



**STATE OF VERMONT**

OFFICE OF LEGISLATIVE COUNCIL

**MEMORANDUM**

To: General Assembly  
From: BetsyAnn Wrask, Legislative Counsel; Jordan Gonda, Legislative Law Clerk  
Date: November 1, 2012  
Subject: 2012 Acts and Resolves No. 116, Sec. 7; Catalog; "Physician" and "Doctor"

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Pursuant to 2012 Acts and Resolves No. 116 (the 2012 OPR Bill), Sec. 7, below please find a catalog of the use of the terms "physician" and "doctor" in the Vermont Statutes Annotated. For ease of reference, the term "physician" is highlighted in yellow, and the term "doctor" is highlighted in green.

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**3 V.S.A. § 122. OFFICE OF PROFESSIONAL REGULATION**

An office of professional regulation is created within the office of the secretary of state. The office shall have a director who shall be appointed by the secretary of state and shall be an exempt employee. The following boards or professions are attached to the office of professional regulation:

\* \* \*

(14) Board of osteopathic **physicians** and surgeons

\* \* \*

(37) Naturopathic **physicians**

\* \* \*

### 3 V.S.A. § 262. EMPLOYMENT OF ALIENS

No department or commission of the state government shall regularly employ an alien. However, **physician**s or other qualified health personnel required to have specialized or graduate training, each of whom has filed a declaration of intention to become a citizen, may be considered as eligible for employment in the absence of a register of qualified applicants for vacancies. The commissioner of corrections may employ alien **physicians** in a post-graduate training position for a period not to exceed two years. The secretary of transportation, as an emergency measure due to a nationwide shortage of engineers may employ not more than ten qualified aliens, each of whom has filed a declaration to become a citizen; admitted under the refugee relief act of 1953, as amended, or paroled in under the immigration and nationality act of 1952, for a period not to exceed five years from date of appointment as a state employee, in engineering positions in the agency of transportation to expedite the surveying, designing and construction of Vermont highways and bridges. The department of development may employ outside of the classified service aliens in any office located outside the United States, providing the individuals so employed are citizens of the nation in which the office is located.

### 3 V.S.A. § 264. ACCUMULATED SICK LEAVE

An employee who has an accumulated sick leave balance shall be authorized its use although recovery and return to duty is impossible. However, periodically, at the request of the appointing authority or representative, the disability or illness and inability to perform position

requirements, must be certified to by a licensed **physician** or osteopath. No sick leave shall be authorized beyond mandatory retirement age under the retirement system.

### 3 V.S.A. § 455. DEFINITIONS

(a) Unless a different meaning is plainly required by the context, the following words and phrases as used in this subchapter shall have the following meanings:

\* \* \*

(10) “Medical board” shall mean the board of **physicians** provided for in section 471 of this title.

\* \* \*

### 3 V.S.A. § 462. REEXAMINATION OF DISABILITY BENEFICIARY

(a) Once each year during the first five years following the retirement of a member on a disability retirement allowance, and once in every three year period thereafter, the retirement board may, and upon the member’s application shall, require any disability beneficiary who has not reached his or her normal retirement date to undergo a medical examination, by the medical board or by a **physician** or **physicians** designated by the medical board, such examination to be made at the place of residence of such beneficiary or other place mutually agreed upon. Should any disability beneficiary who has not reached his or her normal retirement date refuse to submit to such medical examination, the beneficiary’s allowance may be discontinued until his or her withdrawal of such refusal, and should the beneficiary’s refusal continue for one year, all the beneficiary’s rights in and to his or her pension may be revoked by the retirement board.

\* \* \*

3 V.S.A. § 471. RETIREMENT BOARD; MEDICAL BOARD; ACTUARY; RATES  
OF CONTRIBUTION; SAFEKEEPING OF SECURITIES

\* \* \*

(i) The retirement board shall designate a medical board to be composed of three **physicians** not eligible to participate in the retirement system. If required, other **physicians** may be employed to report on special cases. The medical board shall arrange for and pass upon all medical examinations required under the provisions of this subchapter, shall investigate all essential medical statements and certificates by or on behalf of a member in connection with a claim of disability or accidental and occupationally-related death, and shall report in writing to the retirement board of its conclusions and recommendations upon all such matters.

\* \* \*

3 V.S.A. § 3085b. COMMISSION ON ALZHEIMER'S DISEASE AND RELATED  
DISORDERS

\* \* \*

(b) The commission shall be composed of 17 members: the commissioner of disabilities, aging, and independent living or a designee, one senator chosen by the committee on committees of the senate, one representative chosen by the speaker of the house, and 14 members appointed by the governor. The members appointed by the governor shall represent the following groups: **physician**s, social workers, nursing home managers, the clergy, adult day center providers, the business community, registered nurses, residential care home operators, family care providers, the home health agency, the legal profession, mental health service providers, the area agencies on aging, and the Alzheimer's association. The members appointed by the governor shall represent, to the degree possible, the five regions of the state.

\* \* \*

6 V.S.A. § 920. OTHER PROHIBITIONS

\* \* \*

(b) It shall be unlawful for any person to use for his or her own advantage or to reveal, other than to the secretary or proper officials or employees of the state or to the courts of this state in response to a subpoena, or to **physicians**, or in emergencies to pharmacists and other qualified persons for use in the preparation of antidotes, any information relative to formulas of products acquired by authority of section 918 of this title.

6 V.S.A. § 1102. PESTICIDE ADVISORY COUNCIL ESTABLISHED

(a) The pesticide advisory council is established and attached to the agency of agriculture, food and markets. Members of the council, except those public members appointed by the governor, shall be qualified individuals who, by experience and training, are knowledgeable in one or more areas associated with pest control. The secretary, or commissioner as the case may be, shall represent each department or agency on the council:

\* \* \*

(7) One **physician** from the College of Medicine of the University of Vermont nominated by its dean;

\* \* \*

7 V.S.A. § 665. PRESCRIPTIONS FOR OTHER THAN MEDICAL USE

A **physician** who gives a prescription for spirituous liquor, when he knows or has reason to believe it is not necessary for medicinal use, shall be fined not more than \$200.00 for the first offense and \$500.00 for each subsequent offense.

8 V.S.A. § 3838. APPROVAL OF LIFE SETTLEMENT CONTRACTS, DISCLOSURE  
STATEMENTS, AND RELATED FORMS

(a) A person shall not use a life settlement contract form or related form or provide to a policy owner in this state any of the disclosure statement forms required by subsections 3841(a), (b), and (c) of this title unless such forms are first filed with and approved by the commissioner. Related forms include the statement of attending **physician** required by subdivision 3843(a)(1)(A) of this title; the medical records release form required by subdivision 3843(a)(1)(B) of this title; the policy owner's statement of understanding form required by subdivision 3843(a)(5) of this title; any application form to be used by the policy owner to request a life settlement; any advertising material that the commissioner, in his or her discretion, requires to be filed; and such other forms as the commissioner may prescribe by rule or order.

\* \* \*

8 V.S.A. § 3843. GENERAL RULES

(a)(1) A life settlement provider entering into a life settlement contract shall first obtain:

(A) if the policy owner is the insured, a written statement from a licensed attending **physician** that the policy owner is of sound mind and under no constraint or undue influence to enter into a life settlement contract; and

\* \* \*

(g)(1) In order to assure that terminally ill policy owners receive a reasonable return for entering into a life settlement contract, the following shall be minimum payouts; provided that upon request of the policy owner the commissioner may waive the requirements of this subdivision:

\* \* \*

(7) Life expectancy shall be determined by a **physician** selected by the terminally ill policy owner, on the basis of medical records. The **physician** selected will send life expectancy information to the life settlement provider. If the life settlement provider disagrees with the life expectancy estimate of the **physician** selected by the terminally ill policy owner, the terminally ill policy owner will select a second **physician** to make an estimate of life expectancy, based on medical records. The second **physician**'s decision shall be final.

\* \* \*

#### 8 V.S.A. § 3844. PROHIBITED PRACTICES

(a) It is a violation of this subchapter for any person to:

\* \* \*

(3) enter, within a five-year period commencing with the date of issuance of the insurance policy or certificate, into a life settlement contract unless the policy owner certifies to the life settlement provider that one or more of the following conditions have commenced or occurred after the date of issuance of the insurance policy or certificate and within the five-year period:

\* \* \*

(B) The policy owner submits independent evidence to the life settlement provider that one or more of the following conditions have commenced or occurred after the date of issuance of the insurance policy or certificate and within the five-year period:

\* \* \*

(v) The policy owner becomes physically or mentally disabled and a **physician** determines that the disability prevents the policy owner from maintaining full-time employment;

\* \* \*

8 V.S.A. § 4080f. CATAMOUNT HEALTH

(a) As used in this section:

\* \* \*

(4) “Chronic care management” means a system of coordinated health care interventions and communications for individuals with chronic conditions, including significant patient self-care efforts, systemic supports for the **physician** and patient relationship, and a plan of care emphasizing prevention of complications, utilizing evidence-based practice guidelines, patient empowerment and functional capacity development strategies, and evaluation of clinical, humanistic, and economic outcomes on an ongoing basis with the goal of improving overall health.

\* \* \*

(8) “Primary care” means health services provided by health care professionals, including naturopathic physicians licensed pursuant to 26 V.S.A. chapter 81, who are specifically trained for and skilled in first-contact and continuing care for individuals with signs, symptoms, or health concerns, not limited by problem origin, organ system, or diagnosis, and shall include prenatal care and the treatment of mental illness.

(9) “Uninsured” means an individual who does not qualify for Medicare, Medicaid, the Vermont health access plan, or Dr. Dynasaur, and: who had no private insurance or employer-sponsored coverage that includes both hospital and **physician** services within 12 months prior to the month of application; who has had a nongroup health insurance plan with an annual deductible of no less than \$7,500.00 for an individual or an annual deductible of no less than \$15,000.00 for two-person or family coverage for at least six months; or who lost

private insurance or employer-sponsored coverage during the prior 12 months for any of the following reasons:

\* \* \*

(e)(1) For a 12-month period from the earliest date of application, a carrier offering Catamount Health may limit coverage of preexisting conditions which existed during the 12-month period before the earliest date of application, except that such exclusion or limitation shall not apply to chronic care if the individual is participating in a chronic care management program, nor apply to pregnancy. A carrier shall waive any preexisting condition provisions for all individuals and their dependents who produce evidence of continuous creditable coverage during the previous nine months. If an individual has a preexisting condition excluded under a subsequent policy, such exclusion shall not continue longer than the period required under the original contract or 12 months, whichever is less. The carrier shall credit prior coverage that occurred without a break in coverage of 63 days or more. A break in coverage shall be tolled after the earliest date of application, subject to reasonable time limits, as defined by the commissioner, for the individual to complete the application process. For an eligible individual, as such term is defined in Section 2741 of the Health Insurance Portability and Accountability Act of 1996, a carrier offering Catamount Health shall not limit coverage of preexisting conditions.

\* \* \*

(3) Notwithstanding subdivision (1) of this subsection, an individual who was insured in the nongroup market, lost his or her employment, terminated insurance coverage, and had no other private insurance or employer-sponsored coverage that included both hospital and physician services for the 12 months preceding his or her application for Catamount Health shall

not be subject to a preexisting condition period upon enrolling in Catamount Health, if the individual:

\* \* \*

#### 8 V.S.A. § 4082. BLANKET INSURANCE; POLICY CONTENTS

(a) No such blanket health insurance policy shall contain any provision relative to notice of claim, proofs of loss, time of payment of claims, or time within which legal action must be brought upon the policy which, in the opinion of the commissioner, is less favorable to the persons insured than would be permitted by the provisions set forth in section 4065 of this title. An individual application shall not be required from a person covered under a blanket health policy or contract, nor shall it be necessary for the insurer to furnish each person a certificate. All benefits under any blanket health policy shall, unless for hospital and **physician** service or surgical benefits, be payable to the person insured, or to his or her designated beneficiary or beneficiaries, or to his or her estate, except that if the person insured be a minor, such benefits may be made payable to his or her parent, guardian, or other person actually supporting him or her. Nothing contained in this section or section 4081 of this title shall be deemed to affect the legal liability of policyholders for the death of, or injury to, any such members of such group.

\* \* \*

#### 8 V.S.A. § 4088a. CHIROPRACTIC SERVICES

(a) A health insurance plan shall provide coverage for clinically necessary health care services provided by a chiropractic **physician** licensed in this state for treatment within the scope of practice described in chapter 10 of Title 26, but limiting adjunctive therapies to physiotherapy modalities and rehabilitative exercises. A health insurance plan does not have to provide coverage for the treatment of any visceral condition arising from problems or dysfunctions of the

abdominal or thoracic organs. A health insurer may require that the chiropractic services be provided by a licensed chiropractic **physician** under contract with the insurer or upon referral from a health care provider under contract with the insurer. Health care services provided by chiropractic **physicians** may be subject to reasonable deductibles, co-payment and co-insurance amounts, fee or benefit limits, practice parameters and utilization review consistent with any applicable regulations published by the department of financial regulation; provided that any such amounts, limits and review shall not function to direct treatment in a manner unfairly discriminative against chiropractic care, and collectively shall be no more restrictive than those applicable under the same policy to care or services provided by other health care providers but allowing for the management of the benefit consistent with variations in practice patterns and treatment modalities among different types of health care providers. Nothing herein contained shall be construed as impeding or preventing either the provision or coverage of health care services by licensed chiropractic **physicians**, within the lawful scope of chiropractic practice, in hospital facilities on a staff or employee basis.

\* \* \*

8 V.S.A. § 4088d. COVERAGE FOR COVERED SERVICES PROVIDED BY  
NATUROPATHIC **PHYSICIANS**

(a) A health insurance plan shall provide coverage for medically necessary health care services covered by the plan when provided by a naturopathic **physician** licensed in this state for treatment within the scope of practice described in 26 V.S.A. chapter 81 and shall recognize naturopathic **physicians** who practice primary care to be primary care **physicians**. Health care services provided by naturopathic **physicians** may be subject to reasonable deductibles, co-payment and co-insurance amounts, and fee or benefit limits consistent with those applicable

to other primary care **physicians** under the plan, as well as practice parameters, cost-effectiveness and clinical efficacy standards, and utilization review consistent with any applicable regulations published by the department of financial regulation. Any amounts, limits, standards, and review shall not function to direct treatment in a manner unfairly discriminative against naturopathic care, and collectively shall be no more restrictive than those applicable under the same policy to care or services provided by other primary care **physicians**, but may allow for the management of the benefit consistent with variations in practice patterns and treatment modalities among different types of health care providers. A health insurance plan may require that the naturopathic **physician**'s services be provided by a licensed naturopathic **physician** under contract with the insurer or shall be covered in a manner consistent with out-of-network provider reimbursement practices for primary care **physicians**; however, this shall not relieve a health insurance plan from compliance with the applicable Rule H-2009-03 network adequacy requirements adopted by the commissioner. Nothing contained herein shall be construed as impeding or preventing either the provision or the coverage of health care services by licensed naturopathic **physicians**, within the lawful scope of naturopathic practice, in hospital facilities on a staff or employee basis.

\* \* \*

8 V.S.A. § 4088i. COVERAGE FOR DIAGNOSIS AND TREATMENT OF EARLY  
CHILDHOOD DEVELOPMENT DISORDERS

\* \* \*

(f) As used in this section:

\* \* \*

(10) “Pharmacy care” means medications prescribed by a licensed **physician** and any health-related services deemed medically necessary to determine the need for or effectiveness of a medication.

(11) “Psychiatric care” means direct or consultative services provided by a licensed **physician** certified in psychiatry by the American Board of Medical Specialties.

\* \* \*

#### 8 V.S.A. § 4089a. MENTAL HEALTH CARE SERVICES REVIEW

\* \* \*

(b) Definitions. As used in this section:

\* \* \*

(2) “Mental health care provider” or “mental health care professional” means any person, corporation, facility or institution certified or licensed by this state to provide mental health care services, including but not limited to a **physician**, a nurse with recognized psychiatric specialties, hospital or other health care facility, psychologist, clinical social worker, mental health counselor, alcohol or drug abuse counselor, or an employee or agent of such provider acting in the course and scope of employment or an agency related to mental health care services.

\* \* \*

(4) “Review agent” means a person or entity performing service review activities who is either affiliated with, under contract with, or acting on behalf of a business entity in this state; or a third party who provides or administers mental health care benefits to citizens of Vermont, including a health insurer, nonprofit health service plan, health insurance service organization, health maintenance organization or preferred provider organization, including organizations that

rely upon primary care **physicians** to coordinate delivery of services, authorized to offer health insurance policies or contracts in Vermont.

\* \* \*

8 V.S.A. § 4089d. COVERAGE; DEPENDENT CHILDREN

\* \* \*

(d) A health insurance plan that covers dependent children who are full-time college students beyond the age of 18 shall include coverage for a dependent's medically necessary leave of absence from school for a period not to exceed 24 months or the date on which coverage would otherwise end pursuant to the terms and conditions of the policy or coverage, whichever comes first, except that coverage may continue under subsection (b) of this section as appropriate. To establish entitlement to coverage under this subsection, documentation and certification by the student's treating **physician** of the medical necessity of a leave of absence shall be submitted to the insurer or, for self-insured plans, the health plan administrator. The health insurance plan may require reasonable periodic proof from the student's treating **physician** that the leave of absence continues to be medically necessary.

8 V.S.A. § 4089e. TREATMENT OF INHERITED METABOLIC DISEASES

(a) For the purposes of this section:

\* \* \*

(3) "Low protein modified food product" means a food product that is specifically formulated to have less than one gram of protein per serving and is intended to be used under the direction of a **physician** for the dietary treatment of a metabolic disease.

(4) "Medical food" means an amino acid modified preparation that is intended to be used under the direction of a **physician** for the dietary treatment of an inherited metabolic disease.

\* \* \*

8 V.S.A. § 4089g. CRANIOFACIAL DISORDERS

(a) A health insurance plan shall provide coverage for diagnosis and medically necessary treatment, including surgical and nonsurgical procedures, for a musculoskeletal disorder that affects any bone or joint in the face, neck or head and is the result of accident, trauma, congenital defect, developmental defect, or pathology. Subject to subsection (b) of this section, this coverage shall be the same as that provided under the health insurance plan for any other musculoskeletal disorder in the body and may be provided when prescribed or administered by a **physician** or a dentist. This section shall not be construed to require coverage for dental services for the diagnosis or treatment of dental disorders or dental pathology primarily affecting the gums, teeth, or alveolar ridge.

\* \* \*

8 V.S.A. § 4095. DEFINITIONS

As used in this subchapter:

\* \* \*

(2) “Home health care” means care and treatment provided by a home health agency and designed and supervised by a **physician**, without which care and treatment a person would require institutionalization in a hospital or skilled nursing facility as those are defined by medicare regulations. The care and treatment shall consist of one or more of the following:

\* \* \*

8 V.S.A. § 4100a. MAMMOGRAMS; COVERAGE REQUIRED

(a) Insurers shall provide coverage for screening by low-dose mammography for the presence of occult breast cancer, as provided by this subchapter. Benefits provided shall cover the full

cost of the mammography service, subject to a co-payment no greater than the co-payment applicable to care or services provided by a primary care **physician** under the insured's policy, provided that no co-payment shall exceed \$25.00. Mammography services shall not be subject to deductible or coinsurance requirements.

\* \* \*

(d) For the purposes of this subchapter:

\* \* \*

(3) "Screening" includes the low-dose mammography test procedure and a qualified **physician's** interpretation of the results of the procedure.

8 V.S.A. § 4100g. COLORECTAL CANCER SCREENING, COVERAGE REQUIRED

(a) For purposes of this section:

(1) "Colonoscopy" means a procedure that enables a **physician** to examine visually the inside of a patient's entire colon and includes the removal of polyps, biopsy, or both.

\* \* \*

(b) Insurers shall provide coverage for colorectal cancer screening, including:

\* \* \*

(2) For an insured who is at high risk for colorectal cancer, colorectal cancer screening examinations and laboratory tests as recommended by the treating **physician**.

(c) For the purposes of subdivision (b)(2) of this section, an individual is at high risk for colorectal cancer if the individual has:

\* \* \*

(4) Other predisposing factors as determined by the individual's treating **physician**.

(d) Benefits provided shall cover the colorectal cancer screening subject to a co-payment no greater than the co-payment applicable to care or services provided by a primary care **physician** under the insured's policy, provided that no co-payment shall exceed \$100.00 for services performed under contract with the insurer. Colorectal cancer screening services performed under contract with the insurer also shall not be subject to deductible or coinsurance requirements.

\* \* \*

8 V.S.A. § 4100i. ANESTHESIA COVERAGE FOR CERTAIN DENTAL PROCEDURES

(a) A health insurance plan shall provide coverage for the hospital or ambulatory surgical center charges and administration of general anesthesia administered by a licensed anesthesiologist or certified registered nurse anesthetist for dental procedures performed on a covered person who is:

\* \* \*

(2) a child 12 years of age or younger with documented phobias or a documented mental illness, as determined by a **physician** licensed pursuant to chapter 23 of Title 26 or by a licensed mental health professional, whose dental needs are sufficiently complex and urgent that delaying or deferring treatment can be expected to result in infection, loss of teeth, or other increased oral or dental morbidity; for whom a successful result cannot be expected from dental care provided under local anesthesia; and for whom a superior result can be expected from dental care provided under general anesthesia; or

(3) a person who has exceptional medical circumstances or a developmental disability, as determined by a **physician** licensed pursuant to chapter 23 of Title 26, which place the person at serious risk.

\* \* \*

(f) As used in this section:

\* \* \*

(5) “Licensed mental health professional” means a licensed **physician**, psychologist, social worker, mental health counselor, or nurse with professional training, experience, and demonstrated competence in the treatment of mental illness.

8 V.S.A. § 4185. APPLICATION OF SUBCHAPTER 1 TO THE VERMONT HEALTH  
MAINTENANCE ORGANIZATION GUARANTY ASSOCIATION;  
MAXIMUM BENEFITS

\* \* \*

(c)(1) Benefits for which the association may become liable shall in no event exceed the lesser of:

\* \* \*

(2) In no event shall the association be required to pay any provider participating in the insolvent organization any amount for in-plan services rendered by such provider prior to the insolvency of the organization in excess of:

(A) the amount provided by a contract between a **physician** provider and the insolvent organization for such services; or

\* \* \*

8 V.S.A. § 4513. PERMIT TO ENGAGE IN BUSINESS; FOREIGN CORPORATIONS

\* \* \*

(c) In connection with a rate decision, the commissioner may also make reasonable supplemental orders to the corporation and may attach reasonable conditions and limitations to such orders as he finds, on the basis of competent and substantial evidence, necessary to insure

that benefits and services are provided at minimum cost under efficient and economical management of the corporation. The commissioner shall not set the rate of payment or reimbursement made by the corporation to any **physician**, hospital or other health care provider.

\* \* \*

#### 8 V.S.A. § 4583. PURPOSES AND DEFINITION

A medical service corporation is a nonprofit sharing corporation without capital stock, organized under the laws of this state for the purpose of establishing, maintaining and operating a plan whereby medical or medical and dental services may be provided at the expense of the corporation by duly licensed **physicians** and dentists to subscribers under contract, entitling each subscriber to certain medical services or medical and dental services as provided in such contract. Corporations formed under the provisions of this chapter shall have the privileges and be subject to the provisions of Title 11B as well as the applicable provisions of this chapter. In the event of a conflict between the provisions of Title 11B and the provisions of this chapter, the latter shall control.

#### 8 V.S.A. § 4584. APPLICATION FOR PERMIT

\* \* \*

(c) In connection with a rate decision, the commissioner may also make reasonable supplemental orders to the corporation and may attach reasonable conditions and limitations to such orders as he finds, on the basis of competent and substantial evidence, necessary to insure that benefits and services are provided at minimum cost under efficient and economical management of the corporation. The commissioner shall not set the rate of payment or reimbursement made by the corporation to any **physician**, hospital or other health care provider.

\* \* \*

8 V.S.A. § 4585. REQUIRED CONTRACT PROVISIONS

Contracts entered into by a medical service corporation shall be in writing, one copy of which shall be furnished to the subscriber. The contract shall contain the following provisions:

\* \* \*

(8) A statement that the subscriber shall be entitled to engage the services of a **physician** or surgeon whom he chooses to perform services covered by the contract, provided that such **physician** or surgeon is licensed by the state board of medical practice and agrees to be governed by the bylaws of the corporation with respect to payment of fees for his services.

8 V.S.A. § 4585a. OPTOMETRISTS; VISUAL SERVICES

Whenever any policy of insurance or any medical service plan or hospital service contract or hospital and medical service contract provides for reimbursement for any visual service which is within the lawful scope of practice of a duly licensed optometrist with qualifications as defined by section 1691 of Title 26, the insured or other person entitled to the benefits under the policy shall be entitled to reimbursement for the services, whether the services are performed by a duly licensed **physician** or by a duly licensed optometrist, whichever the insured selects.

Notwithstanding any provision to the contrary in any statute or in any policy, plan or contract, duly licensed optometrists shall be entitled to participate in such policies, plans or contracts providing for visual services to the same extent as fully licensed **physicians** and no insurer shall make or permit any unfair discrimination against particular individuals or persons so licensed.

8 V.S.A. § 4724. UNFAIR METHODS OF COMPETITION OR UNFAIR OR DECEPTIVE  
ACTS OR PRACTICES DEFINED

The following are hereby defined as unfair methods of competition or unfair or deceptive acts or practices in the business of insurance:

\* \* \*

(9) Unfair claim settlement practices. Committing or performing with such frequency as to indicate a business practice any of the following:

\* \* \*

(K) delaying the investigation or payment of claims by requiring an insured, claimant, or the **physician** of either to submit a preliminary claim report and then requiring the subsequent submission of formal proof of loss forms, both of which submissions contain substantially the same information;

\* \* \*

(20) HIV-related tests. Failing to comply with the provisions of this subdivision regarding HIV-related tests. "HIV-related test" means a test approved by the United States Food and Drug Administration and the commissioner, used to determine the existence of HIV antibodies or antigens in the blood, urine, or oral mucosal transudate (OMT).

\* \* \*

(B)(i) No person shall request or require that an individual submit to an HIV-related test unless he or she has first obtained the individual's written informed consent to the test. Before written, informed consent may be granted, the individual shall be informed, by means of a printed information statement which shall have been read aloud to the individual by any agent of the insurer at the time of application or later and then given to the individual for review and retention, of the following:

\* \* \*

(II) an explanation that the individual is free to consult, at personal expense, with a personal **physician** or counselor or the state health department, or obtain an anonymous test at

the individual's choice and personal expense, before deciding whether to consent to testing and that such delay will not affect the status of any application or policy; and

\* \* \*

#### 8 V.S.A. § 5101. DEFINITIONS

For purposes of this chapter:

\* \* \*

(4) "Health care services" means **physician**, hospitalization, laboratory, x-ray service and medical equipment and supplies, which may include but are not limited to: medical, surgical, and dental care; psychological, obstetrical, osteopathic, optometric, optic, podiatric, chiropractic, nursing, physical therapy services, and pharmaceutical services; health education; preventive medical, rehabilitative, and home health services; inpatient and outpatient hospital services, extended care, nursing home care, convalescent institutional care, laboratory and ambulance services, appliances, drugs, medicines, and supplies; and any other care, service, or treatment of disease, correction of defects, or the maintenance of the physical and mental well-being of members;

\* \* \*

(7) "Provider" means any **physician**, hospital or other institution, organization or other person who furnishes health care services;

\* \* \*

#### 8 V.S.A. § 5104. FILING AND APPROVAL OF RATES AND FORMS; SUPPLEMENTAL ORDERS

\* \* \*

(b) In connection with a rate decision, the commissioner may also, with the prior approval of the Green Mountain Care board established in 18 V.S.A. chapter 220, make reasonable supplemental orders and may attach reasonable conditions and limitations to such orders as the commissioner finds, on the basis of competent and substantial evidence, necessary to insure that benefits and services are provided at reasonable cost under efficient and economical management of the organization. The commissioner shall not set the rate of payment or reimbursement made by the organization to any **physician**, hospital or health care provider.

10 V.S.A. § 4705. SHOOTING FROM MOTOR VEHICLES OR AIRCRAFT; PERMIT

\* \* \*

(e) Subsection (a) of this section shall not apply to a licensed hunter who is a paraplegic or is certified by a **physician** to be unable to pursue game because of permanent severe physical disability, if he obtains a permit as provided in this subsection. The commissioner on receipt of satisfactory proof of the disability of an applicant may issue a permit under this subsection. This permit shall be attached to the license, and shall remain in effect until the death of the holder, unless the commissioner has reason to believe the permit is misused. The holder of the permit shall carry it at all times while hunting, and shall produce it on demand for inspection by any game warden or other law enforcement officer authorized to make arrests. The holder of the permit may take game from a vehicle or boat but only if it is stationary and off of a public highway. In no event shall the holder of a permit shoot across the traveled portion of a public highway.

\* \* \*

## 10 V.S.A. § 4711. CROSSBOW HUNTING; PERMIT

A person who is impaired to the degree that he or she cannot operate a standard bow may obtain a permit to take game with a crossbow. The permit fees shall be \$25.00 for a permanent permit and \$5.00 for a temporary permit. A person who has lost a crossbow permit may request a new permit from the agent of original issue. The fee shall be \$5.00. All fees shall be deposited in the fish and wildlife fund. A person applying for this permit must personally appear before the commissioner of fish and wildlife, or his or her designee, with certification from a licensed **physician** that he or she is so disabled. The commissioner may obtain a second medical opinion to verify the disability. Upon satisfactory proof of the disability, the commissioner may issue a permit under this section. The permit shall set forth whether it was issued because of an inability to use a standard bow, and be attached to the license. The holder of the permit shall carry it at all times while hunting, and produce it on demand for inspection by any game warden or other law enforcement officer authorized to make arrests. Unless it is uncocked, a person shall not possess or transport a crossbow in or on a motor vehicle, motorboat, airplane, snowmobile, or other motor-propelled craft or any vehicle drawn by a motor-propelled vehicle except as permitted under subsection 4705(e) of this title.

## 10 V.S.A. § 4715. REMOTE-CONTROL HUNTING

\* \* \*

(e) A person who is physically impaired to the degree that he or she cannot operate a device allowed for taking of game under Vermont law may obtain a permit to take game in Vermont with a device which is in the immediate vicinity of the permittee and which the permittee operates using remote-control technology other than the Internet. A person applying for this permit shall personally appear before the commissioner or the commissioner's designee and

submit certification from a licensed **physician** describing the person's limitations. The commissioner may obtain a second medical opinion to verify the disability. Upon satisfactory proof of the disability, the commissioner may issue a permit describing the device and method the person may use to take game. The commissioner shall require that the permittee be accompanied while hunting by a person who is licensed to hunt in Vermont unless the permittee can demonstrate that he or she is able to track injured game and to retrieve and care for a carcass. If the permit is not intended to be a permanent permit, it shall state the date on which the permit expires. The permit shall be attached to the hunting license, and the holder shall carry it at all times while hunting and produce it on demand for inspection by any fish and wildlife warden or other law enforcement officer.

#### 12 V.S.A. § 181. AGREEMENTS REQUIRED TO BE WRITTEN

An action at law shall not be brought in the following cases unless the promise, contract or agreement upon which such action is brought or some memorandum or note thereof is in writing, signed by the party to be charged therewith or by some person thereunto by him lawfully authorized:

\* \* \*

(6) An agreement to cure, a promise to cure, a contract to cure or warranty of cure relating to medical care or treatment or the results of a service rendered by a health care professional which shall mean a person or corporation licensed by this state to provide health care or professional services as a **physician**, dentist, registered or licensed practical nurse, optometrist, podiatrist, chiropractor, physical therapist or psychologist, or an officer, employee or agent thereof acting in the course and scope of his employment;

\* \* \*

12 V.S.A. § 1611. WRITTEN STATEMENTS; CONSENT OF **PHYSICIAN** OR PARENT

In civil cases, a written statement of a person who has been injured and is under the care of a **physician** and confined in a hospital, taken without the permission of the attending **physician**, or if the person is a minor, without the permission of the parent as well, shall not be admissible in any court proceeding either as an admission or as impeaching evidence.

12 V.S.A. § 1612. PATIENT'S PRIVILEGE

\* \* \*

(b) Identification by dentist; crime committed against patient under 16. A dentist shall be required to disclose information necessary for identification of a patient. A **physician**, dentist, chiropractor, or nurse shall be required to disclose information indicating that a patient who is under the age of 16 years has been the victim of a crime.

(c) Mental or physical condition of deceased patient.

(1) A **physician**, chiropractor, or nurse shall be required to disclose any information as to the mental or physical condition of a deceased patient privileged under subsection (a) of this section, except information which would tend to disgrace the memory of the decedent, either in the absence of an objection by a party to the litigation or when the privilege has been waived:

\* \* \*

(2) A **physician**, dentist, chiropractor, mental health professional, or nurse shall be required to disclose any information as to the mental or physical condition of a deceased patient privileged under subsection (a) of this section upon request to the chief medical examiner.

12 V.S.A. § 1908. BURDEN OF PROOF

For the purpose of this section, malpractice shall mean professional medical negligence comprised of the elements listed herein. In a malpractice action based on the negligence of the

personnel of a hospital, a **physician** licensed under chapter 23 of Title 26, a dentist licensed under chapter 13 of Title 26, a podiatrist licensed under chapter 7 of Title 26, a chiropractor licensed under chapter 9 of Title 26, a nurse licensed under chapter 27 of Title 26, or an osteopathic **physician** licensed under chapter 33 of Title 26, the plaintiff shall have the burden of proving:

\* \* \*

#### 12 V.S.A. § 7001. LISTS ESTABLISHED

The court administrator shall select and maintain insofar as obtainable for each superior court district a list of 12 laymen, 12 medical **doctors**, 12 dentists, 12 osteopaths, 12 chiropractors, 12 nurses and 12 hospital administrators. Members of the lists established by this section need not reside in the superior court district for which the lists are maintained, but shall reside in this state.

#### 12 V.S.A. § 7002. CLAIMS; ARBITRATION PANELS; NOTIFICATION

(a) After discovery of an alleged injury, persons asserting a claim based on medical malpractice may submit the claim in writing to arbitration prior to the commencement of any trial as to said claim, but not thereafter, providing that all parties having an interest in the claim agree to arbitration. A patient may not be requested to enter into such an agreement to arbitrate until after the patient is aware of the nature and the existence of the claim. Once a claim has been filed, a party to the proceeding may withdraw and a claim may be withdrawn from arbitration only upon written consent of all the other parties. The arbitration panel shall consist of three persons: a judicial referee selected by the court administrator, a layman selected from the panel of laymen, and a member of the same profession as the respondent selected insofar as possible from the appropriate list of professionals maintained under section 7001 of this title. The lay and professional members shall be chosen by lot as provided in subsection (c) of this

section. If the respondent is not a member of a profession for which a list is established under section 7001 of this title, the professional member of the panel shall be selected from the list of medical **doctors**. The judicial referee shall preside as chairman of the arbitration panel.

\* \* \*

13 V.S.A. § 1028. ASSAULT OF LAW ENFORCEMENT OFFICER, FIREFIGHTER,  
EMERGENCY MEDICAL PERSONNEL MEMBER, OR HEALTH CARE  
WORKER; ASSAULT WITH BODILY FLUIDS

\* \* \*

(d) For purposes of this section:

\* \* \*

(2) “Health care worker” means an employee of a health care facility or a licensed **physician** who is on the medical staff of a health care facility who provides direct care to patients or who is part of a team-response to a patient or visitor incident involving real or potential violence.

13 V.S.A. § 2824. PROMOTING A RECORDING OF SEXUAL CONDUCT

\* \* \*

(b) In any prosecution arising under this section, the defendant may raise any of the following affirmative defenses:

(1) that the recording was promoted for a bona fide medical, psychological, social work, legislative, judicial or law enforcement purpose, by or to a **physician**, psychologist, social worker, legislator, judge, prosecutor, law enforcement officer, or other person having such a bona fide interest in the subject matter.

\* \* \*

13 V.S.A. § 2827. POSSESSION OF CHILD PORNOGRAPHY

\* \* \*

(b) This section does not apply:

(1) if the depiction was possessed for a bona fide medical, psychological, social work, legislative, judicial or law enforcement purpose, by a **physician**, psychologist, social worker, legislator, judge, prosecutor, law enforcement officer, or other person having such a bona fide interest in the subject matter;

\* \* \*

13 V.S.A. § 3763. —EXCEPTION

Section 3762 of this title shall not prevent a surgeon or **physician** from having in his or her possession a dead human subject for anatomical investigation and instruction of students, if such subject was obtained without violating the law of the state.

13 V.S.A. § 4012. REPORTING TREATMENT OF FIREARM WOUNDS

(a) Every **physician** attending or treating a case of bullet wound, gunshot wound, powder burn, or any other injury arising from or caused by the discharge of a gun, pistol, or other firearm, or whenever such case is treated in a hospital, sanitarium or other institution, the manager, superintendent or other person in charge shall report such case at once to local law enforcement officials or the state police. The provisions of this section shall not apply to such wounds, burns or injuries received by a member of the armed forces of the United States or state of Vermont while engaged in the actual performance of duty.

\* \* \*

13 V.S.A. § 5352. VICTIMS COMPENSATION BOARD

(a) A victims compensation board is established for the purpose of awarding compensation to victims of crimes and to their dependents. The board shall consist of five members appointed by the governor as follows: one **physician** licensed to practice in this state, one attorney admitted to practice in this state, one individual who is a crime victim and two public members. Each member shall serve for a term of three years. A vacancy shall be filled in the same manner as the original appointment for the remainder of the unexpired term.

\* \* \*

13 V.S.A. § 7105. PERSONS PRESENT AT EXECUTION

There shall be present at the execution of the sentence of death, the commissioner of corrections or in case of his or her disability, the keeper, the person who is to perform the execution and his or her assistant, such persons as the commissioner shall designate, and two **physicians** approved by the commissioner. The **physicians** present shall be the legal witnesses of the execution. There may also be present the sheriff of the county in which the condemned was convicted or one of his or her deputies approved by him or her , such clergyman as the condemned may desire, and not more than three other persons to be selected by the commissioner. There shall be paid to the person actually performing the execution and to his or her assistant such sums for services and expenses as the commissioner shall approve.

14 V.S.A. § 2671. VOLUNTARY GUARDIANSHIP

\* \* \*

(c) A person who requests that a voluntary guardian be appointed shall appear before the court, if physically able. If not physically able to appear, the petition shall be accompanied by a letter from a **physician** or qualified mental health professional stating that the petitioner

understands the nature, extent and consequences of the guardianship requested and the procedure for revoking the guardianship. The letter may support a finding by the court that the petitioner does, in fact, understand the nature, extent and consequences of the guardianship requested and the procedure for revoking the guardianship.

\* \* \*

#### 14 V.S.A. § 3061. DEFINITIONS

The words and phrases used in this subchapter shall be defined as follows:

\* \* \*

(5) “Interested person” means a responsible adult who has a direct interest in a person in need of guardianship and includes the person in need of guardianship, a near relative, a close friend, a guardian, public official, social worker, **physician**, agent named in an advance directive or in a power of attorney, person nominated as guardian in an advance directive, or member of the clergy.

\* \* \*

#### 15 V.S.A. § 1140. DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION

\* \* \*

(b) The commission shall comprise 17 members, consisting of the following:

\* \* \*

(14) a **physician**, appointed by the governor;

\* \* \*

#### 15A V.S.A. § 6-104. RELEASE OF NONIDENTIFYING INFORMATION

\* \* \*

(f) If a court or the registry receives a certified statement from a **physician** explaining in detail how a health condition may seriously affect the health or reproductive decision of an adoptee or a direct descendant of an adoptee, the registry shall make a diligent effort to notify the adoptive parents of a minor adoptee, an adoptee who has attained 18 years of age, or an adoptive parent of a deceased adoptee that the nonidentifying information is available and may be requested from the registry.

(g) If a court or the registry receives a certified statement from a **physician** explaining in detail why a serious health condition of the adoptee or a direct descendant of the adoptee should be communicated to the adoptee's genetic parent or sibling to enable them to make informed reproductive and other health related decisions, the registry shall make a diligent effort to notify those individuals that the nonidentifying information is available and may be requested from the registry.

\* \* \*

#### 16 V.S.A. § 1124. PUPILS MENTALLY OR PHYSICALLY UNFIT

When a person having the control of a pupil represents to the superintendent having supervision of the school which such child should attend, that such child is mentally or physically unable to attend school, and if the superintendent has reason to believe that such representation is untrue, he shall investigate and, if he deems it advisable, shall request the health officer of the town or a competent **physician** to examine such child, but if there is a medical inspector in the district in which such school is located, the superintendent shall request such inspector to examine such child. The officer, **physician** or inspector shall examine the child and make a report of his condition to the superintendent; and the superintendent shall, if the child is found mentally or physically unable to attend school, notify the teacher of such school and the

truant officer of the town of such fact. The expense of such examination shall be paid from the school funds of the town district.

16 V.S.A. § 1387. POSSESSION AND SELF-ADMINISTRATION OF EMERGENCY

MEDICATION

\* \* \*

(b) In each school year for which possession and self-administration of emergency medication is requested, the student's parent or guardian shall provide the school with:

\* \* \*

(2) Written documentation from the student's **physician**:

\* \* \*

(C) Affirming that the student:

(i) Is capable of, and has been instructed by the **physician** in, the proper method of self-administration of the emergency medication.

\* \* \*

(c) In each school year for which possession and self-administration of emergency medication is requested, the student's parent or guardian shall develop, in consultation with the school nurse or the designated health care staff at an approved independent school, a plan of action regarding responding to the student's life-threatening allergy or allergies or asthma. The plan of action shall be based upon the written documentation provided by the student's **physician** and shall include the name of each emergency medication, the dosage, and the times and circumstances under which the medication is to be taken. The written plan shall prominently state that the medication is solely for the use of the student covered by the plan. The parties developing the plan of action shall determine both to whom the plan, or notification of the plan,

shall be given and the person or persons responsible for distribution or notification. The plan may include a requirement that the student notify a school employee or agent after self-administering emergency medication. The written plan shall become part of the student's health records maintained by the school.

\* \* \*

#### 16 V.S.A. § 1931. DEFINITIONS

The following words and phrases as used in this chapter, unless a different meaning is plainly required by the context, shall have the following meanings:

\* \* \*

(9) "Medical board" shall mean the board of **physicians** provided for in subsection 1942(k) of this title.

\* \* \*

#### 16 V.S.A. § 1938. DISABILITY RETIREMENT

\* \* \*

(d) Once each year during the first five years following the retirement of a member on a disability retirement allowance, and once in every three year period thereafter, the board of trustees may, and upon his application shall, require any disability beneficiary who has not attained age sixty to undergo a medical examination, by a medical board or by a **physician** or **physicians** designated by the medical board, such examination to be made at the place of residence of such beneficiary or other place mutually agreed upon. Should any disability beneficiary who has not attained age sixty refuse to submit to such medical examination, his allowance may be discontinued until his withdrawal of such refusal, and should his refusal

continue for one year, all his rights in and to his pension may be revoked by the board of trustees.

\* \* \*

16 V.S.A. § 1942. BOARD OF TRUSTEES; MEDICAL BOARD; ACTUARY; RATE OF CONTRIBUTION; SAFEKEEPING OF SECURITIES

\* \* \*

(k) The board shall designate a medical board of three **physicians** who are not eligible to participate in the system. The medical board shall arrange for and pass upon all medical examinations required under the provisions of this chapter, shall investigate all essential statements and certificates by or on behalf of a member in connection with application for disability retirement, and shall report in writing to the board its conclusions and recommendations upon all the matters referred to it. If required, other **physicians** may be employed to report on special cases.

\* \* \*

16 V.S.A. § 1946a. TAX EXEMPTION FOR MEMBER OF RETIREMENT SYSTEM OF ANOTHER STATE OR POLITICAL SUBDIVISION THEREOF

Payments received by a member of a retirement system of another state or political subdivision thereof, whether called a pension, an annuity, a retirement allowance, or any other name, shall be exempt from taxation, including income tax, provided that such member was at the time of retirement a member of the teaching or supervising staff covered by such retirement system. The term "teaching or supervising staff" shall include the superintendent, assistant superintendents, principals, supervisors, assistant supervisors, directors, assistant directors, examiners, supervising school **physician**s, supervisors of health education, supervising nurses,

and all other persons permanently employed in giving or supervising instruction in a public day school, normal school, teachers' college, or other educational institution located in, and supported and controlled by, any state or political subdivision thereof.

16 V.S.A. § 2361. AGREEMENT FOR PRACTICE OR REFUND BY RESIDENT

STUDENTS

(a) Students enrolled in a curriculum leading to the degree of **Doctor** of Medicine who are legal residents of this state, upon enrollment, shall sign an agreement to practice medicine in Vermont for the period of one year for each year such person is enrolled in such curriculum, or in lieu thereof, to refund to the state treasurer, through the University, the difference between the total tuition paid and the total unit cost to the state of the curriculum pursued.

\* \* \*

16 V.S.A. § 2844. AMOUNT RECEIVED; PRORATION

\* \* \*

(c) Vermont resident students enrolled at the medical college of the University of Vermont or enrolled in a program leading to the degree of **Doctor** of Veterinary Medicine shall be eligible to apply for an incentive grant and shall be subject to the provisions of subsection (b) of this section. In addition, veterinary students entering in 1996 and thereafter shall be eligible for grants not to exceed twice the amount of the average grant award made to full-time undergraduate students in the previous year under subsection (a) of this section.

18 V.S.A. § 101. STATE BOARD OF HEALTH, APPOINTMENT AND QUALIFICATION

\* \* \*

(b) Three members of such board shall be **doctors**, one of whom shall be licensed to practice medicine and surgery in the state, one of whom shall possess special training and ability in psychiatry and one of whom shall be licensed to practice osteopathy, surgery and obstetrics in the state; one member of such board shall be licensed to practice dentistry in the state and three members of such board shall be persons not of the medical or dental profession.

18 V.S.A. § 104. COMMISSIONER OF HEALTH; DUTIES

(a) The secretary shall appoint a commissioner of health, as provided in 3 V.S.A. § 3051, who shall be either a **physician** licensed to practice medicine and surgery in this state or a health care professional who has at least a master's degree in public health or a related health care field and who, in addition, has had practical experience in the field of public health.

(b) The commissioner may delegate such powers and assign such duties to members of the department as may be deemed appropriate and necessary for the proper execution of the provisions of this title. If the commissioner is not a **physician** licensed to practice medicine and surgery in this state, the commissioner shall fill an existing exempt position within the department by appointing a chief medical officer who shall be a **physician** licensed to practice medicine and surgery in this state and who shall report to the commissioner.

\* \* \*

18 V.S.A. § 111. FORMS FOR REPORTS OF INFECTIOUS AND CONTAGIOUS  
DISEASES

The board shall devise and furnish health officers suitable forms upon which to make reports of infectious and contagious diseases. It shall also devise and furnish forms for **physicians** to report to health officers.

18 V.S.A. § 112. CIRCULARS OF INFORMATION

The board shall prepare and distribute to local boards of health, **physicians** and other persons such printed circulars as it deems necessary and such rules and regulations as the board may promulgate and, upon request of the board, the commissioner thereof shall give information relative to the cause and prevention of disease and directions as to modes of management, quarantine and means of prevention of contagious and infectious diseases.

18 V.S.A. § 117. CHRONIC FATIGUE SYNDROME

\* \* \*

(b) The department shall work in collaboration with the Vermont CFIDS Association, Inc. and health care providers with expertise in chronic fatigue syndrome to prepare an informational packet about the clinical significance, diagnosis, and treatment of chronic fatigue syndrome. The informational packet shall be based upon the publication “A Consensus Manual for the Primary Care and Management of Chronic Fatigue Syndrome” published by the Academy of Medicine of New Jersey and the New Jersey Department of Health and Senior Services, to the extent allowable under federal copyright protections. The department shall distribute the informational packet to all primary care **physicians** in the state, and it shall be available on the department of health’s website. The informational packet may contain any other information that the commissioner of health deems necessary and shall be revised by the department when new

information about chronic fatigue syndrome becomes available. The department shall publicize the informational packet and make it widely available to the public.

18 V.S.A. § 120. CONTRACT FOR PAYMENT OF CERTAIN HEALTH BENEFITS

The board of health may contract with a private organization to process the payment of in-patient hospital care, and **physician**, radiological, and other medical costs related thereto under the maternal, child health, and crippled children's plans of the department of health. Such a contract shall provide for cancellation upon reasonable notification by the board. In furtherance of the purposes of the contract, the board may requisition funds, with the approval of the governor, and the commissioner of finance shall issue his warrant in favor of the contracting party to permit the contracting party to make payments to vendors under the contract. The board shall quarterly, and at such other times as the commissioner of finance requires, render an account in such form as the commissioner of finance prescribes of the expenditures of monies so advanced.

18 V.S.A. § 501a. SPECIMENS SUBMITTED BY CHIROPRACTIC **PHYSICIANS**

(a) According to the public health laws of this state, the state laboratory of hygiene is required to serve the interest of all of the people of the state and as chiropractic **physicians** are subject to the laws relating to contagious and infectious diseases, the purpose of this section is to authorize the facilities of the state laboratory of hygiene to chiropractic **physicians** and their patients.

(b) All duly licensed chiropractic **physicians** in this state shall be legally entitled to submit specimens for examination and to receive reports on such specimens submitted to said laboratory.

\* \* \*

18 V.S.A. § 508. MEDICAL EXAMINERS, APPOINTMENT; TERM

(a) The chief medical examiner may appoint regional medical examiners, who shall be licensed **doctors** of medicine or osteopathy geographically distributed throughout the state. A regional medical examiner may be licensed in Vermont or in another state. The regional medical examiners shall serve indefinite terms at the pleasure of the chief medical examiner.

\* \* \*

18 V.S.A. § 704. MEDICAL HOME

\* \* \*

(b) A naturopathic **physician** licensed pursuant to 26 V.S.A. chapter 81 may serve as a patient's medical home.

18 V.S.A. § 706. HEALTH INSURER PARTICIPATION

\* \* \*

(c)(1) The Blueprint payment reform methodologies shall include per-person per-month payments to medical home practices by each health insurer and Medicaid for their attributed patients and for contributions to the shared costs of operating the community health teams. Per-person per-month payments to practices shall be based on the official National Committee for Quality Assurance's **Physician** Practice Connections - Patient Centered Medical Home (NCQA PPC-PCMH) score and shall be in addition to their normal fee-for-service or other payments.

(2) Consistent with the recommendation of the Blueprint expansion design and evaluation committee, the director of the Blueprint may implement changes to the payment amounts or to the payment reform methodologies described in subdivision (1) of this subsection, including by providing for enhanced payment to health care professional practices which operate as a medical

home, including primary care naturopathic **physicians**' practices; payment toward the shared costs for community health teams; or other payment methodologies required by the Centers for Medicare and Medicaid Services (CMS) for participation by Medicaid or Medicare.

\* \* \*

#### 18 V.S.A. § 906. EMERGENCY MEDICAL SERVICES DIVISION; RESPONSIBILITIES

To implement the policy of section 901, the department of health shall be responsible for:

\* \* \*

(8) Developing and implementing procedures to insure that emergency medical services are rendered only with appropriate medical control. For the provision of advanced life support, appropriate medical control shall include at a minimum:

\* \* \*

(B) where necessary and practicable, direct communication between emergency medical personnel and a **physician** or person acting under the direct supervision of a **physician**;

(C) when such communication has been established, a specific order from the **physician** or person acting under the direct supervision of the **physician** to employ a certain medical procedure;

\* \* \*

#### 18 V.S.A. § 1001. REPORTS TO COMMISSIONER OF HEALTH

(a) When a **physician**, health care provider, nurse practitioner, nurse, physician's assistant, or school health official has reason to believe that a person is sick or has died of a diagnosed or suspected disease, identified by the department of health, as a reportable disease and dangerous to the public health or if a laboratory director has evidence of such sickness or disease, he or she shall transmit within 24 hours a report thereof and identify the name and address of the patient

and the name of the patient's **physician** to the commissioner of health or designee. In the case of the human immunodeficiency virus (HIV), "reason to believe" shall mean personal knowledge of a positive HIV test result. The commissioner, with the approval of the secretary of human services, shall by rule establish a list of those diseases dangerous to the public health that shall be reportable. Nonmedical community-based organizations shall be exempt from this reporting requirement. All information collected pursuant to this section and in support of investigations and studies undertaken by the commissioner for the purpose of determining the nature or cause of any disease outbreak shall be privileged and confidential. The health department shall, by rule, require that any person required to report under this section has in place a procedure that ensures confidentiality. In addition, in relation to the reporting of HIV and the acquired immune deficiency syndrome (AIDS), the health department shall, by rule:

\* \* \*

18 V.S.A. § 1004. REPORT BY **PHYSICIAN**; QUARANTINE

A **physician** who knows or suspects that a person whom he has been called to attend is sick or has died of a communicable disease dangerous to the public health shall immediately quarantine and report to the health officer the place where such case exists, but if the attending **physician**, at the time of his first visit, is unable to make a specific diagnosis, he may quarantine the premises temporarily and until a specific diagnosis is made, and post thereon a card upon which the word "quarantine" should be plainly written or printed. Such quarantine shall continue in force until the health officer examines and quarantines as is provided in this title.

18 V.S.A. § 1007. QUARANTINED PATIENT LEAVING HOSPITAL, REPORT

When a patient who has a communicable disease subject to quarantine leaves a hospital or institution without the consent of the authorities of such hospital or institution the **physician** or

other person in charge of such a hospital or institution shall notify forthwith the commissioner, that such person has left the hospital or institution and is the bearer of such communicable disease.

18 V.S.A. § 1008. VACCINES, ANTIBIOTICS, ANTISERUMS, AND OTHER AGENTS;  
PURCHASE AND DISTRIBUTION; PENALTIES

(a) The department is authorized to procure vaccines, antibiotics, antiserums and such other agents as may be necessary for the prevention and diagnosis of infectious and communicable diseases or diseases of public health significance in which there is an unmet need and to distribute same free of charge upon application thereof by licensed **physicians**, and under such rules and regulations as the department and secretary of human services may prescribe; and the expense thereof shall be paid by the state.

\* \* \*

18 V.S.A. § 1010. OPHTHALMIA NEONATORUM

The department and the secretary of human services may make such rules and regulations as it deems necessary for the prevention of blindness caused by the disease known as ophthalmia neonatorum, and it may furnish, at the expense of the state, such prophylactic outfits as are necessary for the use of **physicians**.

18 V.S.A. § 1041. REPORTS BY **PHYSICIANS** AND CERTAIN OTHERS

A **physician** who is consulted by a person infected with tuberculosis in any form shall submit the name and address of such person to the commissioner upon such forms as he may furnish, with such other facts as may be required, within one week after such consultation.

## 18 V.S.A. § 1048. EXAMINATION; REPORT; TREATMENT

A **physician**, licensed to practice medicine and surgery in the state, shall immediately after examination of an indigent person wishing treatment for tuberculosis or other chronic respiratory disease make a report of his findings to the commissioner of health. Upon receipt of such report, the commissioner may authorize treatment of the afflicted person. Such person's **physician** shall thereupon prescribe the time of treatment and designate the facility at which treatment shall be given, provided, however, that in a case of tuberculosis suspected of being infectious, the commissioner may apply all the laws and regulations of communicable disease control.

## 18 V.S.A. § 1055. TUBERCULOSIS; COMPULSORY EXAMINATIONS

When the commissioner of health has reasonable cause to believe that any person has tuberculosis in an active stage or in a communicable form, the commissioner may request the person to undergo an examination at a clinic or hospital approved by the secretary of the agency of human services for that purpose at the expense of the state by a **physician** qualified in chest diseases. If the person refuses the examination, the commissioner may petition the superior court for the unit where the person resides for an order requiring the person to submit to examination. When the court finds that there is reasonable cause to believe that the person has tuberculosis in an active stage or in a communicable form, it may order the person to be examined.

## 18 V.S.A. § 1060. RIGHTS OF A PERSON IN COMPULSORY MEDICAL MANAGEMENT

Any person in compulsory medical management by order of the court who believes his physical condition is such as to warrant his discharge, if the discharge is refused by the commissioner of health, is entitled to a physical examination by a qualified **physician** of his own choice. If as a result of examination the **physician** feels that the continued compulsory medical management is no longer justified and the commissioner of health does not concur in that

opinion, the person may appeal by petition to the court issuing the original order for his compulsory medical management. Proceedings before the court shall be de novo, and the court may require such further examination as it considers necessary and may, in its discretion, at the expense of the state appoint no less than three independent **physicians**, at least one of whom shall have had special experience in respiratory diseases, to examine the person. At the conclusion of the proceedings, the court shall make findings of fact and issue such order as it considers proper. The order of the court may be appealed to the supreme court in the manner provided by law for appeals from a criminal division of the superior court generally. A person may not petition for release from medical management within six months from the date a court order is made, whether an appeal is taken or not.

#### 18 V.S.A. § 1091. VENEREAL DISEASES; DEFINITIONS

In this subchapter, unless the context requires otherwise:

(1) “Authoritative source” means a **physician** licensed in the state, superintendent of a state institution or private hospital, medical officers of the armed forces of the state or United States, state and territorial health officers and personnel of the health department designated by the board of health.

\* \* \*

#### 18 V.S.A. § 1092. TREATMENTS, REFUSAL, PENALTY

A **physician** or other person, except persons who merely practice the religious tenets of their church without pretending a knowledge of medicine or surgery, provided however, that sanitary laws, rules and regulations are complied with, who knows or has reason to believe that a person whom he treats or prescribes for, or to whom he sells patent or proprietary medicine purporting to cure or alleviate the symptoms of gonorrhoea or syphilis, has one of these diseases, shall

immediately report the name, nationality, race, marital state, address, age, and sex of such person, and, if obtainable, the date and source of contracting the same, to the commissioner on forms furnished for that purpose. Such persons so reported shall submit to regular treatment prescribed by a **physician** until discharged by the **physician**. A person who wilfully refuses to regularly submit to prescribed treatment shall be reported at once to the state's attorney for immediate prosecution. Such wilful refusal shall be punishable by a fine of not more than \$100.00 or three months' imprisonment or both.

#### 18 V.S.A. § 1093. EXAMINATION AND REPORT

Whenever the board shall receive information from an authoritative source to the effect that a person is suspected of being infected with an infectious venereal disease and is likely to infect or to be the source of infection of another person, such board shall cause a medical examination to be made of such person, for the purpose of ascertaining whether or not such person is in fact infected with such disease in a communicable stage, and such person shall submit to such examination and permit specimens of blood or bodily discharges to be taken for laboratory examinations as may be necessary to establish the presence or absence of such disease or infection, and such person may be detained until the results of such examinations are known. The required examination shall be made by a **physician** licensed to practice in this state, or a licensed **physician** designated by the person to be examined. Such licensed **physician** making such examination shall report thereon to the board and to the person examined.

#### 18 V.S.A. § 1105. MARRYING WHEN INFECTED WITH VENEREAL DISEASE

A person, having been told by a **physician** that he or she was infected with gonorrhea or syphilis in a stage which is or may become communicable to a marital partner, or knowing that he or she is so infected, who marries, without assurance and certification from a legally qualified

practitioner of medicine and surgery or osteopathy that he or she is free from such disease in a stage which is or may become communicable to the marital partner shall be imprisoned not less than two years or fined not less than \$500.00, or both.

#### 18 V.S.A. § 1140. DEFINITIONS

As used in this subchapter:

\* \* \*

(7) “Manner sufficient to transmit” means consistent with current guidelines of the Centers for Disease Control, as determined by a **physician** licensed to practice medicine in Vermont.

\* \* \*

#### 18 V.S.A. § 1141. COMMUNICABLE DISEASE TESTING

(a) A health care provider may order a test for bloodborne pathogens if a health care worker, public safety personnel, or emergency personnel has been exposed to the blood or bodily fluids of the source patient in a manner sufficient to transmit a bloodborne pathogen-related illness to the affected worker while engaged in rendering health services to the source patient, and provided that:

\* \* \*

(2) the worker has provided a blood sample and consented to testing for bloodborne pathogens and a **physician** has documented that bloodborne pathogen test results are needed for beginning, continuing, modifying, or discontinuing medical treatment for the worker;

(3) a **physician** with specialty training in infectious diseases has confirmed that the worker has been exposed to the blood or bodily fluids of the source patient in a manner sufficient to transmit a bloodborne pathogen-related illness;

\* \* \*

18 V.S.A. § 1513. TANNING FACILITIES; MINORS; PENALTY

\* \* \*

(b) This section shall apply to any tanning facility in Vermont; provided, however, that it shall not apply to any **physician** duly licensed to practice medicine who uses, in the practice of medicine, medical diagnostic and therapeutic equipment that emits ultraviolet radiation or to any person who owns tanning equipment exclusively for personal, noncommercial use.

\* \* \*

18 V.S.A. § 1756. ANNUAL REPORT

(a) The commissioner shall, at least annually, analyze and summarize all aggregate lead screening and testing information provided by **physicians**, health care facilities and laboratories and provide this information to all other local and state agencies involved with case management and lead hazard reduction.

\* \* \*

18 V.S.A. § 1757. CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

\* \* \*

(c) If a child six years of age or younger has a confirmed blood lead level at or above ten micrograms of lead per deciliter of blood, and if resources permit, the commissioner:

(1) Shall, with the consent of the parent or guardian, provide an inspection of the dwelling occupied by the child or the child care facility the child attends by a state or private lead risk assessor, and develop a plan in consultation with the parents, owner, **physician**, and others involved with the child to minimize the exposure of the child to lead. The plan developed under this subdivision shall require that any lead hazards identified through the inspection be

addressed. The owner of rental target housing or a child care facility shall address those lead hazards within the owner's control, and shall not be required to abate lead hazards if interim controls are effective.

\* \* \*

18 V.S.A. § 1852. PATIENTS' BILL OF RIGHTS; ADOPTION

(a) The general assembly hereby adopts the "Bill of Rights for Hospital Patients" as follows:

\* \* \*

(2) The patient shall have an attending **physician** who is responsible for coordinating a patient's care.

(3) The patient has the right to obtain, from the **physician** coordinating his or her care, complete and current information concerning diagnosis, treatment, and any known prognosis in terms the patient can reasonably be expected to understand. If the patient consents or if the patient is incompetent or unable to understand, immediate family members, a reciprocal beneficiary or a guardian may also obtain this information. The patient has the right to know by name the attending **physician** primarily responsible for coordinating his or her care.

(4) Except in emergencies, the patient has the right to receive from the patient's **physician** information necessary to give informed consent prior to the start of any procedure or treatment, or both. Such information for informed consent should include but not necessarily be limited to the specific procedure or treatment, or both, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures or treatment, or both.

\* \* \*

(9) The patient has the right to know the identity and professional status of individuals providing service to him or her, and to know which **physician** or other practitioner is primarily responsible for his or her care. This includes the patient's right to know of the existence of any professional relationship among individuals who are treating him or her, as well as the relationship to any other health care or educational institutions involved in his or her care.

\* \* \*

(11) The patient has the right to expect reasonable continuity of care. The patient has the right to be informed by the attending **physician** of any continuing health care requirements following discharge.

\* \* \*

(b) Failure to comply with any provision of this section may constitute a basis for disciplinary action against a **physician** under chapter 23 of Title 26. A complaint may be filed with the board of medical practice.

\* \* \*

#### 18 V.S.A. § 1905. LICENSE REQUIREMENTS

Upon receipt of an application for license and the license fee, the licensing agency shall issue a license when it determines that the applicant and hospital facilities meet the following minimum standards:

\* \* \*

(5) All patients admitted to the hospital shall be under the care of a state registered and licensed practicing **physician** as defined by the laws of the state of Vermont.

\* \* \*

(8) Professional case records shall be compiled for all patients and signed by the attending **physician**. These records shall be kept on file for a minimum of ten years.

\* \* \*

(10) All employees shall have a pre-employment physical examination by a licensed **physician** or a qualified nurse practitioner. This examination shall include medically indicated radiological, hematological, biochemical, immunological or serological examinations to exclude the presence of communicable disease prior to employment. These examinations may be repeated annually as a condition of employment and the results shall be made available, on request, to the licensing agency for review.

\* \* \*

#### 18 V.S.A. § 1908. RULES, EXCEPTIONS

\* \* \*

(b) No such rules, regulations and standards shall be adopted or enforced which would have the effect of denying a license to a hospital solely by reason of the school or system of practice employed or permitted to be employed by **physicians** therein; provided that such school or system of practice is recognized by the laws of the state. Provided, however, that no regulation or requirement shall be made under this chapter for any hospital conducted for those who rely upon treatment by spiritual means or prayer in accordance with the creed or tenets of any recognized church or religious denomination, except as to the sanitary and safe condition of the premises, cleanliness of operation and its physical equipment.

## 18 V.S.A. § 2201. FURNISHING SUPERVISION TO HOME HEALTH AGENCIES;

## CONTRACTS

The department may furnish supervision to any public agency or private organization engaged in providing skilled nursing services and other therapeutic services, or to any subdivision of such an agency or organization, for the purpose of enabling the agency or organization to qualify as a “home health agency” under Title I of Public Law 89-97, the Health Insurance for the Aged Act at the request of the agency or organization. The department may enter into agreements with any person, firm, corporation, association, agency or organization, public or private, for the purpose of furnishing or coordinating supervisory services for a home health agency under this section, and may collect fees for the services rendered under the terms of such agreements.

“Supervision” or “supervisory services” as used in this section, shall mean supervision by a **physician** or a registered professional nurse as required for a home health agency under the Health Insurance for the Aged Act.

## 18 V.S.A. § 4025. REGULATION OF THE SALE OF POISONOUS DRUGS

A person other than a registered pharmacist or **physician**, who sells or keeps for sale arsenic, corrosive sublimate, chloroform, aconite, strychnine, morphine, opium, cocaine, eucaine, heroin, carbolic acid, prussic acid, paregoric, chloral hydrate, belladonna, cyanide potassium, digitalis, nux vomica or any salts, solutions, extracts or tinctures of such drugs, shall keep and offer them for sale only in original and sealed packages or bottles which shall have been prepared by a registered pharmacist or manufacturing chemist, and under a label on which shall be plainly printed the name and nature of the drug therein contained, the proper antidote to be given when taken in dangerous or poisonous quantities and the name of the pharmacist, manufacturing chemist or wholesale house that prepared or put up the same, with the name of the place where it

was manufactured or prepared for sale. A person who sells any of such drugs shall have affixed to the bottle, box or wrapper containing the article sold, a label of white paper upon which shall be printed in red letters, the name and place of business of the vendor, and the words "Poison" and "Antidote." The label shall also contain the name of an antidote, if any, for the poison sold.

18 V.S.A. § 4064a. MISBRANDED DRUGS OR DEVICES SOLD BY PRESCRIPTION

\* \* \*

(b) The labeling requirements of subdivisions (a)(2)(F) and (G) of this section shall not apply to a drug or device if the prescribing **physician** explicitly requests for medical reasons that such information shall be omitted.

(c) The labeling requirements of subsection (a) of this section shall not apply to a drug or device administered under the supervision of a licensed **physician** to patients within a hospital or nursing home.

(d) Nothing in this section shall be construed to limit the ability of a licensed **physician** to give, administer or dispense any drug or device to a patient under his care.

18 V.S.A. § 4201. DEFINITIONS

As used in this chapter, unless the context otherwise requires:

(1) "Professional board" means

\* \* \*

(B) in the case of a **physician** or surgeon, the state board of medical practice so designated under chapter 23 of Title 26;

\* \* \*

(11) "Hospital" means an institution for the care and treatment of the sick and injured licensed as a hospital under chapter 43 of this title and a hospital conducted, maintained and

operated by the United States or the state of Vermont, approved under this chapter as proper to be entrusted with the custody and use of regulated drugs under the direction of a **physician** or dentist, confirmed by an official written order signed by a person authorized to prescribe such drugs.

\* \* \*

(18) “Nursing home” means a facility, other than a hospital, operated for the purpose of providing lodging, board, and nursing care to sick, invalid, infirm, disabled or convalescent persons, approved under this chapter as proper to be entrusted with the custody and use of regulated drugs prescribed for such individual patients under its care under the direction of a **physician** or dentist, confirmed by an official written order signed by a person authorized to prescribe such drugs. No nursing home shall be granted a certificate of approval for the possession and use of such drugs unless such nursing home has a registered nurse or a licensed practical nurse on duty or on call 24 hours daily who will have sole responsibility for those drugs. Nothing in this chapter shall be construed as conferring on any nursing home, convalescent home or home for the aged any authority, right or privilege beyond that granted to it by the law under which it is licensed or otherwise authorized to function.

\* \* \*

(23) “**Physician**” means a person authorized by law to practice medicine in this state and who has a license issued to the person under this chapter authorizing him or her to use regulated drugs in connection with his or her professional practice.

(24) “Practitioner” includes a **physician**, dentist, veterinarian, surgeon or any other person who may be lawfully entitled under this chapter to distribute, dispense, prescribe, or administer regulated drugs to patients.

\* \* \*

(26) "Prescription" means an order for a regulated drug made by a **physician**, dentist, or veterinarian licensed under this chapter to prescribe such a drug which shall be in writing except as otherwise specified herein. Prescriptions for such drugs shall be made to the order of an individual patient, dated as of the day of issue and signed by the prescriber. The prescription shall bear the full name and address of the patient, or if the patient is an animal, the name and address of the owner of the animal and the species of the animal. Such prescription shall also bear the full name, address and registry number of the prescriber and shall be written with ink, indelible pencil or typewriter; if typewritten, it shall be signed by the **physician**.

\* \* \*

#### 18 V.S.A. § 4203. PERSONS EXEMPTED

The provisions of this chapter, restricting the possession and control of regulated drugs, shall not apply to common carriers or to warehousemen while engaged solely in lawfully transporting or storing such drugs while in their original containers, nor to any employee of the same acting within the scope of his employment, nor to public officers or their employees in the performance of their official duties requiring possession or control of regulated drugs, nor to temporary incidental possession by employees or agents of persons lawfully entitled to possession, including a medical or dental assistant, nurse, intern, resident, and a member of a patient's family dispensing or administering regulated drugs under a licensed **physician**'s or dentist's orders nor by authorized persons whose possession is for the purpose of aiding public officers in performing their official duties.

18 V.S.A. § 4210. AUTHORIZED SALES ON WRITTEN ORDERS, RECORDS

(a) Every **physician**, dentist, veterinarian, or other person who is licensed to administer, sell, dispense or professionally use regulated drugs shall keep a record of such drugs received by him and a record of all such drugs administered, dispensed or professionally used by him otherwise than by prescription, in accordance with subsection (d) of this section. It shall, however, be deemed a sufficient compliance with this subsection if any such person using small quantities of solutions or other preparations of such drugs for local application shall keep a record of the quantity, character and potency of such solutions or other preparations purchased or made up by him, and of the dates when purchased or made up, without keeping a record of the amount of such solution or other preparation applied by him to individual patients.

\* \* \*

18 V.S.A. § 4212. LABELS

(a) Whenever a manufacturer sells or dispenses a regulated drug and whenever a wholesaler sells or dispenses a regulated drug in a package prepared by him, he shall securely affix to each package in which that drug is contained a label showing in legible English the name and address of the vendor and the quantity, kind and form of regulated drug contained therein. No person, except a pharmacist or dispensing **physician** for the purpose of filling a prescription under this chapter, shall alter, deface or remove any label so affixed.

(b) Whenever a pharmacist or an employee of a hospital, infirmary, school, first aid station, or nursing home sells or dispenses any regulated drug, he shall affix to the container in which such drug is sold or dispensed a label showing his own name, address and registry number, or the name, address and registry number of the pharmacist or hospital or nursing home for whom he is lawfully acting, the name and address of the patient, or if the patient is an animal the name and

address of the owner of the animal and the species of the animal, the name, address and registry number of the **physician**, dentist, or veterinarian by whom the prescription was written, the kind and form of the drug contained therein unless the practitioner has specifically ordered in that prescription that such information not be specified on the label, such directions as may be stated on the prescription, and the date of the issuance of the prescription. No person shall alter, deface or remove any label so affixed. This subsection shall not apply to regulated drugs sold or dispensed for use exclusively within a hospital.

(c) **Physicians**, dentists, or veterinarians dispensing regulated drugs shall affix to the container a label showing the dispensing practitioner's name, address and registry number, the name and address of the patient, or if the patient is an animal the name and address of the owner of the animal and the species of the animal, the kind and form of the drug contained therein unless the dispensing practitioner considers that such information should not be so specified for medical reasons, such directions necessary for use, and the date of the issuance of the prescription and the dispensing of the drug. This subsection shall not apply to an amount of regulated drugs equivalent to three days' dosage dispensed to a patient for his immediate use without charge by a **physician** on house call.

#### 18 V.S.A. § 4213. AUTHORIZED SALES OF REGULATED DRUGS

(a) A duly licensed manufacturer or wholesaler may sell and dispense regulated drugs to any of the following persons, but only on official written orders:

\* \* \*

(2) To a **physician**, dentist or veterinarian except that an official written order shall not be required when regulated drugs are provided in person by a representative of a duly licensed manufacturer or wholesaler in quantities as samples for which there is no charge, either direct or

indirect, and do not exceed ten times the manufacturer's recommended maximum individual dose and are clearly marked "Sample" or "Not For Sale" on each individual tablet or capsule.

\* \* \*

(b) A duly licensed manufacturer or wholesaler may sell regulated drugs to any of the following persons:

\* \* \*

(2) To a master of a ship or a person in charge of any aircraft upon which no **physician** is regularly employed or to a **physician** or surgeon duly licensed in some state, territory, or the District of Columbia to practice his profession, or to a retired commissioned medical officer of the United States army, navy, or public health service employed upon such ship or aircraft, for the actual medical needs of persons on board such ship or aircraft, when not in port. However, such regulated drugs shall be sold to the master of such ship or person in charge of such aircraft or to a **physician**, surgeon, or retired commissioned medical officer of the United States army, navy, or public health service employed upon such ship or aircraft only in pursuance of an order form approved by a commissioned medical officer or acting assistant surgeon of the United States public health service.

\* \* \*

(e) A person in charge of a hospital or of a laboratory, or in the employ of this state or of any other state, or of any political subdivision thereof, or a master of a ship or a person in charge of any aircraft upon which no **physician** is regularly employed, or a **physician** or surgeon duly licensed in some state, territory, or the District of Columbia, to practice his profession, or a retired commissioned medical officer of the United States army, navy, or public health service employed upon such ship or aircraft, who obtains regulated drugs under the provisions of this

section or otherwise, shall not possess, nor administer, nor dispense, nor otherwise use such drugs, within this state, except within the scope of his employment or official duty, and then only for scientific or medicinal purposes and subject to the provisions of this chapter.

18 V.S.A. § 4214. AUTHORIZED PROFESSIONAL USE OF REGULATED DRUGS

(a) A **physician** or dentist licensed under this chapter, in good faith and in the course of his professional practice only, may prescribe, administer and dispense regulated drugs and he may cause the same to be administered for medical purposes only by a nurse licensed under this chapter, or an intern, medical or dental assistant, or resident, or in his absence by a responsible member of the family of the patient, under his direction and supervision.

(b) A duly licensed veterinarian, in good faith and in the course of his professional practice only and not for use by a human being, may prescribe, administer and dispense regulated drugs and he may cause them to be administered for medical purposes only by an assistant or orderly or by the owner of the animal, under his direction and supervision.

(c) Any person who has obtained from a **physician**, dentist, or veterinarian any regulated drug for administration to a patient during the absence of such **physician**, dentist or veterinarian under this section shall return to such **physician**, dentist or veterinarian any unused portion of such drug, or shall take such action as may be specified by regulation adopted by the board of health, when such drug is no longer required by the patient.

18 V.S.A. § 4215. AUTHORIZED SALES BY PHARMACISTS

\* \* \*

(b) The pharmacist filling a schedule II prescription shall write the date of filling and the pharmacist's own signature on the face of the prescription. Pharmacists shall be subject to the requirements of 21 U.S.C. chapter 13. Notwithstanding the foregoing, no prescription for a

schedule II drug written without a future fill date may be filled more than 30 days after the date the prescription was issued. No prescription for a schedule II drug written to be filled at a future date may be filled more than 90 days after the date the prescription was issued. A **physician** who dispenses regulated drugs as part of his regular fee or for an additional fee shall be subject to the same requirements as a pharmacist for the purposes of this section.

\* \* \*

#### 18 V.S.A. § 4215a. SALE OF SCHEDULE V DRUGS

(a) A duly licensed pharmacist may sell and dispense schedule V drugs only upon written prescription or oral prescription which is promptly reduced to writing by a pharmacist, of a licensed **physician**, dentist or veterinarian, dated and signed by the person prescribing or, if an oral prescription, by the pharmacist on the date when written.

\* \* \*

#### 18 V.S.A. § 4216. AUTHORIZED POSSESSION BY INDIVIDUALS

A person to whom or for whose use any regulated drug has been prescribed, sold or dispensed, and the owner of any animal for which any such drug has been prescribed, sold or dispensed, may lawfully possess the same on the condition that such drug was prescribed, sold or dispensed by a **physician**, dentist, pharmacist or veterinarian licensed under this chapter or under the laws of another state or country wherein such person has his practice, and further that all amounts of the drug are retained in the lawful container in which it was delivered to him by the person selling or dispensing the same, provided however, that for the purposes of this section an amount of regulated drugs of not more than two days' individual prescribed dosage may be possessed by a patient for his personal use.

18 V.S.A. § 4217. REPORTS BY PHYSICIANS AND HOSPITALS

It shall be the duty of every physician and every hospital to report to the board of health, promptly, all cases wherein a person has been or is being treated for the use of, or for problems arising from the use of, regulated drugs. Said reports shall include the type of problem being treated, the class of regulated drug which was used and such further information as is required by regulation of the board of health as promulgated under section 4202 of this title, except that the regulations shall not require the listing or other identification of the names of the persons being so treated.

18 V.S.A. § 4223. FRAUD OR DECEIT

\* \* \*

(b) Information communicated to a physician in an effort unlawfully to procure a regulated drug or unlawfully to procure the administration of any such drug shall not be deemed a privileged communication.

\* \* \*

(d) No person shall, for the purpose of obtaining a regulated drug, falsely assume the title of, or represent himself to be a manufacturer, wholesaler, pharmacist, physician, dentist, veterinarian or other authorized person.

\* \* \*

(h) Any person who in the course of treatment, is supplied with regulated drugs or a prescription therefor by one physician and who, without disclosing the fact, is knowingly supplied during such treatment with regulated drugs or a prescription therefor by another physician, shall be guilty of a violation of this section.

\* \* \*

18 V.S.A. § 4226. MINORS; TREATMENT; CONSENT

(a) If a minor twelve years of age or older is suspected either (1) to be dependent upon regulated drugs as defined in section 4201 of this title, or (2) to have venereal disease or (3) to be an alcoholic as defined in section 8401 of this title, and the finding of such dependency or disease or alcoholism is verified by a licensed **physician**, the minor may give (1) his consent to medical treatment and hospitalization and, (2) in the case of a drug dependent or alcoholic person, non-medical inpatient or outpatient treatment at a program approved by the agency of human services to provide treatment for drug dependency or alcoholism if deemed necessary by the examining **physician** for diagnosis or treatment of such dependency or disease or alcoholism. Consent under this section shall not be subject to disaffirmance due to minority of the person consenting. The consent of the parent or legal guardian of a minor consenting under this section shall not be necessary to authorize care as described above.

(b) The parent, parents or legal guardian shall be notified by the **physician** if the condition of a minor child requires immediate hospitalization as the result of drug usage, alcoholism or for the treatment of a venereal disease.

18 V.S.A. § 4471. CANNABIS THERAPEUTIC RESEARCH PROGRAM;

ESTABLISHMENT; PARTICIPATION

(a) There is established in the department of health the cannabis therapeutic research program. The program shall be administered by the commissioner of health who shall promulgate rules and regulations necessary to enable **physicians** entitled to prescribe regulated drugs under chapter 84 of this title to prescribe cannabis. In promulgating such rules and regulations, the department shall take into consideration those pertinent rules and regulations

promulgated by the federal Drug Enforcement Agency, the federal Food and Drug Administration, and the National Institute on Drug Abuse.

\* \* \*

(c) The commissioner of health shall have the authority to obtain and shall be the sole distributor for Vermont **physicians** of cannabis administered under this program. Distribution directly to a patient may take place only pursuant to the instructions of a **physician**.

#### 18 V.S.A. § 4472. DEFINITIONS

For the purposes of this subchapter:

\* \* \*

(6) “Health care professional” means an individual licensed to practice medicine under chapter 23 or 33 of Title 26, an individual certified as a **physician**’s assistant under chapter 31 of Title 26, or an individual licensed as an advanced practice registered nurse under chapter 28 of Title 26. This definition includes individuals who are professionally licensed under substantially equivalent provisions in New Hampshire, Massachusetts, or New York.

\* \* \*

#### 18 V.S.A. § 4473. REGISTERED PATIENTS; QUALIFICATION STANDARDS AND PROCEDURES

\* \* \*

(b) The department of public safety shall review applications to become a registered patient using the following procedures:

\* \* \*

(5)(A) A review board is established. The medical practice board shall appoint three **physicians** licensed in Vermont to constitute the review board. If an application under

subdivision (1) of this subsection is denied, within seven days the patient may appeal the denial to the board. Review shall be limited to information submitted by the patient under subdivision (1) of this subsection, and consultation with the patient's treating health care professional. All records relating to the appeal shall be kept confidential. An appeal shall be decided by majority vote of the members of the board.

\* \* \*

#### 18 V.S.A. § 4474j. ANNUAL REPORT

(a)(1) There is established a marijuana for symptom relief oversight committee. The committee shall be composed of the following members:

\* \* \*

(C) one **physician** appointed by the Vermont medical society;

\* \* \*

#### 18 V.S.A. § 4601. DEFINITIONS

For the purposes of this chapter, unless the context otherwise clearly requires:

\* \* \*

(5) "Prescriber" means any duly licensed **physician**, dentist, veterinarian or other practitioner licensed to write prescriptions for the treatment or prevention of disease in man or animal.

#### 18 V.S.A. § 4607. INFORMATION; LABELING

(a) Every pharmacy in the state shall have posted a sign in a prominent place that is in clear unobstructed view which shall read: "Vermont law requires pharmacists in some cases to select a less expensive generic equivalent for the drug prescribed unless you or your **physician** direct otherwise. Ask your pharmacist."

\* \* \*

18 V.S.A. § 4622. EVIDENCE-BASED EDUCATION PROGRAM

(a)(1) The department of health, in collaboration with the attorney general, the University of Vermont area health education centers program, and the department of Vermont health access, shall establish an evidence-based prescription drug education program for health care professionals designed to provide information and education on the therapeutic and cost-effective utilization of prescription drugs to **physicians**, pharmacists, and other health care professionals authorized to prescribe and dispense prescription drugs. To the extent practicable, the program shall use the evidence-based standards developed by the blueprint for health. The department of health may collaborate with other states in establishing this program.

\* \* \*

(b) The department of health shall request information and collaboration from **physicians**, pharmacists, private insurers, hospitals, pharmacy benefit managers, the drug utilization review board, medical schools, the attorney general, and any other programs providing an evidence-based education to prescribers on prescription drugs in developing and maintaining the program.

\* \* \*

18 V.S.A. § 4633. PHARMACEUTICAL MARKETER PRICE DISCLOSURE

(a) When a pharmaceutical marketer engages in any form of prescription drug marketing directly to a **physician** or other person authorized to prescribe prescription drugs, the marketer shall disclose to the **physician** or other prescriber the average wholesale price (AWP) of the drugs being marketed. Disclosure shall include the AWP per pill and the price relationship between the drug being marketed and other drugs within the same therapeutic class.

\* \* \*

18 V.S.A. § 4702. ESTABLISHMENT OF GUIDELINES FOR OPIATE TREATMENT

\* \* \*

(b) The guidelines shall include the following requirements:

\* \* \*

(5) Comprehensive education and training requirements shall be established, including relevant aspects of behavioral therapy and pharmacological treatment, for **physicians**, pharmacists, and certified or licensed alcohol and drug abuse counselors affiliated with an approved treatment program;

\* \* \*

18 V.S.A. § 5020. SUPERVISOR OF VITAL RECORDS REGISTRATION

The commissioner shall designate a member of the department as supervisor of vital records registration who shall provide consultation to town and county clerks, hospital personnel, **physicians**, funeral directors, clergymen, probate judges and all other persons involved in vital records registration for the purpose of promoting uniformity of procedures in reaching a complete, accurate, and timely registration of vital records.

18 V.S.A. § 5071. BIRTH CERTIFICATES; WHO TO MAKE; RETURN

(a) Unless a **physician** or midwife is present, the head of the family in which a birth occurs, within ten days thereafter, shall fill out and file with the town clerk a certificate of birth in the form prescribed by the department. Otherwise the certificate shall be filed by the attendant **physician** or midwife.

\* \* \*

(c) Whoever assumes the custody of a live-born infant of unknown parentage shall complete a certificate of birth as follows:

\* \* \*

(2) Approximate date of birth as determined in consultation with a **physician**;

\* \* \*

#### 18 V.S.A. § 5083. PARTICIPANTS IN ADDRESS CONFIDENTIALITY PROGRAM

(a) If a participant in the program described in chapter 21, subchapter 3 of Title 15 who is the parent of a child born during the period of program participation notifies the **physician** or midwife who delivers the child, or the hospital at which the child is delivered, not later than 24 hours after the birth of the child, that the participant's confidential address should not appear on the child's birth certificate, then the department shall not disclose such confidential address or the participant's town of residence on any public records. A participant who fails to provide such notice shall be deemed to have waived the provisions of this section. If such notice is received, then notwithstanding section 5071 of this title, the attendant **physician** or midwife shall file the certificate with the supervisor of vital records registration within ten days of the birth, without the confidential address or town of residence, and shall not file the certificate with the town clerk.

\* \* \*

#### 18 V.S.A. § 5112. ISSUANCE OF NEW BIRTH CERTIFICATE; CHANGE OF SEX

\* \* \*

(b) An affidavit by a licensed **physician** who has treated or evaluated the individual stating that the individual has undergone surgical, hormonal, or other treatment appropriate for that individual for the purpose of gender transition shall constitute sufficient evidence for the court to

issue an order that sexual reassignment has been completed. The affidavit shall include the medical license number and signature of the **physician**.

\* \* \*

18 V.S.A. § 5202. DEATH CERTIFICATE; DUTIES OF **PHYSICIAN** AND AUTHORIZED  
LICENSED HEALTH CARE PROFESSIONAL

(a) The licensed health care professional who is last in attendance upon a deceased person shall immediately fill out a certificate of death on a form prescribed by the commissioner. For the purposes of this section, a licensed health care professional means a **physician**, a **physician** assistant, or an advance practice registered nurse. If the licensed health care professional who attended the death is unable to state the cause of death, he or she shall immediately notify the **physician**, if any, who was in charge of the patient's care to fill out the certificate. If the **physician** is unable to state the cause of death, the provisions of section 5205 of this title apply. The licensed health care professional may, with the consent of the funeral director, delegate to the funeral director the responsibility of gathering data for and filling out all items except the medical certification of cause of death. All entries, except signatures, on the certificate shall be typed or printed and shall contain answers to the following questions:

\* \* \*

18 V.S.A. § 5202a. CORRECTION OF DEATH CERTIFICATE

(a) Within six months after the date of death, the town clerk may correct or complete a death certificate upon application by the certifying **physician**, medical examiner, hospital, nursing home or funeral director. The town clerk may correct or complete the certificate accordingly and shall certify thereon that such correction or completion was made pursuant to this section, with the date thereof. In his or her discretion, the town clerk may refuse an application for correction

or completion, in which case, the applicant may petition the probate division of the superior court for such correction or completion.

\* \* \*

(c) Provided, however, that only the medical examiner or the certifying physician may apply to correct or complete the certificate as to the medical certification of the cause of death.

18 V.S.A. § 5205. DEATH CERTIFICATE WHEN NO ATTENDING PHYSICIAN;

#### AUTOPSY

(a) When a person dies from violence, or suddenly when in apparent good health or when unattended by a physician or a recognized practitioner of a well-established church, or by casualty, or by suicide or as a result of injury or when in jail or prison, or any mental institution, or in any unusual, unnatural or suspicious manner, or in circumstances involving a hazard to public health, welfare or safety, the head of the household, the jailer or the superintendent of a mental institution where such death occurred, or the next of kin, or the person discovering the body or any doctor notified of the death, shall immediately notify the medical examiner who resides nearest the town where the death occurred and immediately upon being notified, such medical examiner shall notify the state's attorney of the county in which the death occurred. The state's attorney shall thereafter be in charge of the body and shall issue such instructions covering the care or removal of the body as he shall deem appropriate until he releases same.

\* \* \*

18 V.S.A. § 5206. PENALTY FOR FAILURE TO FURNISH DEATH CERTIFICATE

A physician who fails to furnish a certificate of death within twenty-four hours after the death of a person containing a true statement of the cause of such death, and all the other facts

provided for in the form of death certificates, so far as these facts are obtainable, shall be fined not more than \$100.00.

18 V.S.A. § 5207. CERTIFICATE FURNISHED FAMILY; BURIAL PERMIT

The **physician** or person filling out the certificate of death, within thirty-six hours after death, shall deliver the same to the family of the deceased, if any, or the undertaker or person who has charge of the body. Such certificate shall be filed with the person issuing the certificate of permission for burial, entombment or removal obtained by the person who has charge of the body before such dead body shall be buried, entombed or removed from the town. When such certificate of death is so filed, such officer or person shall immediately issue a certificate of permission for burial, entombment or removal of the dead body under legal restrictions and safeguards.

18 V.S.A. § 5222. REPORTS

(a) The following fetal deaths shall be reported by the hospital, **physician**, or funeral director directly to the commissioner within seven days after delivery on forms prescribed by the board:

\* \* \*

(b) The **physician** who treats a woman as a result of a miscarriage or abortion shall report the fetal death if it is not known to be previously reported under subsection (a) of this section. If there is evidence of violence or other unusual or suspicious circumstances, the medical examiner shall be immediately notified, and he shall complete at least the medical items on the report. If a funeral director is to be involved, the **physician** may delegate to the funeral director the responsibility for completing items other than those of a medical nature. Similarly, the **physician**

may delegate the responsibility for completion of nonmedical items to appropriate personnel having access to records containing the information.

\* \* \*

18 V.S.A. § 5224. DISPOSITION OF REMAINS; PERMITS

(a) Fetal remains shall be disposed of by burial or cremation unless released to an educational institution for scientific purposes or disposed of by the hospital or as directed by the attending **physician** in a manner which will not create a public health hazard. Permission shall be obtained from one of the parents, if competent, for disposition in all cases where a funeral director is not involved. One copy of the fetal death report shall be printed in such manner that completion and signing by the **physician** or medical examiner shall constitute permission to make final disposition of the fetal remains.

(b) When a funeral director is involved or when the fetal remains are to be privately buried or disposed of by a commercial crematory, the funeral director or other person taking charge of the remains shall obtain from the hospital or **physician** the disposition permit portion of the report and shall deliver it to the sexton or other person having care of the cemetery, tomb, vault, or crematory before burial or other disposition takes place. These permits shall be delivered each month to the clerk of the town in which burial or disposition took place, in the same manner as permits for burial of dead bodies; so also shall all other provisions of sections 5209-5216 of this title be applicable to fetal remains as are applicable to dead bodies.

(c) When disposition of fetal remains is by means other than those specified in subsection (b) of this section and a funeral director is not involved, the disposition permit copy of the report shall be completed by the appropriate official of the hospital or by the **physician** or other person

in charge of disposition and sent to the commissioner within ten days of such disposition. These permits may be destroyed after five years.

#### 18 V.S.A. § 5250b. DEFINITIONS

As used in this chapter:

\* \* \*

(21) “Physician” means an individual authorized to practice medicine or osteopathy under the law of any state.

\* \* \*

#### 18 V.S.A. § 5250j. MANNER OF MAKING, AMENDING, OR REVOKING ANATOMICAL GIFT OF DECEDENT’S BODY OR PART

\* \* \*

(c) A revocation under subsection (b) of this section is effective only if, before an incision has been made to remove a part from the donor’s body or before invasive procedures have begun to prepare the recipient, the procurement organization, transplant hospital, or physician or technician knows of the revocation.

#### 18 V.S.A. § 5250n. RIGHTS AND DUTIES OF PROCUREMENT ORGANIZATION AND OTHERS

\* \* \*

(i) Neither the physician who attends the decedent at death nor the physician who determines the time of the decedent’s death may participate in the procedures for removing or transplanting a part from the decedent. As used in this section, “procedures” include actual physical removal

and transplantation of a part but do not include the consent, process, disposal, preservation, quality measures, storage, transportation, or research involving a part.

(j) A **physician** or technician may remove a donated part from the body of a donor that the **physician** or technician is qualified to remove.

#### 18 V.S.A. § 7101. DEFINITIONS

As used in this part of this title, the following words, unless the context otherwise requires, shall have the following meanings:

\* \* \*

(9) “Interested party” means a guardian, spouse, parent, adult child, close adult relative, a responsible adult friend or person who has the individual in his or her charge or care. It also means a mental health professional, a law enforcement officer, a licensed **physician**, a head of a hospital, a selectman, a town service officer or a town health officer.

\* \* \*

(11) “Licensed **physician**” means a **physician** legally qualified and licensed to practice as a **physician** in Vermont.

\* \* \*

(13) “Mental health professional” means a person with professional training, experience and demonstrated competence in the treatment of mental illness, who shall be a **physician**, psychologist, social worker, mental health counselor, nurse or other qualified person designated by the commissioner.

\* \* \*

#### 18 V.S.A. § 7103. DISCLOSURE OF INFORMATION

\* \* \*

(b) Nothing in this section shall preclude disclosure, upon proper inquiry, of information concerning medical condition to the individual's family, clergy, **physician**, attorney, the individual's health care agent under section 5264 of this title, a person to whom disclosure is authorized by a validly executed durable power of attorney for health care, or to an interested party.

\* \* \*

#### 18 V.S.A. § 7110. CERTIFICATION OF MENTAL ILLNESS

A certification of mental illness by a licensed **physician** required by section 7504 of this title shall be made by a board eligible psychiatrist, a board certified psychiatrist or a resident in psychiatry, under penalty of perjury. In areas of the state where board eligible psychiatrists, board certified psychiatrists or residents in psychiatry are not available to complete admission certifications to the Vermont State Hospital or its successor in interest, the commissioner may designate other licensed **physicians** as appropriate to complete certification for purposes of section 7504 of this title.

#### 18 V.S.A. § 7301. CREATION

The state board of mental health is created. It shall consist of seven persons, two of whom are **physicians** and one an attorney. A member may not be a trustee, officer or employee of any institution for mental patients. Biennially the governor shall appoint, with the advice and consent of the senate, two or three members for terms of six years in such manner that three terms expire in each third biennial year and two in other biennial years. The board, with the advice of the commissioner, shall make department policy. Biennially or when a vacancy occurs the board shall elect a chairman and a secretary.

18 V.S.A. § 7302. SUBCOMMITTEE ON INSTITUTIONS

The board may delegate to a subcommittee on institutions, composed of two **doctors** and a lawyer, its functions under sections 7305, 7306 and 7308-7313 of this title; and the action of a majority of the subcommittee shall be that of the board.

18 V.S.A. § 7401. POWERS AND DUTIES

Except insofar as this part of this title specifically confers certain powers, duties, and functions upon others, the commissioner shall be charged with its administration. The commissioner may:

\* \* \*

(7) prescribe the form of applications, records, reports, and medical certificates required by the statutes, and the information to be contained therein and to supply them to **physicians** and probate division of the superior courts;

\* \* \*

(21) ensure the coordination of public mental health and substance abuse services with mental health and substance abuse services offered through the private health care delivery system, including services offered by primary care **physicians**; and

\* \* \*

18 V.S.A. § 7504. APPLICATION FOR EMERGENCY EXAMINATION

(a) A person shall be admitted to a designated hospital for an emergency examination to determine if he or she is a person in need of treatment upon written application by an interested party accompanied by a certificate by a licensed **physician** who is not the applicant. The application and certificate shall set forth the facts and circumstances which constitute the need for an emergency examination and which show that the person is a person in need of treatment.

\* \* \*

(c) For the purposes of admission of an individual to a designated hospital for care and treatment under this section, a head of a hospital, as provided in subsection (a) of this section, may include a person designated in writing by the head of the hospital to discharge the authority granted in this section. A designated person must be an official hospital administrator, supervisory personnel or a licensed **physician** on duty on the hospital premises other than the certifying **physician** under subsection (a) of this section.

18 V.S.A. § 7505. WARRANT FOR IMMEDIATE EXAMINATION

(a) In emergency circumstances where a certification by a **physician** is not available without serious and unreasonable delay, and when personal observation of the conduct of a person constitutes reasonable grounds to believe that the person is a person in need of treatment, and he presents an immediate risk of serious injury to himself or others if not restrained, a law enforcement officer or mental health professional may make an application, not accompanied by a **physician**'s certificate, to any district or superior judge for a warrant for an immediate examination.

\* \* \*

(c) If the judge is satisfied that a **physician**'s certificate is not available without serious and unreasonable delay, and that probable cause exists to believe that the person is in need of an immediate examination, he may order the person to submit to an immediate examination at a designated hospital.

\* \* \*

(e) Upon admission to a designated hospital, the person shall be immediately examined by a licensed **physician**. If the **physician** certifies that the person is a person in need of treatment, the

person shall be held for an emergency examination in accordance with section 7508 of this title.

If the **physician** does not certify that the person is a person in need of treatment, he shall immediately discharge the person and cause him to be returned to the place from which he was taken, or to such place as the person reasonably directs.

18 V.S.A. § 7508. EMERGENCY EXAMINATION

\* \* \*

(b) If the person is admitted on an application and **physician**'s certificate, the examining psychiatrist shall not be the same **physician** who signed the certificate.

\* \* \*

18 V.S.A. § 7612. APPLICATION FOR INVOLUNTARY TREATMENT

\* \* \*

(e) The application shall be accompanied by:

(1) A certificate of a licensed **physician**, which shall be executed under penalty of perjury stating that he or she has examined the proposed patient within five days of the date the petition is filed, and is of the opinion that the proposed patient is a person in need of treatment, including the current and relevant facts and circumstances upon which the **physician**'s opinion is based; or

(2) A written statement by the applicant that the proposed patient refused to submit to an examination by a licensed **physician**.

(f) Before an examining **physician** completes the certificate of examination, he or she shall consider available alternative forms of care and treatment that might be adequate to provide for the person's needs, without requiring hospitalization.

18 V.S.A. § 7613. NOTICE—APPOINTMENT OF COUNSEL

(a) When the application is filed, the court shall appoint counsel for the proposed patient, and transmit a copy of the application, the **physician**'s certificate, if any, and a notice of hearing to the proposed patient, his attorney, guardian, or any person having custody and control of the proposed patient, the state's attorney, or the attorney general, and any other person the court believes has a concern for the proposed patient's welfare. A copy of the notice of hearing shall also be transmitted to the applicant and certifying **physician**.

\* \* \*

18 V.S.A. § 7614. PSYCHIATRIC EXAMINATION

As soon as practicable after notice of the commencement of proceedings is given, the court on its own motion or upon the motion of the proposed patient or his attorney or the state of Vermont shall authorize examination of the proposed patient by a psychiatrist other than the **physician** making the original certification. The examination and subsequent report or reports shall be paid for by the state of Vermont. The **physician** shall report his finding to the party requesting the report or to the court if it requested the examination.

18 V.S.A. § 7624. PETITION FOR INVOLUNTARY MEDICATION

\* \* \*

(c) The petition shall include a certification from the treating **physician**, executed under penalty of perjury, that includes the following information:

\* \* \*

(5) the current relevant facts and circumstances, including any history of psychiatric treatment and medication, upon which the **physician**'s opinion is based;

(6) what alternate treatments have been proposed by the doctor, the patient or others, and the reasons for ruling out those alternatives; and

\* \* \*

18 V.S.A. § 7626. DURABLE POWER OF ATTORNEY

\* \* \*

(c) In the case of a person subject to an order entered pursuant to subsection (a) of this section, and upon the certification by the person's treating physician to the court that the person has received treatment or no treatment consistent with the durable power of attorney for health care for 45 days after the order under subsection (a) of this section has been entered, then the court shall reconvene the hearing on the petition.

\* \* \*

18 V.S.A. § 8008. REVOCATION OF CONDITIONAL DISCHARGE

\* \* \*

(c) Immediately upon his return to the hospital, the patient shall be examined by a physician who shall orally explain to the patient the purpose of the examination and the reasons why the patient was returned to the hospital.

(d) If the examining physician certifies in writing to the head of the hospital that, in his opinion, the patient is a person in need of treatment, setting forth the recent and relevant facts supporting this opinion, the revocation shall become effective and the patient shall be readmitted to the hospital. If the examining physician does not so certify, the revocation shall be cancelled and the patient shall be returned to the place from which he was taken.

\* \* \*

18 V.S.A. § 8009. ADMINISTRATIVE DISCHARGE

\* \* \*

(b) The head of the hospital shall discharge a judicially hospitalized patient when the patient is no longer a patient in need of further treatment. When a judicially hospitalized patient is discharged, the head of the hospital shall notify the applicant, the certifying **physician**, the family division of the superior court, and anyone who was notified at the time the patient was hospitalized.

\* \* \*

18 V.S.A. § 8706. VOLUNTARY STERILIZATION

Any mentally retarded person over the age of eighteen, who does not have either a guardian or protective services worker with the power to consent to nonemergency surgery, may obtain a voluntary sterilization subject to all of the following preconditions:

- (1) the mentally retarded person has freely, voluntarily and without coercion, personally requested a **physician** to perform a sterilization; and
- (2) the mentally retarded person has given informed consent to the sterilization in that:
  - (A) the **physician** has provided a complete explanation concerning:
    - (i) the nature and irreversible consequences of a sterilization procedure, and
    - (ii) the availability of alternative contraceptive measures;
  - (B) the **physician** is satisfied that the consent is based upon an understanding of that information and that before the operation is undertaken the **physician** personally obtains evidence of the person's retention of that understanding, not less than 10 days following the original explanation;

\* \* \*

(4) the **physician** has reviewed medical records and psychological assessments of the mentally retarded person.

18 V.S.A. § 8707. COMPETENCY TO CONSENT; PROCEDURE

(a)(1) If the **physician** from whom the sterilization has been sought refuses to perform the sterilization because he is not satisfied that the mentally retarded person has the ability to give the informed consent required by section 8706 of this title, the mentally retarded person may file a petition in superior court for a determination of the person's competency to consent to the sterilization.

\* \* \*

18 V.S.A. § 8709. PETITION AND NOTICE OF HEARING

(a) Any mentally retarded adult, his or her parent, private guardian, near relative, as defined in section 8821 of this title, or **physician**, may file a petition in the superior court alleging that the person is mentally retarded and in need of sterilization.

\* \* \*

18 V.S.A. § 8711. CONDUCT OF HEARING

\* \* \*

(d) The court shall order the commissioner of disabilities, aging, and independent living to arrange for the preparation of a comprehensive medical, psychological and social evaluation of the person through developmental disability agencies affiliated with the department. The comprehensive evaluation shall be completed within 30 days of the receipt of the petition. The medical report shall be prepared by a **physician** and shall describe the physical condition of the respondent and the availability of the effective alternative contraceptive measures to meet the needs of the person. The psychological report shall include a diagnosis of the person's

intellectual ability and social functioning. The social report shall be prepared by a qualified mental retardation professional, and shall describe the respondent's developmental and social functioning.

\* \* \*

#### 18 V.S.A. § 9302. DEFINITIONS

As used in this chapter:

\* \* \*

(8) "Qualified developmental disabilities professional" means a psychologist, **physician**, registered nurse, educator, or social worker with specialized training or at least one year of experience in working with people with developmental disabilities.

\* \* \*

#### 18 V.S.A. § 9375a. EXPENDITURE ANALYSIS; UNIFIED HEALTH CARE BUDGET

\* \* \*

(b)(1) Annually the board shall prepare a three-year projection of health care expenditures made on behalf of Vermont residents, based on the format of the health care budget and expenditure analysis adopted by the board under this section, projecting expenditures in broad sectors such as hospital, **physician**, home health, or pharmacy. The projection shall include estimates for:

\* \* \*

#### 18 V.S.A. § 9410. HEALTH CARE DATABASE

\* \* \*

(e) Records or information protected by the provisions of the **physician**-patient privilege under 12 V.S.A. § 1612(a), or otherwise required by law to be held confidential, shall be filed in a manner that does not disclose the identity of the protected person.

\* \* \*

#### 18 V.S.A. § 9414. QUALITY ASSURANCE FOR MANAGED CARE ORGANIZATIONS

\* \* \*

(c) The managed care organization shall have an internal quality assurance program to monitor and evaluate its health care services, including primary and specialist **physician** services, and ancillary and preventive health care services, across all institutional and noninstitutional settings. The internal quality assurance program shall be fully described in written form, provided to all managers, providers and staff and made available to members of the organization. The components of the internal quality assurance program shall include, but not be limited to, the following:

\* \* \*

#### 18 V.S.A. § 9418. PAYMENT FOR HEALTH CARE SERVICES

(a) Except as otherwise specified, as used in this subchapter:

\* \* \*

(3) “Contracting entity” means any entity that contracts directly or indirectly with a health care provider for either the delivery of health care services or the selling, leasing, renting, assigning, or granting of access to a contract or terms of a contract. For purposes of this subchapter, the department of Vermont health access, health care providers, **physician** hospital organizations, health care facilities, and stand-alone dental plans are not contracting entities.

\* \* \*

(9) “Health care provider” or “provider” means a person, partnership, or corporation licensed, certified, or otherwise authorized by law to provide professional health care services in this state and shall include a health care provider group, network, independent practice association, or **physician** hospital organization that is acting exclusively as an administrator on behalf of a health care provider to facilitate the provider’s participation in health care contracts. The term includes a hospital but does not include a pharmacist, pharmacy, nursing home, or a health care provider organization or **physician** hospital organization that leases its network to a covered entity or contracts directly with employers or self-insured plans.

\* \* \*

(13) “Participating provider” means a health care provider that has a health care contract with a contracting entity and is entitled to reimbursement for health care services rendered to an insured under the health care contract. The term includes a hospital, but does not include a pharmacist, pharmacy, or nursing home, or a health care practitioner organization or **physician**-hospital organization that leases the health care practitioner organization’s or **physician**-hospital organization’s network to a covered entity or contracts directly with employers or self-insured plans.

\* \* \*

#### 18 V.S.A. § 9418d. CONTRACT AMENDMENTS

\* \* \*

(c) Subsection (b) of this section shall not apply in the following circumstances:

\* \* \*

(4) The participating provider’s payment or compensation is based on the current Medicaid or Medicare **physician** reimbursement schedule, and the amendment reflects a change

in payment or compensation resulting solely from a change in that **physician** reimbursement schedule.

\* \* \*

#### 18 V.S.A. § 9418f. RENTAL NETWORK CONTRACTS

(a) Definitions. As used in this section:

\* \* \*

(2)(A) “Provider” means a **physician**, a **physician** organization, or a **physician** hospital organization that is acting exclusively as an administrator on behalf of a provider to facilitate the provider’s participation in health care contracts.

(B) “Provider” does not include a **physician** organization or **physician** hospital organization that leases or rents the **physician** organization’s or **physician** hospital organization’s network to a covered entity.

\* \* \*

(f)(1) Unauthorized access to provider network contracts. It is a violation of this subchapter subject to enforcement under section 9418g of this title to access or utilize a provider’s contractual discount pursuant to a provider network contract without a contractual relationship with the provider, contracting entity, or covered entity, as specified in this section.

\* \* \*

(3) A contracting entity may not lease, rent, or otherwise grant a covered entity access to a provider network contract unless the covered entity accessing the health care contract is:

\* \* \*

(B) a preferred provider organization or preferred provider network, including a **physician** organization or **physician** hospital organization; or

\* \* \*

18 V.S.A. § 9420. CONVERSION OF NONPROFIT HOSPITALS

\* \* \*

(b) Definitions. As used in this section:

\* \* \*

(4) “Convert” means to sell, transfer, lease, exchange, option, commit, convey, or otherwise dispose of assets or operations of a nonprofit hospital. The term does not include transactions occurring in the normal and ordinary course of business for the nonprofit hospital, such as management contracts, vendor contracts, **physician**-hospital contracts, managed care contracts, financing agreements or ventures such as letters of credit, or cooperative or networking agreements with for-profit providers.

\* \* \*

18 V.S.A. § 9435. EXCLUSIONS

(a) Excluded from this subchapter are offices of **physicians**, dentists, or other practitioners of the healing arts, meaning the physical places which are occupied by such providers on a regular basis in which such providers perform the range of diagnostic and treatment services usually performed by such providers on an outpatient basis unless they are subject to review under subdivision 9434(a)(4) of this title.

\* \* \*

(c) The provisions of subsection (a) of this section shall not apply to offices owned, operated, or leased by a hospital or its subsidiary, parent, or holding company, outpatient diagnostic or therapy programs, kidney disease treatment centers, independent diagnostic laboratories, cardiac catheterization laboratories, radiation therapy facilities, ambulatory surgical centers, and

diagnostic imaging facilities and similar facilities owned or operated by a **physician**, dentist, or other practitioner of the healing arts.

\* \* \*

#### 18 V.S.A. § 9701. DEFINITIONS

As used in this chapter:

\* \* \*

(5) “Clinician” means a medical **doctor** licensed to practice under chapter 23 of Title 26, an osteopathic **physician** licensed pursuant to 26 V.S.A. § 1750(9), an advance practice registered nurse licensed pursuant to 26 V.S.A. § 1572(4), and a physician’s assistant certified pursuant to 26 V.S.A. § 1733 acting within the scope of the license under which the clinician is practicing.

\* \* \*

#### 20 V.S.A. § 1934. LEAST INTRUSIVE MEANS OF COLLECTION

\* \* \*

(b) For purposes of this subchapter, a blood sample may only be drawn by a **physician**, physician’s assistant, registered nurse, licensed practical nurse, medical technologist, laboratory assistant, or phlebotomist.

#### 21 V.S.A. § 224. RULES AND STANDARDS

\* \* \*

(d) Where appropriate, a standard promulgated by the secretary of human services may prescribe the type and frequency of medical examinations or other tests which shall be made available by an employer or at the expense of the employer, to employees exposed to health hazards in employment, in order to effectively determine whether the health of the employee is

adversely affected by exposure to the hazard. In the event medical examinations are in the nature of research, as determined by the secretary of human services, such examinations may be furnished at the expense of the state. The results of the examinations or tests shall be furnished only to the secretary of human services, the commissioner of health, the director of occupational health, the commissioner of labor, and at the request of the employee, to the employee's physician and the employee.

\* \* \*

#### 21 V.S.A. § 432. —RESTRICTIONS

(a) The commissioner shall not issue a certificate for a child under 16 pursuant to section 431 of this title until the commissioner has received, examined, approved and filed the following papers:

\* \* \*

(3) A certificate from a physician resident in and licensed to practice in this state showing that after a thorough examination the child is found to be physically fit to be employed in the proposed occupation. When a certificate is requested for the employment of a child under 16 as an actor or performer in motion pictures, theatrical productions, radio or television, this provision may be waived at the discretion of the commissioner.

\* \* \*

#### 21 V.S.A. § 471. DEFINITIONS

As used in this subchapter:

\* \* \*

(5) "Serious illness" means an accident, disease or physical or mental condition that:

\* \* \*

(C) requires continuing in-home care under the direction of a **physician**.

21 V.S.A. § 472. LEAVE

\* \* \*

(e) An employee shall give reasonable written notice of intent to take leave under this subchapter. Notice shall include the date the leave is expected to commence and the estimated duration of the leave. In the case of the adoption or birth of a child, an employer shall not require that notice be given more than six weeks prior to the anticipated commencement of the leave. In the case of serious illness of the employee or a member of the employee's family, an employer may require certification from a **physician** to verify the condition and the amount and necessity for the leave requested. An employee may return from leave earlier than estimated upon approval of the employer. An employee shall provide reasonable notice to the employer of his or her need to extend leave to the extent provided by this chapter.

\* \* \*

21 V.S.A. § 514. ADMINISTRATION OF TESTS

An employer may request an applicant for employment or an employee to submit to a drug test pursuant to this subchapter, provided the drug testing is performed in compliance with all the following requirements:

\* \* \*

(11) Medical review officer. The employer shall contract with or employ a certified medical review officer who shall be a licensed **physician** with knowledge of the medical use of prescription drugs and the pharmacology and toxicology of illicit drugs. The medical review officer shall review and evaluate all drug test results, assure compliance with this section and

sections 515 and 516 of this title, report the results of all tests to the individual tested, and report only confirmed drug test results to the employer.

\* \* \*

#### 21 V.S.A. § 641. VOCATIONAL REHABILITATION

(a) When as a result of an injury covered by this chapter, an employee is unable to perform work for which the employee has previous training or experience, the employee shall be entitled to vocational rehabilitation services, including retraining and job placement, as may be reasonably necessary to restore the employee to suitable employment. Vocational rehabilitation services shall be provided as follows:

\* \* \*

(4) If services are not voluntarily offered and accepted by the employee, the commissioner, if necessary through informal hearing, may refer the employee to a qualified **physician** or appropriate facility for evaluation of the practicability of, need for, and kind of service, treatment, or training necessary and appropriate to render the employee fit for a remunerative occupation. Upon receipt of findings and after affording the parties an opportunity to be heard, the commissioner may order that the services and treatment recommended, or such other rehabilitation treatment or service the commissioner may deem necessary be provided at the expense of the employer. When vocational rehabilitation requires residence at or near a facility or institution, away from the employee's customary residence, the reasonable cost of board, lodging, or travel, or both, shall be paid for by the employer. In addition, the employer shall pay reasonable costs of books, tools, or other basic materials required in such rehabilitation process. Refusal to accept vocational rehabilitation pursuant to an order of the commissioner may result in loss of compensation for each week of the refusal, if the commissioner so directs.

\* \* \*

## 21 V.S.A. § 642a. TEMPORARY TOTAL; INSURER REVIEW

The employer shall review every claim for temporary total disability benefits that continues for more than 104 weeks. No later than 30 days after 104 weeks of continuous temporary total disability benefits have been paid, the employer shall file with the department and the claimant a medical report from a **physician** that evaluates the medical status of the claimant, the expected duration of the disability, and when or if the claimant is expected to return to work. If the evaluating **physician** concludes that the claimant has reached a medical end result, the employer shall file a notice to discontinue.

21 V.S.A. § 655. PROCEDURE IN OBTAINING COMPENSATION; MEDICAL  
EXAMINATION; VIDEO AND AUDIO RECORDING

After an injury and during the period of disability, if so requested by his or her employer, or ordered by the commissioner, the employee shall submit to examination, at reasonable times and places, by a duly licensed **physician** or surgeon designated and paid by the employer. The employee may make a video or audio recording of any examination performed by the insurer's **physician** or surgeon or have a licensed health care provider designated and paid by the employee present at the examination. The employer may make an audio recording of the examination. The right of the employee to record the examination shall not be construed to deny to the employer's **physician** the right to visit the injured employee at all reasonable times and under all reasonable conditions during total disability. If an employee refuses to submit to or in any way obstructs the examination, the employee's right to prosecute any proceeding under the provisions of this chapter shall be suspended until the refusal or obstruction ceases, and compensation shall not be payable for the period which the refusal or obstruction continues.

21 V.S.A. § 682. LIENS AGAINST COMPENSATION

Claims of **physicians** and hospitals for services rendered under the provisions of this chapter and claims of attorneys for services rendered an employee in prosecuting a claim under the provisions of this chapter shall be approved by the commissioner. When so approved they may be enforced against compensation awards in such manner as the commissioner may direct.

21 V.S.A. § 1301. DEFINITIONS

The following words and phrases, as used in this chapter, shall have the following meanings unless the context clearly requires otherwise:

\* \* \*

(17)(A) For benefit years beginning prior to January 3, 1988, the “base period” is the period of 52 weeks ending with the day immediately preceding the first day of a claimant’s benefit year. Such period shall be extended by one week for each week, not to exceed 18, in which the claimant had no earnings because of sickness or disability as certified by a duly licensed **physician**.

\* \* \*

23 V.S.A. § 304a. SPECIAL REGISTRATION PLATES AND PLACARDS FOR PEOPLE  
WITH DISABILITIES

\* \* \*

(b) Special registration plates or removable windshield placards or both shall be issued by the Vermont commissioner of motor vehicles. The placard shall be issued without a fee to a person who is blind or has an ambulatory disability. One set of plates shall be issued without additional fees for a vehicle registered or leased to a person who is blind or has an ambulatory disability. The commissioner shall issue these placards or plates under rules adopted by him or her after

proper application has been made to the commissioner by any person residing within the state of Vermont. Application forms shall be available on request at the department of motor vehicles.

(1) Upon application for a special registration plate or removable windshield placard, the commissioner shall send a form prescribed by him or her to the applicant to be signed and returned by a licensed **physician**, certified physician's assistant, or licensed advanced practice registered nurse. The commissioner shall file the form for future reference and issue the placard or plate. A new application shall be submitted every four years in the case of placards and at every third registration renewal for plates but in no case greater than every four years. When a licensed **physician**, certified physician's assistant, or licensed advanced practice registered nurse has previously certified to the commissioner that an applicant's condition is both permanent and stable, a special registration plate or placard need not be renewed.

\* \* \*

(5) If the authenticity of the medical need for the special registration is challenged with reasons in writing, the commissioner may have **physicians** with the Vermont department of health review the medical facts, with the knowledge of the person with a disability and the licensed **physician**, certified physician's assistant, or licensed advanced practice registered nurse who filled in the medical form for the special registration, in order to determine eligibility and so notify all concerned of the facts and the recommendations.

\* \* \*

(f) Persons who are temporarily disabled with an ambulatory disability may apply for a temporary removable windshield placard to the commissioner on a form prescribed by him or her. The placard shall be valid for a period of up to six months and displayed as required under the provisions of subsection (c) of this section. The application shall be signed by a licensed

physician, certified physician's assistant, or licensed advanced practice registered nurse. The validation period of the temporary placard shall be established on the basis of the written recommendation from a licensed physician, certified physician's assistant, or licensed advanced practice registered nurse. The commissioner shall promulgate rules to implement the provisions of this subsection.

#### 23 V.S.A. § 637. EXAMINERS OF PHYSICAL AND MENTAL CONDITIONS

The commissioner may designate physicians, ophthalmologists, oculists and optometrists properly registered and authorized to practice in this state as examiners of operators. The commissioner may refer any matter relative to the issuing, suspending or reinstating of licenses which concern the physical or mental condition or eyesight of any applicant for or holder of a license or any petitioner for reinstatement to, and require the applicant or other person to be examined by, such examiner in the vicinity of the person's residence as he determines to be qualified to examine and report. Such examiner shall report to the commissioner the true and actual result of examinations made by him or her together with his decision as to whether the person examined should be granted or allowed to retain an operator's license or permitted to operate a motor vehicle.

#### 23 V.S.A. § 638. DISSATISFACTION WITH PHYSICAL AND MENTAL EXAMINATION

If any person is dissatisfied with the result of an examination given by any one examiner, as provided in section 637 of this title, he or she may apply to the commissioner for and shall be granted an examination by two physicians, ophthalmologists, oculists, or optometrists selected from a list of examiners approved by the commissioner, and their decision shall be final. The commissioner may designate the area of specialization from which the examiners are to be

selected in each case, but in no event shall he or she limit the choice of an examiner to any one individual within the profession from which he or she is to be chosen.

23 V.S.A. § 1125. OBSTRUCTING WINDSHIELDS

(a) No person shall paste, stick, or paint advertising matter or other things on or over any transparent part of a motor vehicle windshield, vent windows, or side windows located immediately to the left and right of the operator, nor hang any object, other than a rear view mirror, in back of the windshield except as follows:

\* \* \*

(6) the commissioner may grant an exemption upon application from a person required for medical reasons to be shielded from the rays of the sun and who attaches to the application a document signed by a licensed **physician** or optometrist certifying that shielding from the rays of the sun is a medical necessity. The **physician** or optometrist certification shall be renewed every four years. However, when a licensed **physician** or optometrist has previously certified to the commissioner that an applicant's condition is both permanent and stable, the exemption may be renewed by the applicant without submission of a form signed by a licensed **physician** or optometrist. Additionally, the window shading or tinting permitted under this subdivision shall be limited to the vent windows or side windows located immediately to the left and right of the operator. The exemption provided in this subdivision shall terminate upon the sale of the approved vehicle and at that time the applicable window tinting shall be removed by the seller. Furthermore, if the material described in this subdivision tears or bubbles or is otherwise worn to prohibit clear vision, it shall be removed or replaced.

\* \* \*

23 V.S.A. § 1203. ADMINISTRATION OF TESTS; RETENTION OF TEST AND  
VIDEOTAPE

\* \* \*

(b) Only a **physician**, licensed nurse, medical technician, physician's assistant, medical technologist, or laboratory assistant acting at the request of a law enforcement officer may withdraw blood for the purpose of determining the presence of alcohol or other drug. This limitation does not apply to the taking of a breath sample.

\* \* \*

23 V.S.A. § 1203a. INDEPENDENT CHEMICAL TEST; BLOOD TESTS

\* \* \*

(d) The **physician**, licensed nurse, medical technician, physician's assistant, medical technologist, or laboratory assistant drawing a sample of blood shall use a sample collection kit provided by the department of health or another type of collection kit. The sample shall be identified as to donor, date, and time, sealed and mailed to the department of health where it shall be held for a period of at least 45 days from the date the sample was taken. At any time during that period the person may direct that the sample be sent to an independent laboratory of the person's choosing for an independent analysis. The department of health may recover its costs of supplies, handling and storage.

\* \* \*

(f) The facility, **physician**, licensed nurse, medical technician, physician's assistant, medical technologist, or laboratory assistant drawing blood shall in no manner be liable in any civil or criminal action except for negligence in drawing the blood.

23 V.S.A. § 1282. OPERATOR, EQUIPMENT AND INSPECTION

(a) Before a person may assume the duty of transporting school pupils in either a Type I or Type II school bus, he or she shall as a minimum:

\* \* \*

(2) Furnish the department of motor vehicles or in the case of a person licensed in another jurisdiction furnish his or her employer a certificate signed by a licensed **physician**, or a certified physician's assistant or a nurse practitioner in accordance with written protocols, that he or she is, as far as can be determined by reasonable inquiry and examination, mentally and physically competent to perform his or her duties. Any newly diagnosed diabetic or established diabetic must be stabilized and must be certified by his or her personal **physician** that he or she has not had a hypoglycemic reaction (loss of consciousness or near loss of consciousness) for the last two years or since his or her last physical, whichever is longer. Any diabetic must be recertified every six months by his or her personal **physician** who must state that the patient has not had a hypoglycemic reaction during that time;

\* \* \*

(d)(1) A person licensed by the department of motor vehicles to assume the duty of transporting school pupils in either a Type I or Type II school bus shall annually before the commencement of the school year furnish his or her employer, where he or she is employed as a school bus driver, the following:

(A) a certificate signed by a licensed **physician**, or a certified physician's assistant or a nurse practitioner in accordance with written protocols, certifying that he or she is, as far as can be determined by reasonable inquiry and examination, mentally and physically competent to

perform his or her duties, and that he or she meets or exceeds the minimum hearing standards, based on voice testing, as prescribed by the commissioner; and

(B) a certificate signed by a properly registered and authorized medical **doctor**, ophthalmologist, optometrist, or nurse practitioner certifying that he or she meets or exceeds the minimum vision standards as prescribed by the commissioner.

\* \* \*

#### 24 V.S.A. § 2604. JOINT ACTION BY MUNICIPALITIES

A municipality may appropriate a sum of money to secure a licensed **physician** or a registered nurse, or both, or provide ambulance service, and may join with adjacent municipalities in providing these services.

#### 24 V.S.A. § 2605. **PHYSICIAN'S** RESIDENCE—PURCHASE

Municipalities, separately or by compact, may purchase and maintain a residence for a **physician**, and may contract with the **physician** for his occupancy on a lease-purchase option basis, upon approval of the question and the money therefor, by vote at a regular or special meeting, duly warned for that purpose.

#### 24 V.S.A. § 2651. DEFINITIONS

As used in this chapter:

(1) “Advanced emergency medical treatment” means those portions of emergency medical treatment as defined by the department of health, which may be performed by licensed emergency medical services personnel acting under the supervision of a **physician** within a system of medical control approved by the department of health.

\* \* \*

(6) “Emergency medical personnel” means persons, including volunteers, licensed by the department of health to provide emergency medical treatment on behalf of an affiliated agency whose primary function is the provision of emergency medical treatment. The term does not include duly licensed or registered **physicians**, dentists, nurses or physicians assistants when practicing in their customary work setting.

\* \* \*

(11) “Medical control” means the entire system of quality assurance and medical accountability for basic and advanced emergency medical treatment as prescribed by this chapter. “Prehospital medical control” shall include direction and advice given to emergency medical personnel by a **physician** or a person acting under the direct supervision of a **physician** provided through:

\* \* \*

## 24 V.S.A. § 2657. PURPOSES AND POWERS OF EMERGENCY MEDICAL SERVICES DISTRICTS

(a) It shall be the function of each emergency medical services district to foster and coordinate emergency medical services within the district, in the interest of affording adequate ambulance services within the district. Each emergency medical services district shall have powers which include, but are not limited to, the power to:

\* \* \*

(9) Establish medical control within the district with **physicians** and representatives of medical facilities, including written protocols with the appropriate officials of receiving hospitals defining their operational procedures.

\* \* \*

24 V.S.A. § 5051. DEFINITIONS

As used in this chapter:

\* \* \*

(12) “Medical board” means the board of **physicians** provided for in section 5062 of this title.

\* \* \*

24 V.S.A. § 5056. DISABILITY RETIREMENT

(a) Upon application of a member not more than 90 days before, or later than 90 days, or longer for cause shown, the date a member separates from service, any member who has not reached his or her normal retirement date and has had five or more years of creditable service, may be retired by the retirement board on a disability retirement allowance on the first of the month following separation from service; provided that the medical board, after an examination of the medical records of the member or a medical examination by a **physician** or **physicians** designated by the medical board, shall certify that the member is mentally or physically incapacitated for the further performance of the member’s specific job requirements, that such incapacity has existed at and since the time of the member’s separation from service and is likely to be permanent, and that he or she should be retired. If the member has applied for and been granted a disability retirement allowance from the Social Security Administration prior to submission of municipal application, an automatic approval will be granted upon receipt of proof of Social Security disability allowance.

\* \* \*

24 V.S.A. § 5057. REEXAMINATION OF DISABILITY BENEFICIARY

(a) Once each year, the retirement board or the medical board may require any disability beneficiary who has not reached his or her normal retirement date to undergo a medical examination, by a **physician** or **physicians** designated by the medical board, the examination to be made at the place of residence of the beneficiary or other place mutually agreed upon. In lieu of a medical examination, the retirement board may request current medical records or evidence to substantiate the continued disability status.

\* \* \*

24 V.S.A. § 5062. RETIREMENT BOARD; MEDICAL BOARD; ACTUARY; RATES OF CONTRIBUTION; SAFEKEEPING OF SECURITIES

\* \* \*

(i) The retirement board shall designate a medical board to be composed of three **physicians** not eligible to participate in the retirement system. If required, other **physicians** may be employed to report on special cases. The medical board shall arrange for and pass upon all medical examinations required under the provisions of this chapter, shall investigate all essential statements and certificates by or on behalf of a member in connection with an application for disability retirement, and shall report in writing to the retirement board of its conclusions and recommendations upon all matters referred to it.

\* \* \*

24 V.S.A. § 5142. DEFINITIONS

For the purpose of this chapter:

\* \* \*

(6) “Physician’s certificate” means a written statement by a duly licensed medical practitioner certifying that a ratepayer or resident within the ratepayer’s household would suffer an immediate and serious health hazard by the disconnection of the utility’s service to that household. The certificate will be considered valid and in force for 30 days, or the duration of the hazard, whichever is less.

\* \* \*

24 V.S.A. § 5143. DISCONNECTION OF SERVICE

\* \* \*

(b) Disconnection shall not be permitted if:

\* \* \*

(4) The disconnection would represent an immediate and serious hazard to the health of the ratepayer or a resident within the ratepayer’s household, as set forth in a physician’s certificate which is on file with the municipality. Notice by telephone or otherwise that such certificate will be forthcoming will have the effect of receipt, providing the certificate is in fact received within seven days.

\* \* \*

24 V.S.A. § 5144. UNIFORM NOTICE FORM

The notice form required under section 5143 of this chapter, and defined in section 5142 of this chapter shall be clearly printed on a pink colored sheet of paper, and shall be according to the following form:

Date \_\_\_\_\_

\$ \_\_\_\_\_

AMOUNT IN ARREARS

Dear Customer:

According to our records, your (water) (sewer) service account is still unpaid. Please make full payment of the account or contact our office to make satisfactory arrangements before ..... If this is not done, we will no longer be able to extend credit and will have to discontinue your service, on that day or any one of the following four business days. (Under the law, "Business days" means Monday through Thursday, excluding legal holidays, when the offices are not open to the public). An unpaid bill is a lien on your real property, and may lead to tax sale proceedings.

SPECIAL CHARGES - Section 5151 of Title 24, Vermont Statutes Annotated, provides that we charge a fee for coming to your location to collect the amount overdue. Also, the same statute provides that we shall charge a reconnection fee for restoration of service if your service has been disconnected for nonpayment. These fees are as follows:

Collection Trips - \$ 25.00, regardless of number

Reconnection - Normal Hours - \$ 25.00

Overtime - \$ 37.50 Interest according to 32 V.S.A. § 5136(a)

If payment has already been sent, we recommend that you contact our office to make certain that payment is recorded on your account by the indicated date as such payment may have become delayed or lost in the mail. Payment in the mail does not constitute payment until received by us.

THIS IS A FINAL REQUEST FROM:

(Name of Credit Supervisor)

(Name of Municipality)

(Address of Municipality)

(Town)

Vermont (Zip Code)

(Telephone Number)

OTHER IMPORTANT INFORMATION - If you have a question concerning this bill or if you want to seek an agreement with us to pay the balance due in partial payments over a period of time, you should contact this office as soon as possible after receipt of this notice. In the event an agreement is entered into, failure to abide by the terms of agreement can lead to disconnection without further notice. If disconnection would result in an immediate and serious health hazard to you or to a resident within your household, disconnection will be postponed upon presentation of a duly licensed **physician**'s certificate.

APPEALS - If you cannot reach agreement as to payment of this bill with the credit supervisor whose name appears above, you may appeal to:

(Name of Chairman of the Local Legislative Body)

(Name of Town, City or Village)

(Address of Office)

(Mailing Address)

or by calling:

(Telephone Number)

An appeal cannot be taken unless you first attempt to settle with the credit supervisor. You may appeal only as to the proper amount of your bill or the correctness of application of the rules and regulations. You may not appeal as to the level or design of the rates themselves. No

charge shall be made for the appeal. However, undisputed portions of the charges giving rise to this notice must be paid before the disconnection date given above.

24 App. V.S.A., ch. 3, § 277. COMPOSITION

The board of health shall consist of five legal voters of the city, one of whom shall be a health practitioner who is either a **physician**, a physician's assistant, or a registered nurse.

24 App. V.S.A. ch. 7, § 23. CITY COUNCIL POWERS

The city council shall have power to make, establish, alter, amend or repeal ordinances, regulations and bylaws not inconsistent with this act or with the constitution or laws of the United States or of this state for the following purposes and to inflict penalties for the breach thereof:

\* \* \*

(27) To compel reports from **physicians**, surgeons and others of contagious and infectious diseases and those of a pestilential nature.

(28) To compel the registration of **physicians** or others practicing medicine, surgery or midwifery.

\* \* \*

24 App. V.S.A. ch. 9, § 3.1. POWERS OF THE CITY OF RUTLAND

The powers of the City of Rutland under this charter shall be construed liberally in favor of the city and, except as expressly limited herein specific mention of particular powers in this charter shall not be construed as limiting in any way the general powers as stated herein. The City of Rutland may exercise any of its powers or perform any of its functions and may participate in the financing thereof, jointly or in cooperation, by contract or otherwise, with the State of Vermont or any subdivision or agency thereof, or provided it is so authorized under the

general laws of the State of Vermont or by a special act, with the United States of America or any subdivision or agency thereof. The City of Rutland has the power to receive by gift, grant, devise, bequest, purchase or condemnation any real or personal property, and to hold in fee, hold in trust, lease or convey any such real or personal property within or without the limits of the City of Rutland as the purpose of the corporation may require; to borrow on the credit of the city in the mode and subject to the restrictions hereinafter provided; to contract, to sue, prosecute and defend; to have, make use and alter at pleasure a city seal; to have and to exercise all other rights, powers, privileges and immunities conferred upon towns of the State of Vermont by law or necessary to carry out its corporate functions and duties. In the exercise of any of the powers granted to the City of Rutland by this charter, the city may enact ordinances, rules and regulations and prescribe penalties for the violation of any such ordinances, rules and regulations, provided however, that no such penalties shall exceed imprisonment for one (1) year or a fine of five hundred dollars (\$500), or both. Without in any way limiting the powers hereinafter granted, the City of Rutland shall have the power:

\* \* \*

(34) To retain a city **physician**;

\* \* \*

24 App. V.S.A. ch. 9, § 15.7. VACANCIES

\* \* \*

(b) The mayor with the approval of the board of aldermen, shall make a temporary appointment within fifteen (15) days after receiving notice from a **physician** that any appointive officer is rendered incapable of performing the duties of that particular office.

24 App. V.S.A. ch. 235, § 41. ESTABLISHMENT OF BOARD

The trustees of the village of Ludlow shall appoint two competent **physicians** of said village, who, with the trustees aforesaid, shall constitute a board of health for said village. Such board of health shall make such regulations as they may judge necessary for the suppression, abatement, and removal of sources of filth and causes of sickness, and shall cause such regulations to be published from time to time in some newspaper of the village.

26 V.S.A. § 321. DEFINITIONS

In this chapter, unless the context requires another meaning:

\* \* \*

(3) “Practice of podiatry,” by a podiatric **physician**, means any medical, mechanical, surgical, electrical, manipulation, strapping or bandaging treatment of the ailments pertaining to the human foot and lower leg distal to the myotendinous junction of the triceps surae. If spinal or general anesthesia is required, it shall be administered by a health care professional regulated under this title who is authorized to administer anesthesia within the scope of his or her practice. In the case of amputations other than toe amputations and in the case of surgical treatment at or above the ankle, the surgical treatment shall be performed only in a general hospital licensed under chapter 43 of Title 18 or a certified ambulatory surgical center as defined in 18 V.S.A. § 9432. For purposes of this section, “ankle” means the joint between the tibia and fibula proximally and the talus distally.

26 V.S.A. § 521. DEFINITIONS

As used in this chapter:

\* \* \*

(4) “Chiropractor” or “chiropractic **physician**” means a person licensed under this chapter.

\* \* \*

26 V.S.A. § 522. PROHIBITIONS

\* \* \*

(b) A person shall not use in connection with the person's name any letters, words or insignia indicating that the person is a chiropractor, chiropractic **physician** or **doctor** of chiropractic unless the person is licensed under this chapter.

\* \* \*

26 V.S.A. § 541. DISCIPLINARY PROCEEDINGS; UNPROFESSIONAL CONDUCT

Unprofessional conduct means the following conduct and the conduct set forth in 3 V.S.A. § 129a:

(1) Advertising or making a representation relating to chiropractic which is intended or has a tendency to deceive the public, including advertising by a licensee which does not clearly state that the services advertised are being offered by a "chiropractor" or "chiropractic **physician**."

\* \* \*

26 V.S.A. § 562. PROHIBITIONS

(a) No person may use in connection with a name any words, including "**Doctor** of Dental Surgery" or "**Doctor** of Dental Medicine," or any letters, signs, or figures, including the letters "D.D.S." or "D.M.D.," which imply that a person is a licensed dentist when not authorized under this chapter;

\* \* \*

26 V.S.A. § 563. EXEMPTIONS

The provisions of this chapter shall not apply to the following:

(1) the rights and privileges of **physicians** licensed under the laws of this state.

\* \* \*

26 V.S.A. § 566. NONDENTAL ANESTHESIA

(a) A dentist may administer nondental anesthesia if he or she meets the following requirements:

\* \* \*

(5) The dentist practicing nondental anesthesia is held to the same standard of care as a **physician** administering anesthesia under the same or similar circumstances.

(b) The board shall refer a complaint or disciplinary proceeding about a dentist arising from his or her administration of nondental anesthesiology to the board of medical practice, which shall have jurisdiction to investigate and sanction and limit or revoke the dentist's license to the same extent that it may for **physicians** licensed under chapter 23 of this title.

26 V.S.A. § 1311. DEFINITIONS

For the purposes of this chapter:

(1) Practice of medicine means:

(A) using the designation "**Doctor**," "**Doctor** of Medicine," "**Physician**," "Dr.," "M.D.," or any combination thereof in the conduct of any occupation or profession pertaining to the prevention, diagnosis, or treatment of human disease or condition unless the designation additionally contains the description of another branch of the healing arts for which one holds a valid license in Vermont;

\* \* \*

(F) rendering a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient or the actual rendering of treatment to a patient within the

state by a **physician** located outside the state as a result of the transmission of individual patient data by electronic or other means from within the state to the **physician** or his or her agent; or

\* \* \*

(4) “Medical director” means, for purposes of this chapter, a **physician** who is board-certified or board-eligible in his or her field of specialty, as determined by the American Board of Medical Specialties (ABMS), and who is charged by a health maintenance organization with responsibility for overseeing all clinical activities of the plan in this state, or his or her designee.

\* \* \*

#### 26 V.S.A. § 1313. EXEMPTIONS

(a) The provisions of this chapter shall not apply to the following:

\* \* \*

(2) a member of the United States military or national guard, including a national guard member in state status, or to any person giving aid, assistance, or relief in emergency or accident cases pending the arrival of a regularly licensed **physician**;

(3) a nonresident **physician** coming into this state to consult or using telecommunications to consult with a duly licensed practitioner herein; or

(4) a duly licensed **physician** in another state, in Canada, or in another nation as approved by the board who is visiting a medical school or a teaching hospital in this state to receive or conduct medical instruction for a period not to exceed three months, provided the practice is limited to that instruction and is under the supervision of a **physician** licensed by the board.

(b) The provisions of sections 1311 and 1312 of this title shall not apply to a person, firm, or corporation that manufactures or sells patent, compound, or proprietary medicines, that are

compounded according to the prescription of a **physician** who has been duly authorized to practice medicine, or to the domestic administration of family remedies.

26 V.S.A. § 1351. BOARD OF MEDICAL PRACTICE

(a) A state board of medical practice is created. The board shall be composed of 17 members, nine of whom shall be licensed **physicians**, one of whom shall be a physician assistant licensed pursuant to chapter 31 of this title, one of whom shall be a podiatrist licensed pursuant to chapter 7 of this title, and six of whom shall be persons not associated with the medical field. The governor, with the advice and consent of the senate, shall appoint the members of the board. Appointments shall be for a term of five years, except that a vacancy occurring during a term shall be filled by an appointment by the governor for the unexpired term. No member shall be appointed to more than two consecutive full terms, but a member appointed for less than a full term (originally or to fill a vacancy) may serve two full terms in addition to such part of a full term, and a former member shall again be eligible for appointment after a lapse of one or more years. Any member of the board may be removed by the governor at any time. The board shall elect from its members a chair, vice chair, and secretary who shall serve for one year and until their successors are appointed and qualified. The board shall meet upon the call of the chair or the commissioner of health, or at such other times and places as the board may determine. Except as provided in section 1360 of this title, nine members of the board shall constitute a quorum for the transaction of business. The affirmative vote of the majority of the members present shall be required to carry any motion or resolution, to adopt any rule, to pass any measure or to authorize any decision or order of the board.

\* \* \*

(c) The board of medical practice is established as an office within the department of health.

With respect to the board, the commissioner shall have the following powers and duties to:

\* \* \*

(6) prepare and maintain a registry of all **physicians** licensed by the board; and

\* \* \*

26 V.S.A. § 1354. UNPROFESSIONAL CONDUCT

(a) The board shall find that any one of the following, or any combination of the following, whether or not the conduct at issue was committed within or outside the state, constitutes unprofessional conduct:

\* \* \*

(6) promotion by a **physician** of the sale of drugs, devices, appliances or goods provided for a patient in such a manner as to exploit the patient for financial gain of the **physician** or selling, prescribing, giving away or administering drugs for other than legal and legitimate therapeutic purposes;

\* \* \*

(8) willfully making and filing false reports or records in his or her practice as a **physician**;

\* \* \*

(11) solicitation of professional patronage by agents or persons or profiting from the acts of those representing themselves to be agents of the licensed **physician**;

\* \* \*

(13) agreeing with clinical or bio-analytical laboratories to make payments to such laboratories for individual tests or test series for patients, unless the **physician** discloses on the bills to patients or third party payors the name of such laboratory, the amount or amounts to such

laboratory for individual tests or test series and the amount of his or her processing charge or procurement, if any, for each specimen taken;

\* \* \*

(15) practicing medicine with a **physician** who is not legally practicing within the state, or aiding or abetting such **physician** in the practice of medicine; except that it shall be legal to practice in an accredited preceptorship or residency training program or pursuant to section 1313 of this title;

\* \* \*

(22) in the course of practice, gross failure to use and exercise on a particular occasion or the failure to use and exercise on repeated occasions, that degree of care, skill and proficiency which is commonly exercised by the ordinary skillful, careful and prudent **physician** engaged in similar practice under the same or similar conditions, whether or not actual injury to a patient has occurred;

\* \* \*

(26) any **physician** who, in the course of a collaborative agreement with a nurse practitioner allows the nurse practitioner to perform a medical act which is outside the usual scope of the **physician**'s own practice or which the nurse practitioner is not qualified to perform by training or experience, or which the ordinary reasonable and prudent **physician** engaged in a similar practice would not agree should be written into the scope of the nurse practitioner's practice, shall be subject to disciplinary action by the board in accordance with chapter 23 of this title;

\* \* \*

(33)(A) providing, prescribing, dispensing, or furnishing medical services or prescription medication or prescription-only devices to a person in response to any communication transmitted or received by computer or other electronic means, when the licensee fails to take the following actions to establish and maintain a proper **physician**-patient relationship:

\* \* \*

(C) the following would not be in violation of this subdivision (33) if transmitted or received by computer or other electronic means:

\* \* \*

(ii) prescribing for a patient of another **physician** for whom the prescriber has taken the call;

(iii) prescribing for a patient examined by a licensed advanced practice registered nurse, physician assistant, or other advanced practitioner authorized by law and supported by the **physician**;

\* \* \*

(35) disruptive behavior which involves interaction with **physicians**, hospital personnel, office staff, patients, or support persons of the patient or others that interferes with patient care or could reasonably be expected to adversely affect the quality of care rendered to a patient;

(36) commission of any sexual misconduct which exploits the **physician**-patient relationship, including sexual contact with a patient, surrogates, or key third parties;

\* \* \*

(39) use of the services of a physician assistant by a **physician** in a manner which is inconsistent with the provisions of chapter 31 of this title.

\* \* \*

26 V.S.A. § 1355. COMPLAINTS; HEARING COMMITTEE

(a) Any person, firm, corporation, or public officer may submit a written complaint to the board alleging any person practicing medicine in the state committed unprofessional conduct, specifying the grounds therefor. The board shall initiate an investigation of the **physician** when a complaint is received or may act on its own initiative without having received a complaint. The chairperson shall designate four members, including one public member, to serve as a committee to hear or investigate and report upon such charges.

(b) The chair may designate a hearing committee constituting less than a quorum of the board, to conduct hearings which would otherwise be heard by the board. A hearing committee shall consist of at least one **physician** member of the board and one public member of the board. No member of the hearing committee shall have been a member of the investigative committee which reviewed the matter at the investigative stage. When the board is unable to assign one or more members to investigate a complaint or serve on a hearing committee by reason of disqualification, resignation, vacancy or necessary absence, the commissioner may, at the request of the board, appoint ad hoc members to serve on the investigation or the hearing for that matter only. When a hearing is conducted by a hearing committee, the committee shall report its findings and conclusions to the board, within 60 days of the conclusion of the hearing unless the board grants an extension. The board may take additional evidence and may accept, reject or modify the findings and conclusions of the committee. Judgment on the findings shall be rendered by the board. Nothing herein is intended to limit the discretion of the board to determine whether a matter will proceed to hearing before a hearing committee under this subsection or by a quorum of the board.

\* \* \*

26 V.S.A. § 1368. DATA REPOSITORY; LICENSEE PROFILES

\* \* \*

(b) The department shall provide individual health care professionals with a copy of their profiles prior to the initial release to the public and each time a **physician**'s profile is modified or amended. A health care professional shall be provided a reasonable time to correct factual inaccuracies that appear in such profile, and may elect to have his or her profile omit the information required under subdivisions (a)(12) through (14) of this section. In collecting information for such profiles and in disseminating the same, the department shall inform health care professionals that they may choose not to provide such information required under subdivisions (a)(12) through (14).

\* \* \*

26 V.S.A. § 1391. QUALIFICATIONS FOR MEDICAL LICENSURE

(a) Upon payment of an examination fee, a person who has attained the age of majority, and is of good moral character, who is a graduate of a legally chartered college or university authorized to confer degrees in medicine and surgery, which is recognized by the board, shall be entitled to examination. Evidence of good moral character and competence in being able to communicate in reading, writing and speaking the English language, shall be presented from the chief of service and two other active **physician** staff members at the hospital where the person was last affiliated. In the discretion of the board, evidence from different sources may be presented.

\* \* \*

(e) An applicant for limited temporary license, who shall furnish the board with satisfactory proof that he or she has attained the age of majority, is of good moral character, is a graduate of a

legally chartered medical school of this country or of a foreign country that is recognized by the board and which has power to grant degrees in medicine, that all other eligibility requirements for house officer status have been met, and that he or she has been appointed an intern, resident, fellow, or medical officer in a licensed hospital or in a clinic which is affiliated with a licensed hospital, or in any hospital or institution maintained by the state, or in any clinic or outpatient clinic affiliated with or maintained by the state, may upon the payment of the required fee, be granted a limited temporary license by the board as a hospital medical officer for a period of up to 54 weeks and such license may be renewed or reissued, upon payment of the fee, for the period of the applicant's postgraduate training, internship, or fellowship program. Such limited temporary license shall entitle the said applicant to practice medicine only in the hospital or other institution designated on his or her certificate of limited temporary license and in clinics or outpatient clinics operated by or affiliated with such designated hospital or institution and only if such applicant is under the direct supervision and control of a licensed **physician**. Such licensed **physician** shall be legally responsible and liable for all negligent or wrongful acts or omissions of the limited temporary licensee and shall file with the board the name and address both of himself or herself and the limited temporary licensee and the name of such hospital or other institution. Such limited temporary license shall be revoked upon the death or legal incompetency of the licensed **physician** or, upon ten days written notice, by withdrawal of his or her filing by such licensed **physician**. The limited temporary licensee shall at all times exercise the same standard of care and skill as a licensed **physician**, practicing in the same specialty, in the state of Vermont. Termination of appointment as intern, resident, fellow, or medical officer of such designated hospital or institution shall operate as a revocation of such limited temporary license. An application for limited temporary license shall not be subject to subsection 1391(d) of this title.

26 V.S.A. § 1395. LICENSE WITHOUT EXAMINATION

(a) Without examination the board may, upon payment of the required fee, issue a license to a reputable **physician** who personally appears and presents a certified copy of a certificate of registration or a license issued to him or her in a jurisdiction whose requirements for registration are deemed by the board as equivalent to those of this state, providing that such jurisdiction grants the same reciprocity to a Vermont **physician** or by the National Board of Medical Examiners.

(b) Without examination the board may issue a license to a reputable **physician** who is a resident of a foreign country and who shall furnish the board with satisfactory proof that he or she has been appointed to the faculty of a medical college accredited by the Liaison Committee on Medical Education (LCME) and located within the state of Vermont. An applicant for a license under this subsection shall furnish the board with satisfactory proof that he or she has attained the age of majority, is of good moral character, is licensed to practice medicine in his or her country of residence, and that he or she has been appointed to the faculty of an LCME accredited medical college located within the state of Vermont. The information submitted to the board concerning the applicant's faculty appointment shall include detailed information concerning the nature and term of the appointment and the method by which the performance of the applicant will be monitored and evaluated. A license issued under this subsection shall be for a period no longer than the term of the applicant's faculty appointment and may, in the discretion of the board, be for a shorter period. A license issued under this subsection shall expire automatically upon termination for any reason of the licensee's faculty appointment.

(c) Notwithstanding the provisions of subsection (a) of this section and any other provision of law, a **physician** who holds an unrestricted license in all jurisdictions where the **physician** is

currently licensed, and who certifies to the Vermont board of medical practice that he or she will limit his or her practice in Vermont to providing pro bono services at a free or reduced fee health care clinic in Vermont and who meets the criteria of the board, shall be licensed by the board within 60 days of the licensee's certification without further examination, interview, fee, or any other requirement for board licensure. The **physician** shall file with the board, on forms provided by the board and based on criteria developed by the board, information on medical qualifications, professional discipline, criminal record, malpractice claims, or any other such information as the board may require. A license granted under this subsection shall authorize the licensee to practice medicine on a voluntary basis in Vermont.

26 V.S.A. § 1396. REQUIREMENTS FOR ADMISSION TO PRACTICE

(a) The standard of requirements for admission to practice in this state, under section 1395 of this title, shall be as follows:

\* \* \*

(4) Moral: Applicant shall present letters of reference as to moral character and professional competence from the chief of service and two other active **physician** staff members at the hospital where he or she was last affiliated. In the discretion of the board, letters from different sources may be presented.

\* \* \*

26 V.S.A. § 1400. RENEWAL OF LICENSE; CONTINUING MEDICAL EDUCATION

\* \* \*

(f) A person who practices medicine and who fails to renew his or her license in accordance with the provisions of this section shall be deemed an illegal practitioner and shall forfeit the right to so practice or to hold himself or herself out as a person licensed to practice medicine in

the state until reinstated by the board, but nevertheless a **physician** while on extended active duty in the uniformed services of the United States or as a member of the national guard, state guard, or reserve component who is licensed as a **physician** at the time of an activation or deployment shall receive an extension of licensure up to 90 days following the **physician**'s return from activation or deployment, provided the **physician** notifies the board of his or her activation or deployment prior to the expiration of the current license and certifies that the circumstances of the activation or deployment impede good faith efforts to make timely application for renewal of the license.

\* \* \*

#### 26 V.S.A. § 1402. HEALTH MAINTENANCE ORGANIZATION; MEDICAL DIRECTOR

A medical director who is a **physician** employed by a health maintenance organization in this state, which has individuals who have entered into contracts with a health maintenance organization for the provision of health care services, or on whose behalf such an arrangement has been made, shall possess a full and unrestricted license issued by the board.

#### 26 V.S.A. § 1445. FINDINGS

The general assembly finds that the Vermont Program for Quality in Health Care, Inc., a nonprofit corporation, is organized for the purpose of implementing and maintaining a statewide quality assurance system based on the collection and interpretation of clinical data, feedback of such data to **physicians** and, when necessary, the provision of professional accountability.

#### 26 V.S.A. § 1572. DEFINITIONS

As used in this chapter:

\* \* \*

(3)(A) “Licensed practical nursing” means a directed scope of nursing practice which includes, but is not limited to:

\* \* \*

(B) A licensed practical nurse functions at the direction of a registered nurse, advanced practice registered nurse, licensed **physician** or licensed dentist in the performance of activities delegated by that health care professional.

\* \* \*

#### 26 V.S.A. § 1573a. APRN SUBCOMMITTEE

The board shall appoint a subcommittee to study and report to the board on matters relating to advanced practice registered nurse practice. The subcommittee shall be composed of at least five members. The majority shall be advanced practice registered nurses who are licensed and in good standing in this state. At least one member shall be a member of the public, and at least one member shall be a **physician** designated by the board of medical practice. Members of the subcommittee shall be entitled to compensation at the rate provided in 32 V.S.A. § 1010.

#### 26 V.S.A. § 1616. NURSE PRACTITIONER AND NURSE MIDWIFE SIGNATURE

##### AUTHORITY

Whenever any provision of Vermont statute or rule or any form provided to any person in this state requires a signature, certification, stamp, verification, affidavit, or other endorsement by a **physician**, such statute, rule, or form shall be deemed to include a signature, certification, stamp, verification, affidavit, or other endorsement by an advanced practice registered nurse (APRN) licensed pursuant to this chapter and certified as a nurse practitioner or a nurse midwife; provided, however, that nothing in this section shall be construed to expand the scope of practice of APRNs.

26 V.S.A. § 1651. DEFINITIONS

As used in this chapter:

\* \* \*

(8) “Supervision” means the direction and review by the supervising **physician**, as determined to be appropriate by the board, of the medical services provided by the anesthesiologist assistant. At a minimum, supervision shall mean that an anesthesiologist is readily available at the facility for consultation and intervention.

26 V.S.A. § 1657. SUPERVISION AND SCOPE OF PRACTICE

(a) The number of anesthesiologist assistants permitted to practice under the direction and supervision of a **physician** shall be determined by the board after review of the system of care delivery in which the supervising anesthesiologist and anesthesiologist assistants propose to practice. The authority of an anesthesiologist assistant to practice shall terminate immediately upon dissolution of the anesthesiologist assistant’s employment contract, and the supervising anesthesiologist shall immediately notify the board and the commissioner of the department of health of such termination. The anesthesiologist assistant’s authority to practice shall not resume until he or she provides proof of another employment contract and protocol as approved under this chapter.

\* \* \*

26 V.S.A. § 1658. UNPROFESSIONAL CONDUCT

(a) The following conduct and the conduct described in section 1354 of this title by a certified anesthesiologist assistant constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of certification:

\* \* \*

(12) the act of holding one's self out as, or permitting one's self to be represented as, a licensed **physician**;

\* \* \*

26 V.S.A. § 1712. LICENSE REQUIRED

\* \* \*

(e) No persons may use the title "**doctor** of optometry," "optometrist" or any substantially equivalent title unless he or she is licensed under this chapter.

\* \* \*

26 V.S.A. § 1713. EXEMPTIONS

\* \* \*

(b) Nothing in this chapter shall prohibit persons or corporations from making mechanical repairs to spectacles, nor shall it prohibit any person, firm, or corporation engaged in grinding lenses and filling prescriptions from replacing lenses or filling prescriptions issued by a duly licensed optometrist or **physician**.

26 V.S.A. § 1728c. USE OF ORAL THERAPEUTIC PHARMACEUTICAL AGENT;

COMMUNICATION WITH PRIMARY CARE PROVIDER

A licensee who employs an oral therapeutic pharmaceutical agent that might prove to have significant systemic adverse reactions or systemic side effects shall, in a manner consistent with Vermont law, ascertain the risk of systemic side effects through either a case history or by communicating with the patient's primary care provider. The licensee shall also communicate with the patient's primary care provider, or with a **physician** skilled in diseases of the eye, when in the professional judgment of the licensee, it is medically appropriate. The communication

shall be noted in the patient's permanent record. The methodology of communication shall be determined by the licensee.

#### 26 V.S.A. § 1731. POLICY AND PURPOSE

The general assembly recognizes the need to provide means by which **physicians** in this state may increase the scope and efficiency of their practice in order to ensure that quality medical services are available to all Vermonters at reasonable cost.

#### 26 V.S.A. § 1732. DEFINITIONS

As used in this chapter:

\* \* \*

(3) "Delegation agreement" means a detailed description of the duties and scope of practice delegated by a primary supervising **physician** to a physician assistant that is signed by both the physician assistant and the supervising **physicians**.

(4) "**Physician**" means an individual licensed to practice medicine pursuant to chapter 23 or 33 of this title.

(5) "Physician assistant" means an individual licensed by the state of Vermont who is qualified by education, training, experience, and personal character to provide medical care with the direction and supervision of a Vermont licensed **physician**.

(6) "Supervising **physician**" means an M.D. or D.O. licensed by the state of Vermont who oversees and accepts responsibility for the medical care provided by a physician assistant.

(7) "Supervision" means the direction and review by the supervising **physician** of the medical care provided by the physician assistant. The constant physical presence of the supervising **physician** is not required as long as the supervising **physician** and physician assistant are or easily can be in contact with each other by telecommunication.

\* \* \*

26 V.S.A. § 1733. LICENSURE

\* \* \*

(b) In order to practice, a licensed physician assistant shall have completed a delegation agreement as described in section 1735a of this title with a Vermont licensed **physician** signed by both the physician assistant and the supervising **physician** or **physicians**. The original shall be filed with the board and copies shall be kept on file at each of the physician assistant's practice sites. All applicants and licensees shall demonstrate that the requirements for licensure are met.

\* \* \*

26 V.S.A. § 1734c. EXEMPTIONS

Nothing herein shall be construed to require licensure under this chapter of:

\* \* \*

(3) a technician or other assistant or employee of a **physician** who performs **physician**-delegated tasks but who is not rendering services as a physician assistant or identifying himself or herself as a physician assistant.

26 V.S.A. § 1735a. SUPERVISION AND SCOPE OF PRACTICE

(a) It is the obligation of each team of **physician** and physician assistant to ensure that the physician assistant's scope of practice is identified; that delegation of medical care is appropriate to the physician assistant's level of competence; that the supervision, monitoring, documentation, and access to the supervising **physician** is defined; and that a process for evaluation of the physician assistant's performance is established.

(b) The information required in subsection (a) of this section shall be included in a delegation agreement as required by the commissioner by rule. The delegation agreement shall be signed

by both the physician assistant and the supervising **physician** or **physicians**, and a copy shall be kept on file at each of the physician assistant's practice sites and the original filed with the board.

(c) The physician assistant's scope of practice shall be limited to medical care which is delegated to the physician assistant by the supervising **physician** and performed with the supervision of the supervising **physician**. The medical care shall be within the supervising **physician**'s scope of practice and shall be care which the supervising **physician** has determined that the physician assistant is qualified by education, training, and experience to provide.

(d) A physician assistant may prescribe, dispense, and administer drugs and medical devices to the extent delegated by a supervising **physician**. A physician assistant who is authorized by a supervising **physician** to prescribe controlled substances must register with the federal Drug Enforcement Administration.

(e) A supervising **physician** and physician assistant shall report to the board immediately upon an alteration or the termination of the delegation agreement.

#### 26 V.S.A. § 1736. UNPROFESSIONAL CONDUCT

\* \* \*

(b) Unprofessional conduct includes the following actions by a licensed physician assistant:

\* \* \*

(6) the act of holding one's self out as, or permitting one's self to be represented as, a licensed **physician**;

(7) performing otherwise than at the direction and under the supervision of a **physician** licensed by the board or an osteopath licensed by the Vermont board of osteopathic **physicians** and surgeons;

\* \* \*

26 V.S.A. § 1739. LEGAL LIABILITY

(a) The supervising **physician** delegating activities to a physician assistant shall be legally liable for such activities of the physician assistant, and the physician assistant shall in this relationship be the **physician**'s agent.

(b) Nothing in this chapter shall be construed as prohibiting a **physician** from delegating to the **physician**'s employees certain activities relating to medical care and treatment now being carried out by custom and usage when such activities are under the control of the **physician**. The **physician** delegating activities to his or her employees shall be legally liable for such activities of such persons, and such person shall in this relationship be the **physician**'s agent. Nothing contained in this chapter shall be construed to apply to nurses acting pursuant to chapter 28 of this title.

26 V.S.A. § 1739a. INAPPROPRIATE USE OF SERVICES BY **PHYSICIAN**;

UNPROFESSIONAL CONDUCT

Use of the services of a physician assistant by a **physician** in a manner which is inconsistent with the provisions of this chapter constitutes unprofessional conduct by the **physician** and such **physician** shall be subject to disciplinary action by the board in accordance with the provisions of chapter 23 or 33 of this title, as appropriate.

26 V.S.A. § 1741. NOTICE OF USE OF PHYSICIAN ASSISTANT TO BE POSTED

A **physician**, clinic, or hospital that utilizes the services of a physician assistant shall post a notice to that effect in a prominent place.

26 V.S.A. § 1743. MEDICAID REIMBURSEMENT

The secretary of the agency of human services shall, pursuant to the Administrative Procedure Act, promulgate rules providing for a fee schedule for reimbursement under Title XIX of the

Social Security Act and chapter 19 of Title 33, relating to medical assistance which recognizes reasonable cost differences between services provided by **physicians** and those provided by physician assistants under this chapter.

26 V.S.A. § 1750. DEFINITIONS

As used in this chapter:

\* \* \*

(4) “Board” means the board of osteopathic **physicians** and surgeons created under section 1791 of this title.

\* \* \*

(6) “Medical director” means, for purposes of this chapter, an osteopathic **physician** who is board-certified or board-eligible in his or her field of specialty, as determined by the AOA or the American Board of Medical Specialties (ABMS), and who is charged by a health maintenance organization with responsibility for overseeing all clinical activities of the plan in this state, or his or her designee.

\* \* \*

(9) “Osteopathic **physician**” means a person licensed under this chapter to practice osteopathic medicine.

\* \* \*

26 V.S.A. § 1751. APPLICATION OF LAWS; RIGHTS

Osteopathic **physicians** and surgeons shall be subject to the provisions of law relating to communicable diseases and to the granting of certificates of births and deaths and the issuance of certificates relating to the commitment of mentally ill individuals, and such reports and certificates shall be accepted by the office or department to whom the same are made or

presented, equally with the reports and certificates of **physicians** of any other school of medicine; and such **physicians** shall have the same rights with respect to the rendering of medical services under the provisions of public health, welfare and assistance laws and rules.

26 V.S.A. § 1752. PROHIBITION; PENALTY

(a) No person shall perform any of the following acts:

\* \* \*

(2) Use, in connection with the person's name any letters, words or insignia indicating that the person is an osteopathic **physician** unless the person is licensed in accordance with this chapter.

\* \* \*

26 V.S.A. § 1753. EXEMPTIONS

\* \* \*

(b) The provisions of subdivision 1752(a)(1) of this title shall not apply to any person or persons giving aid, assistance or relief in emergency or accident cases pending the arrival of a licensed **physician** or surgeon.

(c) The provisions of this chapter shall not apply to:

\* \* \*

(2) A nonresident licensed osteopathic **physician** or surgeon who is called to treat or to consult on a particular case in this state provided he or she does not otherwise practice in this state.

26 V.S.A. § 1791. COMPOSITION OF THE BOARD; QUALIFICATIONS; TERM OF  
OFFICE

(a) A board of osteopathic **physicians** and surgeons is created. The board shall consist of five members. Board members shall be appointed by the governor pursuant to sections 129b and 2004 of Title 3.

(b) Three members of the board shall be osteopathic **physicians** licensed and in good standing in this state who are graduates of an accredited school of osteopathic medicine and who reside and have resided and actively practiced osteopathic medicine in this state during the two years immediately preceding their appointments. Two members shall be public members. A public member shall not be a member of any other health-related licensing board, nor have a financial interest personally or through a spouse, parent, child, brother or sister in the activities regulated under this chapter, other than as a consumer or possible consumer of osteopathic medical services.

\* \* \*

26 V.S.A. § 1792. POWERS; DUTIES

(a) In addition to its other powers and duties, the board shall:

\* \* \*

(3) Adopt rules which establish the activities that must be completed by an applicant in order to fulfill the experience requirements of this chapter. The rules shall require that the applicant's experience be under the supervision of an osteopathic **physician** licensed under this chapter. Such activities shall be designed to ensure that all applicants acquire experience in critical areas of osteopathic medicine, but shall not limit admission to licensure unless there is

good reason to believe that licensure of a particular applicant would be inconsistent with safeguarding the public welfare.

\* \* \*

#### 26 V.S.A. § 1830. APPLICATION

To apply for licensure as an osteopathic **physician** a person shall apply to the board on a form furnished by the board. The application shall be accompanied by payment of the required fees and evidence of eligibility as requested by the board.

#### 26 V.S.A. § 1831. QUALIFICATIONS FOR LICENSURE

(a) To be eligible for licensure as an osteopathic **physician**, an applicant shall have attained the age of majority and shall provide evidence, acceptable to the board, that he or she has satisfactorily completed all of the following:

\* \* \*

(c) In addition to the requirements of this section, an applicant shall present evidence of good character and competence relating to his or her fitness to practice osteopathic medicine from the chief of service and two other active **physician** staff members at the hospital or institution where the applicant was last affiliated, if the applicant has been affiliated with a hospital or institution. The board may seek evidence relating to the character and competence of the applicant from other sources. At the discretion of the board, the applicant may present evidence relating to character and competence from different sources.

#### 26 V.S.A. § 1832a. LICENSURE WITHOUT EXAMINATION

(a) A person shall be entitled to licensure without examination if he or she is a diplomate of the National Board of Examiners for Osteopathic **Physicians** and Surgeons.

\* \* \*

26 V.S.A. § 1834. LIMITED TEMPORARY LICENSE

\* \* \*

(c) A limited temporary license shall entitle the applicant to practice only in the hospital or other institution designated on the applicant's limited temporary license and in clinics or outpatient clinics operated by or affiliated with such designated hospital or institution and only under the direct supervision and control of an osteopathic or allopathic **physician** licensed under this chapter or chapter 23 of this title. The supervising **physician** shall provide the board with information regarding the names and addresses of the supervising **physician** and the limited temporary licensee and the name of the hospital or other institution in which the person will practice.

(d) The supervising **physician** shall be responsible for negligent or wrongful acts or omissions of the limited temporary licensee.

(e) The limited temporary licensee shall at all times exercise the same standard of care and skill as an osteopathic **physician**, practicing in the same specialty, in the state of Vermont.

(f) A limited temporary license shall expire upon occurrence of any of the following events:

- (1) The death or legal incompetency of the supervising **physician**.
- (2) Withdrawal of the filing by the supervising **physician**, provided the supervising **physician** gives ten days' written notice to the licensee and the hospital or institution.

(g) A limited temporary license granted under this section shall expire immediately upon termination of the licensee's appointment as intern, resident, fellow or medical officer of the designated hospital or institution.

26 V.S.A. § 1837. HEALTH MAINTENANCE ORGANIZATION; MEDICAL DIRECTOR

A medical director who is an osteopathic **physician** employed by a health maintenance organization with members in this state shall possess a full and unrestricted license, or a special purpose license pursuant to subchapter 5 of chapter 33 of this title, issued by the board.

26 V.S.A. § 1842. UNPROFESSIONAL CONDUCT

\* \* \*

(b) Unprofessional conduct means the following conduct and conduct set forth in 3 V.S.A. § 129a.

\* \* \*

(3) Suspension or revocation of the **physician**'s license to practice osteopathic medicine and surgery by competent authority in any state, federal or foreign jurisdiction.

\* \* \*

26 V.S.A. § 1843. DISCIPLINARY ACTION

\* \* \*

(c) After hearing, and upon a finding of unprofessional conduct, the board may take disciplinary action against an osteopathic **physician** or applicant.

\* \* \*

26 V.S.A. § 1852. ISSUANCE OF LICENSE

(a) The board may issue a special purpose license to practice osteopathic medicine as a medical director for a health maintenance organization covering persons in this state upon application from a person holding a full and unrestricted license to practice medicine in any and all states of the United States or its territories in which such individual is licensed, provided there has not been previous disciplinary or other action against the applicant by any state or

jurisdiction. In the event of previous disciplinary or other action against the applicant, the board may, in its discretion, issue a license to practice osteopathic medicine as a medical director for a health maintenance organization covering persons in this state if it finds that the previous disciplinary or other action does not indicate that the osteopathic **physician** is a potential threat to the public.

\* \* \*

#### 26 V.S.A. § 1855. SANCTIONS

Nothing in this subchapter shall be interpreted to limit or restrict the board's authority to discipline any osteopathic **physician** licensed to practice in this state who violates the provisions of this chapter while engaging in the practice of osteopathic medicine as a medical director for a health maintenance organization covering persons in this state.

#### 26 V.S.A. § 2032. POWERS, DUTIES, LIMITATIONS

\* \* \*

(c) The board of pharmacy shall also have the following responsibilities in regard to medications, drugs, devices and other materials used in this state in the diagnosis, mitigation and treatment or prevention of injury, illness, and disease:

\* \* \*

(5) The development of criteria for a standardized tamper-resistant prescription pad that can be used by all health care providers who prescribe drugs. Such criteria shall be developed in consultation with pharmacists, hospitals, nursing homes, **physicians** and other prescribers, and other affected parties.

\* \* \*

26 V.S.A. § 2041. UNLAWFUL PRACTICE

(a) It shall be unlawful for any person to engage in the practice of pharmacy unless licensed to so practice under the provisions of this chapter provided, however, **physicians**, dentists, veterinarians, osteopaths or other practitioners of the healing arts who are licensed under the laws of this state may dispense and administer prescription drugs to their patients in the practice of their respective professions where specifically authorized to do so by statute of this state.

\* \* \*

26 V.S.A. § 2077. DEFINITIONS

As used in this subchapter:

\* \* \*

(2) “Other prescriber” means a person other than a **physician** who is authorized under state law to prescribe drugs.

26 V.S.A. § 2078. EMERGENCY CONTRACEPTION; COLLABORATIVE PRACTICE

(a) Notwithstanding any other provision of law, a licensed pharmacist, under a collaborative agreement with a **physician** or other prescriber, may initiate and dispense emergency contraception in accordance with a protocol between the pharmacist and the **physician** or other prescriber. The protocol shall be consistent with the minimum standards contained in the standard protocol and procedures developed pursuant to subsection 2079(a) of this title. The pharmacist shall complete the emergency contraception education and training program established under subsection 2079(b) of this title before dispensing emergency contraception.

\* \* \*

26 V.S.A. § 2079. EMERGENCY CONTRACEPTION PROTOCOL AND EDUCATION  
PROGRAM

(a) The department of health, in collaboration with the board of pharmacy and other appropriate organizations, shall develop a standard protocol and procedures, by rule pursuant to chapter 25 of Title 3, for initiating and dispensing emergency contraception by pharmacists pursuant to this subchapter. The protocol and procedures shall include the minimum standards required to be contained in the protocol between the pharmacist and the **physician** or other prescriber, a standard informed consent form to be signed by the patient using the emergency contraception, the appropriate information to be provided to the patient using the emergency contraception, information needed by the pharmacist prior to dispensing emergency contraception, appropriate referrals, sensitive communication with and protection of the needs of vulnerable individuals, privacy considerations, necessary forms, and any documentation requirements.

\* \* \*

26 V.S.A. § 2424. LICENSURE BY ENDORSEMENT

\* \* \*

(c) As used in this section, “in good standing” means that the applicant:

\* \* \*

(4) has no physical or mental impairment related to drugs, alcohol or a finding of mental incompetence by a **physician** that would limit the applicant’s ability to undertake the practice of veterinary medicine in a manner consistent with the safety of a patient or the public;

\* \* \*

26 V.S.A. § 2651. DEFINITIONS

As used in this chapter:

\* \* \*

(4) “Ophthalmologist” means a licensed **physician** who has had special training in the field of ophthalmology.

\* \* \*

26 V.S.A. § 2653. EXEMPTIONS

Nothing in this chapter shall prohibit:

(1) Persons, firms, corporations or others from supplying ophthalmic materials and supplies directly to licensed **physicians**, licensed optometrists, or opticians;

\* \* \*

26 V.S.A. § 2804. COMPETENCY REQUIREMENTS OF CERTAIN LICENSED  
PRACTITIONERS

Unless the requirements of subdivision 2803(1) of this title have been satisfied, no **physician**, as defined in chapter 23 of this title, podiatrist, as defined in chapter 7 of this title, osteopathic **physician**, as defined in chapter 33 of this title, naturopathic **physician** as defined in chapter 81 of this title or chiropractor, as defined in chapter 10 of this title, shall apply ionizing radiation to human beings without first having satisfied the board of his or her competency to do so. The board shall consult with the appropriate licensing boards concerning suitable performance standards. The board shall, by rule, provide for periodic recertification of competency. A person subject to the provisions of this section shall be subject to the fees established under subdivisions 2814(4) and (5) of this title. This section does not apply to radiologists who are certified or eligible for certification by the American Board of Radiology.

26 V.S.A. § 2858. UNPROFESSIONAL CONDUCT

(a) The following conduct and the conduct described in section 1354 of this title by a certified radiologist assistant constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of certification:

\* \* \*

(12) holding one's self out as or permitting one's self to be represented as a licensed **physician**;

\* \* \*

26 V.S.A. § 3005. EXEMPTIONS

(a) The provisions of this chapter shall not apply to persons while engaged in the course of their customary duties as clergy, licensed **physicians**, nurses, osteopaths, optometrists, dentists, lawyers, social workers, mental health counselors, certified marriage and family therapists and psychoanalysts, rostered psychotherapists or licensed educators when performing their duties consistent with the accepted standards of their respective professions; provided, however, that they do not describe themselves to the public by any other title or description stating or implying that they are psychologists or are licensed to practice psychology.

\* \* \*

26 V.S.A. § 3102. PERIODIC REVIEW REQUIREMENT

\* \* \*

(b) The following laws are subject to review:

\* \* \*

(8) Chapter 33 of Title 26 on osteopathic **physicians** and surgeons;

\* \* \*

(30) Chapter 81 of Title 26 on naturopathic **physicians**;

\* \* \*

#### 26 V.S.A. § 3205. ELIGIBILITY

To be eligible for licensing as a clinical social worker an applicant must have:

\* \* \*

(3) completed 3,000 hours of supervised practice of clinical social work as defined by rule under the supervision of a licensed **physician** or a licensed osteopathic **physician** who has completed a residency in psychiatry, a licensed psychologist, a licensed clinical mental health counselor, a person licensed or certified under this chapter or a person licensed or certified in another state or Canada in one of these professions or their substantial equivalent. Persons engaged in post masters supervised practice in Vermont shall be entered on the roster of nonlicensed, noncertified psychotherapists;

(4) submitted the names and addresses of three persons who can attest to the applicant's professional competence. Such person shall be a licensed **physician** or a licensed osteopathic **physician** who has completed a residency in psychiatry, a licensed psychologist, a licensed clinical mental health counselor, a person licensed or certified under this chapter, or a person licensed in another state or Canada in one of these professions; and

\* \* \*

#### 26 V.S.A. § 3212. EXEMPTIONS

(a) The provisions of this chapter shall not apply to persons while engaged in the course of their customary duties as clergy, licensed **physicians**, nurses, osteopaths, optometrists, dentists, lawyers, psychologists, mental health counselors, certified marriage and family therapists and

psychoanalysts, rostered psychotherapists or licensed educators when performing their duties consistent with the accepted standards of their respective professions; provided, however, that they do not describe themselves to the public by any other title or description stating or implying that they are clinical social workers or are licensed to practice clinical social work.

\* \* \*

26 V.S.A. § 3265. ELIGIBILITY

To be eligible for licensure as a clinical mental health counselor an applicant shall satisfy all of the following:

\* \* \*

(2) Shall have documented a minimum of 3,000 hours of supervised work in clinical mental health counseling over a minimum of two years of post-master's experience. Persons engaged in supervised work shall be entered on the roster of nonlicensed, noncertified psychotherapists and shall comply with the laws of that profession, and shall have documented a minimum of 100 hours of face-to-face supervision over a minimum of two years post-master's experience. Clinical work shall be performed under the supervision of a licensed **physician** certified in psychiatry by the American Board of Medical Specialties, a licensed psychiatric nurse practitioner, a licensed psychologist, a licensed clinical social worker, a licensed marriage and family therapist, a licensed clinical mental health counselor, or a person certified or licensed in another jurisdiction in one of these professions or in a profession which is the substantial equivalent, or a supervisor trained by a regional or national organization which has been approved by the board.

\* \* \*

26 V.S.A. § 3273. EXEMPTIONS

(a) The provisions of this chapter shall not apply to persons while engaged in the course of their customary duties as clergy, licensed **physicians**, psychologists, nurses, osteopaths, optometrists, dentists, lawyers, social workers, certified marriage and family therapists and psychoanalysts, rostered psychotherapists, or licensed educators when performing their duties consistent with the accepted standards of their respective professions; provided, however, that they do not describe themselves to the public by any other title or description stating or implying that they are clinical mental health counselors or are licensed to practice clinical mental health counseling.

\* \* \*

26 V.S.A. § 3295. EXAMINATION

\* \* \*

(b) The examination shall cover the following: the basic physics of sound, anatomy and physiology of the ear, structure and function of hearing aids, pure tone audiometry, voice and recorded speech audiometry, interpretation of audiograms as related to hearing aid usage, selection and adaptation of hearing aids, counseling the hearing impaired, identifying situations in which referrals to a **physician** are appropriate, knowledge of medical and rehabilitation facilities for the hearing impaired in this state and state and federal laws relating to dispensing hearing aids and other areas of knowledge determined by the director to be necessary.

\* \* \*

26 V.S.A. § 4037. ELIGIBILITY

To be eligible for licensure as a marriage and family therapist, an applicant:

\* \* \*

(3) Shall have successfully completed a two-calendar-year work experience in marriage and family therapy under the supervision of either a licensed marriage and family therapist or licensed clinical social worker in this state or a marriage and family therapist or licensed clinical social worker in another state who would meet the license requirements. The board may, when a qualified marriage and family therapist is not reasonably available, permit a person licensed as a clinical mental health counselor, clinical social worker, psychologist, or licensed **physician** certified in psychiatry by the American Board of Medical Specialties, to serve as a supervisor. Persons engaged in the work experience shall be entered on the roster of psychotherapists who are nonlicensed and noncertified and shall comply with the laws of that profession. The board shall adopt rules establishing standards and procedures for satisfying the requirements of this subdivision.

\* \* \*

#### 26 V.S.A. § 4059. EXEMPTION

(a) Any person who has met the educational and clinical criteria established under subdivision 4057(a)(2) of this title and is licensed or certified under this title as a **physician**, osteopath, psychologist, clinical social worker, clinical mental health counselor or marriage and family therapist shall be exempt from the provisions of this chapter.

\* \* \*

#### 26 V.S.A. § 4085. EXEMPTIONS

(a) The provisions of this chapter shall not apply to persons while engaged in the course of their customary duties as clergy, licensed **physicians**, nurses, osteopaths, optometrists, dentists, lawyers, psychologists, social workers, mental health counselors, certified marriage and family

therapists, licensed alcohol and drug counselors, and psychoanalysts or licensed educators when performing their duties consistent with the accepted standards of their respective professions.

\* \* \*

#### 26 V.S.A. § 4101. DEFINITIONS

As used in this chapter:

\* \* \*

(5) “Practice of body piercing” means the piercing of any part of the body by someone other than a licensed **physician** who utilizes a needle or other instrument for the purpose of inserting an object into the body for nonmedical purposes. Body piercing includes ear piercing, except when performed on the lower lobe of the ear:

\* \* \*

(7) “Practice of tattooing” or “practice tattooing” means to place a permanent mark, design, or coloration of a human being by a process of pricking or ingraining an indelible pigment on or in the skin. “Practice of tattooing” or “practice tattooing” does not mean anatomical reproduction when performed under the direction of a **physician**.

\* \* \*

#### 26 V.S.A. § 4121. DEFINITIONS

As used in this chapter:

\* \* \*

(2) “Approved naturopathic medical college” means a college which grants a degree of **doctor** of naturopathic medicine or **doctor** of naturopathy:

\* \* \*

(6) “Naturopathic childbirth” means uncomplicated natural home birth assisted by a naturopathic **physician**.

\* \* \*

(8) “Naturopathic medicine” or “the practice of naturopathic medicine” means a system of health care that utilizes education, natural medicines, and natural therapies to support and stimulate a patient’s intrinsic self-healing processes and to prevent, diagnose, and treat human health conditions, injuries, and pain. In connection with such system of health care, an individual licensed under this chapter may:

\* \* \*

(B) Use diagnostic procedures commonly used by **physicians** in general practice, including physical and orificial examinations, electrocardiograms, diagnostic imaging techniques, phlebotomy, clinical laboratory tests and examinations, and physiological function tests.

(9) “Naturopathic physical medicine” means the use of the physical agents of air, water, heat, cold, sound and light, and the physical modalities of electrotherapy, biofeedback, acupuncture, diathermy, ultraviolet light, ultrasound, hydrotherapy and exercise. “Naturopathic physical medicine” also includes naturopathic manipulation and mobilization therapy if, in the opinion of the director, the naturopathic **physician**’s education emphasized the importance of the neuromusculoskeletal structure and manipulative therapy in the maintenance and restoration of health. Naturopathic medicine does not include the practice of physical therapy, physical rehabilitation or chiropractic.

(10) “Naturopathic **physician**” is a person who practices naturopathic medicine and is licensed under this chapter.

\* \* \*

26 V.S.A. § 4122. PROHIBITIONS AND PENALTIES

(a) No person shall perform any of the following acts:

\* \* \*

(2) Use, in connection with the person's name any letters, words or insignia indicating or implying that the person is a naturopathic **physician** unless the person is licensed in accordance with this chapter. A person licensed under this chapter may use the designations "N.D.," "**doctor** of naturopathic medicine," "naturopathic **doctor**," "**doctor** of naturopathy" or "naturopathic **physician**."

\* \* \*

26 V.S.A. § 4123. EXEMPTIONS

(a) Nothing in this chapter shall be construed to prohibit any of the following:

\* \* \*

(2) The practice of naturopathic medicine by a person duly licensed to engage in the practice of naturopathic medicine in another state, territory or the District of Columbia who is called into this state for consultation with a naturopathic **physician** licensed under this chapter.

(3) The practice of naturopathic medicine by a student enrolled in an approved naturopathic medical college. The performance of services shall be pursuant to a course of instruction and under the supervision of an instructor, who shall be a naturopathic **physician** licensed in accordance with this chapter.

\* \* \*

26 V.S.A. § 4124. REPORTING CONTAGIOUS AND INFECTIOUS DISEASES; DEATH  
CERTIFICATES

Naturopathic **physicians** are subject to the provisions of the law relating to contagious and infectious diseases and to the issuance of birth and death certificates.

26 V.S.A. § 4125. DIRECTOR; DUTIES

(a) The director, with the advice of the advisor appointees, shall:

(1) Provide general information to applicants for licensure as naturopathic **physicians**.

\* \* \*

(4) Explain appeal procedures to naturopathic **physicians** and applicants for licensure and complaint procedures to the public.

\* \* \*

(d) The director, in consultation with the commissioner of health, shall adopt rules consistent with the commissioner's recommendations regulating a special license endorsement which shall authorize a naturopathic **physician** to prescribe, dispense, and administer prescription medicines. These rules shall require a naturopathic **physician** to pass a naturopathic pharmacology examination in order to obtain this special license endorsement. The naturopathic pharmacology examination shall be administered by the director or the director's designee and shall test an applicant's knowledge of the pharmacology, clinical use, side effects, and drug interactions of prescription medicines, including substances in the Vermont department of health's regulated drugs rule.

26 V.S.A. § 4126. ADVISOR APPOINTEES

(a) The secretary of state shall appoint two naturopathic **physicians** licensed under this chapter to serve as advisors to the director in matters relating to naturopathic **physicians**. They

shall be appointed as set forth in 3 V.S.A. § 129b and serve at the pleasure of the secretary. One of the initial appointments shall be for less than a full term.

(b) Appointees shall have at least three years of experience as a naturopathic **physician** during the period immediately preceding appointment and shall be actively practicing naturopathic medicine in Vermont and remain in good standing during incumbency.

\* \* \*

#### 26 V.S.A. § 4127. ELIGIBILITY FOR LICENSURE

To be eligible for licensure as a naturopathic **physician**, an applicant shall satisfy all the following:

(1) Have been granted a degree of **doctor** of naturopathic medicine, or a degree determined by the director to be essentially equivalent to such degree, from an approved naturopathic medical college.

\* \* \*

#### 26 V.S.A. § 4129. WAIVER OF LICENSING EXAMINATION REQUIREMENT

The director shall waive the examination requirement if the applicant is a naturopathic **physician** regulated under the laws of another jurisdiction who is in good standing to practice naturopathic medicine in that jurisdiction and, in the opinion of the director, the standards and qualifications required for regulation in that jurisdiction are at least equal to those required by this chapter.

#### 26 V.S.A. § 4130. BIENNIAL LICENSE RENEWAL; CONTINUING EDUCATION

\* \* \*

(b) As a condition of renewal, a naturopathic **physician** shall complete a program of continuing education, approved by the director, during the preceding two years. The director shall not require more than 30 hours of continuing education biennially.

26 V.S.A. § 4131. SUPERVISION

A naturopathic **physician** licensed pursuant to this chapter shall be authorized to work independently and shall not require supervision by any other health care professional; provided, however, that this section shall not be construed to limit the regulatory authority of the director or office of professional regulation.

26 V.S.A. § 4151. DEFINITIONS

As used in this chapter:

\* \* \*

(3) “Athletic training” means the application of principles and methods of conditioning, the prevention, immediate care, recognition, evaluation, assessment, and treatment of athletic and orthopedic injuries within the scope of education and training, the organization and administration of an athletic training program and the education and counseling of athletes, coaches, family members, medical personnel, and communities in the area of care and prevention of athletic and orthopedic injuries. Athletic training may only be applied in the “traditional setting” and the “clinical setting”:

\* \* \*

(B) With a referral from a **physician**, osteopathic **physician**, dentist, or chiropractor, to athletes or the physically active who have an athletic or orthopedic injury and have been determined, by a **physician**'s examination, to be free of an underlying pathology that would affect treatment.

\* \* \*

(11) “Settings” means any areas in which an athletic trainer may practice athletic training.

These areas include:

\* \* \*

(B) “Clinical setting” means an outpatient orthopaedic or sports medicine clinic that employs one of the following: **physician**, osteopathic **physician**, chiropractor, or physical therapist.

\* \* \*

#### 26 V.S.A. § 4182. EXEMPTIONS

In recognition that, in Vermont, a variety of practitioners provides care to women during pregnancy and birth, this chapter does not apply to the following:

\* \* \*

(2) Licensed **physicians** or other licensed health care providers authorized to provide midwifery care.

\* \* \*

#### 26 V.S.A. § 4186. ADVISOR APPOINTEES

(a) The secretary of state shall appoint two licensed midwives and one **physician**, licensed under chapter 23 of this title and who has professional experience with home births, to serve as advisors in matters relating to licensed midwives. They shall be appointed for staggered five-year terms and shall serve at the pleasure of the secretary. One of the initial appointments may be for less than five years.

\* \* \*

26 V.S.A. § 4190. WRITTEN PLAN FOR CONSULTATION, EMERGENCY TRANSFER,  
AND TRANSPORT

(a) Every licensed midwife shall develop a written plan for consultation with **physicians** licensed under chapter 23 of this title and other health care providers for emergency transfer, for transport of an infant to a newborn nursery or neonatal intensive care nursery, and for transport of a woman to an appropriate obstetrical department or patient care area. The written plan shall be submitted to the director on an approved form with the application required by section 4184 of this title and biennially thereafter with the renewal form required by section 4187 of this title. The written transport plan shall be reviewed and approved by the advisors appointed pursuant to section 4186 of this title and shall be provided to any health care facility or health care professional identified in the plan. The director, in consultation with the advisors, the commissioner of health, and other interested parties, shall develop a single, uniform form for use in all cases in which a transfer or transport occurs, which shall include the medical information needed by the facility or professional receiving the transferred or transported patient.

\* \* \*

26 V.S.A. § 4701. DEFINITIONS

As used in this chapter:

\* \* \*

(7) “Performance of respiratory care” means respiratory care in accordance with the prescription of a licensed **physician**, licensed osteopath, certified physician assistant, certified anesthesiologist assistant, or licensed nurse practitioner, including the diagnostic and therapeutic use of the following:

\* \* \*

(8) "Practice of respiratory care" means:

(A) Direct and indirect respiratory care services, including the administration of pharmacologic, diagnostic, and therapeutic agents necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen by a licensed **physician**, physician assistant, anesthesiologist assistant, or nurse practitioner.

(B) Transcription and implementation of written or verbal orders of a licensed **physician**, physician assistant, anesthesiologist assistant, or nurse practitioner which pertains to the practice of respiratory care.

\* \* \*

(D) Implementing report, referral, and respiratory care protocols or changes in treatment, based on observed abnormalities, pursuant to a **physician**, physician assistant, anesthesiologist assistant, or nurse practitioner's prescription.

\* \* \*

(F) Respiratory care may be practiced in any clinic, hospital, skilled nursing facility, private dwelling, or other place deemed appropriate or necessary by the director and in accordance with the prescription or verbal orders of a licensed **physician**, physician assistant, anesthesiologist assistant, or nurse practitioner.

(9) "Respiratory care" means the allied health profession responsible for the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with cardiopulmonary systems under the direction of a **physician**, physician assistant, anesthesiologist assistant, or nurse practitioner. Respiratory care also includes inhalation therapy and respiratory therapy.

\* \* \*

26 V.S.A. § 4712. EXEMPTIONS FROM LICENSURE

(a) No person shall practice respiratory care or represent himself or herself to be a respiratory care practitioner unless he or she is licensed under this chapter, except that this chapter shall not prohibit:

(1) A person matriculated in an education program approved by the board who is pursuing a degree in respiratory care or respiratory therapy from satisfying supervised clinical education requirements related to the person's respiratory care education while under direct supervision of a respiratory care practitioner or **physician**.

\* \* \*

(11) A polysomnographic technologist, technician, or trainee from performing activities within the scope of practice adopted by the association of polysomnographic technologists, while under the direction of a Vermont licensed **physician** who has training in sleep medicine.

(12) A perfusionist from performing those activities contained within the perfusion scope of practice adopted by the American Society of Extracorporeal Technologists, or its successor organization, while under the supervision of a licensed **physician**.

\* \* \*

28 V.S.A. § 701a. SEGREGATION OF INMATES WITH A SERIOUS FUNCTIONAL  
IMPAIRMENT

(a) The commissioner shall adopt rules pursuant to chapter 25 of Title 3 regarding the classification, treatment, and segregation of an inmate with a serious functional impairment as defined and identified under subchapter 6 of this chapter; provided that the length of stay in segregation for an inmate with a serious functional impairment:

\* \* \*

(2) Shall not exceed 30 days if the inmate requested the segregation, except that the inmate may remain segregated for successive 30-day periods following assessment by a qualified mental health professional and approval of a **physician** for each extension.

(3) Shall not exceed 30 days if the inmate is segregated for any reason other than the reasons set forth in subdivision (1) or (2) of this subsection, except that the inmate may remain segregated for successive 30-day periods following a due process hearing for each extension, which shall include assessment by a qualified mental health professional and approval of a **physician**.

\* \* \*

#### 28 V.S.A. § 751b. GENERAL PROVISIONS GOVERNING OFFENDER WORK

\* \* \*

(b) No offender shall be required to engage in unreasonable labor, and no offender shall be required to perform any work for which he or she is declared unfit by a **physician** employed or retained by the department.

\* \* \*

#### 28 V.S.A. § 801. MEDICAL CARE OF INMATES

\* \* \*

(e) Except as otherwise provided in this subsection, an offender who is admitted to a correctional facility while under the medical care of a licensed **physician**, a licensed advanced practice registered nurse, or a licensed nurse practitioner and who is taking medication at the time of admission pursuant to a valid prescription as verified by the inmate's pharmacy of record, primary care provider, other licensed care provider, or as verified by the Vermont prescription monitoring system or other prescription monitoring or information system shall be

entitled to continue that medication and to be provided that medication by the department pending an evaluation by a licensed **physician**, a licensed physician's assistant, a licensed nurse practitioner, or a licensed advanced practice registered nurse. However, the department may defer provision of medication in accordance with this subsection if, in the clinical judgment of a licensed **physician**, a physician's assistant, a nurse practitioner, or an advanced practice registered nurse, it is not in the inmate's best interest to continue the medication at that time. The licensed practitioner who makes the clinical judgment shall enter the reason for the discontinuance into the inmate's permanent medical record. It is not the intent of the general assembly that this subsection shall create a new or additional private right of action.

\* \* \*

28 V.S.A. § 853. PUNISHMENT; MAINTENANCE OF RECORDS; RECOMMENDATION  
OF TRANSFER

(a)(1) Except in serious cases as provided in subdivision (2) of this subsection, punishment for a breach of the rules and regulations of the facility shall consist of deprivation of privileges.

(2) Serious breaches of the rules and regulations shall include assault, escape, attempt to escape, and other serious breaches. In cases involving a serious breach, the disciplinary committee may recommend to the supervising officer of the facility, who may then order, other forms of discipline in addition to or as substitution for a loss of privileges. If the serious breach results in damage to state-owned property, the disciplinary committee may fix an amount of restitution or reparation, which shall not exceed an amount the inmate can or will be able to pay, and shall fix the manner of performance. Other forms of discipline for a serious breach of the rules may include:

\* \* \*

(B) Segregation, in accordance with the regulations of the department, in a cell or room, apart from the accommodations provided for inmates who are participating in programs of the facility; provided:

\* \* \*

(iv) The supervising officer of the facility shall comply with any recommendation that may be made by the facility's **physician** for measures with respect to dietary needs or conditions of segregation of each inmate required to maintain the health of the inmate.

\* \* \*

#### 28 V.S.A. § 906. DEFINITIONS

As used in this subchapter:

\* \* \*

(2) "Qualified mental health professional" means a person with professional training, experience, and demonstrated competence in the treatment of mental illness or serious functional impairments who is a **physician**, psychiatrist, psychologist, social worker, nurse, or other qualified person determined by the commissioner of mental health.

\* \* \*

#### 31 V.S.A. § 1103. ADVISOR APPOINTEES

(a) The secretary of state shall appoint two persons to serve as advisors in matters related to boxing. One advisor shall be a person with at least three years' experience with boxing, and one shall be a medical **doctor**. The advisor appointees shall be appointed for staggered five-year terms and shall serve at the pleasure of the secretary.

\* \* \*

33 V.S.A. § 322. SANE BOARD

\* \* \*

(b) The SANE board shall be composed of the following members:

\* \* \*

(10) a **physician** whose practice includes the care of victims of sexual assault, appointed by the Vermont Medical Society;

\* \* \*

33 V.S.A. § 324. SANE BOARD; DUTIES

\* \* \*

(b) The SANE board shall adopt the following by rule:

\* \* \*

(3) a standardized sexual assault protocol and kit to be used by all **physicians** or hospitals in this state when providing forensic examinations of victims of alleged sexual offenses;

\* \* \*

33 V.S.A. § 708. TREATMENT AND SERVICES

\* \* \*

*[Subsection (d) effective until July 1, 2013; see also subsection (d) effective July 1, 2013 set out below]*

(d) A person judged by a law enforcement officer to be incapacitated, and who has not been charged with a crime, may be lodged in protective custody in a lockup or community correctional center for up to 24 hours or until judged by the person in charge of the facility to be no longer incapacitated, if and only if:

\* \* \*

(2) No approved substance abuse treatment program with detoxification capabilities and no staff **physician** or other medical professional at the nearest licensed general hospital can be found who will accept the person for treatment.

*[Subsection (d) effective July 1, 2013; see also subsection (d) effective until July 1, 2013 set out above]*

(d) A person judged by a law enforcement officer to be incapacitated, and who has not been charged with a crime, may be lodged in protective custody in a secure facility not operated by the department of corrections for up to 24 hours or until judged by the person in charge of the facility to be no longer incapacitated, if and only if:

\* \* \*

(2) No approved substance abuse treatment program with detoxification capabilities and no staff **physician** or other medical professional at the nearest licensed general hospital can be found who will accept the person for treatment.

\* \* \*

### 33 V.S.A. § 900. DEFINITIONS

Unless otherwise required by the context, the words and phrases in this chapter shall be defined as follows:

\* \* \*

(5) “Provider” means any entity, excluding a hospital or a **physician**, providing services to state-assisted persons pursuant to a contract or other form of agreement with the state.

\* \* \*

### 33 V.S.A. § 1823. DEFINITIONS

For purposes of this subchapter:

\* \* \*

(10) “Primary care” means health services provided by health care professionals, including naturopathic **physicians** licensed pursuant to 26 V.S.A. chapter 81, who are specifically trained for and skilled in first-contact and continuing care for individuals with signs, symptoms, or health concerns, not limited by problem origin, organ system, or diagnosis, and shall include family planning, prenatal care, and mental health and substance abuse treatment.

### 33 V.S.A. § 1951. DEFINITIONS

As used in this subchapter:

\* \* \*

(2) “Core home health care services” means those medically-necessary skilled nursing, home health aide, therapeutic, and personal care attendant services, provided exclusively in the home by home health agencies. Core home health services do not include private duty nursing, hospice, homemaker or **physician** services, or services provided under early periodic screening, diagnosis, and treatment (EPSDT), traumatic brain injury (TBI), high technology programs, or services provided by a home for the terminally ill as defined in subdivision 7102(10) of this title.

\* \* \*

### 33 V.S.A. § 1952. GENERAL PROVISIONS

\* \* \*

(c) The budget of any hospital assessed under the provisions of this subchapter that includes a nursing home, home health agency, or **physician**'s office practice shall have its assessment based only on the hospital portion of its budget. The nursing home and home health agency components of the budget shall be assessed separately as provided for in this subchapter.

\* \* \*

33 V.S.A. § 1973. VERMONT HEALTH ACCESS PLAN

\* \* \*

(f) For purposes of this section, “uninsured” means:

\* \* \*

(2) An individual who had no private insurance or employer-sponsored coverage that includes both hospital and **physician** services within 12 months prior to the month of application.

\* \* \*

33 V.S.A. § 1974. EMPLOYER-SPONSORED INSURANCE, PREMIUM ASSISTANCE

\* \* \*

(c) Uninsured individuals; premium assistance.

(1) For the purposes of this subsection:

\* \* \*

(B) “Uninsured” means an individual who does not qualify for Medicare, Medicaid, the Vermont health access plan, or Dr. Dynasaur and had no private insurance or employer-sponsored coverage that includes both hospital and **physician** services within 12 months prior to the month of application, or lost private insurance or employer-sponsored coverage during the prior 12 months for the following reasons:

\* \* \*

33 V.S.A. § 1982. DEFINITIONS

As used in this subchapter:

\* \* \*

(2) “Uninsured” means an individual who does not qualify for Medicare, Medicaid, the Vermont health access plan, or Dr. Dynasaur and had no private insurance or

employer-sponsored coverage that includes both hospital and **physician** services within 12 months prior to the month of application, or lost private insurance or employer-sponsored coverage during the prior 12 months for the following reasons:

\* \* \*

33 V.S.A. § 2114. RENTAL OR MORTGAGE ARREARAGE PROGRAM

\* \* \*

(b) For the purposes of this section:

(1) "Disability" means:

\* \* \*

(C) a physical or mental impairment that prevents an individual from working for at least 30 days as verified by a signed statement from a **physician** or licensed practitioner.

\* \* \*

33 V.S.A. § 2302. USE FOR ADVANCEMENT OF ANATOMICAL SCIENCE

(a) When requested in writing by a practicing **physician**, licensed and resident in this state, the officer having charge of the burial shall deliver the body of a deceased person to be buried under section 2301 of this title to the **physician** to be used by him or her for the advancement of anatomical science, unless:

\* \* \*

(b) A person receiving a body under subsection (a) of this section shall not remove it from the state, nor use it for a purpose other than the study of anatomical science. After he or she has used the body, he or she shall decently bury the remains in a cemetery, at his or her own expense. However, if a relative of the deceased person so requests, the **physician** shall deliver the remains to him or her for burial.

\* \* \*

33 V.S.A. § 4913. REPORTING CHILD ABUSE AND NEGLECT; REMEDIAL ACTION

(a) Any **physician**, surgeon, osteopath, chiropractor, or physician's assistant licensed, certified, or registered under the provisions of Title 26, any resident **physician**, intern, or any hospital administrator in any hospital in this state, whether or not so registered, and any registered nurse, licensed practical nurse, medical examiner, emergency medical personnel as defined in 24 V.S.A. § 2651(6), dentist, psychologist, pharmacist, any other health care provider, child care worker, school superintendent, headmaster of an approved or recognized independent school as defined in 16 V.S.A. § 11, school teacher, school librarian, school principal, school guidance counselor, and any other individual who is employed by a school district or recognized independent school, or who is contracted and paid by a school district to provide student services, mental health professional, social worker, probation officer, any employee, contractor, and grantee of the agency of human services who have contact with clients, police officer, camp owner, camp administrator, camp counselor, or member of the clergy who has reasonable cause to believe that any child has been abused or neglected shall report or cause a report to be made in accordance with the provisions of section 4914 of this title within 24 hours. As used in this subsection, "camp" includes any residential or nonresidential recreational program.

\* \* \*

33 V.S.A. § 4915b. PROCEDURES FOR INVESTIGATION

\* \* \*

(c) The commissioner, designee, or any person required to report under section 4913 of this title or any other person performing an investigation may take or cause to be taken photographs of trauma visible on a child who is the subject of a report. The commissioner or designee may

seek consultation with a **physician**. If it is indicated appropriate by the **physician**, the commissioner or designee may cause the child who is subject of a report to undergo a radiological examination without the consent of the child's parent or guardian.

\* \* \*

### 33 V.S.A. § 6501. DEFINITIONS

For purposes of this chapter:

\* \* \*

(4) "**Physician**" shall be defined as that word is defined for purposes of Medicare under 42 U.S.C. § 1395x(r).

### 33 V.S.A. § 6502. BALANCE BILLING PROHIBITED

A **physician** who agrees to treat a Medicare or general assistance beneficiary shall not balance bill the beneficiary except as hereinafter provided.

### 33 V.S.A. § 6503. EXCEPTIONS

The provisions of section 6502 of this title shall not apply and the **physician** may balance bill a Medicare beneficiary if:

\* \* \*

(3) The service for which the beneficiary is to be billed is either an office or home visit. Office or home visits are listed as procedure codes 90000 through 90170 in the **Physicians'** Current Procedural Terminology, Fourth Edition (1986) published by the American Medical Association, as amended annually. Office or home visit codes for dentists, podiatrists, optometrists and chiropractors shall be the same (or equivalent) procedure codes used for **doctors** of medicine or osteopathy.

33 V.S.A. § 6504. MEDICARE BENEFICIARY TO SIGN STATEMENT

Annually and prior to treatment, a **physician** may request that a Medicare beneficiary sign a statement prepared in accordance with this section to determine whether or not the beneficiary may be balance billed. The exceptions contained in subdivision 6503(1) of this title shall not apply if the **physician** does not request that the beneficiary sign the statement. The statement shall be prepared by the department of disabilities, aging, and independent living, and shall incorporate the exceptions contained in subdivision 6503(1) of this title.

33 V.S.A. § 6505. ASSISTANCE WITH CLAIMS REQUIRED

A **physician** who agrees to treat a Medicare beneficiary shall prepare the Medicare claim for the beneficiary.

33 V.S.A. § 6506. POSTING

A **physician** who treats Medicare or general assistance beneficiaries shall post a summary of the provisions of this chapter in a conspicuous place in his or her office. The summary shall include the statement that any person aggrieved by a **physician**'s failure to comply with the provisions of this chapter may contact the department of disabilities, aging, and independent living for assistance or file a complaint with the division of registration, licensing and secretarial services within the office of the secretary of state and shall include toll-free telephone numbers to be used for these purposes. The summary shall be written by the department of disabilities, aging, and independent living and distributed by the secretary of state.

33 V.S.A. § 6507. ADMINISTRATION; ENFORCEMENT

\* \* \*

(b) The secretary of state or the hearing officer may, after hearing, impose an administrative penalty of not more than \$50.00 against any **physician** who violates the provisions of sections 6505 or 6506 of this title relating to assistance and posting.

(c) The secretary of state or the hearing officer may, after hearing, order a **physician** who balance billed in violation of the provisions of this chapter to make restitution of any monies received from a Medicare or general assistance beneficiary as a result of such billing.

33 V.S.A. § 6508. REPORT REQUIRED

On or before January 15 of each year up to and including 1992, the department of disabilities, aging, and independent living shall evaluate the effect of this chapter and report its findings to the chairpersons of the senate and house committees on health and welfare. At a minimum, the report shall address the following: inquiries or complaints received by the department of disabilities, aging, and independent living concerning **physician** balance billing practices, changes in actual billing of Medicare beneficiaries for **physician** services, issues relating to access to **physician** services for beneficiaries, and any other information necessary to enable the committees to assess the effect of this chapter on **physicians** and beneficiaries. In compiling its report, the department of disabilities, aging, and independent living shall consult with the secretary of state, the carrier for Medicare **physician** services for Vermont, and the professional societies of professions affected by this chapter.

33 V.S.A. § 6902. DEFINITIONS

As used in this chapter:

\* \* \*

(7) “Neglect” means purposeful or reckless failure or omission by a caregiver to:

\* \* \*

(A)(i) provide care or arrange for goods or services necessary to maintain the health or safety of a vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, unless the caregiver is acting pursuant to the wishes of the vulnerable adult or his or her representative, or a terminal care document, as defined in subchapter 2 of chapter 111 of Title 18;

\* \* \*

(iv) report significant changes in the health status of a vulnerable adult to a **physician**, nurse, or immediate supervisor, when the caregiver is employed by an organization that offers, provides or arranges for personal care.

\* \* \*

33 V.S.A. § 6903. REPORTING SUSPECTED ABUSE, NEGLECT, AND EXPLOITATION  
OF VULNERABLE ADULTS

(a) Any of the following, other than a crisis worker acting pursuant to 12 V.S.A. § 1614, who knows of or has received information of abuse, neglect, or exploitation of a vulnerable adult or who has reason to suspect that any vulnerable adult has been abused, neglected, or exploited shall report or cause a report to be made in accordance with the provisions of section 6904 of this title within 48 hours:

\* \* \*

(2) A **physician**, osteopath, chiropractor or physician’s assistant, nurse, medical examiner, licensed nursing assistant, emergency medical services personnel, dentist, or psychologist.

\* \* \*

33 V.S.A. § 7107. UNLICENSED HOMES

\* \* \*

(b) No **physician**, surgeon, osteopath, chiropractor, or physician's assistant licensed, certified, or registered under the provisions of Title 26; any resident **physician**, intern, or any hospital administrator in any hospital in this state; any registered nurse, licensed practical nurse, medical examiner, psychologist, mental health professional, social worker, probation officer, police officer, nursing home administrator, or employee; or any owner, operator, or employee of a facility shall knowingly place, refer, or recommend placement of a person to such a facility if that facility is operating without a license.

\* \* \*

33 V.S.A. § 7301. NURSING HOME RESIDENTS' BILL OF RIGHTS

The general assembly hereby adopts the Nursing Home Residents' Bill of Rights as follows:

\* \* \*

(2) The staff of the facility shall ensure that, at least, each individual admitted to the facility:

\* \* \*

(C) is fully informed, by a **physician**, of the medical condition, and is afforded the opportunity to participate in the planning of the medical treatment and to refuse to participate in experimental research;

\* \* \*

(G) is free from mental and physical abuse, and free from chemical and (except in emergencies) physical restraints except as authorized in writing by a **physician** for a specified and limited period of time, or when necessary to protect the resident from self-injury or injury to

others. The facility shall inform residents of its restraint policy and appeal rights under the facility's grievance procedure. The policy must include the release of the restraints no less than every two hours for 10 minutes for exercise or repositioning. The resident has the right to be free from any physical restraints imposed or psychoactive drugs administered for purposes of discipline or convenience;

\* \* \*

(O) shall have the right to choose the resident's own personal **physician**, and the right to request a second opinion from a **physician** of the resident's choice where significant alternatives for care or treatment exist, or when the resident requests information concerning care or treatment alternatives, the resident has the right to receive such information from the resident's **doctor** or the administrators as appropriate;

\* \* \*

### 33 V.S.A. § 7306. RESIDENT'S REPRESENTATIVE

(a) The rights and obligations established under this chapter shall devolve to a resident's reciprocal beneficiary, guardian, next of kin, sponsoring agency or representative payee (except when the facility itself is a representative payee) if the resident:

\* \* \*

(2) has been found by his or her **physician** to be medically incapable of understanding or exercising the rights granted under this chapter; or

\* \* \*

### V.R.C.P. 40. CALENDAR; ASSIGNMENT; CONTINUANCES; DISQUALIFICATION

\* \* \*

(d) Affidavit in Support of Motion.

(1) Motions for continuance shall be accompanied by an affidavit, or a certificate of a party's attorney subject to the obligations of Rule 11, stating the reason therefor and the time when such reason was first known. If the motion is founded on the absence of a witness, the affidavit or certificate shall state the name and place of residence of the witness; the substance of the testimony which the witness is expected to give, and the grounds for such expectation; and the measures taken to procure the witness' attendance or deposition, to the end that the court may judge whether due diligence has been used for that purpose. If it is claimed that the witness is unable to attend court by reason of sickness, an affidavit of a reputable **physician** will be required, stating the disease, and the measure and character of the disability, and the probability of the witness being able to attend at a future term.

\* \* \*

V.R.F.P. 5. PHYSICAL AND MENTAL EXAMINATION OF PERSONS BEFORE THE  
FAMILY COURT

(a) In General. Except as provided in Family Court Rules 1, 2 and 3, in any proceeding of the family court the court may order a physical or mental evaluation of a party or of a person who is in the custody or legal control of a party or may order a home study. The court shall select the **physician** or other expert who will perform the evaluation or home study, and shall consider the names of persons submitted by the parties. The court shall determine who pays the cost of such evaluation and may order a party, the parties, or the court or some combination thereof to pay.

\* \* \*

V.R.Cr.P. 50. CALENDAR; ASSIGNMENT; CONTINUANCES; DISQUALIFICATION

\* \* \*

(c) Affidavit in Support of Motion.

(1) Motions for continuance shall be accompanied by an affidavit stating the reason therefor and the time when such reason was first known. If the motion is founded on the absence of a witness, the affidavit shall state the name and place of residence of the witness; the substance of the testimony which he is expected to give, and the grounds for such expectation; and the measures taken to procure his attendance or deposition, to the end that the court may judge whether due diligence has been used for that purpose. If it is claimed that the witness is unable to attend court by reason of sickness, an affidavit of a reputable **physician** will be required, stating the disease, and the measure and character of the disability, and the probability of the witness being able to attend at a future term.

\* \* \*

V.R.E. 503. PATIENT'S PRIVILEGE

(a) Definitions. As used in this rule:

(1) A "patient" is a person who consults or is examined or interviewed by a **physician**, dentist, nurse, or mental health professional.

(2) A "**physician**" is a person authorized to practice medicine in any state or nation, or reasonably believed by the patient so to be.

\* \* \*

(5) A "mental health professional" is a qualified person designated by the Commissioner of Mental Health and Mental Retardation or a **physician**, psychologist, social worker, or nurse

with professional training, experience and demonstrated competence in the treatment of mental illness, or a person reasonably believed by the patient to be a mental health professional.

(6) A communication is “confidential” if not intended to be disclosed to third persons, except persons present to further the interest of the patient in the consultation, examination, or interview; persons reasonably necessary for the transmission of the communication; or persons who are participating in diagnosis and treatment under the direction of a **physician**, dentist, nurse or mental health professional, including members of the patient’s family or other participants in joint or group counseling sessions.

(b) General rule of privilege. A patient has a privilege to refuse to disclose and to prevent any other person, including a person present to further the interest of the patient in the consultation, examination or interview, from disclosing confidential communications made for the purpose of diagnosis or treatment of his physical, mental, dental, or emotional condition, including alcohol or drug addiction, among himself, his **physician**, dentist, nurse, or mental health professional, and persons who are participating in diagnosis or treatment under the direction of a **physician**, dentist, nurse, or mental health professional, including members of the patient’s family.

(c) Who may claim the privilege. The privilege may be claimed by the patient, his guardian or conservator, or the personal representative of a deceased patient. The person who was the **physician**, dentist, nurse, or mental health professional at the time of the communication is presumed to have authority to claim the privilege but only on behalf of the patient.

\* \* \*