-visual technology. If the radiologist is not in the facility where the radiologist assistant is providing services, there must be a physician available in the facility where the radiologist assistant and patient are located to assist in the event of complications or a medical emergency. ~~diagnosis and treatment of emergencies.~~
- 71.3 The supervising radiologist shall ensure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the radiologist assistant. All written entries shall be reviewed, countersigned, and dated by the supervising radiologist. The supervising radiologist's signature on the medical record will fulfill this requirement for all written entries on the record.
- 71.4 Nothing in this section shall prohibit the supervising radiologist from addressing an emergency in another location in the facility.

72.0 Protocol and Scope of Practice

- 72.1 A radiologist assistant's scope of practice is limited to procedures and treatments that the supervising radiologist performs in the practice.
- 72.2 A radiologist assistant may not interpret images, make diagnoses, or prescribe medications or therapies.
- 72.3 The radiologist assistant may assist the radiologist in developing and implementing a radiologic care plan for a patient. In so doing, the radiologist assistant may, in the discretion of the radiologist, perform patient assessment, patient management and selected examinations as outlined below:
- 72.3.1 Obtaining consent for and injecting agents that facilitate and/or enable diagnostic imaging;
 - 72.3.2 Obtaining clinical history from the patient or medical record;
 - 72.3.3 Performing pre-procedure and post-procedure evaluation of patients undergoing invasive procedures;
 - 72.3.4 Assisting radiologists with invasive procedures;
 - 72.3.5 Performing fluoroscopy for non-invasive procedures with the radiologist providing direct supervision of the service;

- 72.3.6 Monitoring and tailoring selected examinations under direct supervision (i.e., IVU, CT program, GI studies, VCUG, and retrograde urethrograms);
- 72.3.7 Communicating the reports of radiologist's findings to the referring physician or an appropriate representative with appropriate documentation;
- 72.3.8 Providing naso-enteric and oro-enteric feeding tube placement in uncomplicated patients;
- 72.3.9 Performing selected peripheral venous diagnostic procedures; and
- 72.3.10 Any other activity that the Board approves in a protocol to allow for changing technology or practices in radiology.

73.0 Places of Practice

A radiologist assistant shall work only in the office of the primary supervising radiologist, ~~or in the hospital in which the primary supervising radiologist practices, or in a hospital affiliated with the hospital in which the primary supervising radiologist practices.~~

74.0 Patient Notification and Consent

Any physician, clinic, or hospital that uses the services of a radiologist assistant shall:

- 74.1 Post a clear notice to that effect in a conspicuous place;
- 74.2 Except in case of an emergency, include language in the patient consent form that the radiologist may use a radiologist assistant; and
- 74.3 Require each radiologist assistant to wear a name tag clearly indicating the title radiologist assistant.

75.0 Disciplinary Action

- 75.1 All complaints and allegations of unprofessional conduct shall be processed in accordance with Section IV of this rule.
- 75.2 After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant, radiologist assistant trainee, or radiologist assistant found guilty of unprofessional conduct, as provided by 3 V.S.A. §§ 129 and 809, and 26 V.S.A. § 2858, including but not limited to:
 - 75.2.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of certification;
 - 75.2.2 Required completion of continuing education;

Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board; and-

75.2.3

~~75.3~~ Imposition of an administrative penalty of not more than \$1,000 for each act of unprofessional conduct.

~~75.4~~75.3 The Board may approve a negotiated agreement between the parties. The conditions or restrictions that may be included, without limitation, in addition to those above, in such an agreement are set forth in 3 V.S.A. § 809(d) and 26 V.S.A. § 2859(e).

75.4 **Right to Appeal**

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and 3 V.S.A. § 815.

SECTION VIII. NONDISCIPLINARY FINANCIAL PENALTIES.

76.0 Introduction

76.1 The Board has discretion to offer licensees the opportunity to resolve a violation of an applicable statute or rule by paying a nondisciplinary financial penalty as provided by 26 V.S.A. § 1377. If such an offer is made and accepted, and the specified penalty received, the matter will be closed with no further action. A licensee does not have the right to have a case resolved by nondisciplinary financial penalty if the Board does not extend an offer to resolve it in that manner.

76.2 As required by Act 126 of 2020, Sec. 8, the following table of violations and penalties is established.

76.2.1 Failure to maintain a current, valid public address, mailing address, email address, or telephone number. \$25

76.2.2 Failure to disclose a pending malpractice case at the time of application for issuance of an initial or reinstated license. \$250

76.2.3 Failure to disclose a pending malpractice case at the time of application for issuance of a renewal license. \$100

76.2.4 Failure to disclose a pending investigation by the licensing authority of another jurisdiction at the time of application for

issuance of an initial or reinstated license. \$250

76.2.5 Failure to disclose a pending investigation by the licensing authority of another jurisdiction at the time of application for a renewal license. \$100

76.2.6 Failure to disclose a pending investigation by a hospital, medical staff group, health care facility, professional association, or other body that has authority to take actions regarding the applicant's employment or right to practice medicine at the time of application for issuance of an initial or reinstated license. \$250

76.2.7 Failure to disclose a pending investigation by a hospital, medical staff group, health care facility, professional association, or other body that has authority to take actions regarding the applicant's employment or right to practice medicine at the time of application for issuance of a renewal license. \$100

76.2.8 Failure to disclose restriction or revocation of hospital privileges at the time of application for issuance of an initial or reinstated license. \$250

76.2.9 Failure to disclose restriction or revocation of hospital privileges at the time of application for a renewal license. \$100

76.2.10 Failure to disclose a felony criminal conviction that has not been expunged or overturned on an initial application. \$250

76.2.11 Failure to disclose a felony criminal conviction that has not been expunged or overturned on a renewal application. \$125

76.2.12 Failure to disclose a misdemeanor criminal conviction that has not been expunged or overturned on an initial application. \$125

76.2.13 Failure to disclose a misdemeanor criminal conviction that has not been expunged or overturned on a renewal application. \$75

76.2.14 Failure to disclose revocation or restriction of hospital privileges for reasons related to competence or character on an initial application. \$250

- 76.2.15 Failure to disclose revocation or restriction of hospital privileges for reasons related to competence or character on a renewal application. \$125
- 76.2.16 Failure to disclose voluntary surrender of a license to practice medicine or any other healing art after having been notified of an investigation that had not yet been resolved, or in lieu of a disciplinary action, on an initial application. \$250
- 76.2.17 Failure to disclose voluntary surrender of a license to practice medicine or any other healing art after having been notified of an investigation that had not yet been resolved, or in lieu of a disciplinary action on a renewal application. \$250
- 76.2.18 Failure to disclose licensure by other US jurisdictions on initial application. \$75 (per jurisdiction)
- 76.2.19 Failure to disclose licensure by other US jurisdictions on renewal application. \$50 (per jurisdiction)
- 76.2.20 Failure to inform the Board of new information of the types specified above when the applicant learns of it after the application is submitted but before an initial or reinstated license is granted. The same amount stated above for a failure to disclose.
- 76.2.21 Unspecified errors and omissions on any application. \$50 (per error or omission).
- 76.2.22 Working without a license during the first 48 hours after the license has lapsed. \$250
- 76.2.23 Certification on a license renewal application that the licensee has completed the Health Care Workforce Census, as required to renew, if the Workforce Census has not been completed. \$100
- 76.2.24 Certification on a license renewal application that the licensee has satisfied Continuing Medical Education requirements, if the requirements have not been completed. \$100 to \$250

76.2.25 Failure to complete the physician profile information as required of a physician who obtains a license through the Interstate Medical Licensure Compact, within 30 days of notice to the licensee of the requirement. \$100.

76.3 In the event of repetition of the same violation at a later time, if the set penalty is less than \$250 the amount of the penalty may be doubled up to a maximum of \$250 for a single violation.

-SECTION IX. PRE-APPLICATION DETERMINATION ON CRIMINAL BACKGROUND

77.0 As provided by 26 V.S.A. § 1353(12), the Board will render a pre-application determination of whether an individual's criminal background would make the individual ineligible to be licensed or certified to practice one of the professions regulated by the Board.

77.1 A complete request for a pre-application determination regarding criminal background requires all of the following:

77.1.1 Completion of a form requesting the pre-application determination;

77.1.2 Completion by the applicant of all steps necessary for the Board to receive a fingerprint-supported National Crime Information Center (NCIC) criminal background record check;

77.1.3 Submission of certified copies of all criminal convictions relating to each crime on the individual's criminal record;

77.1.4 Copies of the charges, information, or indictment relating to each conviction;

77.1.5 Any evidence of rehabilitation that the individual wishes to be considered by the Board in making the determination. Notarized affidavits may be submitted; live testimony will not be taken; and

77.1.6 Payment of the fee.

77.2 The request for determination will not be complete until all the above steps have been taken and the Board has received the NCIC record check.

77.3 The request for determination may be assigned to the Licensing Committee for the purpose of making a recommendation to the Board.

SECTION X. SPECIAL PROVISION FOR LICENSING OF

Proposed Rule

Effective Date: 7/1/2022-x/x/2023

SPOUSES OF US MILITARY MEMBERS TRANSFERRED TO VERMONT.

78.0 As provided by 26 V.S.A. § 1353(13)(A), the Board will take the following steps to expedite the licensure of applicants who are the spouse of a member of the United States Armed Forces who has been ordered to a duty station in Vermont, if the applicant is licensed in good standing for one of the professions regulated by the Board in another US jurisdiction and was employed in that profession at the time their spouse received orders to Vermont:

78.1 Applicants with at least one year of practice in good standing while licensed in another US jurisdiction may apply using the procedures established in Section 16.0.

78.2 For applicants who were accompanying their spouse at an overseas location, who were practicing in a position with the US government, and who were licensed in good standing in a US jurisdiction, such practice shall be accepted as the equivalent of practice in another US jurisdiction.

78.3 For documents that are required to be submitted in printed form directly from the issuing authority, the Board will accept electronic copies on a provisional basis pending receipt of the printed original. Acceptance of such substitute documents will be conditioned on the applicant agreeing that there will be good cause for the Board to revoke or suspend the license issued if the Board does not receive the original document within a reasonable period of not fewer than 90 days, or if there are any material deviations between the provisional document and the printed original later submitted to the Board.

79.0 Applicants requesting to use these special provisions must submit copies of their spouse's orders and other documentation to establish eligibility.

SECTION XI. SPECIAL FEE PROVISION FOR US MILITARY MEMBERS AND THEIR SPOUSES.

~~79.080.0~~ As provided by 26 V.S.A. § 1401a(4), the established fees for licensure for the professions regulated by the Board will be waived for:

~~79.180.1~~ An individual who is a member of the US Armed Forces and whose home of record is Vermont at the time of application to be licensed;

~~79.280.2~~ An individual who practices a profession licensed by the Board with the US Armed Forces and who is assigned to Vermont to practice that profession, so long as assigned to Vermont;

~~79.380.3~~ The spouse of a US Armed Forces member who is ordered to a duty station in Vermont so long as their spouse continues to be assigned to Vermont.

~~80.081.0~~ Eligibility for the fee waiver is determined at the time that the fee is due and continues through the end of the licensing period regardless of whether the military member is assigned to a different permanent duty station during the period. Individuals who request fee waiver will be required to submit copies of orders or other documentation to establish eligibility.

SECTION XI. RULES FOR REMOTE HEARINGS

~~81.082.0~~ Scope

~~81.182.1~~ Upon order of the Board of Medical Practice, or a Hearing Officer acting on the Hearing Officer's own behalf, a hearing may be held by telephone, video, or other electronic means ("Remote Hearings"). If a party objects to having all or part of a hearing conducted as a Remote Hearing the party must submit a written motion within 14 days, or sooner if specified in the order scheduling the remote hearing. In ruling on the objection, the Board or Hearing Officer shall consider the factors set forth in Vermont Rule of Civil Procedure 43.1. This section sets forth procedures for conducting Remote Hearings.

~~81.282.2~~ All other Sections of the Board of Medical Practice ("Sections") not modified herein continue to apply. In the case where a standard set forth for Remote Hearings conflicts with a standard set forth in other sections, the standards in this section shall govern.

~~82.083.0~~ Pre-Hearing Administration

~~82.183.1~~ Hearing Notice

~~82.1.183.1.1~~ 82.1.183.1.1 In addition to the other information required to be included in a notice of a hearing pursuant to 3 V.S.A. § 809 and 26 V.S.A. § 1372(b)(2) the notice of a remote hearing shall contain instructions and information, including phone numbers and website links and addresses, for participating in the remote hearing by web-based visual and audio communication or by telephone. If the telephone numbers and/or website links and addresses for remote participation are not established at the time a notice is issued, the notice may instead state that the hearing will be held by remote means, that the telephone numbers and or website information will be provided to parties no later than seven days prior to the hearing, and that the information will be publicly posted on the Board's website no fewer than seven days prior to the hearing.

~~82.1.283.1.2~~ 82.1.283.1.2 The notice of a remote hearing shall contain contact information for the Docket Clerk or another Board staff member who can be contacted during the hearing if a party encounters any difficulties with remote participation.

~~82.1.383.1.3~~ 82.1.383.1.3 The notice shall instruct a party how to contact the Docket Clerk if the party is unable to participate in the hearing remotely.

~~82.1.483.1.4~~ 82.1.483.1.4 A party may request a continuance in accordance with Section 464.2.2 if the party is unable to participate remotely in the hearing. The Board, hearing panel, or presiding officer shall determine whether to grant the motion for a continuance consistent with Section 464.2.2.

~~82.1.583.1.5~~ 82.1.583.1.5 If a party needs a modification or an accommodation to be made to participate in the hearing remotely, the party may file a request. The non-requesting party shall be notified of the request for an accommodation or modification. If a requested accommodation or modification will substantially adversely affect the rights of the non-requesting party, the hearing panel shall determine whether to permit the accommodation or modification. For requested accommodations and modifications that will not adversely affect the rights on the non-requesting party, the Docket Clerk may approve accommodations or modifications after providing notice of the request to the non-requesting party.

~~82.283.2~~ 82.283.2 Pre-Hearing Filings

~~82.2.1~~83.2.1 Prior to the beginning of a hearing, documents may be filed by sending the filing to the Docket Clerk as an attachment to an email, by regular mail, or by facsimile. Regardless of the method of delivery, documents are only deemed filed upon receipt by the Docket Clerk.

~~82.2.2~~83.2.2 Unless a different discovery and hearing schedule is issued by a hearing officer, filings submitted prior to a hearing must be received by the Docket Clerk no later than noon on the last business day prior to the scheduled hearing. Filings not received by the Docket Clerk by noon on the last business day prior to the scheduled hearing must be introduced at the hearing in accordance with Section ~~84~~2.2.2.

~~82.2.3~~83.2.3 Objections to the admissibility of pre-filed exhibits and responses to motions may be made at the scheduled hearing unless a discovery and hearing schedule issued by a hearing officer requires objections and responses to be filed by an earlier date. Objections to the admissibility of the pre-filed exhibit and responses to motions may also be made in writing by submitting a written objection or response to the Docket Clerk by noon on the last business day prior to the scheduled hearing.

~~82.2.4~~83.2.4 Filings submitted prior to a hearing shall be served on the other party on the same day the filing is submitted to the Docket Clerk and using the same method of delivery unless otherwise agreed by the parties.

~~82.2.5~~83.2.5 The procedures regarding electronic introduction of filings at a hearing set forth in Section ~~84~~2.2.2 shall be followed.

~~82.3~~83.3 Service

~~82.3.1~~83.3.1 Except for filings that are required to be served by certified mail, filings may be served on the other party via email and do not require regular mail or personal service. Service by regular mail and personal service remain acceptable means of service. The filing shall be served on the other party using the same method of delivery that is used to submit the filing to the Docket Clerk unless otherwise agreed by the parties.

~~82.3.2~~83.3.2 Filings that are required by statute or other sections of this rule to be served by certified mail must be served by certified mail.

82.483.4 Form

~~82.4.1~~83.4.1 The subject line of the email containing a filing as an attachment shall indicate the name of the respondent.

~~82.4.2~~83.4.2 A signature block containing the submitting party's typed-in name preceded by "/s/," or an electronic facsimile of the submitting party's signature, a scanned copy of it, or another form of electronic signature as defined in 9 V.S.A. § 271(9), will serve as a party's signature on pleadings, motions, and other documents that must be filed with a signature. This exception does not apply to affidavits, verified pleadings, or other signatures that must be notarized by statute.

~~82.4.3~~83.4.3 Exhibits submitted for use during a hearing shall be marked for identification by the party submitting the exhibit. The respondent shall mark exhibits using letters and the State shall mark exhibits using numbers.

82.583.5 Timing

~~82.5.1~~83.5.1 Filings sent by email will be considered filed on the date sent if the email is received before 4:30 pm.

~~82.5.2~~83.5.2 Nothing in these remote hearing rules extends filing deadlines.

83.084.0 Hearings Before a Hearing Panel

83.184.1 Hearing Procedures

~~83.1.1~~84.1.1 Prior to Hearing

~~83.1.1.1~~84.1.1.1 Prior to the scheduled hearing the Docket Clerk shall send the parties an email with the specification of charges, the answer, and applicable prehearing orders.

~~83.1.1.2~~84.1.1.2 By noon on the last business day prior to the scheduled hearing, the parties and the members of the hearing panel shall provide the Docket Clerk a phone number and email address at which the party or board member can be reached during the remote hearing.

~~83.1.284.1.2~~ 83.1.284.1.2 Commencement of Hearing

~~83.1.2.184.1.2.1~~ 83.1.2.184.1.2.1 A party is responsible for connecting to the remote hearing via the web-based audio and visual system or telephone number provided in the hearing notice. Parties shall participate in the scheduled hearing using audio communication, either web-based or telephone, at a minimum. A hearing officer may order a party to participate using video upon request of a party and showing of a reasonable basis for the request.

~~83.1.2.284.1.2.2~~ 83.1.2.284.1.2.2 At the beginning of a scheduled hearing, the hearing officer shall confirm the presence of both parties and their representatives, when applicable.

~~83.1.2.384.1.2.3~~ 83.1.2.384.1.2.3 Parties shall be present at the time provided in the hearing notice via the web-based audio and visual communication link or by telephone. If there is more than one hearing scheduled, the order of hearings will be decided by the hearing officer. The first hearing shall begin at the time stated on the hearing notice. Subsequent hearings will occur after the conclusion of the previous hearing.

~~83.1.384.1.3~~ 83.1.384.1.3 Hearing Conduct

~~83.1.3.184.1.3.1~~ 83.1.3.184.1.3.1 Scheduled hearings shall be conducted in accordance 1 V.S.A. Chapter 5 and 26 V.S.A. Chapter 23.

~~83.1.3.284.1.3.2~~ 83.1.3.284.1.3.2 At the beginning of the hearing, upon request from the hearing officer, each party shall state their full name for the record.

~~83.1.3.384.1.3.3~~ 83.1.3.384.1.3.3 The parties shall keep the audio connection through which the party is participating in the hearing muted while not speaking.

~~83.1.3.484.1.3.4~~ 83.1.3.484.1.3.4 If a party is not able to hear the hearing officer, hearing panel, or the other party, the party shall un-mute their audio communication system and notify the hearing officer.

~~83.1.3.584.1.3.5~~ 83.1.3.584.1.3.5 The hearing officer shall administer oaths and affirmations, as required by law, using the audio and, if available, visual communication systems.

~~83.1.4~~84.1.4 Hearing Panel Members

~~83.1.4.1~~84.1.4.1 When participating in a hearing remotely, hearing panel members shall comply with the requirements of 26 V.S.A. § 1318.

~~83.1.4.2~~84.1.4.2 By noon on the day prior to the scheduled hearing, each hearing panel member shall provide to the Docket Clerk an email address for a current email account that the member can access during the hearing.

~~83.1.4.3~~84.1.4.3 During a scheduled hearing, the Docket Clerk shall send all filings and required written communications to the hearing panel members at the email address provided to the Docket Clerk.

~~83.1.4.4~~84.1.4.4 During a scheduled hearing, hearing panel members shall monitor the email account submitted to the Docket Clerk, and immediately review emails received from the Docket Clerk and other Board Office staff.

~~83.2~~84.2 Record

~~83.2.1~~84.2.1 Recording and Transcript. The hearing shall be recorded. Parties may request a transcript from the Docket Clerk. The party requesting a copy of the transcript must pay to the Board Office the estimated cost of producing a copy of the transcript.

~~83.2.2~~84.2.2 Introduction of Documents During Hearing

~~83.2.2.1~~84.2.2.1 All filings to be considered by the hearing panel during a hearing shall be filed with the Docket Clerk in advance of the scheduled hearing in accordance with Section ~~83.2.1~~84.2.1, or during the hearing in accordance with the procedures set forth in this subsection. Filings that are not received by the Docket Clerk by noon on the last business day prior to the scheduled hearing must be submitted during the hearing.

~~83.2.2.2~~84.2.2.2 Exhibits

~~83.2.2.2.1~~84.2.2.2.1 Exhibits proffered during a hearing that a party wishes to offer to be admitted as evidence shall be emailed as an attachment to the Docket Clerk and the other party. The form of the exhibit shall comply with the form requirements of Section ~~83~~4.4.

~~83.2.2.2.2~~84.2.2.2.2 Once the proffered exhibit is received by the Docket Clerk, the Docket Clerk shall email the exhibit as an attachment to the hearing officer presiding at the hearing and to the other, non-filing party.

~~83.2.2.2.3~~84.2.2.2.3 After receipt of the email from the Docket Clerk with the exhibit attached, the hearing officer and the other, non-filing party shall have a reasonable amount of time, as determined by the hearing officer, to review the exhibit.

~~83.2.2.2.4~~84.2.2.2.4 The non-filing party shall have the opportunity to oppose the admission of an offered exhibit.

~~83.2.2.2.5~~84.2.2.2.5 The hearing officer shall rule on whether to admit the exhibit in accordance with Section ~~46~~4 and 3 V.S.A. § 810.

~~83.2.2.2.6~~84.2.2.2.6 If the hearing officer rules that an exhibit is to be admitted into evidence, the Docket Clerk shall send an email with the exhibit attached to all members of the hearing panel.

~~83.2.2.2.7~~84.2.2.2.7 Members of the hearing panel shall not retain any copies, including electronic or physical copies, of the exhibit after the conclusion of the hearing.

~~83.2.2.3~~84.2.2.3 Motions

~~83.2.2.3.1~~84.2.2.3.1 Written motions made during a hearing shall be emailed as an attachment to the Docket Clerk and the non-filing party. Motions may also be made orally

during a hearing.

~~83.2.2.3.2~~84.2.2.3.2 A written motion shall be signed in accordance with Section ~~83.4.2.~~

~~83.2.2.3.3~~84.2.2.3.3 Upon receipt of a written motion during a hearing, the Docket Clerk shall send the motion to the hearing officer and the hearing panel members.

~~83.2.2.3.4~~84.2.2.3.4 The non-filing party shall have the opportunity to respond to a motion.

~~83.2.2.3.5~~84.2.2.3.5 The hearing officer shall decide whether to grant or deny a motion.

~~83.3~~84.3 **Witnesses**

~~83.3.1~~84.3.1 Witnesses called by a party shall testify by telephone or via web-based audio or visual communication.

~~83.3.2~~84.3.2 The party calling the witness shall be responsible for providing the witness with the necessary information for participating in the scheduled hearing, including all necessary phone numbers, email addresses, and website addresses. It is the responsibility of the party calling the witness to ensure that the witness is available when called upon to testify during the scheduled hearing.

~~83.3.3~~84.3.3 The party calling the witness shall provide the Docket Clerk with a phone number and email address for the witness. In the event of technical challenges or a need to dismiss and then recall a witness, the Docket Clerk shall telephone the witness with further instructions about when the witness is recalled to testify.

~~83.4~~84.4 **Deliberative Session**

~~83.4.1~~84.4.1 The hearing panel shall have the opportunity to engage in deliberations, as defined in 1 V.S.A. § 310(2), about the contested case presented at the scheduled hearing. Deliberations by the hearing panel

may occur in a deliberative session in accordance with 1 V.S.A. § 312(e).

~~83.4.2~~84.4.2 Prior to the scheduled hearing, the Docket Clerk shall email to the hearing panel members and the hearing officer a conference call telephone number or information for an audio and visual communication system link that shall be available only to those participating in deliberations, to be used for the deliberative session.

~~83.4.3~~84.4.3 After the hearing panel votes to enter into a deliberative session, the hearing panel members shall exit the audio and visual communication system or end the telephone call through which the hearing panel member is participating in the hearing. The parties shall remain available on the audio and visual communication system or the telephone during the deliberative session. The hearing panel members shall then use the conference call telephone number or audio and visual communication system link provided by the Docket Clerk prior to the scheduled hearing. The deliberative session shall be held on the medium that is available only to those participating in the deliberations.

~~83.4.4~~84.4.4 At the conclusion of the deliberative session, the hearing panel members shall reconnect to the audio and visual communication system or the telephone line on which the hearing is being held. The hearing officer will notify the Docket Clerk and the parties that the hearing is resuming and shall provide the parties and the Docket Clerk with a reasonable amount of time to resume. Decisions by the hearing panel announced following a deliberative session shall be made by motion and voted upon by the members in an open session on the record.

~~83.5~~84.5 **Hearing Panel Report**

The hearing officer shall prepare a report of the hearing panel's findings of fact and recommendations to the Board in accordance with 26 V.S.A. § 1372(c) and Section 464.5. The Docket Clerk shall serve the report on the parties by sending it as an attachment to an email. The Docket Clerk shall send the report to other individuals on request.

~~84.0~~85.0 **Hearing Before the Board**

~~84.1~~85.1 **Hearing Procedures**

84.1.185.1.1 Applicability

~~84.1.1.1~~85.1.1.1 All of Section 853.0 applies in full to contested hearings before the Board. With regard to hearings before the Board for the purpose of consideration and approval of a stipulation and consent order, only this Section, 853.1, applies.

~~84.1.1.2~~85.1.1.2 Prior to Hearing

~~84.1.1.2.1~~85.1.1.2.1 Prior to the scheduled hearing, the Docket Clerk shall send the parties an email with the specification of charges, the answer, and applicable pre-hearing orders.

~~84.1.1.2.2~~85.1.1.2.2 By noon on the last business day prior to the scheduled hearing, the parties shall provide the Docket Clerk with a phone number and email address at which the party can be reached in the event of a malfunction during the remote hearing.

~~84.1.1.3~~85.1.1.3 Commencement of Hearing

~~84.1.1.3.1~~85.1.1.3.1 A party is responsible for connecting to the remote hearing via the web-based audio and visual system or telephone number provided in the hearing notice. Parties shall participate in the scheduled hearing using audio communication, either web-based or telephone, at a minimum. A hearing officer may order a party to participate using video upon request of a party and showing of a reasonable basis for the request.

~~84.1.1.3.2~~85.1.1.3.2 At the beginning of a scheduled hearing, the hearing officer shall confirm the presence of both parties and their representatives, when applicable.

~~84.1.1.3.3~~85.1.1.3.3 Parties shall be present at the time provided in the hearing notice via the web-based audio and visual communication link or by telephone. If there is more than one hearing scheduled, the order of hearings

will be decided by the hearing officer. The first hearing shall begin at the time stated on the hearing notice. Subsequent hearings will occur after the conclusion of the previous hearing.

~~84.1.1.4~~85.1.1.4 Hearing Conduct

~~84.1.1.4.1~~85.1.1.4.1 Scheduled hearings shall be conducted in accordance 1 V.S.A. Chapter 5.

~~84.1.1.4.2~~85.1.1.4.2 At the beginning of the hearing, upon request from the hearing officer, each party shall state their full name for the record.

~~84.1.1.4.3~~85.1.1.4.3 The parties shall keep the audio connection, through which the party is participating in the hearing, muted while not speaking.

~~84.1.1.4.4~~85.1.1.4.4 If a party is not able to hear the hearing officer, a Board member, or the other party, the party shall un-mute their audio communication system and notify the hearing officer.

~~84.1.1.4.5~~85.1.1.4.5 The hearing officer shall identify the Board members who are eligible and participating in the hearing on the record.

~~84.1.1.4.6~~85.1.1.4.6 The hearing officer shall administer oaths and affirmations, as required by law, using the audio and, if available, visual communication systems.

~~84.1.1.5~~85.1.1.5 Board Members Hearing the Case

~~84.1.1.5.1~~85.1.1.5.1 When participating in a hearing remotely, Board members shall comply with the requirements of 26 V.S.A. § 1318.

~~84.1.1.5.2~~85.1.1.5.2 By noon on the day prior to the scheduled hearing, each Board member shall provide to the Docket Clerk an email address for a current email account that the member can access during the

hearing.

~~84.1.1.5.3~~85.1.1.5.3 During a scheduled hearing, the Docket Clerk shall send all filings and required written communications to the participating Board members at the email address provided to the Docket Clerk.

~~84.1.1.5.4~~85.1.1.5.4 During a scheduled hearing, participating Board members shall monitor the email account submitted to the Docket Clerk, and immediately review emails received from the Docket Clerk and other Board Office staff.

84.285.2 Record

84.2.185.2.1 Recording and Transcript

~~84.2.1.185.2.1.1~~85.2.1.1 The hearing shall be recorded. Parties may request a transcript from the Docket Clerk. The party requesting a copy of the transcript must pay to the Board Office the estimated cost of producing a copy of the transcript.

84.2.285.2.2 Introduction of Documents During Hearing

~~84.2.2.185.2.2.1~~85.2.2.1 All filings to be considered by the Board during a hearing that are not already a part of the record shall be filed with the Docket Clerk in advance of the scheduled hearing in accordance with Section 834.2.1, or during the hearing in accordance with the procedures set forth in this subsection. Filings not received by the Docket Clerk by noon on the last business day prior to the scheduled hearing must be submitted during the hearing.

84.2.2.285.2.2.2 Exhibits

~~84.2.2.2.185.2.2.2.1~~85.2.2.2.1 Exhibits submitted during a hearing shall be emailed as an attachment to the Docket Clerk and the other party. The form of the exhibit shall comply with the form requirements

set forth in Section ~~831.44~~.

~~84.2.2.2.2~~85.2.2.2.2 Once the exhibit is received by the Docket Clerk, the Docket Clerk shall email the exhibit as an attachment to the hearing officer presiding at the hearing and the other, non-filing party.

~~84.2.2.2.3~~85.2.2.2.3 After receipt of the email from the Docket Clerk with the exhibit attached, the hearing officer and the other, non-filing party shall have a reasonable amount of time, as determined by the hearing officer, to review the exhibit.

~~84.2.2.2.4~~85.2.2.2.4 The non-filing party shall have the opportunity to oppose the admission of an offered exhibit.

~~84.2.2.2.5~~85.2.2.2.5 The hearing officer shall rule on whether to admit the exhibit in accordance with Section ~~461.4~~ and 3 V.S.A. § 810.

~~84.2.2.2.6~~85.2.2.2.6 If the hearing officer rules that an exhibit is to be admitted into evidence, the Docket Clerk shall send an email with the exhibit attached to members of the Board who are hearing the case.

~~84.2.2.2.7~~85.2.2.2.7 Members shall not retain any copies, including electronic or physical copies, of the exhibits after the conclusion of the hearing

~~84.2.2.3~~85.2.2.3 Motions

~~84.2.2.3.1~~85.2.2.3.1 Written motions made during a hearing shall be emailed as an attachment to the Docket Clerk and the non-filing party. Motions may also be made orally during a hearing.

~~84.2.2.3.2~~ 85.2.2.3.2 A written motion shall be signed in accordance with Section 83+4.2.

~~84.2.2.3.3~~ 85.2.2.3.3 Upon receipt of a written motion during a hearing, the Docket Clerk shall send the motion to the Board members hearing the case.

~~84.2.2.3.4~~ 85.2.2.3.4 The non-filing party shall have the opportunity to respond to a motion.

~~84.2.2.3.5~~ 85.2.2.3.5 The hearing officer shall decide whether to grant or deny a motion.

~~84.3~~ 85.3 **Witnesses**

~~84.3.1~~ 85.3.1 Witnesses called by a party shall testify by telephone or via web-based audio or visual communication.

~~84.3.2~~ 85.3.2 The party calling the witness shall be responsible for providing the witness with the necessary information for participating in the scheduled hearing, including all necessary phone numbers, email addresses, and website addresses. It is the responsibility of the party calling the witness to ensure that the witness is available when called upon to testify during the scheduled hearing.

~~84.3.3~~ 85.3.3 The party calling the witness shall provide the Docket Clerk with a phone number and email address for the witness. In the event of technical challenges or a need to dismiss and then recall a witness, the Docket Clerk shall telephone the witness with further instructions about when the witness is recalled to testify.

~~84.4~~ 85.4 **Deliberative Session**

~~84.4.1~~ 85.4.1 The participating Board members shall have the opportunity to engage in deliberations, as defined in 1 V.S.A. § 310(2), about the contested case presented at the scheduled hearing. Deliberations by the participating Board members may occur in a deliberative session in accordance with 1 V.S.A. §

312(e).

~~84.4.2~~85.4.2 Prior to the scheduled hearing, the Docket Clerk shall email to the participating Board members and the hearing officer a conference call telephone number or information for an audio and visual communication system link that shall be available only to those participating in deliberations, to be used for the deliberative session.

~~84.4.3~~85.4.3 After the participating Board members vote to enter into a deliberative session, the members shall exit the audio and visual communication system or end the telephone call through which members are participating in the hearing. The parties shall remain available on the audio and visual communication system or the telephone during the deliberative session. The participating Board members shall then use the conference call telephone number or audio and visual communication system link provided by the Docket Clerk prior to the scheduled hearing. The deliberative session shall be held on the medium that is available only to those participating in the deliberations.

~~84.4.4~~85.4.4 At the conclusion of the deliberative session, the participating Board members shall reconnect to the audio and visual communication system or the telephone line on which the hearing is being held. The hearing officer will notify the Docket Clerk and the parties that the hearing is resuming and shall provide the parties and the Docket Clerk with a reasonable amount of time to resume. Decisions by the Board announced following a deliberative session shall be made by motion and voted upon by the members in an open session on the record.

84.585.5 Board Decisions

The Board shall issue a written decision of its findings and conclusions in accordance with 26 V.S.A. § 1374. The Board may have the assistance of the hearing officer in preparing its written decision. 26 V.S.A. § 1353(2).

84.685.6 Appeals

~~84.6.185.6.1~~ 84.6.185.6.1 A party may appeal a decision of the Board in accordance with 26 V.S.A. 1367 and Section ~~472.43~~.

~~84.6.285.6.2~~ 84.6.285.6.2 Parties may submit written notices and filings to the Docket Clerk, and other parties by email, mail, or facsimile.

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Chapter 1 – Board Rules

Subchapter 1 –

RULES OF THE BOARD OF MEDICAL PRACTICE

SECTION I. GENERAL PROVISIONS

1.0 Overview

1.1 Purpose

The purpose of the Board of Medical Practice is to protect the public health, safety and welfare. The Board does this by setting standards for issuing licenses and certifications, by licensing and certifying only qualified applicants, by investigating unprofessional conduct and unlicensed practice of medicine, by disciplining and regulating the practices of license and certificate holders, and by providing licensees with guidelines, policies, and continuing medical education.

1.2 Authority

This rule is adopted pursuant to 26 V.S.A. § 1351(e) and 3 V.S.A. § 831(d).

1.3 Scope

This rule establishes requirements for the licensing or certification, and regulation of physicians, physician assistants, podiatrists, anesthesiologist assistants, and radiologist assistants by the Board of Medical Practice.

2.0 Definitions

2.1 "ABMS" means the American Board of Medical Specialties.

2.2 "Accredited Medical School" means a medical school accredited by the LCME or the Canadian equivalent.

2.3 "ACGME" means the Accreditation Council for Graduate Medical Education.

2.4 "AMA" means the American Medical Association.

2.5 "Board" means the Board of Medical Practice created by 26 V.S.A. Chapter 23.

2.6 "Board-approved medical school" means a medical school that:

2.6.1 Appears on the official California Recognized Medical Schools list; or

2.6.2 A foreign medical school that has been accredited under the system for medical school accreditation established by the Educational

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Commission for Foreign Medical Graduates (ECFMG) and deemed to meet the minimum requirements substantially equivalent to the requirements of medical schools accredited by the Liaison Committee on Medical Education or the Committee on Accreditation of Canadian Medical Schools; or

- 2.6.3 A medical school that was approved as provided by the standards established by the United States National Committee on Foreign Medical Education and Accreditation Certification, but only if the applicant holds American Board of Medical Specialties board certification, or meets all eligibility requirements for such certification and is only lacking current licensure.
- 2.7 "CACMS" means the Committee on Accreditation of Canadian Medical Schools.
- 2.8 "CFPC" means the College of Family Physicians of Canada.
- 2.9 "CME" means continuing medical education as defined by the Accreditation Council for Continuing Medical Education (ACCME).
- 2.10 "CPME" means Council on Podiatric Medical Education of the American Podiatric Medical Association.
- 2.11 "ECFMG" means the Educational Commission for Foreign Medical Graduates.
- 2.12 "Fifth pathway" means a program of medical education that meets the following requirements:
- 2.12.1 Completion of two years of pre-medical education in a college or university of the United States.
- 2.12.2 Completion of all the formal requirements for the degree corresponding to doctor of medicine except internship and social service in a medical school outside the United States that is recognized by the World Health Organization.
- 2.12.3 Completion of one academic year of supervised clinical training sponsored by an approved medical school in the United States or Canada.
- 2.12.4 Completion of one year of graduate medical education in a program approved by the Liaison Committee on Graduate Medical Education of the American Medical Association.
- 2.13 "FLEX" means the Federation Licensing Examination.
- 2.14 "Foreign medical school" means a legally chartered medical school in a sovereign state other than the United States or Canada.
- 2.15 "Immediate family" means the following: a spouse (or spousal equivalent), parent, grand-parent, child, sibling, parent-in-law, son/daughter-in-law, brother/sister-in-law, step-parent, step-child, step-sibling, or any other person who is permanently residing in the same residence as the licensee. The listed familial relationships do not require residing in the same residence.

- 2.16** "Lapsed license" means a license that has expired or is no longer valid due to the licensee's failure to complete the requirements for renewal of that license.
- 2.17** "Limited temporary license" means a license issued for the purpose of completing post-graduate training and allows the licensee to practice under the supervision and control of a Vermont-licensed physician in an ACGME-accredited training program.
- 2.18** "LCME" means the Liaison Committee on Medical Education of the AMA.
- 2.19** "LMCC" means the Licentiate of the Medical Council of Canada.
- 2.20** "MCCQE" means Medical Council of Canada Qualifying Examination.
- 2.21** "National Boards" means the examination given by the National Board of Medical Examiners.
- 2.22** "NCCPA" means National Commission for the Certification of Physician Assistants.
- 2.23** "PA" means physician assistant.
- 2.24** "Participating Physician" means a medical doctor or osteopathic physician who holds a full Vermont medical license, who meets the requirements of Vermont law and this rule to be the Participating Physician for a PA, and who has executed a practice agreement to act as the Participating Physician for a Vermont PA.
- 2.25** "Physician" means a medical doctor or holder of an equivalent degree that qualifies a person to be licensed as an allopathic physician. It does not mean doctor of osteopathy when used in this rule unless specified.
- 2.26** "PMLexis" means the Podiatric Medical Licensure Examination for States.
- 2.27** "Professional" means a member of one of the health care professions licensed by the Board: medical doctor; physician assistant; podiatrist; anesthesiologist assistant, and radiologist assistant.
- 2.28** "RCPSC" means the Royal College of Physicians and Surgeons of Canada, which is the accrediting body for postgraduate medical education in Canada.
- 2.29** "Specialty Board certification" means the certification granted upon successfully completing the educational and examination requirements of a specialty board of the American Board of Medical Specialties.
- 2.30** "USMLE" means the United States Medical Licensing Examination.
- 2.31** "Verification" means documentation that is provided to the Board that comes directly from the original issuing authority, or recognized successor entity, in a format acceptable to the Board, or from the Federation Credential Verification Service (FCVS) or other record repository as may be recognized by the Board.
- 2.32** "V.S.A." means Vermont Statutes Annotated.

3.0 Hearings Before the Board

- 3.1 Hearing Panel:** The Executive Director may designate a hearing panel of no fewer than 3 members, with a minimum of one public member and one physician member of the Board, to conduct hearings that would otherwise be heard by the full Board. When a hearing is conducted by a hearing panel, the panel shall report its findings and conclusions to the Board within 60 days of the conclusion of the hearing unless the Board grants an extension.
- 3.2 Full Board Hearing:** Hearings before the Board require five members, including at least one public member and at least one physician member. Members of a hearing panel designated under section 26 V.S.A. § 1372 shall not participate in or be present during deliberations of the Board but may be present for all other parts of the hearing.
- 3.3** Hearings shall be open to the public, except when required or permitted to be closed pursuant to law.

4.0 Licensing Process: Licensing Committee and Applicant's Right to a Written Decision

- 4.1 Licensing Committee:** The Licensing Committee of the Board is a standing committee that consists of at least three members, including at least one physician (MD) member and at least one public member of the Board. The Licensing Committee may conduct business with as few as two members participating but if only two members of the Licensing Committee are participating actions taken must be upon a unanimous vote and there must be a public member and a physician member present. If three or more members of the Licensing Committee are participating actions are taken on a majority of the members present and voting. Participation on the Licensing Committee is voluntary. Any sitting member of the Board of Medical Practice may volunteer for service at one or more meetings of the Licensing Committee.
- 4.2 Applicants Right to a Written Decision:** The Board must document, in writing, all decisions on whether an applicant is granted or denied a license or certification. The Board may stay its decision on an application for a license or certification from an applicant who is the subject of an unresolved licensing board investigation or a criminal complaint in another jurisdiction that involves or relates to the practitioner's care of patients or fitness to practice medicine. If an application is stayed, the Board may require the applicant to update some or all parts of the application when the stay is removed and the application is to be considered.
- 4.2.1 Whenever the Board intends to deny an applicant a license, it shall first issue a Notice of Intent to Deny, which shall include:
- 4.2.1.1 The specific reasons for the license denial;

- 4.2.1.2 Notice that the applicant has the right to request a hearing at which the Board shall review the preliminary decision, and that such request must be filed with the Board within 30 days of the date the decision was sent to the applicant.
- 4.2.2 If the applicant requests a hearing in writing, a hearing panel shall be appointed as provided by 26 V.S.A. § 1372 and 26 V.S.A. § 1398.
- 4.2.3 At the hearing to review the preliminary decision to deny the license application, the applicant shall be given the opportunity to show compliance with the licensing requirements.
- 4.2.4 After the hearing, the Board shall affirm or reverse the preliminary decision, and shall issue a final written decision and order setting forth its reasons for the decision. The decision and order shall be signed by the chair or vice-chair of the Board and the Board shall enter the order. A decision and order is effective upon entry.
- 4.2.5 Notice of both the preliminary decision and the final decision and order shall be sent to the applicant by certified mail.

5.0 Applicant's Right to Appeal

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision to the Vermont Supreme Court, as provided by 26 V.S.A. § 1367, by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice. For further rules concerning appeals, see 3 V.S.A, ch. 25 Administrative Procedures and the Vermont Rules of Appellate Procedure.

6.0 Fees

- 6.1 Application fees are established in 26 V.S.A. §§ 374, 378, 1401a, 1662, 1740, 2862, and 3054.
- 6.2 Physician fee waivers.
 - 6.2.1 Pro Bono Clinic Waiver. A physician who will limit practice in Vermont to providing pro bono services at a Board-recognized free or reduced fee health care clinic, as provided by 26 V.S.A. § 1401a(c), shall meet all license requirements, but may apply for a waiver of licensing fee, by submitting a fee waiver request to the Board which shall include the following information:
 - 6.2.1.1 The name and address of the free or reduced fee health clinic(s) where the pro bono services shall be performed;
 - 6.2.1.2 Certification that the licensee shall perform only pro bono services in Vermont, and shall only perform such services at the listed clinics;

- 6.2.1.3 The clinic director's certification that the licensee shall perform only pro bono services at the clinic.
- 6.2.2 Medical Reserve Corps Waiver. A physician who will limit practice in Vermont to service with the Medical Reserve Corps, as provided in 26 V.S.A. § 1401a(c) shall meet all license requirements, but may apply for a waiver of licensing fee, by submitting a fee waiver request to the Board using the appropriate form.
- 6.2.3 A physician granted a waiver request must reapply for the waiver at each biennial renewal. A physician may obtain a fee waiver under each basis; if volunteering under each basis, the necessary documentation must be submitted for each. The licensee's failure to follow the terms of the certifications submitted or the provisions of this rule may constitute unprofessional conduct as set forth in 26 V.S.A. §§ 1354 and 1398 and may result in disciplinary action.
- 6.2.4 Additional fee provisions regarding military members and their spouses are found in Sections 80.0 and 81.0.

7.0 Renewing a License or Certification

- 7.1 Licenses and certifications are renewed on a fixed biennial schedule. A professional must renew his or her license or certification before it lapses. The date on which a license or certification shall lapse is printed on it. 90 days before such date, the Board will provide each professional with notice of renewal to the email address last provided to the Board. If a professional does not complete the renewal application, submit all required documentation, and pay the renewal fee to the Board by the date on which the license or certification shall lapse, the license or certification will lapse automatically.
- 7.2 A professional whose initial license or certification is issued within 90 days of the next-occurring renewal date, will not be required to renew or pay the renewal fee. Instead, the license or certification will be issued with an expiration date at the end of the next full period of licensure or certification. A professional who is issued an initial license or certification more than 90 days prior to the next-occurring expiration date will be required to renew and pay the renewal fee or the license or certification will lapse.
- 7.3 Professionals have a continuing obligation during each two-year renewal period to promptly notify the Board of any change to the answers on the initial or renewal application last filed with the Board, including but not limited to disciplinary or other action limiting or conditioning the license, certification, or ability to practice in any jurisdiction. Failure to do so may subject the professional to disciplinary action by the Board.
- 7.4 Limited training licenses (LTLs) are issued on a fixed annual schedule. Otherwise, these provisions apply to holders of LTLs.

- 7.5 Additionally, specific requirements for renewal as a physician assistant, radiologist assistant, or anesthesiologist assistant are listed in the sections specific to those professions.

8.0 Lapsed Licenses or Certifications

If a license or certification has not been renewed by the required date, it lapses. A professional regulated by the Board may not legally practice in Vermont after a license or certification has lapsed. The professional must halt practice immediately and completely until the license or certification has been reinstated.

9.0 Reinstatement of a License or Certification

- 9.1 Reinstating a License or Certification after It Has Been Lapsed for Less Than One Year (364 days or fewer).

9.1.1 To seek reinstatement after failing to renew, a professional must complete in full the renewal application and tender it to the Board with any required documentation and a late fee, in addition to the fee required for renewal, within a year of lapsing. The Board may seek or request such additional information as it deems needed to make a determination as to the renewal application. The Board may deny the renewal of a license or certification on grounds of unprofessional conduct as set forth under Vermont law, after notice and opportunity to be heard has been provided to the professional.

- 9.2 Reinstating a License or Certification after It Has Lapsed for One Year or More (365 days or more).

9.2.1 If a license or certification has been lapsed for one year or more the professional must complete a reinstatement application in full and pay the application fee for an initial application. The reinstatement application requires additional information beyond that required in the standard renewal application. This includes but is not limited to the requirement to submit a chronological accounting of all professional activities in other jurisdictions during the period the Vermont license or certification was lapsed.

9.2.2 The professional submitting a renewal for a license or certification lapsed for one year or more must provide:

9.2.2.1 For physicians or any other professional who held hospital privileges, a form completed by the chief of staff of the hospital where privileges were most recently held during the period when the Vermont license was lapsed;

9.2.2.2 For professionals who are required to practice under supervision, a form completed by each supervisor who

provided supervision during the period when the Vermont license or certification was lapsed; and

9.2.2.3 A verification from each state in which the professional held an active license or certification during the period when the Vermont license or certification was lapsed.

9.2.3 Reinstatement may be denied on grounds of unprofessional conduct as set forth under Vermont law or for other good cause, after notice and opportunity to be heard has been provided to the professional. The provisions of Section 4.0 regarding license denial apply to denial of reinstatement.

10.0 Stale Applications

10.1 An application that becomes stale under these provisions is terminated without Board action and without refund of any fees paid.

10.2 An application becomes stale if six months pass from the time that the applicant is notified that additional information or documentation is needed and the information or documentation has not been provided. Once an application has become stale, verifications and documentation as determined by the Board must be resubmitted and the fee must be paid again if the applicant desires to resume the application process.

10.3 An application that has been forwarded to the licensing committee may be determined by the licensing committee to be incomplete. An application becomes stale while before the licensing committee if the licensing committee requests additional information and the information is not submitted within sixty days. An applicant may request more time from the licensing committee, which shall rule finally on all matters of whether the application was completed in a timely matter.

11.0 Enforcement of Child Support

The Board licenses or certifies five professions: Physicians, Physician Assistants, Podiatrists, Anesthesiologist Assistants, and Radiologist Assistants. Per 15 V.S.A. § 795, the Board may not issue or renew a professional license or certification to practice these professions or be a trainee if the applicant is under an obligation to pay child support and is not in good standing or in full compliance with a plan to pay the child support due. The Board requires that each applicant for the issuance or renewal of a license or certification sign a statement that the applicant is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed.

12.0 Tax Compliance

The Board licenses or certifies five professions: Physicians, Physician Assistants, Podiatrists, Anesthesiologist Assistants, and Radiologist Assistants. Per 32 V.S.A. § 3113, the Board may not issue or renew a professional license or certification to practice those professions or be a trainee unless the applicant is in good standing with respect to or in full compliance with a plan to pay any and all taxes due. The Board requires that each applicant for the issuance or renewal of a license or certification sign a statement that the applicant is in good standing with respect to or in full compliance with a plan to pay any and all taxes due.

13.0 Professional Standards.

13.1 Change of Name or Address.

All professionals are responsible for notifying the Board within 10 days of any change of name, public address, mailing address, or telephone number. All professionals who hold a Vermont license or certification are required to keep the Board informed of a current email address; email is used to provide important notices to all professionals regulated by the Board. A professional who holds a Vermont license but who has not been engaged in practice in Vermont shall notify the Board at least 30 days in advance of the intended starting date of the Vermont practice.

13.2 Self-Prescribing and Prescribing for Family Members.

13.2.1 **Controlled Substances:** It is unacceptable medical practice and unprofessional conduct for a licensee to prescribe or dispense controlled substances listed in US Drug Enforcement Agency (“D.E.A.”) Schedules II, III, or IV for the licensee’s own use. It also is unacceptable medical practice and unprofessional conduct for a licensee to prescribe or dispense Schedule II, III, or IV controlled substances to a member of the licensee’s immediate family, as defined in Section 2.15, except in a bona fide emergency, of short-term and unforeseeable character. Prescribing for self or immediate family members, as defined in this rule, constitutes a violation of 26 V.S.A. § 1354.

13.2.2 **Non-controlled Substances:** It is discouraged for a licensee to prescribe or dispense non-controlled prescription substances for the licensee’s own use. It is also discouraged for licensee to prescribe or dispense non-controlled prescription substances to a member of the licensee’s immediate family, as defined in Section 2.15. Licensees who do prescribe non-controlled substances for their own use or that of a family member are required to meet all standards of appropriate care, including proper establishment of a professional relationship with the patient and maintenance of appropriate patient records.

13.3 Methadone Prescribing. Federal law prohibits prescribing methadone outside of a certified opioid treatment program, unless it is prescribed or dispensed as an

analgesic. A licensee must include the words “FOR PAIN” in a prescription for methadone.

SECTION II. PHYSICIANS

14.0 License Required

No one may practice medicine in the state unless licensed by the Board, registered with the Board, or when exempt under the provisions contained in 26 V.S.A. § 1313. Before allowing a physician who is not licensed in Vermont to practice pursuant to the exemption stated in 26 V.S.A. §1313(a)(4), a medical school or teaching hospital must first verify through primary source verification the physician’s qualifications and credentials, including that the physician has a valid, unrestricted license to practice medicine in the current jurisdiction of practice. Such documentation shall be submitted to the Executive Director for review; the Executive Director may approve the exemption or may elect to refer the matter to the Licensing Committee and/or Board. If referred directly to the Board, there is no requirement for review by the Licensing Committee.

15.0 Requirements for Licensing

15.1 In order to be granted a license to practice medicine an applicant must meet the following eligibility requirements:

- 15.1.1 At least 18 years of age;
- 15.1.2 Competent in speaking, writing, and reading the English language;
- 15.1.3 Completed high school and at least two years of college or the equivalent;
- 15.1.4 A graduate of a Board-approved medical school, or a medical school accredited by the LCME or CACMS;
- 15.1.5 Meets the Board’s criteria for Postgraduate Training;
- 15.1.6 Meets the Board’s criteria for License by Examination; or License by Appointment to the faculty of a Vermont medical college; and
- 15.1.7 Meets requirement for moral character and professional competence.

15.2 For each applicant for licensure as a physician the Board must receive the following in a form satisfactory to the Board:

- 15.2.1 A complete online application;
- 15.2.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
- 15.2.3 If applicable, an ECFMG certificate. An ECFMG certificate is required if an applicant graduated from a medical school outside of the United

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States or Canada, unless the applicant successfully completed a fifth pathway program.

- 15.2.4 Evidence of completion of high school and at least two years of college;
 - 15.2.5 For each medical school attended, the Uniform Application Medical School Verification Form for primary source documentation of graduation from a Board-approved medical school or a medical school accredited by the LCME or CACMS;
 - 15.2.6 For each postgraduate training program attended, the Uniform Application Postgraduate Training Verification Form for primary source documentation of all postgraduate training;
 - 15.2.7 Verification of every medical license ever held in any state, territory, or province to practice medicine at any level, including permanent, temporary, and training licenses;
 - 15.2.8 Verification of medical licensing examination results; sent directly by the applicable examining authority in accordance with the Board of Medical Practice examination requirements;
 - 15.2.9 Board of Medical Practice Reference Forms completed and submitted directly by the chief of service (or equivalent) and two other active physician staff members of the hospital where the applicant currently holds, or most recently held, privileges. If an applicant has not held privileges at a hospital within two years of the date of submission of the application, or cannot provide references as indicated, the Board in its discretion may accept references from other physicians who have knowledge of the applicant's moral character and professional competence. An applicant shall indicate in the application if asking the Board to accept references that do not meet the above-stated standard;
 - 15.2.10 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 15.2.11 American Medical Association Profile. This must be a current Profile issued within 60 days of submission of the application;
 - 15.2.12 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application;
 - 15.2.13 The applicant's CV (curriculum vitae) or résumé; and
 - 15.2.14 If specialty board-certified, a copy of the specialty board certificate.
- 15.3** All applicants must submit a completed Board application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.

15.4 At the discretion of the licensing committee or the Board any applicant may be required to be interviewed by a Board member.

16.0 Satisfaction of Licensing Requirements by Practice in Another United States Jurisdiction

16.1 A physician can meet the licensing requirements stated in Sections 15.1.2 and 15.1.6 by demonstrating the following:

16.1.1 They have been practicing medicine full-time in another United States jurisdiction while continuously holding a full, unrestricted, and unlimited license in good standing for at least three years preceding the day on which the Vermont license is to be granted; and

16.1.2 They meet the education and training requirements stated in 26 V.S.A. § 1395(a).

16.2 For each applicant for licensure as a physician under 26 V.S.A. § 1395(a) the Board must receive, in a form satisfactory to the Board:

16.2.1 A complete online application;

16.2.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;

16.2.3 For each medical school attended, the Uniform Application Medical School Verification Form for primary source documentation of graduation from a Board-approved medical school or a medical school accredited by the LCME or CACMS;

16.2.4 For each postgraduate training program attended, the Uniform Application Postgraduate Training Verification Form for primary source documentation of all postgraduate training;

16.2.5 Verification of the medical license that the applicant relies upon to qualify to apply under the endorsement procedure;

16.2.6 Board of Medical Practice Reference Forms completed and submitted directly by the chief of service (or equivalent) and two other active physician staff members of the hospital where the applicant currently holds, or most recently held, privileges. If an applicant has not held privileges at a hospital within two years of the date of submission of the application, or cannot provide references as indicated, the Board in its discretion may accept references from other physicians who have knowledge of the applicant's moral character and professional competence. An applicant shall indicate in the application if asking the Board to accept references that do not meet the above-stated standard;

- 16.2.7 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 16.2.8 American Medical Association Profile. This must be a current Profile issued within 60 days of submission of the application;
 - 16.2.9 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application;
 - 16.2.10 The applicant's CV (curriculum vitae) or résumé; and
 - 16.2.11 If specialty board-certified, a copy of the specialty board certificate.
- 16.3** All applicants must submit a completed Board endorsement application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.
- 16.4** At the discretion of the licensing committee or the Board any applicant may be required to be interviewed by a Board member.

17.0 License by Examination

- 17.1** All applicants entering the examination system after December 31, 1994 must use and pass the USMLE three-step sequence. Primary source documentation of a passing grade on each of the three USMLE steps is required. All three steps must be completed within seven (7) years of the first examination attempt, or ten (10) years if the applicant completed an MD/PhD or equivalent program. Applicants may retake USMLE Step I and II multiple times without limit until successful, subject to the time limit of seven or ten years. Applicants may retake USMLE Step III two times, for a total of three attempts. Additional attempts, even if successful, do not qualify the applicant for a Vermont license unless granted a waiver as provided in Section 17.2 below.
- 17.2** Waiver or Exception to USMLE Time Requirement. There is an option for a waiver based on specialty board certification status as set forth in Section 17.2.1 and a special provision for exception or waiver for applicants who were affected by testing interruptions during the public health emergency caused by the COVID-19 pandemic in 2020 and 2021 as set forth in Section 17.2.2 and 17.2.3.
- 17.2.1 Applicants who do not meet the requirement to have passed all three Steps of the USMLE within a seven-year period, or ten-year period for an MD/PhD applicant, or have required more than three attempts to pass Step III may apply for a waiver of the requirement if they meet all the following criteria:
 - 17.2.1.1 Hold a full unrestricted license in another U.S. or Canadian jurisdiction;

17.2.1.2 Hold an active ABMS, RCPSC, or CFPC specialty certification; and

17.2.1.3 Have successfully completed an ACGME, RCPSC, or CFPC approved post-graduate training program.

17.2.2 If an applicant's USMLE sequence completion time, as stated in Section 17.1, fell during March 1, 2020 to March 1, 2022, then the applicant shall have two additional years added to the time limit. The requirement is met if the following criteria apply:

17.2.2.1 The MD applicant successfully completed the USMLE testing sequence within nine (9) years of the first attempt; or

17.2.2.2 The MD/PhD applicant successfully completed the USMLE testing sequence within twelve (12) years of the first attempt.

17.2.3 Applicants who do not meet the time limits for USMLE completion even with the additional time allowed under 17.2.2 but had special circumstances that significantly affected their ability to complete the examination sequence, such as government-imposed travel bans or a personal health condition that precluded travel to take an examination during the period from March 1, 2020 to August 31, 2022, may apply for an individual waiver. Such applications will be considered on a case-by-case basis and determined by the Board based on a bona fide inability to meet the time limitations for reasons beyond the applicant's control.

17.3 Applicants who first took a medical licensing exam on or before December 31, 1994, must satisfy at least one of the following criteria, as evidenced by primary source documentation:

17.3.1 Applicants who successfully completed the National Boards Parts 1, 2, and 3 or FLEX Component 1 and 2 with a grade of at least 75 on all segments of either exam meet the examination criteria of the Board. All segments of either exam must have been completed within seven (7) years. The final clinical segment (Part 3 or Component 2) must have been passed on the first or second attempt to qualify for a Vermont license; or

17.3.2 Applicants who entered, but did not complete, either the NBME or FLEX sequences before the discontinuance of FLEX or National Boards may combine some parts (components) from the two discontinued exam systems with USMLE for completion of an acceptable examination sequence. Each of the following combinations are acceptable:

(1)	NBME Part I	plus	NBME Part II	plus	NBME Part III
	or USMLE Step 1		or USMLE Step 2		or USMLE Step 3

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OR					
(2)	FLEX Component I	plus	USMLE Step 3		
OR					
(3)	NBME Part I Or USMLE Step 1	plus	NBME Part II Or USMLE Step 2	plus	FLEX Component 2

17.3.3 Applicants who took and passed a medical licensing examination administered by one of the United States or its Territories with a minimum passing grade of 75% meet the examination requirements.

17.3.4 Graduates of Canadian medical schools, in addition to the above examination options, can qualify for a Vermont license by successfully passing the MCCQE, Part I and Part II.

18.0 License by Faculty Appointment

The Board may license without examination a resident of a foreign country who is a licensed physician in good standing in the country of residence and who presents verifiable evidence of outstanding academic and clinical achievements and potential. To qualify for a Vermont license under this rule the applicant must present evidence that the applicant will be appointed to the University of Vermont College of Medicine full-time faculty at the rank of associate professor or higher. The license is issued only for the duration of the faculty appointment and is dependent on favorable faculty evaluations conducted according to the usual College of Medicine procedures. The licensee shall share these evaluations with the Board if requested.

19.0 Postgraduate Training Requirements

19.1 Graduates of accredited U.S. or Canadian medical schools must have successfully completed two years of postgraduate training accredited by the ACGME, RCPSC, or CFPC. The training should be a progression of directed experience. Multiple first-year programs are not acceptable. Applicants who are currently licensed and in good standing in another U.S. or Canadian jurisdiction who were first licensed to practice in the U.S. or Canada on or before December 31, 1994, must have successfully completed one year of a postgraduate training program accredited by the ACGME, RCPSC, or CFPC.

19.2 Graduates who hold a diploma from a Board-approved medical school outside of the United States or Canada must have successfully completed three years of postgraduate training in programs approved by the ACGME, the RCPSC, or the CFPC. The training should be a progression of directed experience, preferably in a single program. Multiple first year programs are not acceptable. Applicants may

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also satisfy the requirement for three years of postgraduate training by one of the following:

19.2.1 Specialty certification by a specialty board recognized by the ABMS, the RCPSC, or CFPC; or

19.2.2 Three years as a full-time faculty member at or above the level of assistant professor in a clinical discipline in a medical school approved by the LCME, with documentation of the applicant's clinical training and competence and the school's method of evaluating that competence. The evaluation must be part of the school's normal established procedure. The documentation shall include letters from the chairperson and two senior members of the applicant's department, special honors or awards that the applicant has achieved, and articles that the applicant has published in reputable medical journals or medical textbooks.

19.3 Fifth Pathway graduates are not required to submit an ECFMG certificate and are eligible for a Vermont license after three years of postgraduate training in an ACGME, RCPSC, or CFPC-accredited program.

20.0 Application to Take USMLE in Vermont

20.1 The Federation of State Medical Boards and the National Board of Medical Examiners administer the United States Medical Licensing Examination (USMLE). Applicants for Vermont licensure shall contact the Federation to apply to take the USMLE.

20.2 General eligibility requirements to take USMLE Step 3 are:

20.2.1 Certification of graduation from an accredited medical school in the United States or Canada, or a Board-approved medical school located in another country;

20.2.2 Verification of ECFMG certificate if the applicant is a graduate of a medical school outside the United States or Canada. Fifth Pathway graduates are not required to submit an ECFMG certificate;

20.2.3 Certification that the applicant has completed at least seven months of postgraduate training in a program approved by the ACGME, the RCPSC, or the CFPC.

21.0 Limited Temporary License

21.1 A limited temporary license is issued for the purpose of completing postgraduate training and allows the licensee to practice under the supervision and control of a Vermont-licensed physician in an ACGME-accredited training program. The applicant must be enrolled in an ACGME-accredited program of postgraduate training or in sub-specialty clinical fellowship training in an institution that has an

accredited program in the parent specialty. A limited temporary license may be renewed or reissued, upon submission of a completed renewal application.

- 21.2** Application for a limited temporary license shall include:
- 21.2.1 Completed online application;
 - 21.2.2 The required fee;
 - 21.2.3 A copy of the applicant's medical school diploma;
 - 21.2.4 A supervising physician's/ program director's statement, acknowledging statutory responsibility for the applicant's negligent or wrongful acts or omissions;
 - 21.2.5 Direct verification of medical education;
 - 21.2.6 ECFMG if applicable;
 - 21.2.7 Verification of other state licensure;
 - 21.2.8 NPDB self-query; and
 - 21.2.9 Any additional forms or documentation required by the Board.

22.0 Professional Standards Specific to Physicians

- 22.1** Additional professional standards that apply to all professionals are in Section 13.0 of this rule.
- 22.2** It is unprofessional conduct for a physician to delegate professional responsibilities to a person whom the physician knows or has reason to know is not qualified by training, experience, education, or licensing credentials to perform. See 26 V.S.A. § 1354(a)29.
- 22.3** Requesting or Receiving a Prescription from a Physician Assistant for whom the Physician Acts as Participating Physician. A physician shall not request or receive the dispensing of or a prescription for controlled substances listed in D.E.A. Schedules II, III, or IV for the physician's own use from a physician assistant for whom the physician acts as participating physician.
- 22.4** Requesting or Receiving a Prescription from an Advanced Practice Registered Nurse with Whom the Physician Has an Agreement to Act as the Collaborating Provider. A physician shall not request or receive the dispensing of or a prescription for controlled substances listed in D.E.A. Schedules II, III, or IV for the physician's own use from an advanced practice registered nurse with whom the physician has an agreement to act as the collaborating provider.

23.0 Telehealth License

- 23.1** Physicians may apply for a license to practice telehealth as provided in 26 V.S.A. § 3054. Telehealth licenses are limited to telehealth practice only. Telehealth licensees are limited to providing services to a total of only 20 unique patients during each licensing period. Once a physician has treated 20 unique patients

during a licensing period, the termination of the physician-patient privilege with a patient during a licensing period does not allow the physician to add another patient during the same licensing period.

- 23.2 The requirements to qualify for a telehealth license include all the requirements for full, unrestricted physician licensure stated in Sections 15.0, 17.0, and 19.0. In addition, a physician cannot obtain a telehealth license if they have had a medical license revoked in any other U.S. jurisdiction or are pending disciplinary action or investigation in any other U.S. jurisdiction, per 26 V.S.A. § 3057. Applicants must complete the online application for physician telehealth licensure, which includes all the same questions and requires the same documentation as the application for a full license.
- 23.3 Applicants for a telehealth license may use the process described in Section 16.0 in lieu of the process described in Section 15.0.
- 23.4 The telehealth license fee is seventy-five percent of the fee for renewal of a full physician license.

24.0 Telehealth Registration

- 24.1 Physicians may apply for a telehealth registration as provided in 26 V.S.A. § 3054. A telehealth registration is valid for only 120 consecutive days from the day issued and allows the registrant to treat a total of only 10 unique patients during the time it is in effect. Once a physician has treated 10 unique patients during the registration period, the termination of the physician-patient privilege with a patient during the 120-day period that the registration is valid does not allow the physician to add another patient during the same period. A telehealth registration may not be renewed. A new telehealth registration cannot be obtained until three years after the day a prior telehealth registration expired.
- 24.2 To qualify for a telehealth registration a physician (MD) must hold an active, unencumbered license in good standing in another U.S jurisdiction. In addition, the applicant cannot have had a medical license revoked in any U.S. jurisdiction or be pending disciplinary action or investigation in any other U.S. jurisdiction, per 26 V.S.A. § 3057. Applicants must complete the online application for physician telehealth registration and provide the following documentation:
 - 24.2.1 The Uniform Application Affidavit and Authorization for Release of Information form accessed via the Board’s website;
 - 24.2.2 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application; and

- 24.2.3 Verification of an active, unencumbered medical license issued by another U.S. jurisdiction that is in good standing.
- 24.3 The fee for a telehealth registration for a physician is fifty percent of the fee for renewal of a full physician license.

24.0 Continuing Medical Education

24.1 Minimum Education Requirement - Hours and Subjects

- 24.1.1 Each physician applying for renewal of a license to practice medicine must complete at least thirty hours of qualifying CME during the most recent two-year licensing period.
 - 24.1.1.1 The licensee is not required to file documentation of CME that verifies completion at the time that it is reported, however, it is the licensee's responsibility to retain documentation for four years from the time the information is submitted to the Board.
 - 24.1.1.2 The Board may audit records of CME for up to four years from the time of submission; a licensee is required to promptly submit documentation of CME completion in response to a request from the Board.
- 24.1.2 For physicians licensed in Vermont for the first time during the most recent two-year licensing period, if licensed in Vermont for less than one year, there is no requirement for CME at the time of the first renewal. If licensed for one year or more during that initial period of Vermont licensure, the licensee shall complete at least 15 hours of approved CME activity and those 15 hours shall include any subject-specific CME required by this rule.
- 24.1.3 Time is calculated from the date the license was approved by the Board until the date of expiration. Any physician who has not completed the required continuing medical education shall submit a make-up plan with a renewal application, as specified in this rule.
- 24.1.4 Except for required subjects that are mandated by this rule, all CME hours completed in satisfaction of this requirement shall be designed to assure that the licensee has updated knowledge and skills within their own specialties and also has kept abreast of advances in other fields for which patient referrals may be appropriate. A licensee's "own area of practice" shall not be interpreted narrowly; it is acknowledged that training in many other fields may be reasonably related to a practitioner's own specialties.
- 24.1.5 Required Subject: Hospice, Palliative Care, Pain Management. 26 V.S.A. § 1400(b) mandates that the Board of Medical Practice shall require physician licensees to provide "evidence of current professional competence in recognizing the need for timely appropriate consultations and referrals to assure fully informed patient choice of treatment options,

including treatments such as those offered by hospice, palliative care, and pain management services." Accordingly, all physician licensees who are required under this rule to complete CME shall certify at the time of each renewal that at least one of the hours of qualifying CME activity has been on the topics of hospice, palliative care, or pain management services.

24.1.6 Required Subject: Prescribing Controlled Substances.

All physician licensees who are required to certify completion of CME and who prescribe controlled substances shall certify at the time of each renewal that at least two hours of qualifying CME activity on controlled substances prescribing. The following topics must be covered, as required by Vermont law: abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; the appropriate use of the Vermont Prescription Monitoring System; risk assessment for abuse or addiction; pharmacological and nonpharmacological alternatives to opioids for managing pain; medication tapering and cessation of the use of controlled substances; and relevant State and federal laws and regulations concerning the prescription of opioid controlled substances. Each licensee who is registered with the D.E.A. and who holds a D.E.A. number to prescribe controlled substances, or who has submitted a pending application for one, is presumed to prescribe controlled substances and must meet this requirement.

24.1.7 Licensees who are not in active practice shall still complete CME, including all required subjects, to be relicensed. For purposes of subsection (b), a physician not in active practice may consider the last area of practice as the area of practice to which activity shall relate, or the activity may relate to any intended new area of practice.

24.1.8 Licensees who are members of the armed forces and who are subject to a mobilization and/or deployment for all or part of a licensing cycle will be treated the same as licensees who are licensed for the first time during a licensing cycle. E.g., a licensee whose military mobilization/deployment covers a year or more is not required to complete CME for that cycle. A licensee whose military duties during the two-year cycle total less than one year shall be required to meet the CME requirement of at least 15 hours, including any required subjects.

24.1.9 A licensee who allows a license to lapse by not timely applying for renewal shall certify completion of all CME that would have been required to remain licensed in order to be granted a renewal license.

24.2 Qualifying Continuing Medical Education Activities

24.2.1 CME activities that are approved for American Medical Association Physician's Recognition Award Category 1 Credit AMA PRA Category 1 Credit™ qualify as approved Vermont CME.

- 24.2.2 Credit for providing training. The Board accepts all AMA PRA Category 1 Credit™ activity. The AMA PRA program grants two hours of credit for each hour of training presented by a physician. The Board recognizes those credits the same as the AMA PRA program.
- 24.2.3 Certain activities sponsored by the Board may qualify for CME credit even if not designated as AMA PRA Category 1 activities. If CME credit is available, it will be specifically stated by the Board.
- 24.2.4 Special Rule for holders of a full, unlimited license who are participants in a residency or fellowship program approved by a nationally-recognized body that approves graduate medical education (GME). Some physicians who are still in a GME program obtain full licensure in addition to a limited temporary license for training. As fully-licensed physicians, if licensed for a year or more (see Section 24.1.2) they must complete at least 15 hours of CME. If licensed the full period, they must complete 30 hours of CME. However, the Board will recognize participation in a GME program as qualifying for CME credit to the extent provided here.
 - 24.2.4.1 The licensee must have successfully completed the program or continue to be in good standing in the GME program throughout the licensing period to have GME count as CME.
 - 24.2.4.2 Successful completion of a year of full-time participation in an approved program during the two-year licensing period may count for 15 hours of CME to be used to satisfy a CME requirement for that licensing period. Licensees who wish to use participation in a GME program to satisfy part of the CME requirement shall submit a letter to the Board stating so and attesting to successful completion of the GME program year.
 - 24.2.4.3 GME students who are fully licensed must meet the subject-specific requirement for hospice, palliative care, or pain management services if fully licensed for a year or more. See Section 24.1.5. GME students who are fully licensed for a year or more and who have applied for or hold a D.E.A. number must satisfy the statutory requirement for two hours of CME on controlled substances prescribing. See Section 24.1.6.

24.3 Make-Up Plans

- 24.3.1 Any physician who has not completed the minimum number of hours of CME, or who has not completed the required subject-specific training, as of the deadline for submission of license renewal applications, will not be granted a renewal license unless the application includes an acceptable make-up plan signed by the licensee. The Board Executive Director is authorized to review and determine if make-up plans are acceptable.
- 24.3.2 An acceptable make-up plan must include a timeline for making up all CME that needs to be completed to satisfy the requirements of this rule.

The timeline shall identify the approved activities that the licensee plans to attend. The licensee may later substitute activities, but the plan shall indicate that it is the licensee's good faith intent to complete the activities listed at the time of submission. A licensee shall have up to one hundred twenty (120) days to complete the CME make-up plan.

24.3.3 Any licensee who will not complete a make-up plan within the time specified by the plan shall contact the Board at least 30 days in advance of the date on which the period will end to notify the Board and submit a revised plan and request for extension of time.

24.3.3.1 The request for extension of time must include an explanation of the reasons why the licensee was unable to complete the required training in accordance with the plan.

24.3.3.2 Extensions of the make-up plan period are limited to 90 days, during which the licensee shall complete the required CME. Further extensions will be granted only for good cause shown, for reasons such as: serious illness of the licensee or a family member; death of an immediate family member; significant personal hardship, such as a house fire; significant and ongoing medical staff shortage during the make-up period; or similarly compelling reasons.

24.3.3.3 The Board may delegate to the Board Executive Director the authority to approve requests to extend the time for a make-up plan in accordance with this rule. Any request for extension not granted by the Executive Director shall be considered by the Board.

24.3.4 CME activity completed as part of a make-up plan does not count toward satisfaction of the requirement to complete CME during that current licensing cycle; activity may only be counted once. If a multi-hour activity is performed partly in satisfaction of a make-up plan and partly for the CME requirement associated with the current licensing cycle, the licensee shall clearly document the allocation.

24.4 Failure to Certify Completion of Required CME, File a Make-Up Plan, or Complete a Make-Up Plan

24.4.1 A licensee who has failed to submit certification of completion of CME as required by law and this rule, or who having failed to certify completion of CME has failed to submit a make-up plan with a license renewal application, will be notified of such failure and have not more than 15 days from receipt of notice to file with the Board either a certification of completion of CME or a make-up plan.

24.4.2 A licensee who fails to file a certificate of completion of CME at the end of a make-up period, or to file a request for an extended make-up period, shall be notified of such failure and have not more than 15 days from

receipt of notice to file with the Board either a certificate of completion of CME or another request for extension of time in which to make up CME.

- 24.4.3 A licensee who submits a certificate of completion at the time of submission of the license renewal application, or who has filed an acceptable make-up plan with the renewal application and is in the make-up period, or who having failed to complete the first make-up plan has received approval from the Board for an extended make-up period that has not yet expired, is in good standing with respect to CME requirements.
- 24.4.4 Any licensee not in good standing with respect to CME requirements is subject to investigation by the Board for unprofessional conduct.

25.0 Grounds for Disciplinary Action

- 25.1 Grounds for disciplinary action include the conduct set forth in 26 V.S.A. §§ 1354, 1398, and 18 V.S.A. § 1852.
- 25.2 All complaints and allegations of unprofessional conduct shall be processed in accordance with Section V of this rule.
- 25.3 After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant or physician found guilty of unprofessional conduct, as provided by 3 V.S.A. § 809, and 26 V.S.A. § 1374(b), including but not limited to:
 - 25.3.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of license;
 - 25.3.2 Impose an administrative penalty of not more than \$1,000 for each act of unprofessional conduct;
 - 25.3.3 Required completion of continuing education;
 - 25.3.4 Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board; or,
 - 25.3.5 Such other action relating to discipline or practice as the Board determines appropriate.

25.4 Right to Appeal

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and 3 V.S.A. § 815.

SECTION III. PHYSICIAN ASSISTANTS

26.0 Introduction

- 26.1** Physician assistants practice medicine pursuant to a written practice agreement with a participating physician. Physician assistant practice is limited to medical care within the physician assistant's education, training, and experience, and subject to any restrictions stated in the practice agreement.
- 26.2** As provided by 26 V.S.A. § 1739, physician assistants are responsible for their own medical decision making. A participating physician in a practice agreement with a physician assistant is not, by the existence of the practice agreement alone, legally liable for the actions or inactions of the physician assistant. However, that statutory language does not otherwise limit the liability of the participating physician.

27.0 Initial Licensure

- 27.1** For each applicant for licensure as a physician assistant the Board must receive, in a form satisfactory to the Board:
 - 27.1.1** A complete online application;
 - 27.1.2** Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
 - 27.1.3** Verification of certification or licensure in all other states, territories, or provinces where currently or ever certified or licensed to practice at any level, including permanent, temporary, and training licenses or certifications;
 - 27.1.4** Two reference forms from allopathic or osteopathic physicians, including one from a physician who supervised or worked closely with the applicant at their most recent practice site.
 - 27.1.4.1** Applicants with fewer than six months of substantially full-time (at least 30 hours per week) practice must provide a reference from their physician assistant training program director in place of one of the references from a supervising physician. A reference to meet this requirement may be from a physician assistant if the training program director is a physician assistant.
 - 27.1.5** The Board of Medical Practice's Certificate of Physician Assistant Education form for primary source documentation of completion of a Board-approved physician assistant program sponsored by an institution of higher education, completed and submitted by the institution;
 - 27.1.6** An original certification from NCCPA. Primary source documentation of current certification sent directly to the Board by NCCPA;

- 27.1.7 Completed practice agreement with a qualified participating physician who holds a Vermont license as an allopathic or osteopathic physician (for applications who do not have a current employment offer when applying for licensure, see Section 27.2);
 - 27.1.8 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 27.1.9 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application;
 - 27.1.10 The applicant's CV (curriculum vitae) or résumé; and
 - 27.1.11 The required fee.
- 27.2** Upon written request of the applicant, an application may be considered complete and be processed by the Board without a practice agreement. However, if a license is issued it will be inoperable and the applicant will not be able to engage in Vermont practice until a practice agreement has been received by the Board. Licensees should verify that the Board has received the practice agreement by checking the Board's online system.
- 27.3** At the discretion of the licensing committee or the Board, any applicant may be required to be interviewed by a Board member.

28.0 Telehealth License

- 28.1** Physician assistants may apply for a license to practice telehealth as provided in 26 V.S.A. § 3054. Telehealth licenses are limited to telehealth practice only. Telehealth licensees are limited to providing services to a total of only 20 unique patients during each licensing period. The licensing period for a physician assistant telehealth license is the same as the licensing period for a standard physician assistant license. Once a physician assistant has treated 20 unique patients during a licensing period, the termination of the physician assistant-patient privilege with a patient during a licensing period does not allow the physician assistant to add another patient during the same licensing period.
- 28.2** The requirements to qualify for a telehealth license include all the requirements for physician assistant licensure stated in Section 27.0, including the requirement for a practice agreement with a qualified participating physician who holds a Vermont license as an allopathic or osteopathic physician. A physician assistant cannot obtain a telehealth license if they have had a physician assistant license revoked in any other U.S. jurisdiction or are pending disciplinary action or investigation in any other U.S. jurisdiction, per 26 V.S.A. § 3057. Applicants must complete the online application for physician assistant telehealth licensure, which includes all the same questions and requires the same documentation as the application for a physician assistant license.

28.3 The telehealth license fee is seventy-five percent of the renewal fee for a full physician assistant license.

29.0 Telehealth Registration

29.1 Physician assistants may apply for a telehealth registration as provided in 26 V.S.A. § 3054. A telehealth registration is valid for only 120 consecutive days from the day issued and allows the registrant to treat a total of only 10 unique patients during the time it is in effect. Once a physician assistant has treated 10 unique patients during the term of the registration, the termination of the physician assistant-patient privilege with a patient during the period that the registration is valid does not allow the physician assistant to add another patient during the same period. A telehealth registration may not be renewed. A new telehealth registration cannot be obtained until three years after the day a prior telehealth registration expired.

29.2 To qualify for a telehealth registration a physician assistant must hold an active, unencumbered license in good standing in another U.S jurisdiction. In addition, the applicant cannot have had a physician assistant license revoked in any U.S. jurisdiction or be pending disciplinary action or investigation in any other U.S. jurisdiction, per 26 V.S.A. § 3057. Applicants must complete the online application for physician assistant telehealth registration and provide the following documentation.

29.2.1 The Uniform Application Affidavit and Authorization for Release of Information form;

29.2.2 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application;

29.2.3 Verification of an active, unencumbered physician assistant license issued by another U.S. jurisdiction that is in good standing; and

29.2.4 A practice agreement with a qualified participating physician who holds a Vermont license as an allopathic or osteopathic physician.

29.3 The fee for a telehealth registration for a physician assistant is fifty percent of the fee for renewal of a full physician assistant license.

30.0 Physician Assistant Renewal

A physician assistant who is not in active practice may renew an inoperable license but cannot practice until a practice agreement with a participating physician is received by the Board. Each practice agreement between a physician assistant and a participating physician must be reviewed, and if necessary updated, during the 90 days preceding

submission of the physician assistant's renewal application. The physician assistant shall maintain documentation to show the date on which the practice agreement was reviewed.

31.0 Practice Agreement Requirements

- 31.1** Practice agreements must meet the requirements of 26 V.S.A. § 1735a. The requirement for a physician to be accessible for consultation by telephone or electronic means at all times when a physician assistant is practicing is also satisfied when a physician is in the same location and available for in-person consultation. A practice agreement may be submitted in hard copy or filed with the Board by email or fax.
- 31.2** A practice agreement must include the Vermont medical license number of the participating physician and the physician assistant.
- 31.3** A practice agreement must be reviewed by the physician assistant and the participating physician or another qualified physician, as provided by 26 V.S.A. § 1735a(d), no less frequently than at the time of the physician assistant's license renewal. The review must be documented in writing at the time that it is completed and signed by the physician assistant and reviewing physician. If changes are made to the practice agreement the revised agreement must be signed by the physician assistant and participating physician and submitted to the Board.
- 31.4** Submission of a New Practice Agreement upon Employment Changes. A new practice agreement must be received by the Board before a physician assistant may practice after a change in employment. A new practice agreement must be submitted to the Board whenever a physician assistant begins practice with a new employer. This includes both leaving one employment and beginning at another and adding a new employer while continuing to work for a current employer. There must be a practice agreement that applies to each practice setting. If a physician assistant's practice agreement includes restrictions that limit its application to a new practice setting with the same employer, such as by geographic location, by department, or by scope of practice allowed, a new practice agreement must be submitted for a new practice setting beyond those restrictions.
- 31.5** Submission of a New Practice Agreement Upon Unavailability of Participating Physician Who Is a Sole Practitioner. When a physician assistant's participating physician is the only physician in the practice and without prior knowledge becomes unavailable as the result of serious illness, injury, or death, the physician assistant may continue to practice for up to 30 days without entering a practice agreement with a new participating physician. After 30 days the physician assistant may not practice unless a new practice agreement has been submitted to the Board.
- 31.6** Submission of a New Practice Agreement Upon Unavailability of Participating Physician – General Rule. As soon as it is known that a physician assistant's participating physician will be unavailable and is expected to be unavailable for 30 days or more in any circumstances other than as described in Section 31.5, the

physician assistant must submit a new practice agreement with a participating physician and may not practice after the participating physician becomes unavailable until the new practice agreement has been submitted to the Board.

- 31.7 Practice Agreements When a Physician Assistant Has Multiple Practice Sites.** While separate practice agreements are not required for each practice setting of a PA who has multiple practice settings, in some cases it may not be possible for a single practice agreement to cover each of a PA's practice settings, such as when a PA works for two different employers, or when a participating physician within one employing organization is not willing to act as the participating physician for an additional practice site with the same employer. Although a single practice agreement may apply to more than one practice setting, in instances where a practice agreement does not work for one or more of a PA's additional practice sites there must be a practice agreement in place that applies to each practice setting.

32.0 Physician Assistant Professional Standards; Disciplinary Procedures

32.1 Prescribing Controlled Substances for Participating Physician

It is unprofessional conduct for a physician assistant to prescribe or dispense controlled substances listed in D.E.A. Schedules II, III, or IV for a physician who is the PA's participating physician.

32.2 Prescribing for or Treating Participating Physician

It is discouraged for a PA to prescribe or dispense non-controlled prescription substances for the PA's participating physician. PAs who treat their participating physician are required to meet all standards of appropriate care, including proper establishment of a professional relationship with the patient and maintenance of appropriate patient records.

32.3 Practice Without a Practice Agreement in Place

It is unprofessional conduct for a physician assistant to practice without having a valid practice agreement that applies to the practice setting and the care provided, unless one of the two exceptions stated in 26 V.S.A. § 1734c(b) and 26 V.S.A. § 1735a(e) applies. The practice agreement must be on file with the Board. Licensees should verify that practice agreements were received by the Board by checking the Board's online system.

32.4 Continuing Education

- 32.4.1** As evidence of continued competence in the knowledge and skills of a physician assistant, all physician assistants shall complete a continuing medical education program of 100 approved credit hours every two years. A minimum of 50 credit hours shall be from Category 1. Proof of completion shall be submitted to the Board with the application for renewal of certification.

32.4.2 Certification or recertification by the NCCPA at any time during a 2-year licensure period may be accepted in lieu of 100 hours continuing medical education credits for that 2-year period. PAs must also comply with any applicable continuing medical education requirements established by Vermont law or Board Rule.

32.4.3 Required CME for PAs With D.E.A. Number

All licensees who prescribe controlled substances shall certify at the time of each renewal that they have completed at least two hours of CME activity on controlled substances prescribing. The activity must be accredited as AMA PRA Category 1 Credit™ training, American Academy of Physician Assistants Category 1 training, or be specifically designated as qualifying by the Board. The following topics must be covered, as required by Vermont law: abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; the appropriate use of the Vermont Prescription Monitoring System; risk assessment for abuse or addiction; pharmacological and nonpharmacological alternatives to opioids for managing pain; medication tapering and cessation of the use of controlled substances; and relevant State and federal laws and regulations concerning the prescription of opioid controlled substances. Each licensee who is registered with the D.E.A. and who holds a D.E.A. number to prescribe controlled substances, or who has submitted a pending application for one, is presumed to prescribe controlled substances and must meet this requirement. Any physician assistant who is required to certify completion of this CME to renew, but who cannot, will be subject to the provisions regarding makeup of missing CME in subsections 24.3 and 24.4.

32.5 Grounds for Disciplinary Action

Grounds for disciplinary action include the conduct set forth in 26 V.S.A. § 1736. Under 26 V.S.A. § 1734(e), failure to maintain competence in the knowledge and skills of a physician assistant may result in revocation of license, following notice of the deficiency and an opportunity for a hearing.

32.6 Disciplinary Action

32.6.1 All complaints and allegations of unprofessional conduct shall be processed in accordance with Section V of this rule.

32.6.2 After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant or physician assistant found guilty of unprofessional conduct, as provided by 3 V.S.A. § 809, and 26 V.S.A. §§ 1374(b) and 1737, including but not limited to:

32.6.2.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of license;

32.6.2.2 Impose an administrative penalty of not more than \$1,000 for each act of unprofessional conduct;

- 32.6.2.3 Required completion of continuing education;
- 32.6.2.4 Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board; or,
- 32.6.2.5 Such other action relating to discipline or practice as the Board determines appropriate.

32.7 Right to Appeal

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and 3 V.S.A. § 815.

SECTION IV. PODIATRISTS

33.0 License Required

No person shall practice or attempt to practice podiatry or hold themselves out as being able to do so in this state without possessing a valid, current license or registration issued by the Board. In addition, no person shall use in connection with the person's name letters, words, or insignia indicating or implying that the individual is a podiatrist unless licensed by the Board.

34.0 General Requirements for Licensing

- 34.1 In order to be granted a license to practice podiatry an applicant must meet the following eligibility requirements:
 - 34.1.1 Be at least 18 years of age;
 - 34.1.2 Be competent in speaking, writing and reading the English language;
 - 34.1.3 Hold a diploma or certificate of graduation from a school of podiatric medicine accredited by the CPME and approved by the Board;
 - 34.1.4 Have satisfactorily completed one year's postgraduate training in a United States hospital program or preceptorship which is approved by the Board and which meets the minimum requirements set by the CPME;
 - 34.1.5 Have successfully completed the following examinations given by the National Board of Podiatric Medical Examiners: Part I and Part II of the National Board of Podiatric Medical Examiners examination followed in sequence by the PMLexis or Part III examination; and
 - 34.1.6 Meet the requirements for moral character and professional competence.

- 34.2** For each applicant for licensure as a podiatrist the Board must receive, in a form satisfactory to the Board:
- 34.2.1 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
 - 34.2.2 For each podiatric medical school attended, the Board of Medical Practice Podiatric Medical Education Form;
 - 34.2.3 For each postgraduate training program attended, the Board of Medical Practice Verification of Postgraduate Podiatric Training Form for primary source documentation of all postgraduate training;
 - 34.2.4 Verification of podiatric medical licensing examination results; sent directly to the Board by the National Board of Podiatric Medical Examiners;
 - 34.2.5 Verification of all podiatric medical licenses ever held in any state, territory, or province at any level, including permanent, temporary, and training licenses;
 - 34.2.6 The Uniform Application Affidavit and Authorization for Release of Information Form.
 - 34.2.7 Federation of Podiatric Medical Boards Disciplinary Inquiry Report. This must be a current report issued within 60 days of submission of application.
 - 34.2.8 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application.
 - 34.2.9 The applicant's CV (curriculum vitae) or résumé.
 - 34.2.10 Board of Medical Practice Reference Forms completed and submitted directly by the chief of service (or equivalent) and two other active physician or podiatrist staff members of the hospital where the applicant currently holds, or most recently held, privileges. At least one reference must be from a podiatrist. If an applicant has not held privileges at a hospital within two years of the date of submission of the application, or cannot provide references as indicated, the Board in its discretion may accept references from other podiatrists or physicians who have knowledge of the applicant's moral character and professional competence. An applicant shall indicate in the application if asking the Board to accept references that do not meet the above-stated standard.
- 34.3** All applicants must submit a completed Board application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.

34.4 At the discretion of the licensing committee or the Board any applicant may be required to be interviewed by a Board member.

35.0 Licensure Without Examination

35.1 To qualify for licensure without examination, an applicant must present evidence satisfactory to the Board that the applicant:

- 35.1.1 Holds a current and unrestricted podiatrist license in another jurisdiction;
- 35.1.2 Has met licensing requirements in the other jurisdiction that are substantially equal to the Board's requirements for podiatric licensure;
- 35.1.3 Has presented current reference letters as to moral character and professional competence; and
- 35.1.4 Is professionally qualified; the Board may, in its discretion, require an applicant to take and pass Part III examination prior to licensure.

35.2 At the discretion of the licensing committee, any applicant may be required to be interviewed by a Board member.

36.0 Satisfaction of Licensing Requirements by Practice in Another United States Jurisdiction

36.1 A podiatrist can meet the licensing requirements stated in Sections 34.1.2 and 34.1.5 by demonstrating that:

- 36.1.1 They have been practicing podiatry full-time in another United States jurisdiction while continuously holding a full, unrestricted, and unlimited license in good standing for at least three years preceding the day on which the Vermont license is to be granted; and
- 36.1.2 They meet the education and training requirements stated in 26 V.S.A. § 372(b)(1).

36.2 For each applicant for licensure as a podiatrist under 26 V.S.A. § 372(a), the Board must receive, in a form satisfactory to the Board:

- 36.2.1 A complete online application;
- 36.2.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
- 36.2.3 For each podiatric medical school attended, the Board of Medical Practice Podiatric Medical Education Form showing graduation from a school of podiatric medicine accredited by the CPME and approved by the Board;

- 36.2.4 For each postgraduate training program attended, the Board of Medical Practice Verification of Postgraduate Podiatric Training Form for primary source documentation of all postgraduate training;
 - 36.2.5 Verification of the podiatry license that the applicant relies upon to make them qualified to apply under the endorsement procedure;
 - 36.2.6 Board of Medical Practice Reference Forms completed and submitted directly by the chief of service (or equivalent) and two other active physician or podiatrist staff members of the hospital where the applicant currently holds, or most recently held, privileges. At least one reference must be from a podiatrist. If an applicant has not held privileges at a hospital within two years within the date of submission of the application, or cannot provide references as indicated, the Board, in its discretion may accept references from other podiatrists or physicians who have knowledge of the applicant's moral character and professional competence. An applicant shall indicate in the application if asking the Board to accept references that do not meet the above stated standards;
 - 36.2.7 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 36.2.8 A Federation of Podiatric Medical Boards Disciplinary Inquiry Report. This must be a current report issued within 60 days of submission of an application;
 - 36.2.9 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issues within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application; and
 - 36.2.10 The applicants curriculum vitae (CV) or résumé.
- 36.3** All applicants must submit a completed Board endorsement application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.
- 36.4** At the discretion of the licensing committee or the Board, any applicant may be required to be interviewed by a Board member.

37.0 Limited Temporary License

- 37.1** A limited temporary license may be issued for the purpose of completing postgraduate training and allows the licensee to practice under the supervision and control of a Vermont-licensed podiatrist in a CPME-accredited training program. The applicant must be enrolled in a CPME-accredited program of postgraduate training or in sub-specialty clinical fellowship training in an institution that has an accredited program in the parent specialty. A limited temporary license may be

renewed or reissued, upon submission of a completed renewal application, including fee and required documentation.

37.2 Application for a limited temporary license shall include:

- 37.2.1 Completed online application;
- 37.2.2 The required fee;
- 37.2.3 A copy of the applicant's podiatric medical school diploma;
- 37.2.4 A supervising podiatrist's/program director's statement acknowledging statutory responsibility for the applicant's negligent or wrongful acts or omissions;
- 37.2.5 Direct verification of medical education;
- 37.2.6 ECFMG, if applicable;
- 37.2.7 Verification of other state licensure;
- 37.2.8 NPDB self-query; and
- 37.2.9 Any additional forms or documentation required by the Board.

38.0 Podiatry Telehealth License

38.1 Podiatrists may apply for a license to practice telehealth as provided in 26 V.S.A. § 3054. Telehealth licenses are limited to telehealth practice only. Telehealth licensees are limited to providing services to a total of only 20 unique patients during each licensing period. Once a podiatrist has treated 20 unique patients during a licensing period, the termination of the podiatrist-patient privilege with a patient during the licensing period does not allow the podiatrist to add another patient during the same licensing period.

38.2 The requirements to qualify for a telehealth license include all the requirements for full, unrestricted podiatrist licensure stated in Sections 34.0, 35.0, and 36.0. In addition, a podiatrist cannot obtain a telehealth license if they have had a podiatry license revoked in any other U.S. jurisdiction or are pending disciplinary action or investigation in any other U.S. jurisdiction, per 26 V.S.A. § 3057. Applicants must complete the online application for podiatrist telehealth licensure, which includes all the same questions and requires the same documentation as the application for a full license. Applicants have the option to use the process described in Section 36.0 the same as applicants for full licensure.

38.3 The podiatry telehealth license fee is seventy-five percent of the renewal fee for a full podiatry license.

39.0 Telehealth Registration

39.1 Podiatrists may apply for a telehealth registration as provided in 26 V.S.A. § 3054. A telehealth registration is valid for only 120 consecutive days from the day issued and allows the registrant to treat a total of only 10 unique patients during the time it is in effect. Once a podiatrist has treated 10 unique patients during the registration period, the termination of the podiatrist-patient privilege with a

patient during the 120-day period that the registration is valid does not allow the podiatrist to add another patient during the same period. A telehealth registration may not be renewed. A new telehealth registration cannot be obtained until three years after the day a prior telehealth registration expired.

- 39.2** To qualify for a telehealth registration a podiatrist must hold an active, unencumbered license in good standing in another U.S jurisdiction. In addition, the applicant cannot have had a podiatry license revoked in any U.S. jurisdiction or be pending disciplinary action or investigation in any other U.S. jurisdiction, per 26 V.S.A. § 3057. Applicants must complete the online application for podiatrist telehealth registration and provide the following documentation.
- 39.2.1 The Uniform Application Affidavit and Authorization for Release of Information form accessible via the Board’s website;
- 39.2.2 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application; and
- 39.2.3 Verification of an active, unencumbered podiatry license issued by another U.S. jurisdiction that is in good standing.
- 39.3** The fee for a telehealth registration for a podiatrist is fifty percent of the fee for renewal of a full podiatrist license.

40.0 Podiatrists’ Professional Standards

- 40.1 Continuing Medical Education. Required CME:** Prescribing Controlled Substances. All podiatry licensees who prescribe controlled substances shall certify at the time of each renewal that they have completed at least two hours of CME activity on controlled substances prescribing. The activity must be accredited as AMA PRA Category 1 Credit™ training or Council on Podiatric Medical Education approved training, or be specifically designated as qualifying by the Board. The following topics must be covered, as required by Vermont law: abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; the appropriate use of the Vermont Prescription Monitoring System; risk assessment for abuse or addiction; pharmacological and nonpharmacological alternatives to opioids for managing pain; medication tapering and cessation of the use of controlled substances; and relevant State and federal laws and regulations concerning the prescription of opioid controlled substances. Each licensee who is registered with the D.E.A. and who holds a D.E.A. number to prescribe controlled substances, or who has submitted a pending application for one, is presumed to prescribe controlled substances and must meet this requirement. Any podiatrist who is required to certify completion

of this CME to renew, but who cannot, will be subject to the provisions regarding makeup of missing CME in Sections 24.3 and 24.4.

40.2 Grounds for Disciplinary Action

Grounds for disciplinary action are set out in 3 V.S.A. § 129a, 18 V.S.A. § 1852, and 26 V.S.A. § 375.

40.3 Disciplinary Action

40.3.1 All complaints and allegations of unprofessional conduct shall be processed in accordance with this rule.

40.3.2 After notice and opportunity for hearing and upon a finding of unprofessional conduct, the Board may take disciplinary action against a licensed podiatrist, applicant, or person who later becomes an applicant as provided in 26 V.S.A. § 376 and 26 V.S.A. § 1374(b). Disciplinary action may include:

40.3.2.1 Refusal to issue or renew a license;

40.3.2.2 Suspension, revocation, limitation, or conditioning of a license;

40.3.2.3 Issuance of a warning or reprimand; and/or

40.3.2.4 Imposition of an administrative penalty of not more than \$1,000 for each act of unprofessional conduct; or

40.3.2.5 Such other action relating to discipline or practice as the Board determines appropriate.

40.3.3 The Board may approve a negotiated agreement between the parties. The conditions or restrictions that may be included, without limitation, in such an agreement are set forth in 26 V.S.A. § 376(d).

40.4 Right to Appeal

A party aggrieved by a final decision of the Board may, within 30 days of the decision appeal to the Vermont Supreme Court, by filing a notice of appeal with the Executive Director as provided by 26 V.S.A. § 375(d).

SECTION V. PROCEDURE FOR COMPLAINTS MADE AGAINST PHYSICIANS, PODIATRISTS, PHYSICIAN ASSISTANTS, ANESTHESIOLOGIST ASSISTANTS, AND RADIOLOGIST ASSISTANTS

41.0 Initiating a Complaint

41.1 Form of Complaint; Filing

41.1.1 Any party wishing to make a complaint of unprofessional conduct against a professional regulated by the Board may file a written complaint with

the Board. Written complaints must include identifying and contact information for the complainant. The Board provides a printed complaint form for this purpose. Use of a form is preferred, but not required. If applicable, a complainant must provide authorization for the release of relevant medical records using the Board's form.

41.1.2 The Board may open an investigation on its own initiative to evaluate instances of possible unprofessional conduct that may come to its attention. 26 V.S.A. § 1355(a); 3 V.S.A. § 129(b).

42.0 Notice

42.1 Notice to Complainant

The Board will send the complainant a standard letter of acknowledgment stating that the complaint has been received by the Board and that it will be investigated.

42.2 Notice to Respondent

42.2.1 The Board will send the Respondent a copy of the complaint, a copy of a release of medical records signed by the patient or other authorized person, a copy of the statutory definition of unprofessional conduct, and a standard letter stating that:

42.2.1.1 This complaint has been lodged against them;

42.2.1.2 The letter is not a notice of a formal hearing; and

42.2.1.3 The respondent must respond in writing. The response should be addressed to the Investigating Committee at the address of the Board and filed with the Board within 20 days of the date of the letter.

42.2.2 The Respondent is responsible for the accuracy of the response and must sign the response, even if also signed by an attorney.

42.2.3 The Executive Director or Investigator may grant one extension of up to 20 additional days, or more for reasonable cause, to provide the response. A request for further delay must be submitted to the assigned investigative committee.

42.2.4 In cases where the Board has initiated an investigation, the Board will send the Respondent a letter providing notice of the investigation and describing the matters for which response is requested.

42.2.5 Unlicensed Practice. No notice need be provided to the target of an investigation into unlicensed practice.

43.0 Investigation

43.1 Investigative Committee

A standing investigative committee or one specially appointed, and an Assistant Attorney General, will investigate each complaint and recommend disposition to the Board. The investigative committee shall be assisted by an investigator from the Board. After the file is received, the investigative committee will discuss the complaint and plan the investigation.

43.2 Cooperation with Investigation; Impeding an Investigation

43.2.1 Professionals are obligated to cooperate with the Board throughout an investigation. A Respondent may contest a subpoena using the appropriate mechanisms, but in the absence of a delay associated with a bona fide objection to subpoena a failure to respond to a subpoena within a reasonable time constitutes a violation of this rule.

43.2.2 Professionals are prohibited from engaging in any action that may deter a witness from cooperating with a Board investigation and from retaliating against any person based upon the filing of a complaint or cooperation in any way with a Board investigation. Professionals are prohibited from concealing, altering or destroying any evidence that is or may be pertinent to a Board investigation.

43.3 Confidentiality of investigations is governed by 26 V.S.A. § 1318.

44.0 Suspension Prior to Completion of an Investigation

44.1 **Summary Suspension:** the investigative committee may find that certain alleged misconduct poses so grave a threat to the public health, safety, or welfare that emergency action must be taken. In such a case, the committee will request a special meeting of the hearing panel, and recommend that the Board order summary suspension of the Respondent's license or certification, pending a hearing under the authority of 3 V.S.A. § 814(c). If the Board orders summary suspension, a hearing will be scheduled as soon as practical, and the Assistant Attorney General will present the case against the suspended professional.

44.2 **Interim Suspension:** grounds for entry of such an order are as follow:

44.2.1 **Criminal Convictions:** the investigative committee shall consider any criminal conviction for which a licensee may be disciplined under 26 V.S.A. § 1354(3) as an unprofessional conduct complaint and may request that the Board immediately suspend the Respondent's license or certification under the authority of 26 V.S.A. § 1365. Upon receipt of the certified copy of the judgment of conviction, the Board may order an interim suspension pending a disciplinary hearing before the Board.

44.2.1.1 The disciplinary hearing shall not be held until the judgment of conviction has become final, unless Respondent requests that the disciplinary hearing be held without delay. The sole issue to be determined at the hearing shall be the nature of the disciplinary action to be taken by the Board.

- 44.2.1.2 The Respondent, within 90 days of the effective date of the order of interim suspension, may request a hearing concerning the interim suspension at which Respondent shall have the burden of demonstrating why the interim suspension should not remain in effect. The interim suspension shall automatically terminate if Respondent demonstrates that the judgment of conviction has been reversed or otherwise vacated.
- 44.2.2 **Out-of-State Discipline:** the committee shall consider certain out-of-state disciplinary action as set forth in 26 V.S.A. § 1366 as an unprofessional conduct complaint and may request that the Board immediately suspend the Respondent's license or certification under authority of that statute.
 - 44.2.2.1 Upon receipt of the certified copy of the order or statement regarding the relevant out-of-state disciplinary action, the Board may order an interim suspension pending a disciplinary hearing before the Board.
 - 44.2.2.2 The Respondent, within 90 days of the effective date of the order of interim suspension, may request a hearing concerning the interim suspension at which Respondent shall have the burden of demonstrating why the interim suspension should not remain in effect. The interim suspension shall automatically terminate if Respondent demonstrates that the out-of-state disciplinary action has been reversed or vacated.

45.0 Disposition by the Investigative Committee

- 45.1 Once the investigative committee determines that the investigation is complete, it shall pursue one of three possible dispositions:
 - 45.1.1 **Concluding the Investigation:** If, after investigating the complaint, the committee and the assistant attorney general determine that the facts established by the investigation do not present cause for pursuing charges of unprofessional conduct, then the committee may recommend that the Board conclude the investigation. If approved by the Board, the case is closed without further action. A concluded investigation may be reopened if new evidence is received, a new and related complaint is made, or upon request for reconsideration.
 - 45.1.2 **Settlement:** If, after investigating the complaint, the committee and the Office of the Attorney General determine that the facts established by the investigation present cause for pursuing charges of unprofessional conduct, the committee shall explore the possibility of stipulated settlements and consent orders, as established in a Stipulation.
 - 45.1.2.1 Recommended Stipulations should include a concession of wrongdoing by the Respondent, terms and conditions, an understanding that this concession may be relied on by the

Board in case the licensee is later found to have engaged in unprofessional conduct, and an understanding that this final disposition of the complaint is public and that the Board shall notify the Federation of State Medical Boards Board Action Data Bank, and the National Practitioner Data Bank, and may notify other states of its contents.

45.1.2.2 When a Stipulation is filed with the Board, the complainant shall be provided with a copy of the stipulation and notice of any stipulation review scheduled before the Board. The complainant shall have the right to be heard at any stipulation review.

45.1.2.3 The Stipulation is finalized only upon acceptance by the full Board. If the investigative committee recommends a disposition in the form of a Stipulation, the Board may vote to ask the committee to change the terms of the Stipulation. If a Stipulation is not accepted by the Board within a reasonable time, the investigative committee may pursue specification of charges.

45.1.3 **Specification of Charges:** If after investigation the investigative committee and the Assistant Attorney General determine that the facts established provide a basis to allege unprofessional conduct as defined by 26 V.S.A. § 1354 and the committee believes a settlement cannot be reached or is not warranted on the facts, a Specification of Charges shall be signed by the Executive Director.

46.0 Disciplinary Proceedings

46.1 The Executive Director may designate a hearing panel composed of at least one physician member of the Board and at least one public member. Members may be appointed as provided by 26 V.S.A. § 1372. The role of the hearing panel is to hear evidence, make findings of fact, and make recommendations to the Board for a decision on the charges.

46.2 Specification of Charges; Notice; Failure to Appear; Default.

46.2.1 The Board commences disciplinary proceedings by serving a Specification of Charges and a notice of hearing upon the Respondent. The hearing is scheduled no sooner than 30 days after service. Notice shall tell the Respondent that a response may be filed within 20 days of service.

46.2.2 Notice shall be sent to the Respondent or other person or entity entitled to notice by certified mail, return receipt requested, with restricted delivery to addressee only. If service cannot be accomplished by certified mail, the Board will make reasonable attempt to accomplish service by regular mail or by personal service within the state, if feasible. A continuance may be granted upon request for good cause as determined by the Board, hearing

committee, or a presiding officer. Copies of the notice shall be sent to the complainant, the Assistant Attorney General, and the Respondent's attorney.

46.2.3 If the Respondent, after proper notice, does not respond to the Specification of Charges or appear at a hearing the Board may take disciplinary action after receiving the report of a hearing panel or after hearing the evidence if a hearing panel is not used. If a Respondent who did not participate in a panel hearing attends the hearing before the Board, they may present arguments to the Board, but may not present additional evidence unless the Board grants the Respondent leave to submit additional evidence. In such circumstances, the right of the Respondent to submit evidence is subject to any limitations set by the Board or hearing officer regarding the scope of evidence that may be presented.

46.2.4 A Respondent who has defaulted may submit a written motion within 10 days of the default to request a new hearing. The Board may grant a new hearing only upon a showing of good cause for not appearing at the hearing and for not requesting a continuation of the hearing. The Board shall issue a written decision making a determination on whether to grant a new hearing.

46.3 Discovery

After a specification of charges has been filed, the Board, or a hearing officer on its behalf, shall have authority to conduct a prehearing conference or discovery conference and to issue orders regulating discovery and depositions, scheduling, motions by the parties, and such other matters as may be necessary to ensure orderly preparation for hearing.

46.4 Hearing

Hearings before a hearing panel and before the Board will be conducted according to the hearing provisions of 26 V.S.A. ch. 23 and the contested case provisions of the Administrative Procedure Act, 3 V.S.A. § 809-815. If a hearing panel is used, the parties will be allowed to present evidence to the Board only if the Board allows it. A Board hearing officer may act as presiding officer at hearings and pre- and post-hearing conferences for the purpose of making procedural and evidentiary rulings. A presiding officer may administer oaths and affirmations, rule on offers of proof and receive relevant evidence, regulate the course of the hearing, convene and conduct prehearing conferences, dispose of procedural requests and similar matters, and take any other action authorized by the Administrative Procedure Act.

46.5 Decision, Order, and Entry; Notice of Decision; Transcripts

The hearing officer will prepare the written decision and order in accordance with the Board's instructions, within a reasonable time of the closing of the record in the case. The decision and order will be entered upon being signed by the chair or vice-chair of the Board. A decision and order is effective upon entry. Notice of

the decision and order will be sent to the Respondent by certified mail. Notice of the decision and order will be sent to the Respondent's attorney, the complainant, and the prosecuting attorney by regular mail or email. A transcript of the proceeding is available at cost.

47.0 Compliance Investigation, License or Certification Reinstatement or Removal of Conditions After Disciplinary Action

47.1 Assignment of Compliance Investigation

Upon entry of an order taking disciplinary action against a Respondent, a compliance investigation file will be opened. The file will be assigned to the investigative committee that was responsible for the initial investigation of unprofessional conduct. If the matter was investigated by a committee of ad hoc members, the file will be assigned to one of the standing investigative committees. The committee shall make recommendations for action to the full Board regarding compliance, requests for reinstatement, or modification or removal of conditions established by the order.

47.2 License or Certification Reinstatement or Removal of Conditions

A person licensed or certified by the Board who has been disciplined may petition at a later date for license or certification reinstatement or modification or removal of conditions from the license or certification. In addition to complying with any restrictions or conditions on reinstatement imposed by the Board in its disciplinary order, an applicant applying for reinstatement may be asked to complete a reinstatement application. An investigative committee will review such information and make a recommendation to the full Board. The Board may hold a hearing to determine whether reinstatement should be granted.

47.3 Appeals

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision to the Vermont Supreme Court.

SECTION VI. RULES FOR ANESTHESIOLOGIST ASSISTANTS

48.0 Training and Qualification

48.1 The eligibility requirements for certification as an anesthesiologist assistant are listed in 26 V.S.A. § 1654 and supplemented by this rule. The requirements for temporary certification are outlined in 26 V.S.A. § 1655 and supplemented by this rule.

48.2 Prior to being certified as an anesthesiologist assistant by the Board of Medical Practice, a person must be qualified by education, training, experience, and

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personal character to provide medical services under the direction and supervision of an anesthesiologist. The applicant must submit to the Board all information that the Board requests to evaluate the applicant's qualifications.

49.0 Initial Certification

49.1 For each applicant for initial certification as an anesthesiologist assistant the Board must receive, in a form satisfactory to the Board:

- 49.1.1 A complete online application;
- 49.1.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;
- 49.1.3 Verification of certification or licensure in all other states, territories, or provinces where the applicant is currently or ever was certified or licensed to provide medical services, including permanent, temporary, and training licenses or certifications;
- 49.1.4 Two Board of Medical Practice reference forms including one from a recent supervising anesthesiologist and one from another prior supervising anesthesiologist;
 - 49.1.4.1 Applicants with fewer than six months of substantially full-time (at least 30 hours per week) practice must provide a reference form from the director of the applicant's training program and another reference form from an anesthesiologist who has supervised the applicant in practice or in training;
- 49.1.5 The Board of Medical Practice's Certificate of Anesthesiologist Assistant Education form for primary source documentation of completion of a Board-approved anesthesiologist assistant program sponsored by an institution of higher education, completed and submitted by the institution;
- 49.1.6 Primary source documentation of current certification sent directly to the Board by the National Commission for the Certification of Anesthesiologist Assistants (NCCAA);
- 49.1.7 Completed Proposed Primary Supervising Anesthesiologist form signed by the applicant and supervising anesthesiologist;
- 49.1.8 Completed Proposed Secondary Supervising Anesthesiologist form signed by the secondary supervising anesthesiologist;
- 49.1.9 A protocol signed by the proposed supervising anesthesiologist;
- 49.1.10 A copy of the anesthesiologist assistant's employment contract;
- 49.1.11 The Board of Medical Practice Anesthesiologist Assistant Employment Contract form;

- 49.1.12 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 49.1.13 The applicant's CV (curriculum vitae) or résumé; and
 - 49.1.14 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application.
- 49.2** All applicants must submit a completed Board application package, provide required documentation as specified in the application form or requested by the Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.
- 49.3** At the discretion of the licensing committee or the Board, any applicant may be required to be interviewed by a Board member.

50.0 Temporary Certification

- 50.1** The Board may issue a temporary certification to an applicant who meets the educational requirements under 26 V.S.A. § 1654(1) if:
- 50.1.1 The NCCAA certification examination has not been offered since the applicant became eligible to take it; or
 - 50.1.2 The applicant has taken the NCCAA certification examination one time but has not yet received the results of the examination.
- 50.2** The holder of a temporary certification shall take and successfully pass the next available NCCAA examination. If the holder of a temporary certification does not take the examination, that temporary certification shall expire on the date of that examination. However, if the holder of a temporary certification can show that there was exceptional cause that prevented the individual from taking the examination, the Board may, in its discretion, and for good cause shown, renew the temporary certification until the date of the next available NCCAA examination.
- 50.3** If the holder of a temporary certification takes the next available NCCAA examination but does not successfully pass it, the temporary certification shall expire on the day after receiving notice of the failure to pass the examination. In that case, the Board shall not renew the temporary certification. The applicant may re-apply for certification only after having taken and passed the examination.

51.0 Renewal of Certification

- 51.1** Certification shall be renewable every two years on completion of the online renewal form, payment of the required fee and submission of: current contract; updated copies of primary and secondary supervision forms; updated protocol; and, verification of current, active NCCAA certification.

51.2 Lapsed licenses may be renewed under the provisions of 26 V.S.A. § 1656.

52.0 Change of Certification

52.1 The Board shall be notified and the appropriate applications and documentation filed whenever:

52.1.1 The anesthesiologist assistant's protocol changes;

52.1.2 The anesthesiologist assistant will be working at a different or an additional accredited facility; or

52.1.3 The anesthesiologist assistant will be supervised by a new or an additional anesthesiologist.

52.2 Documents already on file with the Board may be referred to and need not be resubmitted.

53.0 More Than One Supervising Anesthesiologist

53.1 In any application for initial certification, temporary certification, renewal of certification or change of certification, if there is more than one anesthesiologist at an accredited facility who will supervise an anesthesiologist assistant, then, in addition to the information required to be submitted by this rule, a document signed by all anesthesiologists who will be supervising the anesthesiologist assistant shall be filed with the Board with the application.

53.2 Additional supervising anesthesiologists may be added subsequent to the application, provided the supervising anesthesiologist files a signed document with the Board. In the document, the anesthesiologists shall affirm that each assumes responsibility for all professional activities of the anesthesiologist assistant while the anesthesiologist is supervising the anesthesiologist assistant.

54.0 Termination of Certification

If the supervisory relationship between the anesthesiologist and the anesthesiologist assistant is terminated for any reason, each party must notify the Board directly and immediately in writing. The notice shall include the reasons for the termination. The anesthesiologist assistant shall cease practice until a new application is submitted by the supervising anesthesiologist and is approved by the Board.

55.0 Practice

55.1 An anesthesiologist assistant shall perform only those tasks assigned on a case-by-case basis by the supervising anesthesiologist. The anesthesiologist assistant shall implement the personalized plan for each patient as individually prescribed by the supervising anesthesiologist after that physician has completed a specific

assessment of each patient. In determining which anesthetic procedures to assign to an anesthesiologist assistant, a supervising anesthesiologist shall consider all of the following:

- 55.1.1 The education, training and experience of the anesthesiologist assistant;
 - 55.1.2 The anesthesiologist assistant's scope of practice as defined in 26 V.S.A. Chapter 29 and this rule;
 - 55.1.3 The conditions on the practice of the anesthesiologist assistant set out in the written practice protocol;
 - 55.1.4 The physical status of the patient according to the physical status classification system of the American Society of Anesthesiologists, as in effect at the time the assignment of procedures is made. The classification system is available from the American Society of Anesthesiologists and shall be posted on the Board's website;
 - 55.1.5 The invasiveness of the anesthetic procedure;
 - 55.1.6 The level of risk of the anesthetic procedure;
 - 55.1.7 The incidence of complications of the anesthetic procedure;
 - 55.1.8 The physical proximity of the supervising anesthesiologist and the anesthesiologist assistant or assistants the anesthesiologist may be supervising concurrently; and
 - 55.1.9 The number of patients whose care is being supervised concurrently by the supervising anesthesiologist.
- 55.2** The supervising anesthesiologist retains responsibility for the anesthetic management in which the anesthesiologist assistant has participated.

56.0 Supervision

- 56.1** A supervising anesthesiologist shall supervise an anesthesiologist assistant within the terms, conditions, and limitations set forth in a written practice protocol. Anesthesiologist supervision requires, at all times, a direct, continuing and close supervisory relationship between an anesthesiologist assistant and the supervising anesthesiologist.
- 56.2** Supervision does not require the constant physical presence of the supervising anesthesiologist; however, the anesthesiologist must remain readily available in the facility for immediate diagnosis and treatment of emergencies.
- 56.3** The supervising anesthesiologist shall be readily available for personal supervision and shall be responsible for pre-operative, intra-operative and post-operative care.
- 56.4** The supervising anesthesiologist shall personally participate in the most demanding procedures in the anesthesia plan, which shall include induction and emergence.

- 56.5** The supervising anesthesiologist shall insure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the anesthesiologist assistant. All written entries shall be reviewed, countersigned, and dated by the supervising anesthesiologist. The supervising anesthesiologist's signature on the anesthetic record will fulfill this requirement for all written entries on the anesthetic record.
- 56.6** Nothing in this section shall prohibit the supervising anesthesiologist from addressing an emergency in another location in the facility.

57.0 Protocol and Scope of Practice

- 57.1** At no time shall the scope of practice for the anesthesiologist assistant include procedures or treatments that the supervising anesthesiologist does not perform within that practice.
- 57.2** The anesthesiologist assistant may assist the anesthesiologist in developing and implementing an anesthesia care plan for a patient. In so doing, the anesthesiologist assistant may, in the discretion of the anesthesiologist, do any of the following:
- 57.2.1 Obtain a comprehensive patient history and present that history to the anesthesiologist who must conduct a pre-anesthesia interview and evaluation sufficient to confirm the anesthesiologist assistant's evaluation;
 - 57.2.2 Pretest and calibrate anesthesia delivery systems;
 - 57.2.3 Monitor, obtain and interpret information from the anesthesia delivery systems and anesthesia monitoring equipment;
 - 57.2.4 Place medically accepted monitoring equipment;
 - 57.2.5 Establish basic and advanced airway interventions, including intubations of the trachea and ventilatory support;
 - 57.2.6 Administer vasoactive drugs and start and adjust vasoactive infusions;
 - 57.2.7 Administer anesthetic drugs, adjuvant drugs and accessory drugs;
 - 57.2.8 Administer regional anesthetics;
 - 57.2.9 Administer blood, blood products and supportive fluids;
 - 57.2.10 Participate in administrative activities and clinical teaching activities;
 - 57.2.11 Provide assistance to cardiopulmonary resuscitation teams in response to life-threatening situations;
 - 57.2.12 Prescribe peri-operative medications to be used in the accredited facility; and
 - 57.2.13 Participate in research activities by performing the same procedures listed above.

57.2.14 Any other activity that the Board approves in a protocol to allow for changing technology or practices in anesthesiology.

58.0 Prescriptive Authority

An anesthesiologist assistant shall not have authority to write prescriptions for medications that will be filled outside of the facility in which the anesthesiologist assistant works.

59.0 Places of Practice

An anesthesiologist assistant shall work only in a licensed hospital facility with the supervision of an anesthesiologist.

60.0 Patient Notification and Consent

60.1 Any physician, clinic, or hospital that uses the services of an anesthesiologist assistant must:

60.1.1 Post a clear notice to that effect in a conspicuous place;

60.1.2 Except in case of an emergency, provide the patient a consent form that includes that the anesthesiologist may use an anesthesiologist assistant; and

60.1.3 Require each anesthesiologist assistant to wear a name tag clearly indicating the title anesthesiologist assistant, per 26 V.S.A. § 1652.

61.0 Disciplinary Action

61.1 All complaints and allegations of unprofessional conduct shall be processed in accordance with Section IV of this rule.

61.2 After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant, anesthesiologist assistant trainee, or anesthesiologist assistant found guilty of unprofessional conduct, as provided by 3 V.S.A. §§ 129 and 809, and 26 V.S.A. § 1658, including but not limited to:

61.2.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of certification;

61.2.2 Required completion of continuing education;

61.2.3 Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board; and

61.2.4 Imposition of an administrative penalty of not more than \$1,000 for each act of unprofessional conduct.

61.3 The Board may approve a negotiated agreement between the parties. The conditions or restrictions that may be included, without limitation, in addition to those above, in such an agreement are set forth in 3 V.S.A. § 809(d) and 26 V.S.A. § 1659(d).

62.0 Right to Appeal

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and 3 V.S.A. § 815.

SECTION VII. RULE FOR RADIOLOGIST ASSISTANTS

63.0 Training and Qualification

63.1 The eligibility requirements for certification as a radiologist assistant are listed in 26 V.S.A. § 2854 and supplemented by this rule. The requirements for temporary certification are outlined in 26 V.S.A. § 2855 and supplemented by this rule.

63.2 Prior to being certified as a radiologist assistant by the Board of Medical Practice, a person must be qualified by education, training, experience, and personal character to provide medical services under the direction and supervision of a radiologist. The applicant must submit to the Board all information that the Board requests to evaluate the applicant's qualifications.

64.0 Initial Certification

64.1 An applicant for initial certification as a radiologist assistant shall submit to the Board:

64.1.1 A complete online application;

64.1.2 Proof of identity and that the applicant is at least 18 years of age as evidenced by a certified birth certificate or a copy of a naturalization certificate;

64.1.3 Verification of current licensure as a radiologic technologist in radiography in Vermont under Chapter 51 of Title 26 V.S.A.;

64.1.4 Verification of certification or licensure in all other states, territories, or provinces where the applicant is currently or ever was certified or licensed to provide medical services, including permanent, temporary, and training licenses or certifications;

- 64.1.5 Two Board of Medical Practice reference forms including one from a recent supervising radiologist and one from another prior supervising radiologist;
 - 64.1.5.1 Applicants with fewer than six months of substantially full-time (at least 30 hours per week) practice must provide a reference form from the director of the applicant's training program and another reference form from a radiologist who has supervised the applicant in practice or in training;
 - 64.1.6 The Board of Medical Practice's Certificate of Radiologist Assistant Education form for primary source documentation of completion of a Board-approved radiologist assistant program sponsored by an institution of higher education, completed and submitted by the institution;
 - 64.1.7 Primary source documentation of current certification sent directly to the Board by the American Registry of Radiologic Technologists (ARRT);
 - 64.1.8 Completed Proposed Primary Supervising Radiologist form signed by the applicant and supervising radiologist;
 - 64.1.9 Completed Proposed Secondary Supervising Radiologist form signed by the secondary supervising radiologist;
 - 64.1.10 A protocol signed by the proposed primary supervising radiologist;
 - 64.1.11 The Board of Medical Practice Radiologist Assistant Employment Contract form;
 - 64.1.12 A copy of the employment contract or documentation of employment of the radiological assistant by:
 - 64.1.12.1 The primary supervising radiologist;
 - 64.1.12.2 The hospital where the primary supervising radiologist practices; or
 - 64.1.12.3 A hospital that is affiliated with the hospital where the primary supervising radiologist practices.
 - 64.1.13 The Uniform Application Affidavit and Authorization for Release of Information Form;
 - 64.1.14 The applicant's CV (curriculum vitae) or résumé; and
 - 64.1.15 National Practitioner Data Bank Self-Query Report. This must be a current Self-Query Report issued within 60 days of submission of the application. Information about obtaining a Self-Query Report is in the instructions to the application.
- 64.2** All applicants must submit a completed Board application package, provide required documentation as specified in the application form or requested by the

Board, and pay the application fee. Documents submitted with the application become part of the official record and will not be returned.

- 64.3** At the discretion of the licensing committee or the Board, any applicant may be required to be interviewed by a Board member.

65.0 Temporary Certification

- 65.1** The Board may issue a temporary certification to an applicant who otherwise meets the requirements of 26 V.S.A. § 2854(1), (3) and (4) if:

65.1.1 The ARRT certification examination has not been offered since the applicant became eligible to take it; or

65.1.2 The applicant has taken the ARRT certification examination one time but has not yet received the results of the examination.

- 65.2** The holder of a temporary certification shall take and successfully pass the next available ARRT examination. If the holder of a temporary certification does not take the examination, that temporary certification shall expire on the date of that examination. However, if the holder of a temporary certification can show that there was exceptional cause that prevented them from taking the examination, the Board may, in its discretion, and for good cause shown, renew the temporary certification until the date of the next available ARRT examination.

- 65.3** If the holder of a temporary certification takes the next available ARRT examination but does not successfully pass it, the temporary certification shall expire on the day after receiving notice of the failure to pass the examination. In that case, the Board shall not renew the temporary certification. The applicant may re-apply for certification only after having taken and passed the examination.

66.0 Renewal of Certification

- 66.1** Certification shall be renewable every two years on completion of the online renewal form, payment of the required fee, and submission of: current contract; updated copies of primary and secondary supervision forms; updated protocol; verification of current licensure as a radiologic technologist in radiography in 26 V.S.A. ch. 51; and, verification of current active ARRT certification, including compliance with continuing education requirements.

- 66.2** Lapsed licenses may be renewed under the provisions of 26 V.S.A. § 2856.

67.0 Change of Certification

- 67.1** The Board shall be notified and the appropriate applications and documentation filed whenever:

67.1.1 The radiologist assistant's protocol changes;

- 67.1.2 The radiologist assistant will be working at a different or an additional office or hospital; or
- 67.1.3 The radiologist assistant will be primarily supervised by a different radiologist.
- 67.2 Documents already on file with the Board may be referred to and need not be resubmitted.

68.0 More Than One Supervising Radiologist

- 68.1 Each application for initial certification, temporary certification, renewal of certification or change of certification shall identify the primary supervising radiologist who shall be responsible for the radiologist assistant's professional activities and sign the protocol required under 26 V.S.A. § 2853.
- 68.2 Subject to the scope of practice restrictions in this rule and Chapter 52 of Title 26, the radiologist assistant may also perform services under the supervision of additional board-certified radiologists working in the same office or hospital as the primary supervising radiologist, or in a hospital affiliated with the hospital where the primary supervising radiologist practices (“secondary supervising radiologist[s]”), but must file a protocol regarding that supervisory relationship and a statement from the secondary supervising radiologist of the responsibility for the professional activities of the radiologist assistant performed under supervision.

69.0 Termination of Supervision

If the supervisory relationship between the primary supervising radiologist and the radiologist assistant is terminated for any reason, both parties must notify the Board directly and immediately in writing, using the Board's Termination of Contract form. The radiologist assistant shall cease practice until a new application is submitted by a primary supervising radiologist and is approved by the Board.

70.0 Practice

- 70.1 A radiologist assistant shall perform only those tasks assigned on a case-by- case basis by a supervising radiologist. The radiologist assistant shall implement the personalized plan for each patient as individually prescribed by a supervising radiologist after that physician has completed a specific assessment of each patient. In determining which radiologic procedures to assign to a radiologist assistant, a supervising radiologist shall consider all of the following:
 - 70.1.1 The education, training and experience of the radiologist assistant;
 - 70.1.2 The radiologist assistant's scope of practice as defined in Chapter 52 of Title 26 and this rule;

- 70.1.3 The conditions on the practice of the radiologist assistant set out in the written practice protocol;
- 70.1.4 The guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the ARRT, as amended from time to time;
- 70.1.5 The physical proximity of the supervising radiologist and the radiologist assistant or assistants the radiologist may be supervising concurrently; and
- 70.1.6 The number of patients whose care is being supervised concurrently by the supervising radiologist.

71.0 Supervision

- 71.1 A supervising radiologist shall supervise a radiologist assistant within the terms, conditions, and limitations set forth in the written practice protocol filed with the Board. Radiologist supervision requires, at all times, a direct, continuing and close supervisory relationship between a radiologist assistant and the supervising radiologist.
- 71.2 Supervision does not, necessarily, require the constant physical presence of the supervising radiologist; however, the radiologist must remain readily available for immediate consultation and intervention with the radiologist assistant by either being in the facility or being able to communicate with the radiologist assistant as provided here. If the radiologist is at a remote location, at minimum, the radiologist must be able to view the imaging that the radiologist assistant is using while treating the patient and be able to speak with the radiologist assistant using telephone, or, preferably, interactive audio-visual technology. If the radiologist is not in the facility where the radiologist assistant is providing services, there must be a physician available in the facility where the radiologist assistant and patient are located to assist in the event of complications or a medical emergency.
- 71.3 The supervising radiologist shall ensure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the radiologist assistant. All written entries shall be reviewed, countersigned, and dated by the supervising radiologist. The supervising radiologist's signature on the medical record will fulfill this requirement for all written entries on the record.
- 71.4 Nothing in this section shall prohibit the supervising radiologist from addressing an emergency in another location in the facility.

72.0 Protocol and Scope of Practice

- 72.1 A radiologist assistant's scope of practice is limited to procedures and treatments that the supervising radiologist performs in the practice.
- 72.2 A radiologist assistant may not interpret images, make diagnoses, or prescribe medications or therapies.

- 72.3** The radiologist assistant may assist the radiologist in developing and implementing a radiologic care plan for a patient. In so doing, the radiologist assistant may, in the discretion of the radiologist, perform patient assessment, patient management and selected examinations as outlined below:
- 72.3.1 Obtaining consent for and injecting agents that facilitate and/or enable diagnostic imaging;
 - 72.3.2 Obtaining clinical history from the patient or medical record;
 - 72.3.3 Performing pre-procedure and post-procedure evaluation of patients undergoing invasive procedures;
 - 72.3.4 Assisting radiologists with invasive procedures;
 - 72.3.5 Performing fluoroscopy for non-invasive procedures with the radiologist providing direct supervision of the service;
 - 72.3.6 Monitoring and tailoring selected examinations under direct supervision (i.e., IVU, CT program, GI studies, VCUG, and retrograde urethrograms);
 - 72.3.7 Communicating the reports of radiologist's findings to the referring physician or an appropriate representative with appropriate documentation;
 - 72.3.8 Providing naso-enteric and oro-enteric feeding tube placement in uncomplicated patients;
 - 72.3.9 Performing selected peripheral venous diagnostic procedures; and
 - 72.3.10 Any other activity that the Board approves in a protocol to allow for changing technology or practices in radiology.

73.0 Places of Practice

A radiologist assistant shall work only in the office of the primary supervising radiologist, in the hospital in which the primary supervising radiologist practices, or in a hospital affiliated with the hospital in which the primary supervising radiologist practices.

74.0 Patient Notification and Consent

Any physician, clinic, or hospital that uses the services of a radiologist assistant shall:

- 74.1 Post a clear notice to that effect in a conspicuous place;
- 74.2 Except in case of an emergency, include language in the patient consent form that the radiologist may use a radiologist assistant; and
- 74.3 Require each radiologist assistant to wear a name tag clearly indicating the title radiologist assistant.

75.0 Disciplinary Action

- 75.1** All complaints and allegations of unprofessional conduct shall be processed in accordance with Section IV of this rule.
- 75.2** After notice and an opportunity for hearing, the Board may take disciplinary action against any applicant, radiologist assistant trainee, or radiologist assistant found guilty of unprofessional conduct, as provided by 3 V.S.A. §§ 129 and 809, and 26 V.S.A. § 2858, including but not limited to:
- 75.2.1 Reprimand, suspend, revoke, limit, condition, deny or prevent renewal of certification;
 - 75.2.2 Required completion of continuing education;
 - 75.2.3 Required supervised training or practice for a specified period of time or until a satisfactory evaluation by the supervising physician has been submitted to the Board; and
- 75.3** Imposition of an administrative penalty of not more than \$1,000 for each act of unprofessional conduct. The Board may approve a negotiated agreement between the parties. The conditions or restrictions that may be included, without limitation, in addition to those above, in such an agreement are set forth in 3 V.S.A. § 809(d) and 26 V.S.A. § 2859(e).
- 75.4 Right to Appeal**

A party aggrieved by a final decision of the Board may, within 30 days of the decision, appeal that decision by filing a notice of appeal with the Executive Director of the Vermont Board of Medical Practice, as provided by 26 V.S.A. § 1367 and 3 V.S.A. § 815.

SECTION VIII. NONDISCIPLINARY FINANCIAL PENALTIES.

76.0 Introduction

- 76.1** The Board has discretion to offer licensees the opportunity to resolve a violation of an applicable statute or rule by paying a nondisciplinary financial penalty as provided by 26 V.S.A. § 1377. If such an offer is made and accepted, and the specified penalty received, the matter will be closed with no further action. A licensee does not have the right to have a case resolved by nondisciplinary financial penalty if the Board does not extend an offer to resolve it in that manner.
- 76.2** As required by Act 126 of 2020, Sec. 8, the following table of violations and penalties is established.

- 76.2.1 Failure to maintain a current, valid public address, mailing address, email address, or telephone number. \$25
- 76.2.2 Failure to disclose a pending malpractice case at the time of application for issuance of an initial or reinstated license. \$250
- 76.2.3 Failure to disclose a pending malpractice case at the time of application for issuance of a renewal license. \$100
- 76.2.4 Failure to disclose a pending investigation by the licensing authority of another jurisdiction at the time of application for issuance of an initial or reinstated license. \$250
- 76.2.5 Failure to disclose a pending investigation by the licensing authority of another jurisdiction at the time of application for a renewal license. \$100
- 76.2.6 Failure to disclose a pending investigation by a hospital, medical staff group, health care facility, professional association, or other body that has authority to take actions regarding the applicant's employment or right to practice medicine at the time of application for issuance of an initial or reinstated license. \$250
- 76.2.7 Failure to disclose a pending investigation by a hospital, medical staff group, health care facility, professional association, or other body that has authority to take actions regarding the applicant's employment or right to practice medicine at the time of application for issuance of a renewal license. \$100
- 76.2.8 Failure to disclose restriction or revocation of hospital privileges at the time of application for issuance of an initial or reinstated license. \$250
- 76.2.9 Failure to disclose restriction or revocation of hospital privileges at the time of application for a renewal license. \$100
- 76.2.10 Failure to disclose a felony criminal conviction that has not been expunged or overturned on an initial application. \$250

- 76.2.11 Failure to disclose a felony criminal conviction that has not been expunged or overturned on a renewal application. \$125
- 76.2.12 Failure to disclose a misdemeanor criminal conviction that has not been expunged or overturned on an initial application. \$125
- 76.2.13 Failure to disclose a misdemeanor criminal conviction that has not been expunged or overturned on a renewal application. \$75
- 76.2.14 Failure to disclose revocation or restriction of hospital privileges for reasons related to competence or character on an initial application. \$250
- 76.2.15 Failure to disclose revocation or restriction of hospital privileges for reasons related to competence or character on a renewal application. \$125
- 76.2.16 Failure to disclose voluntary surrender of a license to practice medicine or any other healing art after having been notified of an investigation that had not yet been resolved, or in lieu of a disciplinary action, on an initial application. \$250
- 76.2.17 Failure to disclose voluntary surrender of a license to practice medicine or any other healing art after having been notified of an investigation that had not yet been resolved, or in lieu of a disciplinary action on a renewal application. \$250
- 76.2.18 Failure to disclose licensure by other US jurisdictions on initial application. \$75 (per jurisdiction)
- 76.2.19 Failure to disclose licensure by other US jurisdictions on renewal application. \$50 (per jurisdiction)
- 76.2.20 Failure to inform the Board of new information of the types specified above when the applicant learns of it after the application is submitted but before an initial or reinstated license is granted. The same amount stated above for a failure to disclose.

76.2.21 Unspecified errors and omissions on any application. \$50 (per error or omission).

76.2.22 Working without a license during the first 48 hours after the license has lapsed. \$250

76.2.23 Certification on a license renewal application that the licensee has completed the Health Care Workforce Census, as required to renew, if the Workforce Census has not been completed. \$100

76.2.24 Certification on a license renewal application that the licensee has satisfied Continuing Medical Education requirements, if the requirements have not been completed. \$100 to \$250

76.2.25 Failure to complete the physician profile information as required of a physician who obtains a license through the Interstate Medical Licensure Compact, within 30 days of notice to the licensee of the requirement. \$100.

76.3 In the event of repetition of the same violation at a later time, if the set penalty is less than \$250 the amount of the penalty may be doubled up to a maximum of \$250 for a single violation.

SECTION IX. PRE-APPLICATION DETERMINATION ON CRIMINAL BACKGROUND

77.0 As provided by 26 V.S.A. § 1353(12), the Board will render a pre-application determination of whether an individual's criminal background would make the individual ineligible to be licensed or certified to practice one of the professions regulated by the Board.

77.1 A complete request for a pre-application determination regarding criminal background requires all of the following:

77.1.1 Completion of a form requesting the pre-application determination;

77.1.2 Completion by the applicant of all steps necessary for the Board to receive a fingerprint-supported National Crime Information Center (NCIC) criminal background record check;

77.1.3 Submission of certified copies of all criminal convictions relating to each crime on the individual's criminal record;

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- 77.1.4 Copies of the charges, information, or indictment relating to each conviction;
 - 77.1.5 Any evidence of rehabilitation that the individual wishes to be considered by the Board in making the determination. Notarized affidavits may be submitted; live testimony will not be taken; and
 - 77.1.6 Payment of the fee.
- 77.2 The request for determination will not be complete until all the above steps have been taken and the Board has received the NCIC record check.
- 77.3 The request for determination may be assigned to the Licensing Committee for the purpose of making a recommendation to the Board.

SECTION X. SPECIAL PROVISION FOR LICENSING OF SPOUSES OF US MILITARY MEMBERS TRANSFERRED TO VERMONT.

78.0 As provided by 26 V.S.A. § 1353(13)(A), the Board will take the following steps to expedite the licensure of applicants who are the spouse of a member of the United States Armed Forces who has been ordered to a duty station in Vermont, if the applicant is licensed in good standing for one of the professions regulated by the Board in another US jurisdiction and was employed in that profession at the time their spouse received orders to Vermont:

- 78.1 Applicants with at least one year of practice in good standing while licensed in another US jurisdiction may apply using the procedures established in Section 16.0.
- 78.2 For applicants who were accompanying their spouse at an overseas location, who were practicing in a position with the US government, and who were licensed in good standing in a US jurisdiction, such practice shall be accepted as the equivalent of practice in another US jurisdiction.
- 78.3 For documents that are required to be submitted in printed form directly from the issuing authority, the Board will accept electronic copies on a provisional basis pending receipt of the printed original. Acceptance of such substitute documents will be conditioned on the applicant agreeing that there will be good cause for the Board to revoke or suspend the license issued if the Board does not receive the original document within a reasonable period of not fewer than 90 days, or if there are any material

deviations between the provisional document and the printed original later submitted to the Board.

- 79.0** Applicants requesting to use these special provisions must submit copies of their spouse's orders and other documentation to establish eligibility.

SECTION XI. SPECIAL FEE PROVISION FOR US MILITARY MEMBERS AND THEIR SPOUSES.

- 80.0** As provided by 26 V.S.A. § 1401a(4), the established fees for licensure for the professions regulated by the Board will be waived for:
- 80.1** An individual who is a member of the US Armed Forces and whose home of record is Vermont at the time of application to be licensed;
 - 80.2** An individual who practices a profession licensed by the Board with the US Armed Forces and who is assigned to Vermont to practice that profession, so long as assigned to Vermont;
 - 80.3** The spouse of a US Armed Forces member who is ordered to a duty station in Vermont so long as their spouse continues to be assigned to Vermont.
- 81.0** Eligibility for the fee waiver is determined at the time that the fee is due and continues through the end of the licensing period regardless of whether the military member is assigned to a different permanent duty station during the period. Individuals who request fee waiver will be required to submit copies of orders or other documentation to establish eligibility.

SECTION XI. RULES FOR REMOTE HEARINGS

82.0 Scope

- 82.1** Upon order of the Board of Medical Practice, or a Hearing Officer acting on the Hearing Officer's own behalf, a hearing may be held by telephone, video, or other electronic means ("Remote Hearings"). If a party objects to having all or part of a hearing conducted as a Remote Hearing the party must submit a written motion within 14 days, or sooner if specified in the order scheduling the remote hearing. In ruling on the objection, the Board or Hearing Officer shall consider the factors set forth in Vermont Rule of Civil Procedure 43.1. This section sets forth

procedures for conducting Remote Hearings.

82.2 All other Sections of the Board of Medical Practice (“Sections”) not modified herein continue to apply. In the case where a standard set forth for Remote Hearings conflicts with a standard set forth in other sections, the standards in this section shall govern.

83.0 Pre-Hearing Administration

83.1 Hearing Notice

83.1.1 In addition to the other information required to be included in a notice of a hearing pursuant to 3 V.S.A. § 809 and 26 V.S.A. § 1372(b)(2) the notice of a remote hearing shall contain instructions and information, including phone numbers and website links and addresses, for participating in the remote hearing by web-based visual and audio communication or by telephone. If the telephone numbers and/or website links and addresses for remote participation are not established at the time a notice is issued, the notice may instead state that the hearing will be held by remote means, that the telephone numbers and or website information will be provided to parties no later than seven days prior to the hearing, and that the information will be publicly posted on the Board’s website no fewer than seven days prior to the hearing.

83.1.2 The notice of a remote hearing shall contain contact information for the Docket Clerk or another Board staff member who can be contacted during the hearing if a party encounters any difficulties with remote participation.

83.1.3 The notice shall instruct a party how to contact the Docket Clerk if the party is unable to participate in the hearing remotely.

83.1.4 A party may request a continuance in accordance with Section 46.2.2 if the party is unable to participate remotely in the hearing. The Board, hearing panel, or presiding officer shall determine whether to grant the motion for a continuance consistent with Section 46.2.2.

83.1.5 If a party needs a modification or an accommodation to be made to participate in the hearing remotely, the party may file a request. The non-requesting party shall be notified of the request for an accommodation or modification. If a requested accommodation or modification will

substantially adversely affect the rights of the non-requesting party, the hearing panel shall determine whether to permit the accommodation or modification. For requested accommodations and modifications that will not adversely affect the rights on the non-requesting party, the Docket Clerk may approve accommodations or modifications after providing notice of the request to the non-requesting party.

83.2 Pre-Hearing Filings

83.2.1 Prior to the beginning of a hearing, documents may be filed by sending the filing to the Docket Clerk as an attachment to an email, by regular mail, or by facsimile. Regardless of the method of delivery, documents are only deemed filed upon receipt by the Docket Clerk.

83.2.2 Unless a different discovery and hearing schedule is issued by a hearing officer, filings submitted prior to a hearing must be received by the Docket Clerk no later than noon on the last business day prior to the scheduled hearing. Filings not received by the Docket Clerk by noon on the last business day prior to the scheduled hearing must be introduced at the hearing in accordance with Section 84.2.2.

83.2.3 Objections to the admissibility of pre-filed exhibits and responses to motions may be made at the scheduled hearing unless a discovery and hearing schedule issued by a hearing officer requires objections and responses to be filed by an earlier date. Objections to the admissibility of the pre-filed exhibit and responses to motions may also be made in writing by submitting a written objection or response to the Docket Clerk by noon on the last business day prior to the scheduled hearing.

83.2.4 Filings submitted prior to a hearing shall be served on the other party on the same day the filing is submitted to the Docket Clerk and using the same method of delivery unless otherwise agreed by the parties.

83.2.5 The procedures regarding electronic introduction of filings at a hearing set forth in Section 84.2.2 shall be followed.

83.3 Service

83.3.1 Except for filings that are required to be served by certified mail, filings may be served on the other party via email and do not require regular mail

or personal service. Service by regular mail and personal service remain acceptable means of service. The filing shall be served on the other party using the same method of delivery that is used to submit the filing to the Docket Clerk unless otherwise agreed by the parties.

83.3.2 Filings that are required by statute or other sections of this rule to be served by certified mail must be served by certified mail.

83.4 Form

83.4.1 The subject line of the email containing a filing as an attachment shall indicate the name of the respondent.

83.4.2 A signature block containing the submitting party's typed-in name preceded by "/s/," or an electronic facsimile of the submitting party's signature, a scanned copy of it, or another form of electronic signature as defined in 9 V.S.A. § 271(9), will serve as a party's signature on pleadings, motions, and other documents that must be filed with a signature. This exception does not apply to affidavits, verified pleadings, or other signatures that must be notarized by statute.

83.4.3 Exhibits submitted for use during a hearing shall be marked for identification by the party submitting the exhibit. The respondent shall mark exhibits using letters and the State shall mark exhibits using numbers.

83.5 Timing

83.5.1 Filings sent by email will be considered filed on the date sent if the email is received before 4:30 pm.

83.5.2 Nothing in these remote hearing rules extends filing deadlines.

84.0 Hearings Before a Hearing Panel

84.1 Hearing Procedures

84.1.1 Prior to Hearing

84.1.1.1 Prior to the scheduled hearing the Docket Clerk shall send the parties an email with the specification of charges, the answer,

and applicable prehearing orders.

84.1.1.2 By noon on the last business day prior to the scheduled hearing, the parties and the members of the hearing panel shall provide the Docket Clerk a phone number and email address at which the party or board member can be reached during the remote hearing.

84.1.2 Commencement of Hearing

84.1.2.1 A party is responsible for connecting to the remote hearing via the web-based audio and visual system or telephone number provided in the hearing notice. Parties shall participate in the scheduled hearing using audio communication, either web-based or telephone, at a minimum. A hearing officer may order a party to participate using video upon request of a party and showing of a reasonable basis for the request.

84.1.2.2 At the beginning of a scheduled hearing, the hearing officer shall confirm the presence of both parties and their representatives, when applicable.

84.1.2.3 Parties shall be present at the time provided in the hearing notice via the web-based audio and visual communication link or by telephone. If there is more than one hearing scheduled, the order of hearings will be decided by the hearing officer. The first hearing shall begin at the time stated on the hearing notice. Subsequent hearings will occur after the conclusion of the previous hearing.

84.1.3 Hearing Conduct

84.1.3.1 Scheduled hearings shall be conducted in accordance 1 V.S.A. Chapter 5 and 26 V.S.A. Chapter 23.

84.1.3.2 At the beginning of the hearing, upon request from the hearing officer, each party shall state their full name for the record.

84.1.3.3 The parties shall keep the audio connection through which the party is participating in the hearing muted while not speaking.

- 84.1.3.4 If a party is not able to hear the hearing officer, hearing panel, or the other party, the party shall un-mute their audio communication system and notify the hearing officer.
- 84.1.3.5 The hearing officer shall administer oaths and affirmations, as required by law, using the audio and, if available, visual communication systems.

84.1.4 Hearing Panel Members

- 84.1.4.1 When participating in a hearing remotely, hearing panel members shall comply with the requirements of 26 V.S.A. § 1318.
- 84.1.4.2 By noon on the day prior to the scheduled hearing, each hearing panel member shall provide to the Docket Clerk an email address for a current email account that the member can access during the hearing.
- 84.1.4.3 During a scheduled hearing, the Docket Clerk shall send all filings and required written communications to the hearing panel members at the email address provided to the Docket Clerk.
- 84.1.4.4 During a scheduled hearing, hearing panel members shall monitor the email account submitted to the Docket Clerk, and immediately review emails received from the Docket Clerk and other Board Office staff.

84.2 Record

84.2.1 Recording and Transcript. The hearing shall be recorded. Parties may request a transcript from the Docket Clerk. The party requesting a copy of the transcript must pay to the Board Office the estimated cost of producing a copy of the transcript.

84.2.2 Introduction of Documents During Hearing

84.2.2.1 All filings to be considered by the hearing panel during a hearing shall be filed with the Docket Clerk in advance of the scheduled hearing in accordance with Section 83.2.1, or during the hearing

in accordance with the procedures set forth in this subsection. Filings that are not received by the Docket Clerk by noon on the last business day prior to the scheduled hearing must be submitted during the hearing.

84.2.2.2 Exhibits

- 84.2.2.2.1 Exhibits proffered during a hearing that a party wishes to offer to be admitted as evidence shall be emailed as an attachment to the Docket Clerk and the other party. The form of the exhibit shall comply with the form requirements of Section 83.4.
- 84.2.2.2.2 Once the proffered exhibit is received by the Docket Clerk, the Docket Clerk shall email the exhibit as an attachment to the hearing officer presiding at the hearing and to the other, non-filing party.
- 84.2.2.2.3 After receipt of the email from the Docket Clerk with the exhibit attached, the hearing officer and the other, non-filing party shall have a reasonable amount of time, as determined by the hearing officer, to review the exhibit.
- 84.2.2.2.4 The non-filing party shall have the opportunity to oppose the admission of an offered exhibit.
- 84.2.2.2.5 The hearing officer shall rule on whether to admit the exhibit in accordance with Section 46.4 and 3 V.S.A. § 810.
- 84.2.2.2.6 If the hearing officer rules that an exhibit is to be admitted into evidence, the Docket Clerk shall send an email with the exhibit attached to all members of the hearing panel.
- 84.2.2.2.7 Members of the hearing panel shall not retain any copies, including electronic or physical copies, of the exhibit after the conclusion of the hearing.

84.2.2.3 Motions

- 84.2.2.3.1 Written motions made during a hearing shall be emailed as an attachment to the Docket Clerk and the non-filing party. Motions may also be made orally during a hearing.
- 84.2.2.3.2 A written motion shall be signed in accordance with Section 83.4.2.
- 84.2.2.3.3 Upon receipt of a written motion during a hearing, the Docket Clerk shall send the motion to the hearing officer and the hearing panel members.
- 84.2.2.3.4 The non-filing party shall have the opportunity to respond to a motion.
- 84.2.2.3.5 The hearing officer shall decide whether to grant or deny a motion.

84.3 Witnesses

- 84.3.1 Witnesses called by a party shall testify by telephone or via web-based audio or visual communication.
- 84.3.2 The party calling the witness shall be responsible for providing the witness with the necessary information for participating in the scheduled hearing, including all necessary phone numbers, email addresses, and website addresses. It is the responsibility of the party calling the witness to ensure that the witness is available when called upon to testify during the scheduled hearing.
- 84.3.3 The party calling the witness shall provide the Docket Clerk with a phone number and email address for the witness. In the event of technical challenges or a need to dismiss and then recall a witness, the Docket Clerk shall telephone the witness with further instructions about when the witness is recalled to testify.

84.4 Deliberative Session

- 84.4.1 The hearing panel shall have the opportunity to engage in deliberations, as defined in 1 V.S.A. § 310(2), about the contested case presented at the scheduled hearing. Deliberations by the hearing panel may occur in a deliberative session in accordance with 1 V.S.A. § 312(e).
- 84.4.2 Prior to the scheduled hearing, the Docket Clerk shall email to the hearing panel members and the hearing officer a conference call telephone number or information for an audio and visual communication system link that shall be available only to those participating in deliberations, to be used for the deliberative session.
- 84.4.3 After the hearing panel votes to enter into a deliberative session, the hearing panel members shall exit the audio and visual communication system or end the telephone call through which the hearing panel member is participating in the hearing. The parties shall remain available on the audio and visual communication system or the telephone during the deliberative session. The hearing panel members shall then use the conference call telephone number or audio and visual communication system link provided by the Docket Clerk prior to the scheduled hearing. The deliberative session shall be held on the medium that is available only to those participating in the deliberations.
- 84.4.4 At the conclusion of the deliberative session, the hearing panel members shall reconnect to the audio and visual communication system or the telephone line on which the hearing is being held. The hearing officer will notify the Docket Clerk and the parties that the hearing is resuming and shall provide the parties and the Docket Clerk with a reasonable amount of time to resume. Decisions by the hearing panel announced following a deliberative session shall be made by motion and voted upon by the members in an open session on the record.

84.5 Hearing Panel Report

The hearing officer shall prepare a report of the hearing panel's findings of fact and recommendations to the Board in accordance with 26 V.S.A. § 1372(c) and Section 46.5. The Docket Clerk shall serve the report on the parties by sending it as an attachment to an email. The Docket Clerk shall send the report to other individuals on request.

85.0 Hearing Before the Board

85.1 Hearing Procedures

85.1.1 Applicability

85.1.1.1 All of Section 85.0 applies in full to contested hearings before the Board. With regard to hearings before the Board for the purpose of consideration and approval of a stipulation and consent order, only this Section, 85.1, applies.

85.1.1.2 Prior to Hearing

85.1.1.2.1 Prior to the scheduled hearing, the Docket Clerk shall send the parties an email with the specification of charges, the answer, and applicable pre-hearing orders.

85.1.1.2.2 By noon on the last business day prior to the scheduled hearing, the parties shall provide the Docket Clerk with a phone number and email address at which the party can be reached in the event of a malfunction during the remote hearing.

85.1.1.3 Commencement of Hearing

85.1.1.3.1 A party is responsible for connecting to the remote hearing via the web-based audio and visual system or telephone number provided in the hearing notice. Parties shall participate in the scheduled hearing using audio communication, either web-based or telephone, at a minimum. A hearing officer may order a party to participate using video upon request of a party and showing of a reasonable basis for the request.

85.1.1.3.2 At the beginning of a scheduled hearing, the hearing officer shall confirm the presence of both parties and their representatives, when applicable.

85.1.1.3.3 Parties shall be present at the time provided in the hearing notice via the web-based audio and visual

communication link or by telephone. If there is more than one hearing scheduled, the order of hearings will be decided by the hearing officer. The first hearing shall begin at the time stated on the hearing notice. Subsequent hearings will occur after the conclusion of the previous hearing.

85.1.1.4 Hearing Conduct

- 85.1.1.4.1 Scheduled hearings shall be conducted in accordance 1 V.S.A. Chapter 5.
- 85.1.1.4.2 At the beginning of the hearing, upon request from the hearing officer, each party shall state their full name for the record.
- 85.1.1.4.3 The parties shall keep the audio connection, through which the party is participating in the hearing, muted while not speaking.
- 85.1.1.4.4 If a party is not able to hear the hearing officer, a Board member, or the other party, the party shall un-mute their audio communication system and notify the hearing officer.
- 85.1.1.4.5 The hearing officer shall identify the Board members who are eligible and participating in the hearing on the record.
- 85.1.1.4.6 The hearing officer shall administer oaths and affirmations, as required by law, using the audio and, if available, visual communication systems.

85.1.1.5 Board Members Hearing the Case

- 85.1.1.5.1 When participating in a hearing remotely, Board members shall comply with the requirements of 26 V.S.A. § 1318.
- 85.1.1.5.2 By noon on the day prior to the scheduled hearing, each Board member shall provide to the Docket Clerk

an email address for a current email account that the member can access during the hearing.

85.1.1.5.3 During a scheduled hearing, the Docket Clerk shall send all filings and required written communications to the participating Board members at the email address provided to the Docket Clerk.

85.1.1.5.4 During a scheduled hearing, participating Board members shall monitor the email account submitted to the Docket Clerk, and immediately review emails received from the Docket Clerk and other Board Office staff.

85.2 Record

85.2.1 Recording and Transcript

85.2.1.1 The hearing shall be recorded. Parties may request a transcript from the Docket Clerk. The party requesting a copy of the transcript must pay to the Board Office the estimated cost of producing a copy of the transcript.

85.2.2 Introduction of Documents During Hearing

85.2.2.1 All filings to be considered by the Board during a hearing that are not already a part of the record shall be filed with the Docket Clerk in advance of the scheduled hearing in accordance with Section 83.2.1, or during the hearing in accordance with the procedures set forth in this subsection. Filings not received by the Docket Clerk by noon on the last business day prior to the scheduled hearing must be submitted during the hearing.

85.2.2.2 Exhibits

85.2.2.2.1 Exhibits submitted during a hearing shall be emailed as an attachment to the Docket Clerk and the other party. The form of the exhibit shall comply with the form requirements set forth in

Section 83.4.

85.2.2.2.2 Once the exhibit is received by the Docket Clerk, the Docket Clerk shall email the exhibit as an attachment to the hearing officer presiding at the hearing and the other, non-filing party.

85.2.2.2.3 After receipt of the email from the Docket Clerk with the exhibit attached, the hearing officer and the other, non-filing party shall have a reasonable amount of time, as determined by the hearing officer, to review the exhibit.

85.2.2.2.4 The non-filing party shall have the opportunity to oppose the admission of an offered exhibit.

85.2.2.2.5 The hearing officer shall rule on whether to admit the exhibit in accordance with Section 46.4 and 3 V.S.A. § 810.

85.2.2.2.6 If the hearing officer rules that an exhibit is to be admitted into evidence, the Docket Clerk shall send an email with the exhibit attached to members of the Board who are hearing the case.

85.2.2.2.7 Members shall not retain any copies, including electronic or physical copies, of the exhibits after the conclusion of the hearing

85.2.2.3 Motions

85.2.2.3.1 Written motions made during a hearing shall be emailed as an attachment to the Docket Clerk and the non-filing party. Motions may also be made orally during a hearing.

85.2.2.3.2 A written motion shall be signed in accordance with Section 83.4.2.

85.2.2.3.3 Upon receipt of a written motion during a hearing, the Docket Clerk shall send the motion to the Board members hearing the case.

85.2.2.3.4 The non-filing party shall have the opportunity to respond to a motion.

85.2.2.3.5 The hearing officer shall decide whether to grant or deny a motion.

85.3 Witnesses

85.3.1 Witnesses called by a party shall testify by telephone or via web-based audio or visual communication.

85.3.2 The party calling the witness shall be responsible for providing the witness with the necessary information for participating in the scheduled hearing, including all necessary phone numbers, email addresses, and website addresses. It is the responsibility of the party calling the witness to ensure that the witness is available when called upon to testify during the scheduled hearing.

85.3.3 The party calling the witness shall provide the Docket Clerk with a phone number and email address for the witness. In the event of technical challenges or a need to dismiss and then recall a witness, the Docket Clerk shall telephone the witness with further instructions about when the witness is recalled to testify.

85.4 Deliberative Session

85.4.1 The participating Board members shall have the opportunity to engage in deliberations, as defined in 1 V.S.A. § 310(2), about the contested case presented at the scheduled hearing. Deliberations by the participating Board members may occur in a deliberative session in accordance with 1 V.S.A. § 312(e).

85.4.2 Prior to the scheduled hearing, the Docket Clerk shall email to the participating Board members and the hearing officer a conference call telephone number or information for an audio and visual communication system link that shall be available only to those

participating in deliberations, to be used for the deliberative session.

85.4.3 After the participating Board members vote to enter into a deliberative session, the members shall exit the audio and visual communication system or end the telephone call through which members are participating in the hearing. The parties shall remain available on the audio and visual communication system or the telephone during the deliberative session. The participating Board members shall then use the conference call telephone number or audio and visual communication system link provided by the Docket Clerk prior to the scheduled hearing. The deliberative session shall be held on the medium that is available only to those participating in the deliberations.

85.4.4 At the conclusion of the deliberative session, the participating Board members shall reconnect to the audio and visual communication system or the telephone line on which the hearing is being held. The hearing officer will notify the Docket Clerk and the parties that the hearing is resuming and shall provide the parties and the Docket Clerk with a reasonable amount of time to resume. Decisions by the Board announced following a deliberative session shall be made by motion and voted upon by the members in an open session on the record.

85.5 Board Decisions

The Board shall issue a written decision of its findings and conclusions in accordance with 26 V.S.A. § 1374. The Board may have the assistance of the hearing officer in preparing its written decision. 26 V.S.A. § 1353(2).

85.6 Appeals

85.6.1 A party may appeal a decision of the Board in accordance with 26 V.S.A. 1367 and Section 47.4.

85.6.2 Parties may submit written notices and filings to the Docket Clerk, and other parties by email, mail, or facsimile.

VERMONT **GENERAL ASSEMBLY**

The Vermont Statutes Online

The Vermont Statutes Online have been updated to include the actions of the 2023 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

Title 26 : Professions and Occupations

Chapter 056 : Out-of-State Telehealth Licensure & Registration and Interstate Compacts

Subchapter 001 : Out-of-State Telehealth Licensure and Registration

(Cite as: 26 V.S.A. § 3061)

§ 3061. Rulemaking

The Office or the Board may adopt rules in accordance with 3 V.S.A. chapter 25 to carry out the purposes of this chapter, including, in consultation with the appropriate boards and advisor appointees for professions regulated by the Office, rules regarding any profession-specific requirements related to telehealth licenses and telehealth registrations. (Added 2021, No. 107 (Adj. Sess.), § 1, eff. July 1, 2023.)

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Title 3 : Executive

Chapter 025 : Administrative Procedure

Subchapter 003 : Rulemaking; Procedures; Guidance Documents

(Cite as: 3 V.S.A. § 831)

§ 831. Required policy statements and rules

(a) Where due process or a statute directs an agency to adopt rules, the agency shall initiate rulemaking and adopt rules in the manner provided by sections 836-844 of this title.

(b) An agency shall adopt a procedure describing an existing practice when so requested by an interested person.

(c) An agency shall initiate rulemaking to adopt as a rule an existing practice or procedure when so requested by 25 or more persons or by the Legislative Committee on Administrative Rules. An agency shall not be required to initiate rulemaking with respect to any practice or procedure, except as provided by this subsection.

(d) An agency required to hold hearings on contested cases as required by section 809 of this title shall adopt rules of procedure in the manner provided in this chapter.

(e) Within 30 days after an agency discovers that the text of a final proposed rule as submitted to the Legislative Committee on Administrative Rules deviates from the text that the agency intended to submit to the Committee, the agency shall initiate rulemaking to correct the rule if the period for final adoption of the rule under subsection 843(c) of this title has elapsed.

(f) Except as provided in subsections (a)-(e) of this section, an agency shall not be required to initiate rulemaking or to adopt a procedure or a rule. (Added 1981, No. 82, § 6; amended 1995, No. 61, § 1; 2001, No. 149 (Adj. Sess.), § 48, eff. June 27, 2002; 2017, No. 156 (Adj. Sess.), § 2.)

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Title 26 : Professions and Occupations

Chapter 023 : Medicine

Subchapter 002 : Board of Medical Practice

(Cite as: 26 V.S.A. § 1377)

§ 1377. Nondisciplinary financial penalty

(a) For violations of statutes and Board rules of an administrative nature, the Board may, in its sole discretion, elect to offer a licensee the opportunity to pay a nondisciplinary financial penalty of not more than \$250.00 for each instance of noncompliance. If the licensee accepts the offer and submits the required payment, the matter shall be considered to be closed in lieu of investigating the failure to comply with the rule or statute as unprofessional conduct.

(b) A matter closed by payment of a nondisciplinary financial penalty shall not be considered to be a disciplinary action, and the matter shall remain confidential in the manner of dismissed charges in accordance with section 1318 of this chapter.

(c) The Board shall not be required to offer the option of a nondisciplinary financial penalty in any particular case and may elect to process any matter as a disciplinary action.

(d) Any monies received from nondisciplinary financial penalties imposed pursuant to this section shall be deposited into the Board of Medical Practice Regulatory Fee Fund for the purpose of providing education and training for Board members and licensees.

(Added 2019, No. 126 (Adj. Sess.), § 1.)

VERMONT **GENERAL ASSEMBLY**

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Title 26 : Professions and Occupations

Chapter 056 : Out-of-State Telehealth Licensure & Registration and Interstate Compacts

Subchapter 001 : Out-of-State Telehealth Licensure and Registration

(Cite as: 26 V.S.A. § 3061)

§ 3061. Rulemaking

The Office or the Board may adopt rules in accordance with 3 V.S.A. chapter 25 to carry out the purposes of this chapter, including, in consultation with the appropriate boards and advisor appointees for professions regulated by the Office, rules regarding any profession-specific requirements related to telehealth licenses and telehealth registrations. (Added 2021, No. 107 (Adj. Sess.), § 1, eff. July 1, 2023.)

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Title 26 : Professions and Occupations

Chapter 023 : Medicine

Subchapter 003 : Licenses

(Cite as: 26 V.S.A. § 1391)

§ 1391. Qualifications for medical licensure

(a) Basic requirements.

(1) An applicant for physician licensure as a medical doctor shall meet each of the requirements set forth in subdivisions (2)(A) through (D) of this subsection. A requirement may be met either by satisfying the requirement on its own terms or by qualifying for an exception established in this chapter or by the Board by rule.

(2) An applicant shall submit evidence of identity acceptable to the Board as set forth by rule and shall establish that the applicant:

(A) is at least 18 years of age;

(B) has completed high school, or the equivalent, and at least two years of undergraduate postsecondary school;

(C) has graduated from a medical school accredited by an organization that is acceptable to the Board, or from a medical school that has been approved by the Board by rule, with a degree of doctor of medicine or an equivalent as may be determined by the Board; and

(D) is of sound moral character and professional competence as evidenced by:

(i) references submitted in accordance with rules adopted by the Board;

(ii) a personal interview, as may be required in the discretion of the Board;

and

(iii) the applicant's entire personal history, as established by information about the applicant's academic, licensing examination, employment, professional credentialing,

professional certification, professional regulation, civil litigation, and criminal records submitted by the applicant or otherwise obtained by the Board in the application process.

(b) Postgraduate training requirements.

(1) A graduate of a U.S. or Canadian medical school accredited by a body that is acceptable to the Board shall submit evidence of the successful completion of at least two years of postgraduate training in a U.S. or Canadian program accredited by an organization that is acceptable to the Board and that meets such other requirements as the Board may establish by rule.

(2) A graduate of a Board-approved medical school outside the United States or Canada shall submit evidence of success of completing at least three years of postgraduate training in a U.S. or Canadian program accredited by an organization that is acceptable to the Board and that meets such other requirements as the Board may establish by rule.

(c) Examination. An applicant shall satisfy the Board's requirements for medical licensing examination as established by the Board by rule. The Board may identify which examinations are accepted, set passing standards, and set limits on time and numbers of attempts for exams. The Board may establish by rule exceptions or alternative means to meet examination requirements.

(d) ECFMG certificate. A graduate of a medical school outside the United States or Canada shall also submit evidence of certification by the Educational Commission for Foreign Medical Graduates unless the individual qualifies for licensure as a Fifth Pathway applicant, as established by the Board by rule.

(e) Current medical practice. An applicant for licensure shall have actively engaged in the practice of medicine, as defined by section 1311 of this chapter, within three years prior to the date on which the application for licensure becomes complete. In its discretion, the Board may license an applicant who does not meet this practice requirement but who agrees to such conditions as the Board may reasonably require to verify or confirm the applicant's readiness to reenter the practice of medicine.

(f) License by faculty appointment.

(1) The Board may issue a license without examination to a reputable physician who is a resident of a foreign country and who furnishes to the Board satisfactory proof of appointment to the faculty of a medical college in Vermont that is accredited by the Liaison Committee on Medical Education (LCME). The Board may establish additional conditions and requirements by rule for this type of license.

(2) An applicant for a license pursuant to this subsection shall furnish to the Board satisfactory proof that the applicant is at least 18 years of age, has good moral character, is licensed to practice medicine in the applicant's country of residence, and has been

appointed to the faculty of an LCME-accredited medical college located in Vermont. The application shall include detailed information concerning the nature and term of the appointment, the method by which the applicant's performance will be monitored and evaluated, and any other information the Board may require by rule.

(3) A license issued pursuant to this subsection shall be for a period not to exceed the term of the faculty appointment and may, in the Board's discretion, be for a shorter period.

(4) A license issued pursuant to this subsection shall expire automatically upon termination for any reason of the licensee's faculty appointment. (Amended 1961, No. 256; 1967, No. 307 (Adj. Sess.), § 1, eff. March 22, 1968; 1969, No. 187 (Adj. Sess.), § 5; 1971, No. 14, § 15, eff. March 11, 1971; 1971, No. 184 (Adj. Sess.), § 19, eff. March 29, 1972; 1977, No. 91, § 2; 1977, No. 259 (Adj. Sess.), § 1; 1989, No. 250 (Adj. Sess.), §§ 39, 40; 2003, No. 34, § 9, eff. May 23, 2003; 2011, No. 61, § 2, eff. June 2, 2011; 2019, No. 126 (Adj. Sess.), § 1.)

No. 38. An act relating to radiologist assistants.

(H.473)

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 26 V.S.A. § 2851 is amended to read:

§ 2851. DEFINITIONS

As used in this chapter:

* * *

(6) “Radiologist” means a person who is licensed to practice medicine or osteopathy under chapter 23 or 33 of this title and who meets one or both of the following requirements:

(A) The person is certified by or eligible for certification by the American Board of Radiology or the American Osteopathic Board of Radiology or their predecessors or successors ~~or who~~.

(B) The person is credentialed by a hospital to practice radiology and engages in the practice of radiology at that hospital full-time.

* * *

(8) “Readily available” means that a supervising radiologist is available in person or is available remotely by telephone or through a live, interactive audio and video connection.

(9) “Supervision” means the direction and review by a supervising radiologist, as determined to be appropriate by the Board, of the medical services provided by the radiologist assistant. At a minimum, supervision shall

mean that a radiologist is readily available for consultation and intervention. A radiologist assistant may provide services under the direction and review of more than one supervising radiologist during the course of ~~his or her~~ the radiologist assistant's employment, subject to the limitations on ~~his or her~~ the radiologist assistant's scope of practice as set forth in this chapter and the protocol filed under subsection 2853(b) of this title.

Sec. 2. 26 V.S.A. § 2857 is amended to read:

§ 2857. SUPERVISION AND SCOPE OF PRACTICE

(a)(1) The number of radiologist assistants permitted to practice under the direction and supervision of a radiologist shall be determined by the Board after review of the system of care delivery in which the supervising radiologist and radiologist assistants propose to practice. Scope of practice and levels of supervision shall be consistent with guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the ARRT.

(2) The authority of a radiologist assistant to practice shall terminate immediately upon termination of the radiologist assistant's employment, and the primary supervising radiologist shall immediately notify the Board and the Commissioner of the Department of Health of the termination. The radiologist assistant's authority to practice shall not resume until ~~he or she~~ the radiologist assistant provides proof of other employment and a protocol as required under this chapter.

(3) The primary supervising radiologist and radiologist assistant shall be employed by and have as their primary work site the same health care facility or an affiliate of the facility, provided that:

(A) the radiologist assistant's primary work site shall be located in Vermont; and

(B) the primary supervising radiologist does not need to be physically present at the same location where the radiologist assistant is practicing as long as a supervising radiologist is readily available for consultation and intervention.

(4) If a supervising radiologist is not physically present at the location at which a radiologist assistant is practicing, the radiologist assistant shall provide services only when a physician licensed pursuant to chapter 23 or 33 of this title, who need not be a radiologist, is physically present at the location and would be responsible for providing intervention or assistance in the event of a medical emergency.

(b)(1) Subject to the limitations set forth in subsection (a) of this section, the radiologist assistant's scope of practice shall be limited to that delegated to the radiologist assistant by the primary supervising radiologist and for which the radiologist assistant is qualified by education, training, and experience. At no time shall the practice of the radiologist assistant exceed the normal scope of the supervising radiologist's practice.

(2) A radiologist assistant ~~may~~ shall not interpret images, make diagnoses, or prescribe medications or therapies but may communicate with patients regarding the radiologist assistant's preliminary observations regarding the technical performance of a procedure or examination and regarding the findings from a radiologist's report. Preliminary observations shall not include any communication about the presence or absence of features or characteristics that would be considered in making a diagnosis.

Sec. 3. EFFECTIVE DATE

This act shall take effect on July 1, 2023.

Date Governor signed bill: June 1, 2023

VERMONT **GENERAL ASSEMBLY**

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Title 3 : Executive

Chapter 025 : Administrative Procedure

Subchapter 001 : General Provisions

(Cite as: **3 V.S.A. § 801**)

§ 801. Short title and definitions

(a) This chapter may be cited as the “Vermont Administrative Procedure Act.”

(b) As used in this chapter:

(1) “Agency” means a State board, commission, department, agency, or other entity or officer of State government, other than the Legislature, the courts, the Commander in Chief, and the Military Department, authorized by law to make rules or to determine contested cases.

(2) “Contested case” means a proceeding, including but not restricted to rate-making and licensing, in which the legal rights, duties, or privileges of a party are required by law to be determined by an agency after an opportunity for hearing.

(3) “License” includes the whole or part of any agency permit, certificate, approval, registration, charter, or similar form of permission required by law.

(4) “Licensing” includes the agency process respecting the grant, denial, renewal, revocation, suspension, annulment, withdrawal, or amendment of a license.

(5) “Party” means each person or agency named or admitted as a party, or properly seeking and entitled as of right to be admitted as a party.

(6) “Person” means any individual, partnership, corporation, association, governmental subdivision, or public or private organization of any character other than an agency.

(7) “Practice” means a substantive or procedural requirement of an agency, affecting one or more persons who are not employees of the agency, that is used by the

agency in the discharge of its powers and duties. The term includes all such requirements, regardless of whether they are stated in writing.

(8) "Procedure" means a practice that has been adopted in writing, either at the election of the agency or as the result of a request under subsection 831(b) of this title. The term includes any practice of any agency that has been adopted in writing, whether or not labeled as a procedure, except for each of the following:

(A) a rule adopted under sections 836-844 of this title;

(B) a written document issued in a contested case that imposes substantive or procedural requirements on the parties to the case;

(C) a statement that concerns only:

(i) the internal management of an agency and does not affect private rights or procedures available to the public;

(ii) the internal management of facilities that are secured for the safety of the public and the individuals residing within them; or

(iii) guidance regarding the safety or security of the staff of an agency or its designated service providers or of individuals being provided services by the agency or such a provider;

(D) an intergovernmental or interagency memorandum, directive, or communication that does not affect private rights or procedures available to the public;

(E) an opinion of the Attorney General; or

(F) a statement that establishes criteria or guidelines to be used by the staff of an agency in performing audits, investigations, or inspections, in settling commercial disputes or negotiating commercial arrangements, or in the defense, prosecution, or settlement of cases, if disclosure of the criteria or guidelines would compromise an investigation or the health and safety of an employee or member of the public, enable law violators to avoid detection, facilitate disregard of requirements imposed by law, or give a clearly improper advantage to persons that are in an adverse position to the State.

(9) "Rule" means each agency statement of general applicability that implements, interprets, or prescribes law or policy and that has been adopted in the manner provided by sections 836-844 of this title.

(10) "Incorporation by reference" means the use of language in the text of a regulation that expressly refers to a document other than the regulation itself.

(11) "Adopting authority" means, for agencies that are attached to the Agencies of Administration, of Commerce and Community Development, of Natural Resources, of Human Services, and of Transportation, or any of their components, the secretaries of those agencies; for agencies attached to other departments or any of their components,

the commissioners of those departments; and for other agencies, the chief officer of the agency. However, for the procedural rules of boards with quasi-judicial powers, for the Transportation Board, for the Vermont Veterans' Memorial Cemetery Advisory Board, and for the Fish and Wildlife Board, the chair or executive secretary of the board shall be the adopting authority. The Secretary of State shall be the adopting authority for the Office of Professional Regulation.

(12) "Small business" means a business employing no more than 20 full-time employees.

(13)(A) "Arbitrary," when applied to an agency rule or action, means that one or more of the following apply:

(i) There is no factual basis for the decision made by the agency.

(ii) The decision made by the agency is not rationally connected to the factual basis asserted for the decision.

(iii) The decision made by the agency would not make sense to a reasonable person.

(B) The General Assembly intends that this definition be applied in accordance with the Vermont Supreme Court's application of "arbitrary" in *Beyers v. Water Resources Board*, 2006 VT 65, and *In re Town of Sherburne*, 154 Vt. 596 (1990).

(14) "Guidance document" means a written record that has not been adopted in accordance with sections 836-844 of this title and that is issued by an agency to assist the public by providing an agency's current approach to or interpretation of law or describing how and when an agency will exercise discretionary functions. The term does not include the documents described in subdivisions (8)(A) through (F) of this section.

(15) "Index" means a searchable list of entries that contains subjects and titles with page numbers, hyperlinks, or other connections that link each entry to the text or document to which it refers. (Added 1967, No. 360 (Adj. Sess.), § 1, eff. July 1, 1969; amended 1981, No. 82, § 1; 1983, No. 158 (Adj. Sess.), eff. April 13, 1984; 1985, No. 56, § 1; 1985, No. 269 (Adj. Sess.), § 4; 1987, No. 76, § 18; 1989, No. 69, § 2, eff. May 27, 1989; 1989, No. 250 (Adj. Sess.), § 88; 2001, No. 149 (Adj. Sess.), § 46, eff. June 27, 2002; 2017, No. 113 (Adj. Sess.), § 3; 2017, No. 156 (Adj. Sess.), § 2.)



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Deadline For Public Comment

Deadline: Dec 12, 2023

The deadline for public comment has expired. Contact the agency or primary contact person listed below for assistance.

Rule Details

Rule Number:	23P039
Title:	Rules of the Board of Medical Practice.
Type:	Standard
Status:	Final Proposed
Agency:	Department of Health, Agency of Human Services
Legal Authority:	26 V.S.A. § 1351(e), 3 V.S.A. § 831(d), 26 V.S.A. § 1377(a), 26 V.S.A. § 3061, 26 V.S.A. § 1391(c), Act 38 (2023), and 3 V.S.A. § 801(b)(11).
Summary:	The proposed rulemaking primarily responds to statutory changes, but also reflect revisions to Board policy. 1) 26 V.S.A. § 3061 creates two new forms of health care credentials, telehealth license and

telehealth registration. This rulemaking implements these new credentials. 2) The public health emergency disrupted access to the testing required to become a Vermont physician. Delayed access caused some applicants to exceed established time limitations. This rulemaking extends the time limit for applicants affected by the disruption. 3) Act 38 (2023) revised supervision and practice location requirements for radiologist assistants (RAs). This rulemaking aligns the rule with statutory changes. 4) 26 V.S.A. § 1377 authorizes the Board, through rulemaking, to offer licensees a non-disciplinary financial penalty option for a violation of purely an administrative nature (e.g., failure to maintain a current address with the Board). 5) Modifies the rule for clarity and consistency with Board practices.

Persons Affected:

Physicians, physician assistants, podiatrists, anesthesiology assistants, and radiology assistants, the Board of Medical Practice, Vermont hospitals, practices, and patients.

Economic Impact:

The Board can elect to offer a licensee the option to pay a nondisciplinary penalty in lieu of being investigated. Licensees who elect to pay the nondisciplinary financial penalty avoid the costs of being investigated, avoid the risk of a larger financial penalty, and the additional potential sanctions that could result from an investigation process. This rulemaking operationalizes two new forms of professional credentials created by statute, telehealth license and telehealth registration. Telehealth licenses are limited to 20 patients and have a fee of 75 percent of the full license fee. Telehealth registration lasts only 120 days, and is limited to 10 unique patients. The fee for a telehealth registration is one half the full license fee. An economic benefit is anticipated for the health care system and for patients from the implementation of the telehealth credentialing.

Posting date:

Oct 25,2023

Hearing Information

Information for Hearing # 1

Hearing date:

12-05-2023 1:00 PM [ADD TO YOUR CALENDAR](#)

Location:

Department of Health, Room 3B

Address:

108 Cherry Street, Rm. 2A

City: Burlington
 State: VT
 Zip: 05401
 Hearing Notes:

Contact Information

Information for Primary Contact

PRIMARY CONTACT PERSON - A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE.

Level: Primary
 Name: Natalie Weill
 Agency: Department of Health, Agency of Human Services
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 State: VT
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 Telephone: 802-863-7280
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Website Address: <https://www.healthvermont.gov/laws-regulations/laws/public-comment>
[VIEW WEBSITE](#)

Information for Secondary Contact

SECONDARY CONTACT PERSON - A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FILINGS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON.

Level: Secondary
 Name: Brendan Atwood
 Agency: Department of Health, Agency of Human Services
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Keyword Information

Keywords:

The Board's licensees
Board of Medical Practice
Physician
Physician Assistant
Radiology Assistant
Doctor
US Medical Licensing Examination (USMLE)
Examination
MD
MD/PhD



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PROPOSED STATE RULES

By law, public notice of proposed rules must be given by publication in newspapers of record. The purpose of these notices is to give the public a chance to respond to the proposals. The public notices for administrative rules are now also available online at <https://secure.vermont.gov/SOS/rules/>. The law requires an agency to hold a public hearing on a proposed rule, if requested to do so in writing by 25 persons or an association having at least 25 members.

To make special arrangements for individuals with disabilities or special needs please call or write the contact person listed below as soon as possible.

To obtain further information concerning any scheduled hearing(s), obtain copies of proposed rule(s) or submit comments regarding proposed rule(s), please call or write the contact person listed below. You may also submit comments in writing to the Legislative Committee on Administrative Rules, State House, Montpelier, Vermont 05602 (802-828-2231).

Rules of the Board of Medical Practice.

Vermont Proposed Rule: 23P039

AGENCY: Agency of Human Services, Department of Health

CONCISE SUMMARY: The proposed rulemaking primarily responds to statutory changes, but also reflect revisions to Board policy. 1) 26 V.S.A. § 3061 creates two new forms of health care credentials, telehealth license and telehealth registration. This rulemaking implements these new credentials. 2) The public health emergency disrupted access to the testing required to become a Vermont physician. Delayed access caused some applicants to exceed established time limitations. This rulemaking extends the time limit for applicants affected by the disruption. 3) Act 38 (2023) revised supervision and practice location requirements for radiologist assistants (RAs). This rulemaking aligns the rule with statutory changes. 4) 26 V.S.A. § 1377 authorizes the Board, through rulemaking, to offer licensees a nondisciplinary financial penalty option for a violation of purely an administrative nature (e.g., failure to maintain a current address with the Board). 5) Modifies the rule for clarity and consistency with Board practices.

FOR FURTHER INFORMATION, CONTACT: Natalie Weill, Vermont Department of Health, 108 Cherry Street, Burlington, VT 05401 Tel: 802-863-7280 Fax: 802-951-1275 E-Mail: ahs.vdhrules@vermont.gov. URL: <https://www.healthvermont.gov/laws-regulations/laws/public-comment>.

FOR COPIES: Brendan Atwood, Vermont Department of Health, 108 Cherry Street, Burlington, VT 05401 Tel: 802- 863-7280 Fax: 802-951-1275 E-Mail: ahs.vdhrules@vermont.gov.

Council Rules.

Vermont Proposed Rule: 23P040

AGENCY: Vermont Criminal Justice Training Council

CONCISE SUMMARY: The Vermont Criminal Justice Council (VCJC) Rules require multiple revisions due to statutory changes to 20 VSA 2352 and 2355 in 2018, 2020 and 2023. These statutory amendments changed the composition of the Council and the Council's powers and duties. The proposed Rule changes align the Council's Rules and regulations with our current governing statutory language in Title 20, Chap. 151. In addition, there are proposed amendments to the Rule sections for Instructor and Basic Training. These changes are proposed to allow the Council to be adaptable and responsive to training changes as the Council moves into a three-year curriculum review for law enforcement training.

FOR FURTHER INFORMATION, CONTACT: Kim McManus, Vermont Criminal Justice Training Council, 317 Academy Road, Pittsford, VT 05763 Tel: 802-483-2741 Email: kim.mcmanus@vermont.gov. URL: <https://vcjc.vermont.gov/council/rules>.

Rule Governing the Prescribing of Opioids for Pain.

Vermont Proposed Rule: 23P041

AGENCY: Agency of Human Services, Department of Health

CONCISE SUMMARY: This rulemaking replaces "naloxone" with "opioid antagonist" to allow for a broader range of medications that can be co-prescribed with opioids when required.

FOR FURTHER INFORMATION, CONTACT: Natalie Weill, Vermont Department of Health, 108 Cherry Street, Burlington, VT 05401 Tel: 802-863-7280 Fax: 802-951-1275 E-Mail: ahs.vdhrules@vermont.gov. URL: <https://www.healthvermont.gov/laws-regulations/laws/public-comment>.

FOR COPIES: Brendan Atwood, Vermont Department of Health, 108 Cherry Street, Burlington, VT 05401 Tel: 802-863-7280 Fax: 802-951-1275 E-Mail: ahs.vdhrules@vermont.gov.

Investigation and Remediation of Contaminated Properties Rule (IRule).

Vermont Proposed Rule: 23P042

AGENCY: Agency of Natural Resources

CONCISE SUMMARY: The primary reason for updating the Rule is to codify the interim PCB indoor air standards as final prior to their expiration in February 2024. Other changes include updating definitions to be consistent with other Rules, including a requirement that the DEC be notified prior to conducting any earth disturbance work at an active or closed hazardous site, include updated numerical standards for regulated environmental media, add additional clarity for expected outcomes of site specific risk assessments, additional clarity for allowing partial corrective action plans, and additional requirements for the evaluation of corrective action alternatives (ECAA) report which focus on the objectives of the remediation and detailed justification for the selected remedy.

FOR FURTHER INFORMATION, CONTACT: Lynda Provencher, Agency of Natural Resources, 1 National Life Drive, Davis 1, Montpelier VT 05620 Tel: 802-249-5562 Email: lynda.provencher@vermont.gov URL: <https://dec.vermont.gov/waste-management/contaminated-sites>.

FOR COPIES: Shawn Donovan, Agency of Natural Resources, 1 National Life Drive, Davis 1, Montpelier VT 05620 Tel: 802-522-5683 Email: shawn.donovan@vermont.gov.
