Journal of the House

Wednesday, April 30, 2014

At nine o'clock and thirty minutes in the forenoon the Speaker called the House to order.

Devotional Exercises

Devotional exercises were conducted by the Select Choir from the Kurn Hattin Homes for Children, Westminster, Vt.

Joint Resolution Adopted in Concurrence

J.R.S. 57

By Senators Baruth and Benning,

J.R.S. 57. Joint resolution relating to weekend adjournment.

Resolved by the Senate and House of Representatives:

That when the two Houses adjourn on Friday, May 2, 2014, it be to meet again no later than Tuesday, May 6, 2014.

Was taken up read and adopted in concurrence.

Committee Relieved of Consideration and Bill Placed on Calendar for Notice

S. 213

Rep. Heath of Westford moved that the committee on Appropriations be relieved of Senate bill entitled

An act relating to an employee's use of benefits

Which was agreed to. Thereupon, under the rule, the bill was placed on the Calendar for notice tomorrow.

Joint Resolution Adopted

J.R.H. 23

Joint resolution, entitled

Joint resolution relating to the cleanup of Lake Champlain;

Was taken up and adopted on the part of the House.

Third Reading; Bill Passed in Concurrence With Proposal of Amendment

S. 208

Senate bill, entitled

An act relating to solid waste management

Was taken up, read the third time and passed in concurrence with proposal of amendment.

Third Reading; Bill Passed in Concurrence With Proposal of Amendment

S. 220

Senate bill, entitled

An act relating to furthering economic development

Was taken up, and pending third reading of the bill, **Rep. Pugh of South Burlington** moved to amend the House Proposal of amendment as follows:

In Sec. 34, in 16 V.S.A. § 2888(b)(1)(A), following "the Vermont Student Assistance Corporation." By adding the Secretary of Human Services.

Which was agreed to.

Thereupon, the bill was read the third time and passed in concurrence with proposal of amendment.

Third Reading; Bill Passed in Concurrence With Proposal of Amendment

S. 239

Senate bill, entitled

An act relating to the regulation of toxic substances

Was taken up, and pending third reading of the bill, **Rep. Deen of Westminster** moved to amend the House proposal of amendment as follows:

First: In Sec. 2, in 18 V.S.A. § 1772, in subdivision (8)(H), after "in which a" and before "product is sold" by striking out "consumer".

Second: In Sec. 2, in 18 V.S.A. § 1775, by striking out subdivision (b)(3) in its entirety and inserting in lieu thereof the following to read:

(3) the amount of the chemical contained in each unit of the product or product component, reported by weight or parts per million as authorized by the Commissioner;

and in subdivision (d)(2), after "the Interstate Chemicals Clearinghouse," and before "or other independent third party" by inserting a federal governmental agency,

Which was agreed to.

Pending third reading of the bill, **Rep. Marcotte of Coventry** moved to amend the House proposal of amendment as follows:

First: In Sec. 2, in 18 V.S.A. § 1775, by striking out subsection (a) in its entirety and inserting in lieu thereof the following:

(a) Notice requirement. Beginning July 1, 2015, and biennially thereafter, a manufacturer of a children's product or a trade association representing a manufacturer of a children's product shall, according to the requirements for phased-in reporting adopted under subsection 1776(f) of this title, submit to the Department the notice described in subsection (b) of this section if a chemical of high concern to children is:

(1) intentionally added to a children's product at a level above the PQL produced by the manufacturer; or

(2) present in a children's product produced by the manufacturer as a contaminant at a concentration of 100 parts per million or greater.

Second: In Sec. 2, in 18 V.S.A. § 1776, by adding a new subsection (f) to read as follows:

(f) Phased-in reporting. On or before January 1, 2015, the Commissioner shall adopt by rule phased-in reporting requirements for chemicals of high concern to children in children's products based on the size of the manufacturer, aggregate sales of children's products, the exposure profile of the chemical of high concern to children in the children's product, or other criteria determined to be appropriate.

and by releterring the remaining subsections to be alphabetically correct.

and in subsection (g), as relettered, by striking subdivision (3) in its entirety.

Thereupon, **Rep. Marcotte of Coventry** asked and was granted leave of the House to withdraw his amendment, which was agreed to.

Pending third reading of the bill, **Reps. Komline of Dorset and Wright of Burlington** moved to amend the House proposal of amendment as follows:

By striking Sec. 4, effective date, in its entirety and inserting in lieu thereof two new sections to be Secs. 4–5 to read as follows:

Sec. 4. 7 V.S.A. § 1012 is added to read:

§ 1012. LIQUID NICOTINE; PACKAGING

(a) As used in this section, "liquid nicotine container" means a bottle or other container that contains liquid nicotine or other substance containing

nicotine, where the liquid or other substance is sold, marketed, or intended for use in an electronic delivery device.

(b) Unless specifically preempted by federal law, a liquid nicotine container that is sold at retail in the State shall satisfy the child-resistant effectiveness standards under 16 C.F.R. § 1700.15(b)(1) when tested in accordance with the requirements of 16 C.F.R. § 1700.20.

Sec. 5. EFFECTIVE DATES

(a) Secs. 1–3 and this section shall take effect on passage.

(b) Sec. 4 (liquid nicotine; packaging) shall take effect on January 1, 2015.

Which was agreed to.

Thereupon, the bill was read the third time.

Pending the question, Shall the bill pass in concurrence with proposal of amendment? **Rep. Deen of Westminster** demanded the Yeas and Nays, which demand was sustained by the Constitutional number. The Clerk proceeded to call the roll and the question, Shall the bill pass in concurrence with proposal of amendment? was decided in the affirmative. Yeas, 120. Nays, 22.

Those who voted in the affirmative are:

Ancel of Calais
Bartholomew of Hartland
Batchelor of Derby
Bissonnette of Winooski
Botzow of Pownal
Branagan of Georgia
Browning of Arlington
Burke of Brattleboro
Buxton of Tunbridge
Campion of Bennington
Canfield of Fair Haven
Carr of Brandon
Christie of Hartford
Clarkson of Woodstock
Cole of Burlington
Connor of Fairfield
Consejo of Sheldon
Copeland-Hanzas of Bradford
Corcoran of Bennington
Cross of Winooski
Dakin of Chester
Davis of Washington
Deen of Westminster
Devereux of Mount Holly
Dickinson of St. Albans Town
Donaghy of Poultney
Donahue of Northfield
Donovan of Burlington
Ellis of Waterbury
Emmons of Springfield
Evans of Essex
Fagan of Rutland City
Fay of St. Johnsbury
Feltus of Lyndon
Fisher of Lincoln
Frank of Underhill
French of Randolph
Gallivan of Chittenden
Grad of Moretown
Greshin of Warren
Haas of Rochester
Head of South Burlington
Heath of Westford
Hooper of Montpelier
Huntley of Cavendish
Jerman of Essex
Jewett of Ripton
Johnson of South Hero
Juskiewicz of Cambridge
Keenan of St. Albans City
Kilmartin of Newport City
Kitzmiller of Montpelier
Klein of East Montpelier
Komline of Dorset
Krebs of South Hero
Krowinski of Burlington
Kupersmith of South Burlington
Lanpher of Vergennes
Larocque of Barnet
Lenes of Shelburne
Lewis of Berlin
Lippert of Hinesburg
Macaig of Williston
Malcolm of Pawlet
Manwaring of Wilmington
Marcotte of Coventry
Marek of Newfane
Martin of Springfield
Martin of Wolcott
Masland of Thetford
McCarthy of St. Albans City
McCormack of Burlington

McCullough of Williston
McFaun of Barre Town
Michelsen of Hardwick
Miller of Shaftsbury
Mook of Bennington
Moran of Wardsboro
Morrissey of Bennington
Mrowicki of Putney
Myers of Essex
Nuovo of Middlebury
O'Brien of Richmond
Partridge of Windham
Pearce of Richford
Pearson of Burlington
Peltz of Woodbury
Poirier of Barre City
Potter of Clarendon
Pugh of South Burlington *
Rachelson of Burlington
Ralston of Middlebury
Ram of Burlington
Russell of Rutland City
Ryerson of Randolph
Savage of Swanton
Sharpe of Bristol
Shaw of Pittsford
Shaw of Derby
Spengler of Colchester
Stevens of Waterbury
Stevens of Shoreham
Stuart of Brattleboro
Sweaney of Windsor
Till of Jericho
Toleno of Brattleboro
Toll of Danville
Townsend of South Burlington
Vowinkel of Hartford
Waite-Simpson of Essex
Walz of Barre City
Webb of Shelburne
Weed of Enosburgh
Wilson of Manchester
Wizowaty of Burlington
Woodward of Johnson
Wright of Burlington
Yantachka of Charlotte
Young of Glover
Zagar of Barnard

Those who voted in the negative are:

Beyor of Highgate
Bouchard of Colchester
Brennan of Colchester
Burditt of West Rutland
Condon of Colchester
Cupoli of Rutland City
Gage of Rutland City
Goodwin of Weston
Hebert of Vernon
Helm of Fair Haven
Higley of Lowell
Hubert of Milton
Johnson of Canaan
Lawrence of Lyndon
Mitchell of Fairfax
Quimby of Concord
Scheuermann of Stowe
Smith of New Haven
Strong of Albany
Terenzini of Rutland Town
Van Wyck of Ferrisburgh
Winters of Williamstown

Those members absent with leave of the House and not voting are:

Conquest of Newbury
Hoyt of Norwich
Koch of Barre Town
O'Sullivan of Burlington
South of St. Johnsbury
Trieber of Rockingham
Turner of Milton

Rep. Pugh of South Burlington explained her vote as follows:

"Mr. Speaker:

S.239 is the responsible thing to do to support both Vermont's brand in the marketplace and our environment, as well as to protect our children and our future. I'm proud to support it."

Senate Proposal of Amendment Concurred in

H. 890

The Senate proposed to the House to amend House bill, entitled

An act relating to approval of amendments to the charter of the City of Burlington regarding the redistricting of City election areas

In Sec. 2, 24 App. V.S.A. chapter 3, in § 2 (election boundaries), in subsection (a) (City districts described), in subdivision (2) (Central District), in the geographic description of the district, after "Central Vermont Railway bridge downstream of the Lower Winooski Falls and Salmon Hole; thence southerly along the East District", by striking out in its entirety "eastern boundary" and inserting in lieu thereof western boundary to its intersection with the centerline of Main Street; continuing southerly along the centerline of South Winooski Avenue.

Which proposal of amendment was considered and concurred in.

Third Reading; Bill Passed in Concurrence With Proposal of Amendment

S. 241

Senate bill, entitled

An act relating to binding arbitration for State employees

Was taken up, read the third time and passed in concurrence with proposal of amendment.

Third Reading; Bill Passed in Concurrence With Proposal of Amendment

S. 291

Senate bill, entitled

An act relating to the establishment of transition units at State correctional facilities

Was taken up, read the third time and passed in concurrence with proposal of amendment.

Third Reading; Bill Passed in Concurrence With Proposal of Amendment

S. 293

Senate bill, entitled

An act relating to reporting on population-level outcomes and indicators and on program-level performance measures

Was taken up, and pending third reading of the bill, **Reps. Donahue of Northfield, French of Randolph, Haas of Rochester and Pugh of South Burlington** moved that the House propose to the Senate to amend the bill as follows:

In Sec. 3 (initial population-level indicators), in subdivision (7) (Vermont's elders and people with disabilities and people with mental conditions live with dignity and independence in settings they prefer), by striking out subdivisions (A) and (B) and inserting in lieu thereof the following:

(A) rate of confirmed reports of abuse and neglect of vulnerable adults per 1,000 vulnerable adults;

(B) percent of elders living in institutions versus receiving home care; and

(C) number of people with disabilities and people with mental conditions receiving State services living in each of the following: institutions, residential or group facilities, or independently.

Which was agreed to.

Thereupon, the bill was read the third time and passed in concurrence with proposal of amendment.

Recess

At ten o'clock and fifty-three minutes in the forenoon, the Speaker declared a recess until the fall of the gavel.

At eleven o'clock and forty-nine minutes in the forenoon, the Speaker called the House to order.

Bill Amended, Consdieration Interrupted by Recess

H. 883

House bill, entitled

An act relating to expanded prekindergarten–grade 12 school districts

Was taken up and pending third reading of the bill, **Rep. Donovan of Burlington** moved to amend the bill as follows:

By adding a new Section to be Sec. 13 and a related reader assistance heading to read:

* * * Analysis * * *

Sec. 13. REGIONAL EDUCATION DISTRICTS; ANALYSIS; REPORT

(a) The State Board of Education, in consultation with the Agency of Education, the Vermont School Boards Association, and school districts, shall identify at least three groups of school districts (Test Sites) in different regions of the State for an analysis of potential regional education district (RED) formation pursuant to 2010 Acts and Resolves No. 153, as amended by 2012 Acts and Resolves No. 156. Both the school districts consulted and those

analyzed shall be diversely representative of geography, size, socioeconomics, and other factors, including extreme complexity.

(b) The State Board shall comprehensively analyze the educational and financial benefits and detriments of consolidation in each of the three Test Sites, including a review of curriculum, course offerings, special programs, budgets, class sizes and student-to-adult ratios, collective bargaining agreements, district educational policies, relationships between schools and the community, and other important factors identified during the process. When analyzing financial costs, and for the purposes of modeling only, the State Board shall assume that employees within a RED bargaining unit shall receive compensation pursuant to the highest-paying fiscal year 2015 compensation schedule of the original districts. The State Board shall develop a possible administrative structure and budget for the RED, as well as an estimate of a unified education property tax rate for each of the Test Sites using data from fiscal year 2015 district budgets. The State Board shall also explore alternative governance structures for the REDs and shall consider constitutionally sound alternatives, such as weighted and nonweighted voting board members.

(c) When it has finished its analysis, but before it has issued a final report, the State Board shall meet with the communities analyzed under this section to present and discuss the results of its work.

(d) The State Board shall provide a final report of its analysis to the House and Senate Committees on Education, the House Committee on Ways and Means, and the Senate Committee on Finance on or before January 15, 2015. The final report shall serve to inform future legislation related to the consolidation of existing school districts into larger prekindergarten–grade 12 REDs.

and by renumbering the remaining section to be numerically correct.

Which was agreed to.

Pending third reading of the bill, **Rep. Buxton of Tunbridge** moved to amend the bill as follows:

After Sec. 12 (education analyst; chart of accounts), by inserting seven new sections to be Secs. 13 through 19 and a related reader assistance heading to read:

* * * Prekindergarten Education * * *

Sec. 13. 16 V.S.A. § 829 is amended to read:

§ 829. PREKINDERGARTEN EDUCATION~~; RULES~~

(a) Definitions. As used in this section:

(1) "Prekindergarten child" means a child who, as of the date established by the district of residence for kindergarten eligibility, is three or four years of age or is five years of age but is not yet enrolled in kindergarten.

(2) "Prekindergarten education" means services designed to provide to prekindergarten children developmentally appropriate early development and learning experiences based on Vermont's early learning standards.

(3) "Prequalified private provider" means a private provider of prekindergarten education that is qualified pursuant to subsection (c) of this section.

(b) Access to publicly funded prekindergarten education.

(1) No fewer than ten hours per week of publicly funded prekindergarten education shall be available for 35 weeks annually to each prekindergarten child whom a parent or guardian wishes to enroll in an available, prequalified program operated by a public school or a private provider.

(2) If a parent or guardian chooses to enroll a prekindergarten child in an available, prequalified program, then, pursuant to the parent or guardian's choice, the school district of residence shall:

(A) pay tuition pursuant to subsections (d) and (h) of this section upon the request of the parent or guardian to:

(i) a prequalified private provider; or

(ii) a public school located outside the district that operates a prekindergarten program that has been prequalified pursuant to subsection (c) of this section; or

(B) enroll the child in the prekindergarten education program that it operates.

(3) If requested by the parent or guardian of a prekindergarten child, the school district of residence shall pay tuition to a prequalified program operated by a private provider or a public school in another district even if the district of residence operates a prekindergarten education program.

(4) If the supply of prequalified private and public providers is insufficient to meet the demand for publicly funded prekindergarten education in any region of the State, nothing in this section shall be construed to require a district to begin or expand a program to satisfy that demand; but rather, in collaboration with the Agencies of Education and of Human Services, the local Building Bright Futures Council shall meet with school districts and private providers in the region to develop a regional plan to expand capacity.

(c) Prequalification. Pursuant to rules jointly developed and overseen by the Secretaries of Education and of Human Services and adopted by the State Board pursuant to 3 V.S.A. chapter 25, the Agencies jointly may determine that a private or public provider of prekindergarten education is qualified for purposes of this section and include the provider in a publicly accessible database of prequalified providers. At a minimum, the rules shall define the process by which a provider applies for and maintains prequalification status, shall identify the minimum quality standards for prequalification, and shall include the following requirements:

(1) A program of prekindergarten education, whether provided by a school district or a private provider, shall have received:

(A) National Association for the Education of Young Children (NAEYC) accreditation; or

(B) at least four stars in the Department for Children and Families STARS system with at least two points in each of the five arenas; or

(C) three stars in the STARS system if the provider has developed a plan, approved by the Commissioner for Children and Families and the Secretary of Education, to achieve four or more stars in no more than two years with at least two points in each of the five arenas, and the provider has met intermediate milestones.

(2) A licensed provider shall employ or contract for the services of at least one teacher who is licensed and endorsed in early childhood education or in early childhood special education under chapter 51 of this title.

(3) A registered home provider that is not licensed and endorsed in early childhood education or early childhood special education shall receive regular, active supervision and training from a teacher who is licensed and endorsed in early childhood education or in early childhood special education under chapter 51 of this title.

(d) Tuition, budgets, and average daily membership.

(1) On behalf of a resident prekindergarten child, a district shall pay tuition for prekindergarten education for ten hours per week for 35 weeks annually to a prequalified private provider or to a public school outside the district that is prequalified pursuant to subsection (c) of this section; provided, however, that the district shall pay tuition for weeks that are within the district's academic year. Tuition paid under this section shall be at a statewide rate, which may be adjusted regionally, that is established annually through a process jointly developed and implemented by the Agencies of Education and of Human Services. A district shall pay tuition upon:

(A) receiving notice from the child's parent or guardian that the child is or will be admitted to the prekindergarten education program operated by the prequalified private provider or the other district; and

(B) concurrent enrollment of the prekindergarten child in the district of residence for purposes of budgeting and determining average daily membership.

(2) In addition to any direct costs of operating a prekindergarten education program, a district of residence shall include anticipated tuition payments and any administrative, quality assurance, quality improvement, transition planning, or other prekindergarten-related costs in its annual budget presented to the voters.

(3) Pursuant to subdivision 4001(1)(C) of this title, the district of residence may include within its average daily membership any prekindergarten child for whom it has provided prekindergarten education or on whose behalf it has paid tuition pursuant to this section.

(4) A prequalified private provider may receive additional payment directly from the parent or guardian only for prekindergarten education in excess of the hours paid for by the district pursuant to this section or for child care services, or both. The provider is not bound by the statewide rate established in this subsection when determining the rates it will charge the parent or guardian.

(e) Rules. The ~~commissioner of education and the commissioner for children and families~~ Secretary of Education and the Commissioner for Children and Families shall jointly develop and agree to rules and present them to the ~~state board of education~~ State Board for adoption under 3 V.S.A. chapter 25 as follows:

(1) ~~To ensure that, before a school district begins or expands a prekindergarten education program that intends to enroll students who are included in its average daily membership, the district engage the community in a collaborative process that includes an assessment of the need for the program in the community and an inventory of the existing service providers; provided, however, if a district needs to expand a prekindergarten education program in order to satisfy federal law relating to the ratio of special needs children to children without special needs and if the law cannot be satisfied by any one or more qualified service providers with which the district may already contract, then the district may expand an existing school-based program without engaging in a community needs assessment.~~ To permit private providers that are not prequalified pursuant to subsection (c) of this section to create new or continue existing partnerships with school districts through which the school district provides supports that enable the provider to fulfill the requirements of

subdivision (c)(2) or (3), and through which the district may or may not make in-kind payments as a component of the statewide tuition established under this section.

(2) ~~To ensure that, if a school district begins or expands a prekindergarten education program that intends to include any of the students in its average daily membership, the district shall use existing qualified service providers to the extent that existing qualified service providers have the capacity to meet the district's needs effectively and efficiently.~~ To authorize a district to begin or expand a school-based prekindergarten education program only upon prior approval obtained through a process jointly overseen by the Secretaries of Education and of Human Services, which shall be based upon analysis of the number of prekindergarten children residing in the district and the availability of enrollment opportunities with prequalified private providers in the region. Where the data are not clear or there are other complex considerations, the Secretaries may choose to conduct a community needs assessment.

(3) To require that the school district provides opportunities for effective parental participation in the prekindergarten education program.

(4) To establish a process by which:

(A) a parent or guardian ~~residing in the district or a provider, or both, may request a school district to enter into a contract with a provider located in or outside the district~~ notifies the district that the prekindergarten child is or will be admitted to a prekindergarten education program not operated by the district and concurrently enrolls the child in the district pursuant to subdivision (d)(1) of this section;

(B) a district:

(i) pays tuition pursuant to a schedule that does not inhibit the ability of a parent or guardian to enroll a prekindergarten child in a prekindergarten education program or the ability of a prequalified private provider to maintain financial stability; and

(ii) enters into an agreement with any provider to which it will pay tuition regarding quality assurance, transition, and any other matters; and

(C) a provider that has received tuition payments under this section on behalf of a prekindergarten child notifies a district that the child is no longer enrolled.

(5) ~~To identify the services and other items for which state funds may be expended when prekindergarten children are counted for purposes of average daily membership, such as tuition reduction, quality improvements, or~~

~~professional development for school staff or private providers.~~ To establish a process to calculate an annual statewide tuition rate that is based upon the actual cost of delivering ten hours per week of prekindergarten education that meets all established quality standards and to allow for regional adjustments to the rate.

(6) ~~To ensure transparency and accountability by requiring private providers under contract with a school districts to report costs for prekindergarten programs to the school district and by requiring school districts to report these costs to the commissioner of education.~~ [Repealed.]

(7) To require ~~school districts~~ a district to include identifiable costs for prekindergarten programs and essential early education services in ~~their~~ its annual budgets and reports to the community.

(8) To require ~~school districts~~ a district to report to the ~~departments their~~ Agency of Education annual expenditures made in support of prekindergarten ~~care and~~ education, with distinct figures provided for expenditures made from the ~~general fund~~ General Fund, from the ~~education fund~~ Education Fund, and from all other sources, which shall be specified.

(9) To provide an ~~appeal~~ administrative process for:

(A) a parent, guardian, or provider to challenge an action of ~~the~~ a school district or the State when the ~~appellant~~ complainant believes that the district or State is in violation of state statute or rules regarding prekindergarten education; and

(B) a school district to challenge an action of a provider or the State when the district believes that the provider or the State is in violation of state statute or rules regarding prekindergarten education.

(10) ~~To establish the minimum quality standards necessary for a district to include prekindergarten children within its average daily membership. At a minimum, the standards shall include the following requirements:~~

~~(A) The prekindergarten education program, whether offered by or through the district, shall have received:~~

~~(i) National Association for the Education of Young Children (NAEYC) accreditation; or~~

~~(ii) At least four stars in the department for children and families STARS system with at least two points in each of the five arenas; or~~

~~(iii) Three stars in the STARS system if the provider has developed a plan, approved by the commissioner for children and families and the commissioner of education, to achieve four or more stars within three years~~

~~with at least two points in each of the five arenas, and the provider has met intermediate milestones; and~~

~~(B) A licensed center shall employ or contract for the services of at least one teacher who is licensed and endorsed in early childhood education or in early childhood special education under chapter 51 of this title; and~~

~~(C) A registered home shall receive regular, active supervision and training from a teacher who is licensed and endorsed in early childhood education or in early childhood special education under chapter 51 of this title.~~ To establish a system by which the Agency of Education and Department for Children and Families shall jointly monitor prekindergarten education programs to promote optimal outcomes for children and to collect data that will inform future decisions. The Agency and Department shall be required to report annually to the General Assembly in January. At a minimum, the system shall monitor and assess:

(A) programmatic details, including the number of children served, the number of private and public programs operated, and the public financial investment made to ensure access to quality prekindergarten education;

(B) the quality of public and private prekindergarten education programs and efforts to ensure continuous quality improvements through mentoring, training, technical assistance, and otherwise; and

(C) the outcomes for children, including school readiness and proficiency in numeracy and literacy.

(11) To establish a process for documenting the progress of children enrolled in prekindergarten education programs and to require public and private providers to use the process to:

(A) help individualize instruction and improve program practice; and

(B) collect and report child progress data to the ~~commissioner of education~~ Secretary of Education on an annual basis.

(f) Other provisions of law. Section 836 of this title shall not apply to this section.

(g) Limitations. Nothing in this section shall be construed to permit or require payment of public funds to a private provider of prekindergarten education in violation of Chapter I, Article 3 of the Vermont Constitution or in violation of the Establishment Clause of the U.S. Constitution.

(h) Geographic limitations.

(1) Notwithstanding the requirement that a district pay tuition to any prequalified public or private provider in the State, a school board may choose

to limit the geographic boundaries within which the district shall pay tuition by paying tuition solely to those prequalified providers in which parents and guardians choose to enroll resident prekindergarten children that are located within the district's "prekindergarten region" as determined in subdivision (2) of this subsection.

(2) For purposes of this subsection, upon application from the school board, a district's prekindergarten region shall be determined jointly by the Agencies of Education and of Human Services in consultation with the school board, private providers of prekindergarten education, parents and guardians of prekindergarten children, and other interested parties pursuant to a process adopted by rule under subsection (e) of this section. A prekindergarten region:

(A) shall not be smaller than the geographic boundaries of the school district;

(B) shall be based in part upon the estimated number of prekindergarten children residing in the district and in surrounding districts, the availability of prequalified private and public providers of prekindergarten education, commuting patterns, and other region-specific criteria; and

(C) shall be designed to support existing partnerships between the school district and private providers of prekindergarten education.

(3) If a school board chooses to pay tuition to providers solely within its prekindergarten region, and if a resident prekindergarten child is unable to access publicly funded prekindergarten education within that region, then the child's parent or guardian may request and in its discretion the district may pay tuition at the statewide rate for a prekindergarten education program operated by a prequalified provider located outside the prekindergarten region.

(4) Except for the narrow exception permitting a school board to limit geographic boundaries under subdivision (1) of this subsection, all other provisions of this section and related rules shall continue to apply.

Sec. 14. PREKINDERGARTEN EDUCATION; CALCULATION OF EQUALIZED PUPILS; EXCLUSION FROM EDUCATION SPENDING

If a school district did not provide or pay for prekindergarten education pursuant to 16 V.S.A. § 829 in fiscal year 2015, then:

(1) for purposes of determining the equalized pupil count for the fiscal year 2016 budget, the long-term membership of prekindergarten children shall be the number of prekindergarten children for whom the district anticipates it will provide prekindergarten education or pay tuition, or both, in fiscal year 2016; and

(2) for purposes of determining the equalized pupil count for the fiscal year 2017 budget, the long-term membership of prekindergarten children shall be the total number of prekindergarten children for whom the district provided prekindergarten education or paid tuition, or both, in fiscal year 2016, adjusted to reflect the difference between the estimated and actual count for that fiscal year.

Sec. 15. QUALITY STANDARDS

(a) The Agencies of Education and of Human Services shall review existing quality standards for prekindergarten education programs and may initiate rulemaking under 3 V.S.A. chapter 25 to require higher standards of quality; provided, however, that no new standards shall take effect earlier than July 1, 2015. Changes to the quality standards shall be designed to ensure that programs are based on intentional, evidence-based practices that create a developmentally appropriate environment and support the delivery of an engaging program that supports the social, emotional, intellectual, language, literacy, and physical development of prekindergarten children.

(b) In January of the 2015, 2016, and 2017 legislative sessions, the Agencies shall report to the House and Senate Committees on Education and on Appropriations, the House Committee on Human Services, and the Senate Committee on Health and Welfare regarding the quality of prekindergarten education in the State.

Sec. 16. REPORT ON ENROLLMENT AND ACCESS

The Agencies of Education and of Human Services and the Building Bright Futures Council shall monitor and evaluate access to and enrollment in prekindergarten education programs under Sec. 13 of this act. On or before January 1, 2018, they shall report to the House and Senate Committees on Education and on Appropriations, the House Committee on Ways on Means, and the Senate Committee on Finance regarding their evaluation, conclusions, and any recommendations for amendments to statute or related rule.

Sec. 17. PREKINDERGARTEN REGIONS; PROCESS AND CRITERIA

The Agencies of Education and of Human Services, in consultation with the Vermont Superintendents Association, the Vermont School Boards Association, the Vermont Principals' Association, the Vermont-NEA, and the Building Bright Futures Council created in 33 V.S.A. chapter 46, shall develop a detailed proposal outlining the process and criteria by which the Agencies will determine the prekindergarten region of a school district if requested to do so pursuant to Sec. 1, 16 V.S.A. § 829(h)(2), of this act. The Agencies shall present the proposal to the House and Senate Committees on Education on or before January 15, 2015. The Agencies shall also present any

recommendations for amendments to statute, including repeal of or amendments to subsection (h).

Sec. 18. CONSTITUTIONALITY

On or before July 1, 2014, the Secretary of Education shall identify the private prekindergarten education programs to which school districts are paying tuition on behalf of resident prekindergarten children, determine the extent to which any program provides religious prekindergarten education, and establish the steps the Agency will take to ensure that public funds are not expended in violation of Chapter I, Article 3 of the Vermont Constitution and the Vermont Supreme Court's decision in Chittenden Town School District v. Vermont Department of Education, 169 Vt. 310 (1999) or in violation of the Establishment Clause of the U.S. Constitution.

Sec. 19. IMPLEMENTATION

Sec. 13 shall apply to enrollments on July 1, 2015 and after.

and by renumbering the remaining section to be numerically correct.

Thereupon, **Rep. Buxton of Tunbridge** asked and was granted leave of the House to withdraw her amendment.

Recess

At eleven o'clock and fifty-eight minutes in the forenoon, the Speaker declared a recess until the fall of the gavel.

At one o'clock in the afternoon, the Speaker called the House to order.

Bill Amended, Consideration Resumed;
Bill Read the Third Time and Passed

H. 883

Consideration resumed on House bill, entitled

An act relating to expanded prekindergarten–grade 12 school districts

Pending third reading of the bill, **Rep. Wright of Burlington** moved to amend the bill as follows:

After Sec. 7 by inserting a new section to be Sec. 7a and a related reader assistance heading to read:

* * * Education Mandates; Funding * * *

Sec. 7a. 16 V.S.A. § 4028(d) is added to read:

(d) On or before July 1 of each year, the Joint Fiscal Office shall determine the total amount of new unfunded mandates imposed on supervisory unions

and school districts for the coming fiscal year. The Joint Fiscal Office shall present this total to the Joint Fiscal Committee at its July meeting. The Joint Fiscal Committee shall review and approve the total, and that amount shall then be added to the General Fund transfer in subdivision 4025(a)(2) of this title for that fiscal year and after. As used in this subsection, an "unfunded mandate" means a State statute or State regulation that requires a supervisory union or school district to perform certain actions, but with no money or funding mechanism in place for fulfilling the requirement.

Pending the question, Shall the bill be amended as recommended by Rep. Wright of Burlington and others? **Rep. Wright of Burlington** demanded the Yeas and Nays, which demand was sustained by the Constitutional number. The Clerk proceeded to call the roll and the question, Shall the bill be amended as recommended by Rep. Wright of Burlington and others? was decided in the affirmative. Yeas, 130. Nays, 4.

Those who voted in the affirmative are:

Ancel of Calais
Bartholomew of Hartland
Batchelor of Derby
Beyor of Highgate
Bissonnette of Winooski
Botzow of Pownal
Bouchard of Colchester
Branagan of Georgia *
Brennan of Colchester
Browning of Arlington
Burditt of West Rutland
Burke of Brattleboro
Buxton of Tunbridge
Campion of Bennington
Canfield of Fair Haven
Carr of Brandon
Christie of Hartford
Clarkson of Woodstock
Cole of Burlington
Condon of Colchester
Connor of Fairfield
Conquest of Newbury
Consejo of Sheldon
Copeland-Hanzas of Bradford
Corcoran of Bennington
Cross of Winooski
Cupoli of Rutland City
Dakin of Chester
Devereux of Mount Holly
Dickinson of St. Albans Town
Donahue of Northfield
Donovan of Burlington
Ellis of Waterbury
Emmons of Springfield
Evans of Essex
Fagan of Rutland City
Fay of St. Johnsbury
Feltus of Lyndon
Fisher of Lincoln
Frank of Underhill
French of Randolph
Gage of Rutland City
Gallivan of Chittenden
Goodwin of Weston
Grad of Moretown
Greshin of Warren
Haas of Rochester
Head of South Burlington
Heath of Westford
Hebert of Vernon
Helm of Fair Haven
Higley of Lowell
Hooper of Montpelier
Hubert of Milton
Huntley of Cavendish
Jerman of Essex
Jewett of Ripton
Johnson of South Hero
Johnson of Canaan
Juskiewicz of Cambridge
Keenan of St. Albans City
Kilmartin of Newport City
Koch of Barre Town
Komline of Dorset
Krebs of South Hero
Krowinski of Burlington
Kupersmith of South Burlington
Lanpher of Vergennes
Larocque of Barnet
Lawrence of Lyndon
Lenes of Shelburne
Lewis of Berlin
Macaig of Williston
Malcolm of Pawlet
Manwaring of Wilmington
Marcotte of Coventry
Martin of Springfield
Martin of Wolcott
Masland of Thetford
McCarthy of St. Albans City
McCormack of Burlington
McCullough of Williston
McFaun of Barre Town
Michelsen of Hardwick
Miller of Shaftsbury
Mitchell of Fairfax
Mook of Bennington
Moran of Wardsboro
Morrissey of Bennington

Mrowicki of Putney
Myers of Essex
Nuovo of Middlebury
Pearce of Richford
Peltz of Woodbury
Poirier of Barre City
Potter of Clarendon
Quimby of Concord
Rachelson of Burlington
Ralston of Middlebury
Russell of Rutland City
Ryerson of Randolph
Savage of Swanton
Scheuermann of Stowe
Sharpe of Bristol
Shaw of Pittsford
Shaw of Derby
Smith of New Haven
Spengler of Colchester
Stevens of Shoreham
Strong of Albany
Stuart of Brattleboro
Sweaney of Windsor
Terenzini of Rutland Town
Till of Jericho
Toleno of Brattleboro
Toll of Danville
Townsend of South Burlington
Turner of Milton
Van Wyck of Ferrisburgh
Vowinkel of Hartford
Waite-Simpson of Essex
Walz of Barre City
Webb of Shelburne
Weed of Enosburgh
Wilson of Manchester
Winters of Williamstown
Wizowaty of Burlington
Wright of Burlington
Yantachka of Charlotte
Zagar of Barnard

Those who voted in the negative are:

Davis of Washington
Deen of Westminster
Kitzmiller of Montpelier
Pearson of Burlington

Those members absent with leave of the House and not voting are:

Donaghy of Poultney
Hoyt of Norwich
Klein of East Montpelier
Lippert of Hinesburg
Marek of Newfane
O'Brien of Richmond
O'Sullivan of Burlington
Partridge of Windham
Pugh of South Burlington
Ram of Burlington
South of St. Johnsbury
Stevens of Waterbury
Trieber of Rockingham
Woodward of Johnson
Young of Glover

Rep. Branagan of Georgia explained her vote as follows:

"Mr. Speaker:

This fiscally sound amendment represents the kind of thinking needed to get our education spending under control. It is a small change, but will take pressure off the Education Fund and away from the property tax."

Pending third reading of the bill, **Rep. Mrowicki of Putney** moved to amend the bill as follows:

First: In Sec. 1, in 16 V.S.A. § 4051, in subdivision (1), before the semicolon, by inserting the words by implementing the Vermont Blueprint to Close the Achievement Gap by the Stern Center for Language and Learning

Second: In Sec. 1, in 16 V.S.A. § 4062, after "districts are encouraged to explore innovative ways to expand learning opportunities for students" by inserting the following: , including through implementation of the Vermont Blueprint to Close the Achievement Gap by the Stern Center for Language and Learning.

Thereupon, **Rep. Mrowicki of Putney** asked and was granted leave of the House to withdraw his amendment.

Thereupon, the bill was read the third time.

Pending the question, Shall the bill pass? **Rep. Lawrence of Lyndon** demanded the Yeas and Nays, which demand was sustained by the Constitutional number. The Clerk proceeded to call the roll and the question, Shall the bill pass? was decided in the affirmative. Yeas, 76. Nays, 60.

Those who voted in the affirmative are:

Ancel of Calais
Bissonnette of Winooski
Botzow of Pownal
Brennan of Colchester
Buxton of Tunbridge
Carr of Brandon
Christie of Hartford *
Clarkson of Woodstock
Cole of Burlington
Condon of Colchester
Consejo of Sheldon *
Copeland-Hanzas of Bradford
Corcoran of Bennington
Cupoli of Rutland City
Deen of Westminster
Dickinson of St. Albans Town
Donovan of Burlington
Ellis of Waterbury
Emmons of Springfield
Evans of Essex
Fagan of Rutland City
Fisher of Lincoln
Frank of Underhill
Gage of Rutland City
Head of South Burlington
Heath of Westford
Jerman of Essex
Jewett of Ripton
Johnson of South Hero
Juskiewicz of Cambridge
Keenan of St. Albans City
Kitzmiller of Montpelier
Koch of Barre Town
Krowinski of Burlington
Kupersmith of South Burlington
Lanpher of Vergennes
Lenes of Shelburne
Lewis of Berlin
Lippert of Hinesburg
Macaig of Williston
Masland of Thetford
McCarthy of St. Albans City
McCormack of Burlington
McCullough of Williston
McFaun of Barre Town
Michelsen of Hardwick
Mitchell of Fairfax
Myers of Essex
Nuovo of Middlebury
O'Brien of Richmond
Peltz of Woodbury *
Pugh of South Burlington
Rachelson of Burlington
Ralston of Middlebury
Ram of Burlington
Russell of Rutland City
Ryerson of Randolph
Savage of Swanton
Sharpe of Bristol
Spengler of Colchester
Stevens of Waterbury
Stuart of Brattleboro
Sweaney of Windsor
Till of Jericho
Townsend of South Burlington
Turner of Milton
Vowinkel of Hartford
Waite-Simpson of Essex
Walz of Barre City
Webb of Shelburne
Weed of Enosburgh
Wilson of Manchester
Winters of Williamstown
Wizowaty of Burlington
Wright of Burlington
Yantachka of Charlotte

Those who voted in the negative are:

Bartholomew of Hartland
Batchelor of Derby *
Beyor of Highgate
Bouchard of Colchester
Branagan of Georgia
Browning of Arlington
Burditt of West Rutland
Burke of Brattleboro
Campion of Bennington
Canfield of Fair Haven
Connor of Fairfield
Conquest of Newbury
Cross of Winooski
Dakin of Chester
Davis of Washington *
Devereux of Mount Holly
Donaghy of Poultney
Donahue of Northfield
Fay of St. Johnsbury
Feltus of Lyndon
French of Randolph
Goodwin of Weston
Grad of Moretown
Greshin of Warren
Haas of Rochester
Hebert of Vernon
Helm of Fair Haven

Higley of Lowell	Marcotte of Coventry	Shaw of Pittsford
Hooper of Montpelier	Martin of Springfield	Shaw of Derby
Huntley of Cavendish	Mook of Bennington	Smith of New Haven
Johnson of Canaan	Moran of Wardsboro	Stevens of Shoreham
Kilmartin of Newport City	Morrissey of Bennington	Strong of Albany
Komline of Dorset	Pearce of Richford	Terenzini of Rutland Town
Krebs of South Hero	Pearson of Burlington	Toleno of Brattleboro
Larocque of Barnet	Poirier of Barre City	Toll of Danville
Lawrence of Lyndon	Potter of Clarendon	Van Wyck of Ferrisburgh
Malcolm of Pawlet	Quimby of Concord	Young of Glover
Manwaring of Wilmington	Scheuermann of Stowe *	Zagar of Barnard

Those members absent with leave of the House and not voting are:

Gallivan of Chittenden	Martin of Wolcott	South of St. Johnsbury
Hoyt of Norwich	Miller of Shaftsbury	Trieber of Rockingham
Hubert of Milton	Mrowicki of Putney	Woodward of Johnson
Klein of East Montpelier	O'Sullivan of Burlington	
Marek of Newfane	Partridge of Windham	

Rep. Batchelor of Derby explained her vote as follows:

"Mr. Speaker:

I voted no on bill H.883. I believe that small schools will be harmed in the long run. Let's fix the schools that need fixing and leave the ones running well alone."

Rep. Christie of Hartford explained his vote as follows:

"Mr. Speaker:

I voted yes on this bill on behalf of the children of Vermont. I could not stand by when a valedictorian cannot attend our university due to the inequity of her curriculum."

Rep. Consejo of Sheldon explained his vote as follows:

"Mr. Speaker:

Change is hard, change is scary, and sometimes changes fail. But one thing is sure, if we keep doing what we have always done, we will get the same results we always had. This bill will move our education system on a path of modernization that is both necessary and exciting for our upcoming generation."

Rep. Davis of Washington explained her vote as follows:

"Mr. Speaker:

I have to wonder, when the electorate wakes up – realizing they no longer have a budget to vote on. How will they react?"

Rep. Peltz of Woodbury explained his vote as follows:

"Mr. Speaker:

My vote for H.883 is one of the two most important votes I have made in this chamber over the past eight years. Education governance was last legislatively changed in 1892 when 2,500 school districts became 300 town districts. There were 97,000students at that time, approximately 10,000 more than today. This afternoon we have approved moving from school districts to community districts. As Vermont has transitioned from school to community districts, we have sustained our commitment to our students' equal access to quality education. Thank you."

Rep Scheuermann of Stowe explained her vote as follows:

"Mr. Speaker:

While this may be a difficult vote, I voted because my constituents expect me to do my job, and actually cast votes when the House is in session, and I am present."

Message from the Senate No. 57

A message was received from the Senate by Mr. Marshall, its Assistant Secretary, as follows:

Mr. Speaker:

I am directed to inform the House that:

The Senate has considered a bill originating in the House of the following title:

H. 881. An act relating to approval of the adoption and the codification of the charter of the Town of Westford.

And has passed the same in concurrence.

The Senate has considered House proposal of amendment to Senate bill of the following title:

S. 299. An act relating to sampler flights.

And has concurred therein with an amendment in the passage of which the concurrence of the House is requested.

Pursuant to the request of the House for Committees of Conference on the disagreeing votes of the two Houses on the following House bills the President

announced the appointment as members of such Committees on the part of the Senate:

H. 765. An act relating to eliminating the part-time certification of law enforcement officers.

Senator French
Senator McAllister
Senator White.

H. 885. An act relating to making appropriations for the support of government.

Senator Kitchel
Senator Sears
Senator Snelling.

Bill Read Second Time; Consideration Interrupted by Recess

S. 252

Rep. Fisher of Lincoln, for the committee on Health Care, to which had been referred Senate bill, entitled

An act relating to financing for Green Mountain Care

Reported in favor of its passage in concurrence with proposal of amendment as follows:

By striking all after the enacting clause and inserting in lieu thereof the following:

* * * Intent and Principles * * *

Sec. 1. LEGISLATIVE INTENT; FINDINGS; PURPOSE

(a)(1) It is the intent of the General Assembly to continue moving forward toward implementation of Green Mountain Care, a publicly financed program of universal and unified health care.

(2) It is the intent of the General Assembly not to change in any way the benefits provided to Vermont residents by Medicare, the Federal Employees Health Benefit Program, TRICARE, a retiree health program, or any other health benefit program beyond the regulatory authority of the State of Vermont.

(b) The General Assembly finds that:

(1) It has been three years since the passage of 2011 Acts and Resolves No. 48 (Act 48), which established the Green Mountain Care Board, authorized payment reform initiatives, and created the framework for the Vermont Health Benefit Exchange and Green Mountain Care.

(2) The Green Mountain Care Board currently regulates health insurance rates, hospital budgets, and certificates of need. In 2013, the Green Mountain Care Board's hospital budget review limited hospital growth to 2.7 percent, the lowest annual growth rate in Vermont for at least the last 15 years. The Green Mountain Care Board issued four certificates of need and one conceptual development phase certificate of need. It also issued 31 health insurance rate decisions and reduced by approximately five percent the rates proposed by insurers in the Vermont Health Benefit Exchange.

(3) In 2013, Vermont was awarded a three-year State Innovation Model (SIM) grant of $45 million to improve health and health care and to lower costs for Vermont residents. The grant funds the creation of a sustainable model of multi-payer payment and delivery reform, encouraging providers to change the way they do business in order to deliver the right care at the right time in the right setting. The State has created a 300-person public-private stakeholder group to work collaboratively on creating appropriate payment and delivery system models. Through this structure, care management models are being coordinated across State agencies and health care providers, including the Blueprint for Health, the Vermont Chronic Care Initiative, and accountable care organizations.

(4) From the SIM grant funds, the State recently awarded $2.6 million in grants to health care providers for innovative pilot programs improving care delivery or for creating the capacity and infrastructure for care delivery reforms.

(5) Three accountable care organizations (ACOs) have formed in Vermont: one led by hospitals, one led by federally qualified health centers, and one led by independent physicians. The Green Mountain Care Board has approved payment and quality measures for ACOs, which create substantial uniformity across payers and will provide consistent measurements for health care providers.

(6) The Vermont Health Benefit Exchange has completed its first open enrollment period. Vermont has more people enrolled through its Exchange per capita than are enrolled in any other state-based Exchange, but many Vermonters experienced difficulties during the enrollment period and not all aspects of Vermont's Exchange are fully functional.

(7) According to the 2013 Blueprint for Health Annual Report, Vermont residents receiving care from a patient-centered medical home and community health team had favorable outcomes over comparison groups in reducing expenditures and reducing inpatient hospitalizations. As of December 31, 2013, 121 primary care practices were participating in the Blueprint for Health, serving approximately 514,385 Vermonters.

(8) The Agency of Human Services has adopted the modified adjusted gross income standard under the Patient Protection and Affordable Care Act, further streamlining the Medicaid application process.

(9) Vermonters currently spend over $2.5 billion per year on private funding of health care through health insurance premiums and out-of-pocket expenses. Act 48 charts a course toward replacing that spending with a publicly financed system.

(10) There is no legislatively determined time line in Act 48 for the implementation of Green Mountain Care. A set of triggers focusing on decisions about financing, covered services, benefit design, and the impacts of Green Mountain Care must be satisfied, and a federal waiver received, before launching Green Mountain Care. In addition, the Green Mountain Care Board must be satisfied that reimbursement rates for providers will be sufficient to recruit and retain a strong health care workforce to meet the needs of all Vermonters.

(11) Act 48 required the Secretary of Administration to provide a financing plan for Green Mountain Care by January 15, 2013. The financing plan delivered on January 24, 2013 did not "recommend the amounts and necessary mechanisms to finance Green Mountain Care and any systems improvements needed to achieve a public-private universal health care system," or recommend solutions to cross-border issues, as required by Sec. 9 of Act 48. The longer it takes the Secretary to produce a complete financing plan, the longer it will be until Green Mountain Care can be implemented.

(c) In order to implement the next steps envisioned by Act 48 successfully, it is appropriate to update the assumptions and cost estimates that formed the basis for that act, evaluate the success of existing health care reform efforts, and obtain information relating to key outstanding policy decisions. It is the intent of the General Assembly to obtain a greater understanding of the impact of health care reform efforts currently under way and to take steps toward implementation of the universal and unified health system envisioned by Act 48.

(d) Before making final decisions about the financing for Green Mountain Care, the General Assembly must have accurate data on how Vermonters

currently pay for health care and how the new system will impact individual decisions about accessing care.

(e) The General Assembly also must consider the benefits and risks of a new health care system on Vermont's businesses when there are new public financing mechanisms in place, when businesses no longer carry the burden of providing health coverage, when employees no longer fear losing coverage when they change jobs, and when business start-ups no longer have to consider health coverage.

(f) The General Assembly must ensure that Green Mountain Care does not go forward if doing so is not cost-effective for the residents of Vermont and for the State.

(g) The General Assembly must be satisfied that an appropriate plan of action is in place in order to accomplish the financial and health care operational transitions needed for successful implementation of Green Mountain Care.

Sec. 2. PRINCIPLES FOR HEALTH CARE FINANCING

The General Assembly adopts the following principles to guide the financing of health care in Vermont:

(1) All Vermont residents have the right to high-quality health care.

(2) All Vermont residents shall contribute to the financing for Green Mountain Care.

(3) Vermont residents shall finance Green Mountain Care through taxes that are levied equitably, taking into account an individual's ability to pay and the value of the health benefits provided so that access to health care will not be limited by cost barriers. The financing system shall maximize opportunities to pay for health care using pre-tax funds.

(4) As provided in 33 V.S.A. § 1827, Green Mountain Care shall be the payer of last resort for Vermont residents who continue to receive health care through plans provided by an employer, by a federal health benefit plan, by Medicare, by a foreign government, or as a retirement benefit.

(5) Vermont's system for financing health care shall raise revenue sufficient to provide medically necessary health care services to all Vermont residents, including:

(A) ambulatory patient services;

(B) emergency services;

(C) hospitalization;

(D) maternity and newborn care;

(E) mental health and substance use disorder services, including behavioral health treatment;

(F) prescription drugs;

(G) rehabilitative and habilitative services and devices;

(H) laboratory services;

(I) preventive and wellness services and chronic care management; and

(J) pediatric services, including oral and vision care.

(6) The financing system for Green Mountain Care shall include an indexing mechanism that adjusts the level of individuals' and businesses' financial contributions to meet the health care needs of Vermont residents and that ensures the sufficiency of funding in accordance with the principle expressed in 18 V.S.A. § 9371(11).

* * * Vermont Health Benefit Exchange * * *

Sec. 3. 33 V.S.A. § 1803 is amended to read:

§ 1803. VERMONT HEALTH BENEFIT EXCHANGE

* * *

(b)(1)(A) The Vermont Health Benefit Exchange shall provide qualified individuals and qualified employers with qualified health benefit plans, including the multistate plans required by the Affordable Care Act, with effective dates beginning on or before January 1, 2014. The Vermont Health Benefit Exchange may contract with qualified entities or enter into intergovernmental agreements to facilitate the functions provided by the Vermont Health Benefit Exchange.

* * *

(4) To the extent permitted by the U.S. Department of Health and Human Services, the Vermont Health Benefit Exchange shall permit qualified employers to purchase qualified health benefit plans through the Exchange website, through navigators, by telephone, or directly from a health insurer under contract with the Vermont Health Benefit Exchange.

* * *

Sec. 4. 33 V.S.A. § 1811(b) is amended to read:

(b)(1) No person may provide a health benefit plan to an individual ~~or small employer~~ unless the plan is offered through the Vermont Health Benefit Exchange ~~and complies with the provisions of this subchapter~~.

(2) To the extent permitted by the U.S. Department of Health and Human Services, a small employer or an employee of a small employer may purchase a health benefit plan through the Exchange website, through navigators, by telephone, or directly from a health insurer under contract with the Vermont Health Benefit Exchange.

(3) No person may provide a health benefit plan to an individual or small employer unless the plan complies with the provisions of this subchapter.

Sec. 5. PURCHASE OF SMALL GROUP PLANS DIRECTLY FROM CARRIERS

To the extent permitted by the U.S. Department of Health and Human Services and notwithstanding any provision of State law to the contrary, the Department of Vermont Health Access shall permit employers purchasing qualified health benefit plans on the Vermont Health Benefit Exchange to purchase the plans through the Exchange website, through navigators, by telephone, or directly from a health insurer under contract with the Vermont Health Benefit Exchange.

Sec. 6. OPTIONAL EXCHANGE COVERAGE FOR EMPLOYERS WITH UP TO 100 EMPLOYEES

(a)(1) If permitted under federal law and notwithstanding any provision of Vermont law to the contrary, prior to January 1, 2016, health insurers may offer health insurance plans through or outside the Vermont Health Benefit Exchange to employers that employed an average of at least 51 but not more than 100 employees on working days during the preceding calendar year. Calculation of the number of employees shall not include a part-time employee who works fewer than 30 hours per week or a seasonal worker as defined in 26 U.S.C. § 4980H(c)(2)(B).

(2) Health insurers may make Exchange plans available to an employer described in subdivision (1) of this subsection if the employer:

(A) has its principal place of business in this State and elects to provide coverage for its eligible employees through the Vermont Health Benefit Exchange, regardless of where an employee resides; or

(B) elects to provide coverage through the Vermont Health Benefit Exchange for all of its eligible employees who are principally employed in this State.

(3) Beginning on January 1, 2016, health insurers may only offer health insurance plans to the employers described in this subsection through the Vermont Health Benefit Exchange in accordance with 33 V.S.A. chapter 18, subchapter 1.

(b)(1) As soon as permitted under federal law and notwithstanding any provision of Vermont law to the contrary, prior to January 1, 2016, employers may purchase health insurance plans through or outside the Vermont Health Benefit Exchange if they employed an average of at least 51 but not more than 100 employees on working days during the calendar year. Calculation of the number of employees shall not include a part-time employee who works fewer than 30 hours per week or a seasonal worker as defined in 26 U.S.C. § 4980H(c)(2)(B).

(2) An employer of the size described in subdivision (1) of this subsection may purchase coverage for its employees through the Vermont Health Benefit Exchange if the employer:

(A) has its principal place of business in this State and elects to provide coverage for its eligible employees through the Vermont Health Benefit Exchange, regardless of where an employee resides; or

(B) elects to provide coverage through the Vermont Health Benefit Exchange for all of its eligible employees who are principally employed in this State.

* * * Green Mountain Care * * *

Sec. 7. UPDATES ON TRANSITION TO GREEN MOUNTAIN CARE

(a) The Secretary of Administration or designee shall provide updates at least quarterly to the House Committees on Health Care and on Ways and Means and the Senate Committees on Health and Welfare and on Finance regarding the Agency's progress to date on:

(1) determining the elements of Green Mountain Care, such as claims administration and provider relations, for which the Agency plans to solicit bids for administration pursuant to 33 V.S.A. § 1827(a), and preparing a description of the job or jobs to be performed, the bid qualifications, and the criteria by which bids will be evaluated; and

(2) developing a proposal to transition to and fully implement Green Mountain Care as required by Sec. 26 of this act.

(b) The Green Mountain Care Board shall provide updates at least quarterly to the House Committees on Health Care and on Ways and Means and the Senate Committees on Health and Welfare and on Finance regarding the Board's progress to date on:

(1) defining the Green Mountain Care benefit package;

(2) deciding whether to include dental, vision, hearing, and long-term care benefits in Green Mountain Care;

(3) determining whether and to what extent to impose cost-sharing requirements in Green Mountain Care; and

(4) making the determinations required for Green Mountain Care implementation pursuant to 33 V.S.A. § 1822(a)(5).

Sec. 8. 33 V.S.A. § 1825 is amended to read:

§ 1825. HEALTH BENEFITS

(a)(1) Green Mountain Care shall include primary care, preventive care, chronic care, acute episodic care, and hospital services and shall include at least the same covered services as ~~those included in the benefit package in effect for the lowest cost Catamount Health plan offered on January 1, 2011~~ are available in the benchmark plan for the Vermont Health Benefit Exchange.

(2) It is the intent of the General Assembly that Green Mountain Care provide a level of coverage that includes benefits that are actuarially equivalent to at least 87 percent of the full actuarial value of the covered health services.

(3) The Green Mountain Care Board shall consider whether to impose cost-sharing requirements; if so, ~~whether~~ how to make the cost-sharing requirements income-sensitized; and the impact of any cost-sharing requirements on an individual's ability to access care. The Board shall consider waiving any cost-sharing requirement for evidence-based primary and preventive care; for palliative care; and for chronic care for individuals participating in chronic care management and, where circumstances warrant, for individuals with chronic conditions who are not participating in a chronic care management program.

(4)(A) The Green Mountain Care Board established in 18 V.S.A. chapter 220 shall consider whether to include dental, vision, and hearing benefits in the Green Mountain Care benefit package.

(B) The Green Mountain Care Board shall consider whether to include long-term care benefits in the Green Mountain Care benefit package.

(5) Green Mountain Care shall not limit coverage of preexisting conditions.

(6) The Green Mountain Care ~~board~~ Board shall approve the benefit package and present it to the General Assembly as part of its recommendations for the Green Mountain Care budget.

(b)(1)(A) For individuals eligible for Medicaid or CHIP, the benefit package shall include the benefits required by federal law, as well as any additional benefits provided as part of the Green Mountain Care benefit package.

(B) Upon implementation of Green Mountain Care, the benefit package for individuals eligible for Medicaid or CHIP shall also include any optional Medicaid benefits pursuant to 42 U.S.C. § 1396d or services covered under the State plan for CHIP as provided in 42 U.S.C. § 1397cc for which these individuals are eligible on January 1, 2014. Beginning with the second year of Green Mountain Care and going forward, the Green Mountain Care Board may, consistent with federal law, modify these optional benefits, as long as at all times the benefit package for these individuals contains at least the benefits described in subdivision (A) of this subdivision (b)(1).

(2) For children eligible for benefits paid for with Medicaid funds, the benefit package shall include early and periodic screening, diagnosis, and treatment services as defined under federal law.

(3) For individuals eligible for Medicare, the benefit package shall include the benefits provided to these individuals under federal law, as well as any additional benefits provided as part of the Green Mountain Care benefit package.

Sec. 9. 33 V.S.A. § 1827 is amended to read:

§ 1827. ADMINISTRATION; ENROLLMENT

(a)(1) The Agency shall, under an open bidding process, solicit bids from and award contracts to public or private entities for administration of certain elements of Green Mountain Care, such as claims administration and provider relations.

(2) The Agency shall ensure that entities awarded contracts pursuant to this subsection do not have a financial incentive to restrict individuals' access to health services. The Agency may establish performance measures that provide incentives for contractors to provide timely, accurate, transparent, and courteous services to individuals enrolled in Green Mountain Care and to health care professionals.

(3) When considering contract bids pursuant to this subsection, the Agency shall consider the interests of the State relating to the economy, the location of the entity, and the need to maintain and create jobs in Vermont. The ~~agency~~ Agency may utilize an econometric model to evaluate the net costs of each contract bid.

* * *

(e) [Repealed.]

(f) Green Mountain Care shall be the ~~secondary~~ payer of last resort with respect to any health service that may be covered in whole or in part by any other health benefit plan, including Medicare, private health insurance, retiree health benefits, or federal health benefit plans offered by ~~the Veterans' Administration, by~~ the military~~,~~ or to federal employees.

* * *

Sec. 10. CONCEPTUAL WAIVER APPLICATION

On or before November 15, 2014, the Secretary of Administration or designee shall submit to the federal Center for Consumer Information and Insurance Oversight a conceptual waiver application expressing the intent of the State of Vermont to pursue a Waiver for State Innovation pursuant to Sec. 1332 of the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, and the State's interest in commencing the application process.

* * * Employer Assessment * * *

Sec. 11. 21 V.S.A. § 2003(b) is amended to read:

(b) For any quarter in ~~fiscal years 2007 and 2008~~ calendar year 2014, the amount of the Health Care Fund contribution shall be ~~$ 91.25~~ $119.12 for each full-time equivalent employee in excess of ~~eight~~ four. For each ~~fiscal~~ calendar year after ~~fiscal year 2008, the number of excluded full-time equivalent employees shall be adjusted in accordance with subsection (a) of this section, and~~ calendar year 2014, the amount of the Health Care Fund contribution shall be adjusted by a percentage equal to any percentage change in premiums for the second lowest cost silver-level plan in the Vermont Health Benefit Exchange.

* * * Green Mountain Care Board * * *

Sec. 12. 18 V.S.A. § 9375(b) is amended to read:

(b) The Board shall have the following duties:

* * *

(4) Review the Health Resource Allocation Plan created in chapter 221 of this title, including conducting regular assessments of the range and depth of health needs among the State's population and developing a plan for allocating resources over a reasonable period of time to meet those needs.

* * *

Sec. 13. 18 V.S.A. § 9375(d) is amended to read:

(d) Annually on or before January 15, the Board shall submit a report of its activities for the preceding calendar year to the House Committee on Health Care ~~and~~, the Senate Committee on Health and Welfare, and the Joint Fiscal Committee.

* * *

Sec. 14. 2000 Acts and Resolves No. 152, Sec. 117b, as amended by 2013 Acts and Resolves No. 79, Sec, 42, is further amended to read:

Sec. 117b. MEDICAID COST SHIFT REPORTING

* * *

(b) Notwithstanding 2 V.S.A. § 20(d), annually on or before ~~December~~ January 15, the ~~chair~~ Chair of the Green Mountain Care Board, the Commissioner of Vermont Health Access, and each acute care hospital shall file with the Joint Fiscal Committee, the House Committee on Health Care, and the Senate Committee on Health and Welfare, in the manner required by the Joint Fiscal Committee, such information as is necessary to carry out the purposes of this section. Such information shall pertain to the provider delivery system to the extent it is available. The Green Mountain Care Board may satisfy its obligations under this section by including the information required by this section in the annual report required by 18 V.S.A. § 9375(d).

* * *

Sec. 15. 2013 Acts and Resolves No. 79, Sec. 5b is amended to read:

Sec. 5b. STANDARDIZED HEALTH INSURANCE CLAIMS AND EDITS

(a)(1) As part of moving away from fee-for-service and toward other models of payment for health care services in Vermont, the Green Mountain Care Board, in consultation with the Department of Vermont Health Access, health care providers, health insurers, and other interested stakeholders, shall develop a complete set of standardized edits and payment rules based on Medicare or on another set of standardized edits and payment rules appropriate for use in Vermont. The Board and the Department shall adopt by rule the standards and

payment rules that health care providers, health insurers, Medicaid, and other payers shall use beginning on ~~January 1, 2015 and that Medicaid shall use beginning on~~ January 1, 2017.

* * *

* * * Pharmacy Benefit Managers * * *

Sec. 16. 18 V.S.A. § 9472 is amended to read:

§ 9472. PHARMACY BENEFIT MANAGERS; REQUIRED PRACTICES WITH RESPECT TO HEALTH INSURERS

* * *

(d) At least annually, a pharmacy benefit manager that provides pharmacy benefit management for a health plan shall disclose to the health insurer, the Department of Financial Regulation, and the Green Mountain Care Board the aggregate amount the pharmacy benefit manager retained on all claims charged to the health insurer for prescriptions filled during the preceding calendar year in excess of the amount the pharmacy benefit manager reimbursed pharmacies.

(e) Compliance with the requirements of this section is required for pharmacy benefit managers entering into contracts with a health insurer in this ~~state~~ State for pharmacy benefit management in this ~~state~~ State.

Sec. 17. 18 V.S.A. § 9473 is redesignated to read:

§ ~~9473~~ 9474. ENFORCEMENT

Sec. 18. 18 V.S.A. § 9473 is added to read:

§ 9473. PHARMACY BENEFIT MANAGERS; REQUIRED PRACTICES WITH RESPECT TO PHARMACIES

(a) Within 14 calendar days following receipt of a pharmacy claim, a pharmacy benefit manager or other entity paying pharmacy claims shall do one of the following:

(1) Pay or reimburse the claim.

(2) Notify the pharmacy in writing that the claim is contested or denied. The notice shall include specific reasons supporting the contest or denial and a description of any additional information required for the pharmacy benefit manager or other payer to determine liability for the claim.

(b) A pharmacy benefit manager or other entity paying pharmacy claims shall:

(1) make available, in a format that is readily accessible and understandable by a pharmacist, a list of the drugs subject to maximum

allowable cost, the actual maximum allowable cost for each drug, and the source used to determine the maximum allowable cost; and

(2) update the maximum allowable cost list at least once every seven calendar days.

(c) A pharmacy benefit manager or other entity paying pharmacy claims shall not:

(1) impose a higher co-payment for a prescription drug than the co-payment applicable to the type of drug purchased under the insured's health plan;

(2) impose a higher co-payment for a prescription drug than the maximum allowable cost for the drug; or

(3) require a pharmacy to pass through any portion of the insured's co-payment to the pharmacy benefit manager or other payer.

Sec. 19. 9 V.S.A. § 2466a is amended to read:

§ 2466a. CONSUMER PROTECTIONS; PRESCRIPTION DRUGS

(a) A violation of 18 V.S.A. § 4631 shall be considered a prohibited practice under section 2453 of this title.

(b) As provided in 18 V.S.A. § ~~9473~~ 9474, a violation of 18 V.S.A. § 9472 or 9473 shall be considered a prohibited practice under section 2453 of this title.

* * *

* * * Adverse Childhood Experiences * * *

Sec. 20. FINDINGS AND PURPOSE

(a) It is the belief of the General Assembly that controlling health care costs requires consideration of population health, particularly Adverse Childhood Experiences (ACEs).

(b) The ACE Questionnaire contains ten categories of questions for adults pertaining to abuse, neglect, and family dysfunction during childhood. It is used to measure an adult's exposure to traumatic stressors in childhood. Based on a respondent's answers to the Questionnaire, an ACE Score is calculated, which is the total number of ACE categories reported as experienced by a respondent.

(c) In a 1998 article entitled "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults" published in the American Journal of Preventive Medicine, evidence was cited

of a "strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults."

(d) The greater the number of ACEs experienced by a respondent, the greater the risk for the following health conditions and behaviors: alcoholism and alcohol abuse, chronic obstructive pulmonary disease, depression, obesity, illicit drug use, ischemic heart disease, liver disease, intimate partner violence, multiple sexual partners, sexually transmitted diseases, smoking, suicide attempts, and unintended pregnancies.

(e) ACEs are implicated in the ten leading causes of death in the United States and with an ACE score of six or higher, an individual has a 20-year reduction in life expectancy.

(f) An individual with an ACE score of two is twice as likely to experience rheumatic disease. An individual with an ACE score of four has a three-to-four-times higher risk of depression; is five times more likely to become an alcoholic; is eight times more likely to experience sexual assault; and is up to ten times more likely to attempt suicide. An individual with an ACE score of six or higher is 2.6 times more likely to experience chronic obstructive pulmonary disease; is three times more likely to experience lung cancer; and is 46 times more likely to abuse intravenous drugs. An individual with an ACE score of seven or higher is 31 times more likely to attempt suicide.

(g) Physical, psychological, and emotional trauma during childhood may result in damage to multiple brain structures and functions.

(h) ACEs are common in Vermont. In 2011, the Vermont Department of Health reported that 58 percent of Vermont adults experienced at least one adverse event during their childhood, and that 14 percent of Vermont adults have experienced four or more adverse events during their childhood. Seventeen percent of Vermont women have four or more ACEs.

(i) The impact of ACEs is felt across all socioeconomic boundaries.

(j) The earlier in life an intervention occurs for an individual with ACEs, the more likely that intervention is to be successful.

(k) ACEs can be prevented where a multigenerational approach is employed to interrupt the cycle of ACEs within a family, including both prevention and treatment throughout an individual's lifespan.

(l) It is the belief of the General Assembly that people who have experienced adverse childhood experiences can be resilient and can succeed in leading happy, healthy lives.

Sec. 21. VERMONT FAMILY BASED APPROACH PILOT

(a) The Agency of Human Services, through the Integrated Family Services initiative, within available Agency resources and in partnership with the Vermont Center for Children, Youth, and Families at the University of Vermont, shall implement the Vermont Family Based Approach in one pilot region. Through the Vermont Family Based Approach, wellness services, prevention, intervention, and, where indicated, treatment services shall be provided to families throughout the pilot region in partnership with other human service and health care programs. The pilot shall be fully implemented by January 1, 2015 to the extent resources are available to support the implementation.

(b)(1) In the pilot region, the Agency of Human Services, community partner organizations, schools, and the Vermont Center for Children, Youth, and Families shall identify individuals interested in being trained as Family Wellness Coaches and Family Focused Coaches.

(2) Each Family Wellness Coach and Family Focused Coach shall:

(A) complete the training program provided by the Vermont Family Based Approach;

(B) conduct outreach activities for the pilot region; and

(C) serve as a resource for family physicians within the pilot region.

Sec. 22. REPORT; BLUEPRINT FOR HEALTH

On or before December 15, 2014, the Director of the Blueprint for Health shall submit a report to the House Committee on Health Care and to the Senate Committee on Health and Welfare containing recommendations as to how screening for adverse childhood experiences and trauma-informed care may be incorporated into Blueprint for Health medical practices and community health teams, including any proposed evaluation measures and approaches, funding constraints, and opportunities.

Sec. 23. RECOMMENDATION; UNIVERSITY OF VERMONT'S COLLEGE OF MEDICINE AND SCHOOL OF NURSING CURRICULUM

The General Assembly recommends to the University of Vermont's College of Medicine and School of Nursing that they consider adding or expanding information to their curricula about the Adverse Childhood Experience Study and the impact of adverse childhood experiences on lifelong health.

Sec. 24. TRAUMA-INFORMED EDUCATIONAL MATERIALS

(a) On or before January 1, 2015, the Vermont Board of Medical Practice, in collaboration with the Vermont Medical Society Education and Research Foundation, shall develop educational materials pertaining to the Adverse Childhood Experience Study, including available resources and evidence-based interventions for physicians, physician assistants, and advanced practice registered nurses.

(b) On or before July 1, 2016, the Vermont Board of Medical Practice and the Office of Professional Regulation shall disseminate the materials prepared pursuant to subsection (a) of this section to all physicians licensed pursuant to 26 V.S.A. chapters 23 and 33, naturopathic physicians licensed pursuant to 26 V.S.A. chapter 81, physician assistants licensed pursuant to 26 V.S.A. chapter 31, and advanced practice registered nurses licensed pursuant to 26 V.S.A. chapter 28, subchapter 3.

Sec. 25. REPORT; DEPARTMENT OF HEALTH; GREEN MOUNTAIN CARE BOARD

(a) On or before November 1, 2014, the Department of Health, in consultation with the Department of Mental Health, shall submit a written report to the Green Mountain Care Board containing:

(1) recommendations for incorporating education, treatment, and prevention of adverse childhood experiences into Vermont's medical practices and the Department of Health's programs;

(2) recommendations on the availability of appropriate screening tools and evidence-based interventions for individuals throughout their lives, including expectant parents; and

(3) recommendations on additional security protections that may be used for information related to a patient's adverse childhood experiences.

(b) The Green Mountain Care Board shall review the report submitted pursuant to subsection (a) of this section and attach comments to the report regarding the report's implications on population health and health care costs. On or before January 1, 2015, the Board shall submit the report with its comments to the Senate Committees on Education and on Health and Welfare and to the House Committees on Education, on Health Care, and on Human Services.

* * * Reports * * *

Sec. 26. GREEN MOUNTAIN CARE FINANCING AND COVERAGE; REPORT

(a) Notwithstanding the January 15, 2013 date specified in 2011 Acts and Resolves No. 48, Sec. 9, on or before February 3, 2015, the Secretary of Administration shall submit to the House Committees on Health Care and on Ways and Means and the Senate Committees on Health and Welfare and on Finance a proposal to transition to and fully implement Green Mountain Care. The report shall include the following elements, as well as any other topics the Secretary deems appropriate:

(1) a detailed analysis of how much individuals and businesses currently spend on health care, including the average percentage of income spent on health care premiums for plans in the Vermont Health Benefit Exchange by Vermont residents purchasing Exchange plans as individuals and by Vermont residents whose employers provide health coverage as an employment benefit, as well as data necessary to compare the proposal to the various ways health care is currently paid for, including as a percentage of employers' payroll;

(2) recommendations for the amounts and necessary mechanisms to finance Green Mountain Care, including:

(A) proposing the amounts to be contributed by individuals and businesses;

(B) recommending financing options for wraparound coverage for individuals with other primary coverage, including evaluating the potential for using financing tiers based on the level of benefits provided by Green Mountain Care; and

(C) addressing cross-border financing issues;

(3) wraparound benefits for individuals for whom Green Mountain Care will be the payer of last resort pursuant to 33 V.S.A. § 1827(f), including individuals covered by the Federal Employees Health Benefit Program, TRICARE, Medicare, retiree health benefits, or an employer health plan;

(4) a thorough economic analysis of the impact of changing from a health care system financed through premiums to the system recommended in the financing proposal, taking into account the effect on wages and job growth and the impact on various wage levels;

(5) recommendations for addressing cross-border health care delivery issues;

(6) establishing provider reimbursement rates in Green Mountain Care;

(7) developing estimates of administrative savings to health care providers and payers from Green Mountain Care; and

(8) information regarding Vermont's efforts to obtain a Waiver for State Innovation pursuant to Section 1332 of the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, including submission of a conceptual waiver application as required by Sec. 10 of this act.

(b) If the Secretary of Administration does not submit the Green Mountain Care financing and coverage proposal required by this section to the General Assembly by February 3, 2015, no portion of the unencumbered funds remaining as of that date in the fiscal year 2015 appropriation to the Agency of Administration for the planning and the implementation of Green Mountain Care shall be expended until the Secretary submits to the General Assembly a plan recommending the specific amounts and necessary mechanisms to finance Green Mountain Care.

Sec. 27. CHRONIC CARE MANAGEMENT; BLUEPRINT; REPORT

On or before October 1, 2014, the Secretary of Administration or designee shall provide to the House Committees on Health Care and on Human Services and the Senate Committees on Health and Welfare and on Finance a proposal for modifications of the payment structure to health care providers and community health teams for their participation in the Blueprint for Health; a recommendation on whether to expand the Blueprint to include additional services or chronic conditions such as obesity, mental conditions, and oral health; and recommendations on ways to strengthen and sustain advanced practice primary care.

Sec. 28. HEALTH INSURER SURPLUS; LEGAL CONSIDERATIONS; REPORT

The Department of Financial Regulation, in consultation with the Office of the Attorney General, shall identify the legal and financial considerations involved in the event that a private health insurer offering major medical insurance plans, whether for-profit or nonprofit, ceases doing business in this State, including appropriate disposition of the insurer's surplus funds. On or before July 15, 2014, the Department shall report its findings to the House Committees on Health Care, on Commerce, and on Ways and Means and the Senate Committees on Health and Welfare and on Finance.

Sec. 29. TRANSITION PLAN FOR UNION EMPLOYEES

The Commissioners of Labor and of Human Resources, in consultation with the Vermont League of Cities and Towns, Vermont School Boards Association, a coalition of labor organizations active in Vermont, and other interested stakeholders, shall develop a plan for transitioning all union employees with collectively bargained health benefits from their existing

health insurance plans to Green Mountain Care, with the goal that all union employees shall be enrolled in Green Mountain Care upon implementation, which is currently targeted for 2017. The Commissioners shall address the role of collective bargaining on the transition process and shall propose methods to mitigate the impact of the transition on employees' health care coverage and on their total compensation.

Sec. 30. FINANCIAL IMPACT OF HEALTH CARE REFORM INITIATIVES

(a) The Secretary of Administration or designee shall consult with the Joint Fiscal Office in collecting data and developing methodologies, assumptions, analytic models, and other factors related to the following:

(1) the distribution of current health care spending by individuals, businesses, and municipalities, including comparing the distribution of spending by individuals by income class with the distribution of other taxes;

(2) the costs of and savings from current health care reform initiatives; and

(3) updated cost estimates for Green Mountain Care, the universal and unified health care system established in 33 V.S.A. chapter 18, subchapter 2.

(b) The Secretary or designee and the Joint Fiscal Committee shall explore ways to collaborate on the estimates required pursuant to subsection (a) of this section and may contract jointly, to the extent feasible, in order to use the same analytic models, data, or other resources.

(c) On or before December 1, 2014, the Secretary of Administration shall present his or her analysis to the General Assembly. On or before January 15, 2015, the Joint Fiscal Office shall evaluate the analysis and indicate areas of agreement and disagreement with the data, assumptions, and results.

Sec. 31. [Deleted.]

Sec. 32. INCREASING MEDICAID RATES; REPORT

On or before January 15, 2015, the Secretary of Administration or designee, in consultation with the Green Mountain Care Board, shall report to the House Committees on Health Care and on Ways and Mean and the Senate Committees on Health and Welfare and on Finance regarding the impact of increasing Medicaid reimbursement rates to providers to match Medicare rates. The issues to be addressed in the report shall include:

(1) the amount of State funds needed to effect the increase;

(2) the level of a payroll tax that would be necessary to generate the revenue needed for the increase;

(3) the projected impact of the increase on health insurance premiums; and

(4) to the extent that premium reductions would likely result in a decrease in the aggregate amount of federal premium tax credits for which Vermont residents would be eligible, whether there are specific timing considerations for the increase as it relates to Vermont's application for a Waiver for State Innovation pursuant to Section 1332 of the Patient Protection and Affordable Care Act.

Sec. 33. HEALTH CARE EXPENSES IN OTHER FORMS OF INSURANCE

The Secretary of Administration or designee, in consultation with the Departments of Labor and of Financial Regulation, shall collect the most recent available data regarding health care expenses paid for by workers' compensation, automobile, property and casualty, and other forms of non-medical insurance, including the amount of money spent on health care-related goods and services and the percentage of the premium for each type of policy that is attributable to health care expenses. The Secretary of Administration or designee shall consolidate the data and provide it to the General Assembly on or before December 1, 2014.

* * * Health Care Workforce Symposium * * *

Sec. 34. HEALTH CARE WORKFORCE SYMPOSIUM

On or before November 15, 2014, the Secretary of Administration or designee, in collaboration with the Vermont Medical Society, the Vermont Association of Hospitals and Health Systems, and the Vermont Assembly of Home Health and Hospice Agencies, shall organize and conduct a symposium to address the impacts of moving toward universal health care coverage on Vermont's health care workforce and on its projected workforce needs.

* * * Repeal * * *

Sec. 35. REPEAL

3 V.S.A. § 635a (legislators and session-only legislative employees eligible to purchase State Employees Health Benefit Plan at full cost) is repealed.

* * * Effective Dates * * *

Sec. 36. EFFECTIVE DATES

This act shall take effect on passage, except that:

(1) Notwithstanding 1 V.S.A. § 214, Sec. 35 (repeal of legislator eligibility to purchase State Employees Health Benefit Plan) shall take effect on passage and shall apply retroactively to January 1, 2014, except that members and session-only employees of the General Assembly who were enrolled in the State Employees Health Benefit Plan on January 1, 2014 may continue to receive coverage under the plan through the remainder of the 2014 plan year; and

(2) Sec. 18 (18 V.S.A. § 9473; pharmacy benefit managers) shall take effect on July 1, 2014 and shall apply to contracts entered into or renewed on or after that date.

Rep. Ancel of Calais, for the committee on Ways and Means, recommended that the House propose to the Senate to amend the bill as recommended by the committee on Health Care and when further amended as follows:

First: In Sec. 1, legislative intent; findings; purpose, by striking out subsection (d) in its entirety and inserting in lieu thereof a new subsection (d) to read as follows:

(d) Before making final decisions about the financing for Green Mountain Care, the General Assembly must have accurate data on the direct and indirect costs of the current health care system and how the new system will impact individual decisions about accessing care.

Second: In Sec. 1, legislative intent; findings; purpose, by striking out subsections (f) and (g) in their entirety and inserting in lieu thereof new subsections (f) and (g) to read as follows:

(f) The General Assembly must ensure that Green Mountain Care does not go forward if the financing is not sufficient, fair, predictable, transparent, sustainable, and shared equitably.

(g) The General Assembly must be satisfied that an appropriate plan of action is in place in order to accomplish the transitions needed for successful implementation of Green Mountain Care.

Third: By striking out Sec. 2, principles for health care financing, and inserting in lieu thereof a new Sec. 2 to read as follows:

Sec. 2. PRINCIPLES FOR HEALTH CARE FINANCING

The General Assembly adopts the following principles to guide the financing of health care in Vermont:

(1) All Vermont residents have the right to high-quality health care.

(2) All Vermont residents shall contribute to the financing for Green Mountain Care through taxes that are levied equitably, taking into account an individual's ability to pay and the value of the health benefits provided so that access to health care will not be limited by cost barriers.

(3) The financing system shall maximize opportunities to take advantage of federal tax credits and deductions.

(4) As provided in 33 V.S.A. § 1827, Green Mountain Care shall be the payer of last resort for Vermont residents who continue to receive health care through plans provided by an employer, by a federal health benefit plan, by Medicare, by a foreign government, or as a retirement benefit.

(5) Vermont's system for financing health care shall raise revenue sufficient to provide medically necessary health care services to all Vermont residents, including:

(A) ambulatory patient services;

(B) emergency services;

(C) hospitalization;

(D) maternity and newborn care;

(E) mental health and substance use disorder services, including behavioral health treatment;

(F) prescription drugs;

(G) rehabilitative and habilitative services and devices;

(H) laboratory services;

(I) preventive and wellness services and chronic care management; and

(J) pediatric services, including oral and vision care.

Fourth: By striking out Sec. 11, 21 V.S.A. § 2003(b), in its entirety and inserting in lieu thereof a new Sec. 11 to read as follows:

Sec. 11. 21 V.S.A. § 2003(b) is amended to read:

(b) For ~~any~~ each quarter in fiscal ~~years 2007 and 2008~~ year 2015, the amount of the Health Care Fund contribution shall be ~~$ 91.25~~ $133.30 for each full-time equivalent employee in excess of ~~eight~~ four. For each fiscal year after fiscal year ~~2008, the number of excluded full-time equivalent employees shall be adjusted in accordance with subsection (a) of this section, and~~ 2015, the amount of the Health Care Fund contribution shall be adjusted by a

percentage equal to any percentage change in premiums for the second lowest cost silver-level plan in the Vermont Health Benefit Exchange.

Fifth: By striking out Sec. 26, Green Mountain Care financing and coverage; report, in its entirety and inserting in lieu thereof a new Sec. 26 to read as follows:

Sec. 26. GREEN MOUNTAIN CARE FINANCING AND COVERAGE; REPORT

(a) Notwithstanding the January 15, 2013 date specified in 2011 Acts and Resolves No. 48, Sec. 9, no later than January 15, 2015, the Secretary of Administration shall submit to the House Committees on Health Care and on Ways and Means and the Senate Committees on Health and Welfare and on Finance a proposal to transition to and fully implement Green Mountain Care. The report shall include the following elements, as well as any other topics the Secretary deems appropriate:

(1) a detailed analysis of the direct and indirect financial impacts of moving from the current health care system to a publicly financed system, including the impact by income class and family size for individuals and by business size, economic sector, and total sales or revenue for businesses, as well as the effect on various wage levels and job growth;

(2) recommendations for the amounts and necessary mechanisms to finance Green Mountain Care, including:

(A) proposing the amounts to be contributed by individuals and businesses;

(B) recommending financing options for wraparound coverage for individuals with other primary coverage, including evaluating the potential for using financing tiers based on the level of benefits provided by Green Mountain Care; and

(C) addressing cross-border financing issues;

(3) wraparound benefits for individuals for whom Green Mountain Care will be the payer of last resort pursuant to 33 V.S.A. § 1827(f), including individuals covered by the Federal Employees Health Benefit Program, TRICARE, Medicare, retiree health benefits, or an employer health plan;

(4) recommendations for addressing cross-border health care delivery issues;

(5) establishing provider reimbursement rates in Green Mountain Care;

(6) developing estimates of administrative savings to health care providers and payers from Green Mountain Care; and

(7) information regarding Vermont's efforts to obtain a Waiver for State Innovation pursuant to Section 1332 of the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, including submission of a conceptual waiver application as required by Sec. 10 of this act.

(b) If the Secretary of Administration does not submit the Green Mountain Care financing and coverage proposal required by this section to the General Assembly by January 15, 2015, no portion of the unencumbered funds remaining as of that date in the fiscal year 2015 appropriation to the Agency of Administration for the planning and the implementation of Green Mountain Care shall be expended until the Secretary submits the required proposal.

Sixth: By striking out Sec. 29, transition plan for union employees, in its entirety and inserting in lieu thereof a new Sec. 29 to read as follows:

Sec. 29. TRANSITION PLAN FOR UNION EMPLOYEES

The Commissioners of Labor and of Human Resources; one representative each from the Vermont League of Cities and Towns, the Vermont School Boards Association, and the Vermont School Board Insurance Trust; and five representatives from a coalition of labor organizations active in Vermont, in consultation with other interested stakeholders, shall develop a plan for transitioning employees with collectively bargained health benefits from their existing health insurance plans to Green Mountain Care, with the goal that union employees shall be enrolled in Green Mountain Care upon implementation, which is currently targeted for 2017. The transition plan shall be consistent with State and federal labor relations laws and public and private sector collective bargaining agreements and shall ensure that total employee compensation does not decrease significantly, nor financial costs to employers increase significantly, as a result of the transition of employees to Green Mountain Care.

Seventh: By striking out Sec. 30, financial impact of health care reform initiatives, in its entirety and inserting in lieu thereof a new Sec. 30 to read as follows:

Sec. 30. FINANCIAL IMPACT OF HEALTH CARE REFORM INITIATIVES

The Joint Fiscal Committee shall:

(1) determine the distribution of current health care spending by individuals, businesses, and municipalities, including the direct and indirect

costs by income class, family size, and other demographic factors for individuals and by business size, economic sector, and total sales or revenue for businesses;

(2) for each proposal for health care system reform, evaluate the direct and indirect impacts on individuals, businesses, and municipalities, including the direct and indirect costs by income class, family size, and other demographic factors for individuals and by business size, economic sector, and total sales or revenue for businesses;

(3) estimate the costs of and savings from current health care reform initiatives; and

(4) update the cost estimates for Green Mountain Care, the universal and unified health care system established in 33 V.S.A. chapter 18, subchapter 2.

Eighth: In Sec. 36, effective dates, by inserting a new subdivision (1) to read as follows:

(1) Sec. 11, 21 V.S.A. § 2003(b), shall take effect on passage and shall apply beginning with the calculation of the Health Care Fund contributions payable in the first quarter of fiscal year 2015, which shall be based on the number of an employer's uncovered employees in the fourth quarter of fiscal year 2014.

and by renumbering the remaining subdivisions to be numerically correct.

Thereupon, the bill was read the second time.

Recess

At four o'clock and twenty-six minutes in the afternoon, the Speaker declared a recess until the fall of the gavel.

At five o'clock and five minutes in the afternoon, the Speaker called the House to order.

Consideration Resumed; Proposal of Amendment Agreed to and Third Reading Ordered

S. 252

Consideration resumed on Senate bill, entitled

An act relating to financing for Green Mountain Care;

Thereupon, the recommendation of proposal of the committee on offered by the committee on Health Care was amended as recommended by the commiteee on Ways and Means.

Pending the question, Shall the House propose to the Senate to amend the bill as recommended by the committee on Health Care, as amended? **Rep. Fisher of Lincoln** moved to amend the recommendation of proposal of amendment offered by the committee on Health Care, as amended, as follows:

First: By adding a Sec. 6a to read as follows:

* * * Health Insurance Rate Review * * *

Sec. 6a. 8 V.S.A. § 4062(h) is amended to read:

(h)(1) ~~This~~ The authority of the Board under this section shall apply only to the rate review process for policies for major medical insurance coverage and shall not apply to the policy forms for major medical insurance coverage or to the rate and policy form review process for policies for specific disease, accident, injury, hospital indemnity, dental care, vision care, disability income, long-term care, student health insurance coverage, or other limited benefit coverage~~; to Medicare supplemental insurance;~~, or to benefit plans that are paid directly to an individual insured or to his or her assigns and for which the amount of the benefit is not based on potential medical costs or actual costs incurred.

(2) The policy forms for major medical insurance coverage, as well as the policy forms, premium rates, and rules for the classification of risk for the other lines of insurance described in subdivision (1) of this subsection shall be reviewed and approved or disapproved by the Commissioner. In making his or her determination, the Commissioner shall consider whether a policy form, premium rate, or rule is affordable and is not unjust, unfair, inequitable, misleading, or contrary to the laws of this State. The Commissioner shall make his or her determination within 30 days after the date the insurer filed the policy form, premium rate, or rule with the Department. At the expiration of the 30-day period, the form, premium rate, or rule shall be deemed approved unless prior thereto it has been affirmatively approved or disapproved by the Commissioner or found to be incomplete. The Commissioner shall notify an insurer in writing if the insurer files any form, premium rate, or rule containing a provision that does not meet the standards expressed in this subsection. In such notice, the Commissioner shall state that a hearing will be granted within 20 days upon the insurer's written request.

(3) Medicare supplemental insurance policies shall be exempt only from the requirement in subdivisions (a)(1) and (2) of this section for the Green Mountain Care Board's approval on rate requests and shall be subject to the remaining provisions of this section.

Second: By adding Secs. 15a–15c to read as follows:

* * * Certificates of Need * * *

Sec. 15a. 18 V.S.A. § 9432 is amended to read:

§ 9432. DEFINITIONS

As used in this subchapter:

* * *

(8) "Health care facility" means all persons or institutions, including mobile facilities, whether public or private, proprietary or not for profit, which offer diagnosis, treatment, inpatient, or ambulatory care to two or more unrelated persons, and the buildings in which those services are offered. The term shall not apply to any institution operated by religious groups relying solely on spiritual means through prayer for healing, but shall include ~~but is not limited to~~:

(A) hospitals, including general hospitals, mental hospitals, chronic disease facilities, birthing centers, maternity hospitals, and psychiatric facilities including any hospital conducted, maintained, or operated by the ~~state~~ State of Vermont, or its subdivisions, or a duly authorized agency thereof; and

(B) nursing homes, health maintenance organizations, home health agencies, outpatient diagnostic or therapy programs, kidney disease treatment centers, mental health agencies or centers, diagnostic imaging facilities, independent diagnostic laboratories, cardiac catheterization laboratories, radiation therapy facilities, ~~or~~ and any inpatient or ambulatory surgical, diagnostic, or treatment center, including non-emergency walk-in centers.

* * *

(15) "Non-emergency walk-in center" means an outpatient or ambulatory diagnostic or treatment center at which a patient without making an appointment may receive medical care that is not of an emergency, life-threatening nature. The term includes facilities that are self-described as urgent care centers, retail health clinics, and convenient care clinics.

Sec. 15b. 18 V.S.A. § 9434 is amended to read:

§ 9434. CERTIFICATE OF NEED; GENERAL RULES

(a) A health care facility other than a hospital shall not develop, or have developed on its behalf a new health care project without issuance of a certificate of need by the board. ~~For purposes of~~ As used in this subsection, a "new health care project" includes the following:

* * *

(6) The construction, development, purchase, lease, or other establishment of an ambulatory surgical center or non-emergency walk-in center.

* * *

Sec. 15c. 18 V.S.A. § 9435 is amended to read:

§ 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, non-emergency walk-in centers, and diagnostic imaging facilities and similar facilities owned or operated by a physician, dentist, or other practitioner of the healing arts.

* * *

Third: By striking out Sec. 16, 18 V.S.A. § 9472, in its entirety and inserting in lieu thereof a new Sec. 16 to read as follows:

Sec. 16. 18 V.S.A. § 9472 is amended to read:

§ 9472. PHARMACY BENEFIT MANAGERS; REQUIRED PRACTICES WITH RESPECT TO HEALTH INSURERS

(c) ~~Unless the contract provides otherwise, a~~ A pharmacy benefit manager that provides pharmacy benefit management for a health plan shall:

(1) Provide all financial and utilization information requested by a health insurer relating to the provision of benefits to beneficiaries through that health insurer's health plan and all financial and utilization information relating to services to that health insurer. A pharmacy benefit manager providing information under this subsection may designate that material as confidential. Information designated as confidential by a pharmacy benefit manager and provided to a health insurer under this subsection may not be

disclosed by the health insurer to any person without the consent of the pharmacy benefit manager, except that disclosure may be made by the health insurer:

(A) in a court filing under the consumer protection provisions of 9 V.S.A. chapter 63, provided that the information shall be filed under seal and that prior to the information being unsealed, the court shall give notice and an opportunity to be heard to the pharmacy benefit manager on why the information should remain confidential;

(B) when authorized by 9 V.S.A. chapter 63;

(C) when ordered by a court for good cause shown; or

(D) when ordered by the ~~commissioner~~ Commissioner as to a health insurer as defined in subdivision 9471(2)(A) of this title pursuant to the provisions of Title 8 and this title.

(2) Notify a health insurer in writing of any proposed or ongoing activity, policy, or practice of the pharmacy benefit manager that presents, directly or indirectly, any conflict of interest with the requirements of this section.

(3) With regard to the dispensation of a substitute prescription drug for a prescribed drug to a beneficiary in which the substitute drug costs more than the prescribed drug and the pharmacy benefit manager receives a benefit or payment directly or indirectly, disclose to the health insurer the cost of both drugs and the benefit or payment directly or indirectly accruing to the pharmacy benefit manager as a result of the substitution.

(4) ~~If~~ Unless the contract provides otherwise, if the pharmacy benefit manager derives any payment or benefit for the dispensation of prescription drugs within the ~~state~~ State based on volume of sales for certain prescription drugs or classes or brands of drugs within the ~~state~~ State, pass that payment or benefit on in full to the health insurer.

(5) Disclose to the health insurer all financial terms and arrangements for remuneration of any kind that apply between the pharmacy benefit manager and any prescription drug manufacturer that relate to benefits provided to beneficiaries under or services to the health insurer's health plan, including formulary management and drug-switch programs, educational support, claims processing, and pharmacy network fees charged from retail pharmacies and data sales fees. A pharmacy benefit manager providing information under this subsection may designate that material as confidential. Information designated as confidential by a pharmacy benefit manager and provided to a health insurer under this subsection may not be disclosed by the health insurer to any person

without the consent of the pharmacy benefit manager, except that disclosure may be made by the health insurer:

(A) in a court filing under the consumer protection provisions of 9 V.S.A. chapter 63, provided that the information shall be filed under seal and that prior to the information being unsealed, the court shall give notice and an opportunity to be heard to the pharmacy benefit manager on why the information should remain confidential;

(B) when authorized by 9 V.S.A. chapter 63;

(C) when ordered by a court for good cause shown; or

(D) when ordered by the ~~commissioner~~ Commissioner as to a health insurer as defined in subdivision 9471(2)(A) of this title pursuant to the provisions of Title 8 and this title.

(d) At least annually, a pharmacy benefit manager that provides pharmacy benefit management for a health plan shall disclose to the health insurer, the Department of Financial Regulation, and the Green Mountain Care Board the aggregate amount the pharmacy benefit manager retained on all claims charged to the health insurer for prescriptions filled during the preceding calendar year in excess of the amount the pharmacy benefit manager reimbursed pharmacies.

(e) Compliance with the requirements of this section is required for pharmacy benefit managers entering into contracts with a health insurer in this ~~state~~ State for pharmacy benefit management in this ~~state~~ State.

Fourth: In Sec. 22, report; Blueprint for Health, by striking out the remainder of the section following the words "including any" and inserting in lieu thereof proposed evaluation measures and approaches; funding constraints; opportunities; availability of appropriate screening tools and evidence-based interventions for individuals; the additional resources, if any, that would be necessary to ensure adequate access to the interventions identified as needed as a result of the use of the screening tools; and additional security protections that may be necessary for information related to a patient's adverse childhood experiences.

Fifth: In Sec. 25, report; Department of Health; Green Mountain Care Board, by striking out subdivisions (a)(2) and (3) in their entirety and inserting in lieu thereof new subdivisions (2) and (3) to read:

(2) recommendations on the availability of appropriate screening tools and evidence-based interventions for individuals throughout their lives, including expectant parents, and the additional resources, if any, that would be necessary to ensure adequate access to the interventions identified as needed as a result of the use of the screening tools; and

(3) information about the costs and availability of, and recommendations on, additional security protections that may be necessary for information related to a patient's adverse childhood experiences.

Sixth: In Sec. 26, Green Mountain Care financing and coverage; report, in subdivision (a)(7), following the semicolon, by striking out the word "and", in subdivision (a)(8), following "Sec. 10 of this act", by inserting a semicolon and the word and, and by adding before the period a subdivision (a)(9) to read as follows:

(9) proposals for enhancing loan forgiveness programs and other opportunities and incentives for health care workforce development and enhancement

Seventh: By adding a Sec. 26a to read as follows:

Sec. 26a. 18 V.S.A. § 9491 is amended to read:

§ 9491. HEALTH CARE WORKFORCE; STRATEGIC PLAN

* * *

(b) The director or designee shall collaborate with the area health education centers, the ~~workforce development council~~ Workforce Development Council established in 10 V.S.A. § 541, the ~~prekindergarten-16 council~~ Prekindergarten-16 Council established in 16 V.S.A. § 2905, the ~~department of labor, the department of health, the department of Vermont health access~~ Department of Labor, the Department of Health, the Department of Vermont Health Access, and other interested parties, to develop and maintain the plan. The ~~director of health care reform~~ Director of Health Care Reform shall ensure that the strategic plan includes recommendations on how to develop Vermont's health care workforce, including:

* * *

(3) how ~~state~~ State government, universities and colleges, the ~~state's~~ State's educational system, entities providing education and training programs related to the health care workforce, and others may develop the resources in the health care workforce and delivery system to educate, recruit, and retain health care professionals to achieve Vermont's health care reform principles and purposes, including proposals for enhancing loan forgiveness programs and other opportunities and incentives for health care workforce development and enhancement.

* * *

Eighth: In Sec. 26, Green Mountain Care financing and coverage; report, in subsection (a), following "Health Care" by inserting , on Appropriations, and following "Health and Welfare" by inserting , on Appropriations,

Ninth: In Sec. 32, increasing Medicaid rates; report, following "Health Care" by striking out "Ways and Mean" and inserting in lieu thereof , on Appropriations, and on Ways and Means and following "Health and Welfare" by inserting , on Appropriations,

Tenth: In Sec. 34, health care workforce symposium, following the words "On or before", by striking out "November 15, 2014" and inserting in lieu thereof January 15, 2015

Which was agreed to.

Pending the recurring question, Shall the House propose to the Senate to amend the bill as recommended by the committee on Health Care, as amended? **Rep. Browning of Arlington** moved to amend the recommendation of proposal of amendment offered by the committee on Health Care, as amended, as follows:

By inserting a Sec. 35a to read:

Sec. 35a. FINANCING PROPOSAL FOR GREEN MOUNTAIN CARE

(a) The House Committee on Ways and Means and the Senate Committee on Finance shall request that the Secretary of Administration submit on or before May 9, 2014:

(1) one or more financing proposals for Green Mountain Care; or

(2) if a financing proposal has not been developed on or before May 9, 2014, all drafts, reports, and other documents related to financing Green Mountain Care.

(b) If the Secretary of Administration does not submit the financing proposal, or the drafts, reports, and documents requested pursuant to subsection (a) of this section, the House Committee on Ways and Means and the Senate Committee on Finance shall issue a subpoena to the Secretary of Administration for the financing proposal, drafts, reports, and documents.

Pending the question, Shall the report of the committee on Health Care be amended as recommended by Rep. Browning of Arlington? **Rep. Browning of Arlington** demanded the Yeas and Nays, which demand was sustained by the Constitutional number. The Clerk proceeded to call the roll and the question, Shall the report of the committee on Health Care be amended as recommended by Rep. Browning of Arlington? was decided in the negative. Yeas, 39. Nays, 88.

Those who voted in the affirmative are:

Batchelor of Derby
Beyor of Highgate
Bouchard of Colchester
Brennan of Colchester
Browning of Arlington *
Burditt of West Rutland
Canfield of Fair Haven
Cupoli of Rutland City
Devereux of Mount Holly
Dickinson of St. Albans Town
Donahue of Northfield
Fagan of Rutland City
Feltus of Lyndon
Gage of Rutland City
Goodwin of Weston
Helm of Fair Haven
Higley of Lowell
Juskiewicz of Cambridge
Kilmartin of Newport City
Koch of Barre Town
Larocque of Barnet
Lawrence of Lyndon
Lewis of Berlin
Marcotte of Coventry
McFaun of Barre Town
Morrissey of Bennington
Pearce of Richford
Quimby of Concord
Savage of Swanton
Scheuermann of Stowe
Shaw of Pittsford
Shaw of Derby
Smith of New Haven
Stevens of Shoreham
Terenzini of Rutland Town
Turner of Milton
Van Wyck of Ferrisburgh
Winters of Williamstown
Wright of Burlington *

Those who voted in the negative are:

Ancel of Calais
Bartholomew of Hartland
Bissonnette of Winooski
Botzow of Pownal
Branagan of Georgia
Burke of Brattleboro
Buxton of Tunbridge
Campion of Bennington
Carr of Brandon
Christie of Hartford
Clarkson of Woodstock
Cole of Burlington
Condon of Colchester
Connor of Fairfield
Consejo of Sheldon
Copeland-Hanzas of Bradford
Corcoran of Bennington
Dakin of Chester
Davis of Washington
Deen of Westminster
Donovan of Burlington
Ellis of Waterbury
Emmons of Springfield
Evans of Essex
Fay of St. Johnsbury
Fisher of Lincoln
Frank of Underhill
French of Randolph
Gallivan of Chittenden
Greshin of Warren
Haas of Rochester
Head of South Burlington
Heath of Westford
Hooper of Montpelier
Huntley of Cavendish
Jerman of Essex
Jewett of Ripton
Johnson of South Hero
Johnson of Canaan
Keenan of St. Albans City
Kitzmiller of Montpelier
Klein of East Montpelier
Krowinski of Burlington
Kupersmith of South Burlington
Lanpher of Vergennes
Lenes of Shelburne
Lippert of Hinesburg
Macaig of Williston
Malcolm of Pawlet
Manwaring of Wilmington
Marek of Newfane *
Martin of Springfield
Martin of Wolcott
Masland of Thetford
McCarthy of St. Albans City
McCormack of Burlington
McCullough of Williston
Michelsen of Hardwick
Miller of Shaftsbury
Mook of Bennington
Mrowicki of Putney
Nuovo of Middlebury
O'Brien of Richmond
Pearson of Burlington
Peltz of Woodbury
Potter of Clarendon
Pugh of South Burlington
Rachelson of Burlington
Ralston of Middlebury
Ram of Burlington
Russell of Rutland City
Ryerson of Randolph
Sharpe of Bristol
Spengler of Colchester
Stevens of Waterbury
Stuart of Brattleboro
Sweaney of Windsor
Till of Jericho
Toleno of Brattleboro
Toll of Danville
Townsend of South Burlington
Waite-Simpson of Essex
Walz of Barre City
Webb of Shelburne
Weed of Enosburgh
Wilson of Manchester
Woodward of Johnson
Yantachka of Charlotte

Those members absent with leave of the House and not voting are:

Conquest of Newbury	Krebs of South Hero	Strong of Albany
Cross of Winooski	Mitchell of Fairfax	Trieber of Rockingham
Donaghy of Poultney	Moran of Wardsboro	Vowinkel of Hartford
Grad of Moretown	Myers of Essex	Wizowaty of Burlington
Hebert of Vernon	O'Sullivan of Burlington	Young of Glover
Hoyt of Norwich	Partridge of Windham	Zagar of Barnard
Hubert of Milton	Poirier of Barre City	
Komline of Dorset	South of St. Johnsbury	

Rep. Browning of Arlington explained her vote as follows:

"Mr. Speaker:

I vote 'yes' to obtain information about the GMC financing plans that Vermonters deserve to know and that is overdue. I regret that the majority of the House does not support the principles of transparency and accountability in this way."

Rep. Marek of Newfane explained his vote as follows:

"Mr. Speaker:

It is important that we have a good plan, not one on any member's desired schedule. We have set a process in place to get that plan. I am pleased that we have voted to continue serving Vermont's best interests on that thoughtful basis."

Rep. Wright of Burlington explained his vote as follows:

"Mr. Speaker:

I supported this amendment because it is time for the Governor to produce and share with Vermonters a financing plan. To believe that the basic elements of a financing plan do not already exist, requires a suspension of disbelief."

Pending the recurring question, Shall the House propose to the Senate to amendmend the bill as recommended by the committee on Health Care, as amended, **Rep. Higley of Lowell** asked that the question be divided and that Secs. 20-25 be taken up first and the remaining Secs be taken up second.

Thereupon, Secs. 20-25 were agreed to and the remaining Secs. were agreed to and third reading was ordered.

Action on Bill Postponed

S. 295

Senate bill, entitled

An act relating to pretrial services, risk assessments, and criminal justice programs

Was taken up and pending the reading of the report of the committee on Human Services, on motion of **Rep. Haas of Rochester**, action on the bill was postponed until the next legislative day.

Action on Bill Postponed

S. 184

Senate bill, entitled

An act relating to eyewitness identification policy

Was taken up and pending the reading of the report of the committee on Judiciary, on motion of **Rep. Waite-Simpson of Essex**, action on the bill was postponed until the next legislative day.

Action on Bill Postponed

S. 287

Senate bill, entitled

An act relating to involuntary treatment and medication

Was taken up and pending the reading of the report of the committee on Judiciary, on motion of **Rep. Koch of Barre Town**, action on the bill was postponed until the next legislative day.

Adjournment

At six o'clock and fifty-five minutes in the evening, on motion of **Rep. Turner of Milton**, the House adjourned until tomorrow at nine o'clock and thirty minutes in the forenoon.