

Journal of the House

Thursday, April 30, 2015

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 Speaker.

Bill Referred to Committee on Appropriations

S. 73

Senate bill, entitled

An act relating to State regulation rent-to-own agreements for merchandise;

Appearing on the Calendar, carrying an appropriation, under rule 35a, was referred to the committee on Appropriations.

Joint Resolution Referred to Committee

J.R.S. 20

By Senator Cummings,

J.R.S. 20. Joint resolution relating to the Vermont Student Assistance Corporation's lending authority.

Whereas, for over 30 years, the costs of attending college have risen beyond the rate of inflation, making access to postsecondary education less affordable for Vermonters and forcing more students and their parents to take on significant debt to finance a college education, and

Whereas, the Vermont Student Assistance Corporation (VSAC) has developed a nonfederal loan program known as the Advantage Loan, using tax-exempt bonds that VSAC issues to help students and parents find more affordable higher education loans and to refinance previously issued higher education loans, and

Whereas, an ambiguity in the Internal Revenue Code has created uncertainty as to whether VSAC may use tax-exempt bonds to achieve lower rates for both types of higher education loans, and

Whereas, the Vermont Congressional Delegation has collaborated with VSAC to develop strategies to resolve this legal ambiguity, and

Whereas, resolving this legal ambiguity could be accomplished with appropriate clarifying actions from the Internal Revenue Service, the U.S. Secretary of the Treasury, or Congress, *now therefore be it*

Resolved by the Senate and House of Representatives:

That the General Assembly expresses its appreciation and thanks to the Vermont Congressional Delegation for its collaborative effort with VSAC to lower the costs of higher education loans for Vermonters, *and be it further*

Resolved: That the General Assembly urges the Vermont Congressional Delegation to continue to work diligently with the Internal Revenue Service, the U.S. Secretary of the Treasury, and both houses of Congress to take whatever appropriate measures are needed to enable VSAC to use tax-exempt bonds to make new, and to refinance existing, higher education loans, *and be it further*

Resolved: That the Secretary of State be directed to send a copy of this resolution to the VSAC and the Vermont Congressional Delegation.

Which was read and, in the Speaker's discretion, treated as a bill and referred to the Committee on Education.

**Amendment to House Proposal of Amendment Agreed to;
Consideration Interrupted by Recess**

S. 108

Senate bill, entitled

An act relating to repealing the sunset on provisions pertaining to patient choice at end of life

Was taken up and pending third reading of the bill, **Reps. Willhoit of St. Johnsbury and Higley of Lowell** moved to amend the House proposal of amendment by adding a new section to be Sec. 3 to read as follows:

Sec. 3. 18 V.S.A. § 5294 is added to read:

§ 5294. AGENTS AND GUARDIANS NOT PERMITTED TO ACT

Under no circumstances shall:

(1) a guardian or conservator be permitted to act on behalf of a ward for purposes of this chapter;

(2) an agent under an advance directive be permitted to act on behalf of a principal for purposes of this chapter; or

(3) any other person be permitted to act on behalf of a patient for purposes of this chapter.

and by renumbering the existing Sec. 3, effective date, to be Sec. 4.

Thereupon, **Rep. Bartholomew of Hartland** raised a Point of Order that the amendment was not germane to the bill, which Point of Order the Speaker ruled well taken.

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

First: In Sec. 2, 18 V.S.A. § 5293, in subsection (a), by striking out the first sentence in its entirety and inserting in lieu thereof a new sentence to read as follows: “The Department of Health shall adopt rules pursuant to 3 V.S.A. chapter 25 to facilitate the collection of information regarding compliance with this chapter, including identifying patients who filled prescriptions written pursuant to this chapter.”

Second: By adding a new section to be Sec. 3 to read as follows:

Sec. 3. 18 V.S.A. § 4284(b)(2) is amended to read:

(2) The Department shall provide reports of data available to the Department through the VPMS only to the following persons:

* * *

(G) The Commissioner of Health or the Commissioner’s designee in order to identify patients who filled prescriptions written pursuant to chapter 113 of this title.

and by renumbering Sec. 3, effective date, to be Sec. 4

Which was agreed to.

Thereupon, **Rep. Hebert of Vernont** moved to suspend the rules to permit consideration of the amendment offered by Reps. Wilhoit of St. Johnsbury and Higley of Lowell, which amendment was ruled not germane to the bill.

Pending the question, Shall the House permit consideration of a non-germane amendment? **Rep. Hebert of Vernon** 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 House permit consideration of a non-germane amendment? was decided in the negative. Yeas, 44. Nays, 93.

Those who voted in the affirmative are:

Baser of Bristol	Canfield of Fair Haven	Dickinson of St. Albans
Batchelor of Derby	Cupoli of Rutland City	Town
Beck of St. Johnsbury	Dame of Essex	Donahue of Northfield
Beyor of Highgate	Devereux of Mount Holly	Fagan of Rutland City
Browning of Arlington *		Feltus of Lyndon

Fiske of Enosburgh	Lewis of Berlin	Quimby of Concord
Gage of Rutland City	Marcotte of Coventry	Scheuermann of Stowe
Gamache of Swanton	Martel of Waterford	Smith of New Haven
Graham of Williamstown	McCoy of Poultney	Strong of Albany
Hebert of Vernon	McFaun of Barre Town *	Tate of Mendon
Helm of Fair Haven	Morrissey of Bennington	Terenzini of Rutland Town
Higley of Lowell	Murphy of Fairfax	Turner of Milton
Komline of Dorset *	Myers of Essex	Viens of Newport City
LaClair of Barre Town	Parent of St. Albans City	Willhoit of St. Johnsbury *
Lawrence of Lyndon	Pearce of Richford	
Lefebvre of Newark	Purvis of Colchester	

Those who voted in the negative are:

Ancel of Calais	Forguites of Springfield	Nuovo of Middlebury
Bartholomew of Hartland	Frank of Underhill	Olsen of Londonderry
Berry of Manchester	French of Randolph	O'Sullivan of Burlington
Bissonnette of Winooski	Gonzalez of Winooski	Patt of Worcester
Botzow of Pownal	Grad of Moretown	Pearson of Burlington
Branagan of Georgia	Greshin of Warren	Potter of Clarendon
Brennan of Colchester	Haas of Rochester	Pugh of South Burlington
Briglin of Thetford	Head of South Burlington	Rachelson of Burlington
Burditt of West Rutland	Hooper of Montpelier	Ram of Burlington
Burke of Brattleboro	Huntley of Cavendish	Russell of Rutland City *
Buxton of Tunbridge	Jewett of Ripton	Ryerson of Randolph
Carr of Brandon	Johnson of South Hero	Sharpe of Bristol
Chesnut-Tangerman of Middletown Springs	Juskiewicz of Cambridge	Shaw of Pittsford
Christie of Hartford	Keenan of St. Albans City	Sheldon of Middlebury
Clarkson of Woodstock	Kitzmiller of Montpelier	Sibilia of Dover
Cole of Burlington	Klein of East Montpelier	Stevens of Waterbury
Condon of Colchester	Krebs of South Hero	Stuart of Brattleboro
Conquest of Newbury	Krowinski of Burlington	Sullivan of Burlington
Copeland-Hanzas of Bradford	Lalonde of South Burlington	Sweaney of Windsor
Corcoran of Bennington	Lanpher of Vergennes	Till of Jericho
Dakin of Chester	Lenes of Shelburne	Toleno of Brattleboro
Dakin of Colchester	Lippert of Hinesburg	Toll of Danville
Davis of Washington	Long of Newfane	Townsend of South Burlington
Deen of Westminster	Lucke of Hartford	Trieber of Rockingham
Donovan of Burlington	Macaig of Williston	Troiano of Stannard
Eastman of Orwell	Manwaring of Wilmington	Walz of Barre City
Ellis of Waterbury	Martin of Wolcott	Webb of Shelburne
Emmons of Springfield	Masland of Thetford	Woodward of Johnson
Evans of Essex	McCormack of Burlington	Yantachka of Charlotte
Fields of Bennington	McCullough of Williston	Young of Glover
	Miller of Shaftsbury	Zagar of Barnard
	Morris of Bennington	

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

Bancroft of Westford	Hubert of Milton	Mrowicki of Putney
Connor of Fairfield	Jerman of Essex	O'Brien of Richmond

Partridge of Windham
Poirier of Barre City

Savage of Swanton
Shaw of Derby

Van Wyck of Ferrisburgh
Wright of Burlington

Rep. Browning of Arlington explained her vote as follows:

“Mr. Speaker:

I vote yes to allow the House to consider adding provisions to protect Vermonters – provisions approved of by the current Human Services Committee and also adopted by the House itself two years ago. I believe that this non-germane ruling disrespects the Committee and prevents us from fully considering how to best serve Vermonters, which is the goal of our legislative process.”

Rep. Komline of Dorset explained her vote as follows:

“Mr. Speaker:

My vote wasn’t cast to challenge the Speaker. My vote was in support of allowing an amendment to be considered by this body; an amendment that had the support of the majority of the committee.

When we can work together to make a controversial bill a bit less so, we all benefit.”

Rep. McFaun of Barre Town explained his vote as follows:

“Mr. Speaker:

I vote yes on this amendment in support of the committee process – the committee on Human Services voted to find this amendment favorable – this morning – after hearing testimony from Rep. Willhoit and committee discussion.”

Rep. Russell of Rutland City explained his vote as follows:

“Mr. Speaker:

I stand with the Speaker. I vote no.”

Rep. Willhoit of St. Johnsbury explained his vote as follows:

“Mr. Speaker:

I drafted and voted for this amendment as it restores this vital protection that this body passed out when S.77 was considered two years ago. Our constituents deserve this protection.”

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

By adding a new section to be Sec. 2 to read as follows:

Sec. 2. 18 V.S.A. § 1872 is added to read:

§ 1872. DUTIES OF A CLINICIAN

Nothing in the bill of rights in section 1871 of this title shall be construed to impose upon any clinician an affirmative duty to offer information that has not been requested by a patient related to patient choice at end of life pursuant to chapter 113 of this title.

and by renumbering the existing Sec. 2, effective date, to be Sec. 3

Thereupon, **Rep. Bartholomew of Hartland** raised a Point of Order that the amendment was not germane, which Point of Order the Speaker ruled well taken.

Thereupon, **Rep. Donahue of Northfield** moved to suspend the rules to permit consideration of a non-germane amendment.

Pending the question, Shall the House permit consideration of a non-germane amendment? **Rep. Donahue of Northfield** 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 House permit consideration of a non-germane amendment? was decided in the negative. Yeas, 50. Nays, 90.

Those who voted in the affirmative are:

Bancroft of Westford	Gage of Rutland City *	Myers of Essex
Baser of Bristol	Gamache of Swanton	Parent of St. Albans City
Batchelor of Derby	Graham of Williamstown	Pearce of Richford
Beck of St. Johnsbury	Hebert of Vernon	Poirier of Barre City *
Beyor of Highgate	Helm of Fair Haven	Purvis of Colchester
Browning of Arlington	Higley of Lowell	Quimby of Concord
Burditt of West Rutland	Komline of Dorset	Scheuermann of Stowe
Canfield of Fair Haven	LaClair of Barre Town	Shaw of Pittsford
Cupoli of Rutland City	Lawrence of Lyndon	Smith of New Haven
Dame of Essex	Lefebvre of Newark	Strong of Albany
Devereux of Mount Holly	Lewis of Berlin	Tate of Mendon
Dickinson of St. Albans Town	Marcotte of Coventry	Terenzini of Rutland Town
Donahue of Northfield *	Martel of Waterford	Turner of Milton
Fagan of Rutland City	McCoy of Poultney	Viens of Newport City
Feltus of Lyndon	McFaun of Barre Town	Willhoit of St. Johnsbury
Fiske of Enosburgh	Morrissey of Bennington	Wright of Burlington
	Murphy of Fairfax	Yantachka of Charlotte

Those who voted in the negative are:

Ancel of Calais	Botzow of Pownal	Burke of Brattleboro
Bartholomew of Hartland *	Branagan of Georgia	Buxton of Tunbridge
Berry of Manchester	Brennan of Colchester	Carr of Brandon
Bissonnette of Winooski	Briglin of Thetford	

Chesnut-Tangerman of Middletown Springs	Hooper of Montpelier	Pearson of Burlington
Christie of Hartford	Huntley of Cavendish	Potter of Clarendon
Clarkson of Woodstock	Jewett of Ripton	Pugh of South Burlington
Cole of Burlington	Johnson of South Hero	Rachelson of Burlington
Condon of Colchester	Juskiewicz of Cambridge	Ram of Burlington
Conquest of Newbury	Keenan of St. Albans City	Russell of Rutland City
Copeland-Hanzas of Bradford	Kitzmiller of Montpelier	Ryerson of Randolph
Corcoran of Bennington	Klein of East Montpelier	Sharpe of Bristol
Dakin of Chester	Krebs of South Hero	Sheldon of Middlebury
Dakin of Colchester	Krowinski of Burlington	Sibilia of Dover
Davis of Washington	Lalonde of South Burlington	Stevens of Waterbury
Deen of Westminster	Lanpher of Vergennes	Stuart of Brattleboro
Donovan of Burlington	Lenes of Shelburne	Sullivan of Burlington
Eastman of Orwell	Lippert of Hinesburg	Sweaney of Windsor
Ellis of Waterbury	Long of Newfane	Till of Jericho
Emmons of Springfield	Lucke of Hartford	Toleno of Brattleboro
Evans of Essex	Macaig of Williston	Toll of Danville
Fields of Bennington	Manwaring of Wilmington	Townsend of South Burlington
Forguites of Springfield	Martin of Wolcott	Trieber of Rockingham
Frank of Underhill	Masland of Thetford	Troiano of Stannard
French of Randolph	McCormack of Burlington	Walz of Barre City
Gonzalez of Winooski	McCullough of Williston	Webb of Shelburne
Grad of Moretown	Miller of Shaftsbury	Woodward of Johnson
Greshin of Warren	Morris of Bennington	Young of Glover
Haas of Rochester	Nuovo of Middlebury	Zagar of Barnard
Head of South Burlington	Olsen of Londonderry	
	O'Sullivan of Burlington	
	Patt of Worcester	

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

Connor of Fairfield	Mrowicki of Putney	Savage of Swanton
Hubert of Milton	O'Brien of Richmond	Shaw of Derby
Jerman of Essex	Partridge of Windham	Van Wyck of Ferrisburgh

Rep. Bartholomew of Hartland explained his vote as follows:

“Mr. Speaker:

The rules of the House are designed to move this body forward in its deliberations. Consideration of an amendment that is not germane impedes the work of the House.”

Rep. Donahue of Northfield explained her vote as follows:

“Mr. Speaker:

Refusing to consider this amendment is a blow to reconsideration of deep flaws in what this law purports to protect. It went to the heart of whether clinician participation is voluntary and whether we want to protect Vermonters from the perception that pressure is being placed on them.”

Rep. Gage of Rutland City explained his vote as follows:

“Mr. Speaker:

There are allegations of known abuse of elder within this legislation. Don’t we owe it to our elderly to legislate a fix to this kind of abuse?”

Rep. Poirier of Barre City explained his vote as follows:

“Mr. Speaker:

The proponents argue that this is a patient choice, so why make it mandatory on doctors who may have religious or philosophical opposition to physician-assisted suicide. The slippery slope is getting more slippery for not allowing a discussion on the rights of physicians in Vermont..”

Pending third reading of the bill, **Rep. Dickinson of St. Albans Town** moved to amend the House proposal of amendment as follows:

By striking Sec. 2, 18 V.S.A. § 5293, in its entirety and inserting in lieu thereof a new Sec. 2 to read as follows:

Sec. 2. 18 V.S.A. § 5293 is added to read:

§ 5293. REPORTING REQUIREMENTS

(a) The Department of Health shall require physicians to report on an annual basis the number of written requests for medication received pursuant to this chapter, regardless of whether a prescription was actually written in each instance.

(b) The Department shall review annually the medical records of patients who during the previous year hastened their deaths in accordance with this chapter.

(c) The Department shall adopt rules pursuant to 3 V.S.A. chapter 25 to facilitate the collection of information regarding compliance with this chapter, including identifying patients who filled prescriptions written pursuant to this chapter, and to enable the Department to report information as required by subsection (d) of this section. Except as otherwise required by law, individually identifiable health information collected under this chapter, as well as reports filed pursuant to subdivision (d)(1) of this section, are confidential and are exempt from public inspection and copying under the Public Records Act.

(d) On or before January 15, 2018, the Department shall generate, and make available to the public to the extent that doing so would not reasonably be expected to violate the privacy of any person and as long as releasing the information complies with the federal Health Insurance Portability and

Accountability Act of 1996, Pub. L. No. 104-191, an annual statistical report of information collected under subsections (a) and (b) of this section, including:

(1) demographic information regarding patients who hastened their deaths in accordance with this chapter, including the underlying illness and the type of health insurance or other health coverage, if any;

(2) any reasons given by patients for their use of medication to hasten their deaths in accordance with this chapter;

(3) information regarding physicians prescribing medication in accordance with this chapter, including physicians' compliance with the requirements of this chapter;

(4) the number of patients who did not take the medication prescribed pursuant to this chapter and died of other causes, if known; and

(5) the number of instances in which medication was taken by a patient to hasten death but failed to have the intended effect, if known.

Pending third reading of the bill, **Rep. Parent of St. Albans City** moved to substitute an amendment for the amendment offered by Rep. Dickinson of St. Albans Town as follows:

By striking Secs. 2 and 3 in their entirety and inserting in lieu thereof new Secs. 2–4 to read as follows:

Sec. 2. 18 V.S.A. § 5293 is added to read:

§ 5293. REPORTING REQUIREMENTS

(a) The Department of Health shall require physicians to report on an annual basis the number of written requests for medication received pursuant to this chapter, regardless of whether a prescription was actually written in each instance.

(b) The Department shall review annually the medical records of patients who during the previous year hastened their deaths in accordance with this chapter.

(c) The Department shall adopt rules pursuant to 3 V.S.A. chapter 25 to facilitate the collection of information regarding compliance with this chapter, including identifying patients who filled prescriptions written pursuant to this chapter, and to enable the Department to report information as required by subsection (d) of this section. Except as otherwise required by law,

individually identifiable health information collected under this chapter, as well as reports filed pursuant to subdivision (d)(1) of this section, are confidential and are exempt from public inspection and copying under the Public Records Act.

(d)(1) On or before January 15, 2018, the Department shall provide to the House Committee on Human Services and the Senate Committee on Health and Welfare a statistical report of the information collected under subsections (a) and (b) of this section, including:

(A) demographic information regarding patients who hastened their deaths in accordance with this chapter, including the underlying illness and the type of health insurance or other health coverage, if any;

(B) any reasons given by patients for their use of medication to hasten their deaths in accordance with this chapter;

(C) information regarding physicians prescribing medication in accordance with this chapter, including physicians' compliance with the requirements of this chapter;

(D) the number of patients who did not take the medication prescribed pursuant to this chapter and died of other causes, if known; and

(E) the number of instances in which medication was taken by a patient to hasten death but failed to have the intended effect, if known.

(2) The Department shall include in the report only such information as would not reasonably be expected to violate the privacy of any person and that complies with the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191,

Sec. 3. REPEAL

18 V.S.A. chapter 113 (patient choice at end of life) is repealed on July 1, 2018.

Sec. 4. EFFECTIVE DATE

This act shall take effect on passage.

Recess

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

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

Consideration Resumed; Consideration Interrupted by Recess
S. 108

Consideration resumed on Senate bill, entitled

An act relating to repealing the sunset on provisions pertaining to patient choice at end of life;

Pending the question, Shall the House substitute an amendment offered by Rep. Parent of St. Albans City for the amendment offered by Rep. Dickinson of St. Albans Town? **Rep. Haas of Rochester** raised a Point of Order that Sec. 3 of the amendment offered by Rep. Parent of St. Albans City was a substantial negation of action previously taken by the House, which Point of Order the Speaker ruled not well taken.

Pending the recurring question, Shall the House substitute an amendment offered by Rep. Parent of St. Albans City for the amendment offered by Rep. Dickinson of St. Albans Town? **Rep. Parent of St. Albans City** demanded the Yeas and Nays, which demand was sustained by the Constitutional number.

Thereupon, **Rep. Deen of Westminster** asked that the question be divided and Sec. 3 be taken up first and the remaining Secs be taken up second.

Pending the question, Shall the amendment offered by Rep. Parent of St. Albans City be substituted for the amendment offered by Rep. Dickinson of St. Albans Town, in the first instance of amendment (Sec. 3 of the substitute amendment)? **Rep. Parent of St. Albans City** 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 amendment offered by Rep. Parent of St. Albans City be substituted for the amendment offered by Rep. Dickinson of St. Albans Town, in the first instance of amendment (Sec. 3 of the substitute amendment)? was decided in the negative. Yeas, 59. Nays, 83.

Those who voted in the affirmative are:

Bancroft of Westford	Cupoli of Rutland City	Hebert of Vernon
Baser of Bristol	Dame of Essex	Helm of Fair Haven
Batchelor of Derby	Devereux of Mount Holly	Higley of Lowell
Beck of St. Johnsbury	Dickinson of St. Albans	Hubert of Milton
Beyor of Highgate	Town	Juskiewicz of Cambridge
Bissonnette of Winooski	Donahue of Northfield	Keenan of St. Albans City
Branagan of Georgia	Evans of Essex	LaClair of Barre Town
Brennan of Colchester	Fagan of Rutland City	Lanpher of Vergennes
Browning of Arlington	Feltus of Lyndon	Lawrence of Lyndon
Burditt of West Rutland	Fiske of Enosburgh	Lefebvre of Newark
Canfield of Fair Haven	Gage of Rutland City	Lewis of Berlin
Christie of Hartford *	Gamache of Swanton	Marcotte of Coventry
Corcoran of Bennington	Graham of Williamstown	Martel of Waterford

Martin of Wolcott	Poirier of Barre City	Strong of Albany
McCoy of Poultney	Potter of Clarendon	Tate of Mendon
McFaun of Barre Town	Purvis of Colchester	Terenzini of Rutland Town
Morrissey of Bennington	Quimby of Concord	Turner of Milton
Myers of Essex	Scheuermann of Stowe	Viens of Newport City
Parent of St. Albans City	Shaw of Pittsford	Willhoit of St. Johnsbury
Pearce of Richford	Smith of New Haven	Wright of Burlington

Those who voted in the negative are:

Ancel of Calais	Grad of Moretown	O'Sullivan of Burlington
Bartholomew of Hartland	Greshin of Warren	Patt of Worcester
Berry of Manchester	Haas of Rochester	Pearson of Burlington
Botzow of Pownal	Head of South Burlington	Pugh of South Burlington
Briglin of Thetford	Hoopier of Montpelier	Rachelson of Burlington
Burke of Brattleboro	Huntley of Cavendish	Ram of Burlington
Buxton of Tunbridge	Jewett of Ripton	Russell of Rutland City *
Carr of Brandon	Johnson of South Hero	Ryerson of Randolph
Chesnut-Tangerman of Middletown Springs	Kitzmiller of Montpelier	Sharpe of Bristol
Clarkson of Woodstock	Klein of East Montpelier	Sheldon of Middlebury
Cole of Burlington	Komline of Dorset	Sibilia of Dover
Condon of Colchester	Krebs of South Hero	Stevens of Waterbury
Conquest of Newbury	Krowinski of Burlington	Stuart of Brattleboro
Copeland-Hanzas of Bradford	Lalonde of South Burlington	Sullivan of Burlington
Dakin of Chester	Lenes of Shelburne	Sweaney of Windsor
Dakin of Colchester	Lippert of Hinesburg	Till of Jericho
Davis of Washington	Long of Newfane	Toleno of Brattleboro
Deen of Westminster	Lucke of Hartford	Toll of Danville
Donovan of Burlington	Macaig of Williston	Townsend of South Burlington
Eastman of Orwell	Manwaring of Wilmington	Trieber of Rockingham
Ellis of Waterbury	Masland of Thetford	Troiano of Stannard
Emmons of Springfield	McCormack of Burlington	Walz of Barre City
Fields of Bennington	McCullough of Williston	Webb of Shelburne
Forguites of Springfield	Miller of Shaftsbury	Woodward of Johnson
Frank of Underhill	Morris of Bennington	Yantachka of Charlotte
French of Randolph	Murphy of Fairfax	Young of Glover
Gonzalez of Winooski	Nuovo of Middlebury	Zagar of Barnard
	O'Brien of Richmond	
	Olsen of Londonderry	

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

Connor of Fairfield	Partridge of Windham	Van Wyck of Ferrisburgh
Jerman of Essex	Savage of Swanton	
Mrowicki of Putney	Shaw of Derby	

Rep. Christie of Hartford explained his vote as follows:

“Mr. Speaker:

I voted yes on this amendment in order to be consistent with my position on the underlying bill. My vote was not intended to be disrespectful of our process.”

Rep. Russell of Rutland City explained his vote as follows:

“Mr. Speaker:

I voted to ‘repeal’ yesterday. We need not kick this issue down the road. My constituents, on both sides of this issue, deserve clarity by this legislature today.

I vote no.”

Recess

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

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

Consideration Resumed; Bill Read the Third Time and Passed in Concurrence with Proposal of Amendment

S. 108

Consideration resumed on Senate bill, entitled

An act relating to repealing the sunset on provisions pertaining to patient choice at end of life;

Pending the question, Shall the amendment offered by Rep. Parent of St. Albans City be substituted for the amendment offered by Rep. Dickinson of St. Albans Town in the second instance of amendment (Secs. 2 and 4 of the substitute amendment)? **Rep. Parent of St. Albans City** 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 amendment offered by Rep. Parent of St. Albans City be substituted for the amendment offered by Rep. Dickinson of St. Albans Town in the second instance of amendment (Secs. 2 and 4 of the substitute amendment)? was decided in the negative. Yeas, 62. Nays, 80.

Those who voted in the affirmative are:

Ancel of Calais	Branagan of Georgia	Connor of Fairfield
Bancroft of Westford	Brennan of Colchester	Conquest of Newbury
Baser of Bristol	Browning of Arlington	Corcoran of Bennington
Batchelor of Derby	Burditt of West Rutland	Cupoli of Rutland City
Beck of St. Johnsbury	Canfield of Fair Haven	Dame of Essex
Beyor of Highgate	Christie of Hartford	Devereux of Mount Holly

Dickinson of St. Albans Town	Hubert of Milton	Parent of St. Albans City
Donahue of Northfield	Juskiewicz of Cambridge	Pearce of Richford
Eastman of Orwell	Keenan of St. Albans City	Poirier of Barre City *
Evans of Essex	LaClair of Barre Town	Purvis of Colchester *
Fagan of Rutland City	Lawrence of Lyndon	Quimby of Concord
Feltus of Lyndon	Lefebvre of Newark	Scheuermann of Stowe
Fiske of Enosburgh	Lewis of Berlin	Shaw of Pittsford
Gage of Rutland City	Marcotte of Coventry	Smith of New Haven
Gamache of Swanton	Martel of Waterford	Strong of Albany
Graham of Williamstown	Martin of Wolcott	Tate of Mendon
Greshin of Warren	McCoy of Poultney	Terenzini of Rutland Town
Hebert of Vernon	McFaun of Barre Town	Turner of Milton
Helm of Fair Haven	Morrissey of Bennington	Viens of Newport City
Higley of Lowell	Murphy of Fairfax	Willhoit of St. Johnsbury
	Myers of Essex	Wright of Burlington

Those who voted in the negative are:

Bartholomew of Hartland	Haas of Rochester	Pearson of Burlington
Berry of Manchester	Head of South Burlington	Potter of Clarendon
Bissonnette of Winooski	Hooper of Montpelier	Pugh of South Burlington
Botzow of Pownal	Huntley of Cavendish	Rachelson of Burlington
Briglin of Thetford	Jewett of Ripton	Ram of Burlington
Burke of Brattleboro	Johnson of South Hero	Russell of Rutland City
Buxton of Tunbridge	Kitzmiller of Montpelier	Ryerson of Randolph
Carr of Brandon	Klein of East Montpelier	Sharpe of Bristol
Chesnut-Tangerman of Middletown Springs	Komline of Dorset	Sheldon of Middlebury
Clarkson of Woodstock	Krebs of South Hero	Sibilia of Dover
Cole of Burlington	Krowinski of Burlington	Stevens of Waterbury
Condon of Colchester	Lalonde of South Burlington	Stuart of Brattleboro
Copeland-Hanzas of Bradford	Lanpher of Vergennes	Sullivan of Burlington
Dakin of Chester	Lenes of Shelburne	Sweaney of Windsor
Dakin of Colchester	Lippert of Hinesburg	Till of Jericho
Davis of Washington	Long of Newfane	Toleno of Brattleboro
Deen of Westminster	Lucke of Hartford	Toll of Danville
Donovan of Burlington	Macaig of Williston	Townsend of South Burlington
Ellis of Waterbury	Manwaring of Wilmington	Trieber of Rockingham
Emmons of Springfield	Masland of Thetford	Troiano of Stannard
Fields of Bennington	McCullough of Williston	Walz of Barre City
Forguites of Springfield	Miller of Shaftsbury	Webb of Shelburne
Frank of Underhill	Morris of Bennington	Woodward of Johnson
French of Randolph	Nuovo of Middlebury	Yantachka of Charlotte
Gonzalez of Winooski	O'Brien of Richmond	Young of Glover
Grad of Moretown	Olsen of Londonderry	Zagar of Barnard
	O'Sullivan of Burlington	
	Patt of Worcester	

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

Jerman of Essex	Partridge of Windham	Van Wyck of Ferrisburgh
McCormack of Burlington	Savage of Swanton	
Mrowicki of Putney	Shaw of Derby	

Rep. Poirier of Barre City explained his vote as follows:

“Mr. Speaker:

I voted yes for more data, but unfortunately the proponents are afraid of real data. What are they afraid of? The slippery slope is now an ice slope. Who needs good data as it only gets in the way.”

Rep. Purvis of Colchester explained his vote as follows:

“Mr. Speaker:

I voted yes to use extreme caution and repeal this law that makes the state part of ending a precious life.”

Thereupon, the amendment offered by Rep. Dickinson of St. Albans Town was disagreed to.

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

Recess

At one o'clock and five minutes in the afternoon, the Speaker declared a recess until the fall of the gavel.

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

Proposal of Amendment Agreed to; Third Reading Ordered

S. 9

Rep. Pugh of South Burlington, for the committee on Human Services, to which had been referred Senate bill, entitled

An act relating to improving Vermont's system for protecting children from abuse and neglect

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:

* * * Legislative Findings * * *

Sec. 1. LEGISLATIVE FINDINGS

(a) In 2014, the tragic deaths of two children exposed problems with Vermont's system intended to protect children from abuse and neglect. This act is intended to address these problems and implement the recommendations of the Joint Legislative Committee on Child Protection created by 2014 Acts and Resolves No. 179, Sec. C.109 and improve our State's system for protecting our children to help prevent future tragedies.

(b) To better prevent child abuse and neglect, Vermont must invest in proven strategies to support and strengthen families.

(c) To better protect Vermont's children from abuse and neglect, and to address the increasing burden of drug abuse and other factors that are ripping families apart, the General Assembly believes that our State's child protection system must be focused on the safety and best interests of children, comprehensive, and properly funded. This system must ensure that:

(1) the dedicated frontline professionals, including guardians ad litem, who struggle to handle the seemingly ever-increasing caseloads have the support, training, and resources necessary to do their job;

(2) children who have suffered abuse and neglect can find safe, nurturing, and permanent homes, whether with their custodial parents, relatives, or other caring families and individuals;

(3) the most serious cases of abuse are thoroughly investigated and prosecuted if appropriate;

(4) courts have the information and tools necessary to make the best possible decisions;

(5) all participants in the child protection system, from the frontline caseworker to the judge determining ultimate custody, work together to prioritize the child's safety and best interests; and

(6) an effective oversight structure is established.

(d) This act is only the beginning of what must be an ongoing process in which the House and Senate Committees on Judiciary, the Senate Committee on Health and Welfare, the House Committee on Human Services, in consultation with the Senate and House Committees on Appropriations, continue to enhance the statewide approach to the prevention of child abuse and neglect.

* * * Agency of Human Services; Evidence-Informed Models * * *

Sec. 2. AGENCY OF HUMAN SERVICES EVIDENCE-INFORMED MODELS

The Secretary of Human Services shall identify and utilize evidence-informed models of serving families that prioritize child safety and prevention of child abuse and neglect through early interventions with high risk families that develop family strengths and reduce the impact of adverse childhood experiences. The Secretary shall make recommendations in the FY2017 budget that reflect the utilization of these models.

* * * Human Services; Child Welfare Services; Definitions * * *

Sec. 3. 33 V.S.A. § 4912 is amended to read:

§ 4912. DEFINITIONS

As used in this subchapter:

* * *

(14) “Risk of harm” means a significant danger that a child will suffer serious harm by other than accidental means, which harm would be likely to cause physical injury, ~~neglect, emotional maltreatment,~~ or sexual abuse, including as the result of:

(A) a single, egregious act that has caused the child to be at significant risk of serious physical injury;

(B) the production or preproduction of methamphetamines when a child is actually present;

(C) failing to provide supervision or care appropriate for the child’s age or development and as a result, the child is at significant risk of serious physical injury;

(D) failing to provide supervision or care appropriate for the child’s age or development due to use of illegal substances, or misuse of prescription drugs or alcohol;

(E) failing to supervise appropriately a child in a situation in which drugs, alcohol, or drug paraphernalia are accessible to the child; and

(F) a registered sex offender or person substantiated for sexually abusing a child residing with or spending unsupervised time with a child.

* * *

(17) “Serious physical injury” means any intentional or malicious conduct that leaves a child with an injury or injuries that leave significant or

permanent bodily damage or disfigurement, or both, or that leaves a child without the ability to perform normal functions of daily living.

* * * Confidentiality * * *

Sec. 4. 33 V.S.A. § 4913 is amended to read:

§ 4913. REPORTING CHILD ABUSE AND NEGLECT; REMEDIAL ACTION

(a) Any physician, surgeon, osteopath, chiropractor, or physician assistant licensed, certified, or registered under the provisions of Title 26, any resident physician, intern, or any hospital administrator in any hospital in this State, whether or not so registered, and any registered nurse, licensed practical nurse, medical examiner, emergency medical personnel as defined in 24 V.S.A. § 2651(6), dentist, psychologist, pharmacist, any other health care provider, child care worker, school superintendent, headmaster of an approved or recognized independent school as defined in 16 V.S.A. § 11, school teacher, student teacher, school librarian, school principal, school guidance counselor, and any other individual who is employed by a school district or an approved or recognized independent school, or who is contracted and paid by a school district or an approved or recognized independent school to provide student services, mental health professional, social worker, probation officer, any employee, contractor, and grantee of the Agency of Human Services who have contact with clients, police officer, camp owner, camp administrator, camp counselor, or member of the clergy who has reasonable cause to believe that any child has been abused or neglected shall report ~~or cause a report to be made~~ in accordance with the provisions of section 4914 of this title within 24 hours. As used in this subsection, “camp” includes any residential or nonresidential recreational program.

(b)(1) The Commissioner shall inform the person who made the report under subsection (a) of this section:

~~(1)(A)~~ whether the report was accepted as a valid allegation of abuse or neglect;

~~(2)(B)~~ whether an assessment was conducted and, if so, whether a need for services was found; and

~~(3)(C)~~ whether an investigation was conducted and, if so, whether it resulted in a substantiation.

(2) Upon request, the Commissioner shall provide relevant information contained in the case records concerning a person’s report to a person who:

(A) made the report under subsection (a) of this section; and

(B) is engaged in an ongoing working relationship with the child or family who is the subject of the report.

(3) Any information disclosed under subdivision (2) of this subsection shall not be disseminated by the mandated reporter requesting the information. A person who intentionally violates the confidentiality provisions of this section shall be fined not more than \$2,000.00.

(4) In providing information under subdivision (2) of this subsection, the Department may withhold information that could:

(A) compromise the safety of the reporter or the child or family who is the subject of the report; or

(B) threaten the emotional well-being of the child.

* * *

Sec. 5. 33 V.S.A. § 4921 is amended to read:

§ 4921. DEPARTMENT'S RECORDS OF ABUSE AND NEGLECT

(a) The Commissioner shall maintain all records of all investigations, assessments, reviews, and responses initiated under this subchapter. The Department may use and disclose information from such records in the usual course of its business, including to assess future risk to children, to provide appropriate services to the child or members of the child's family, or for other legal purposes.

(b) The Commissioner shall promptly inform the parents, if known, or guardian of the child that a report has been accepted as a valid allegation pursuant to subsection 4915(b) of this title and the Department's response to the report. The Department shall inform the parent or guardian of his or her ability to request records pursuant to subsection (c) of this section. This section shall not apply if the parent or guardian is the subject of the investigation.

(c) Upon request, the redacted investigation file shall be disclosed to:

(1) the child's parents, foster parent, or guardian, absent good cause shown by the Department, provided that the child's parent, foster parent, or guardian is not the subject of the investigation; and

(2) the person alleged to have abused or neglected the child, as provided for in subsection 4916a(d) of this title.

(d) Upon request, Department records created under this subchapter shall be disclosed to:

(1) the ~~court~~ Court, parties to the juvenile proceeding, and the child's guardian ad litem if there is a pending juvenile proceeding or if the child is in the custody of the Commissioner;

(2) the Commissioner or person designated by the Commissioner to receive such records;

(3) persons assigned by the Commissioner to conduct investigations;

(4) law enforcement officers engaged in a joint investigation with the Department, an ~~assistant attorney general~~ Assistant Attorney General, or a ~~state's attorney~~ State's Attorney; and

(5) other State agencies conducting related inquiries or proceedings; and.

(6) ~~a Probate Division of the Superior Court involved in guardianship proceedings. The Probate Division of the Superior Court shall provide a copy of the record to the respondent, the respondent's attorney, the petitioner, the guardian upon appointment, and any other individual, including the proposed guardian, determined by the Court to have a strong interest in the welfare of the respondent. [Repealed.]~~

(e)(1) Upon request, relevant Department records or information created under this subchapter ~~may~~ shall be disclosed to:

(A) ~~service providers working with a person or child who is the subject of the report; and~~ A person, agency, or organization, including a multidisciplinary team empaneled under section 4917 of this title, authorized to diagnose, care for, treat, or supervise a child or family who is the subject of a report or record created under this subchapter, or who is responsible for the child's health or welfare.

(B) Health and mental health care providers working directly with the child or family who is the subject of the report or record.

(C) Educators working directly with the child or family who is the subject of the report or record.

(D) Licensed or approved foster care givers for the child.

(E) Mandated reporters as defined by section 4913 of this subchapter, making a report in accordance with the provisions of section 4914 of this subchapter and engaging in an ongoing working relationship with the child or family who is the subject of the report.

(F) A Family Division of the Superior Court involved in any proceeding in which custody of a child or parent-child contact is at issue.

(G) A Probate Division of the Superior Court involved in guardianship proceedings. The Probate Division of the Superior Court shall provide a copy of the record to the respondent, the respondent's attorney, the petitioner, the guardian upon appointment, and any other individual, including the proposed guardian, determined by the Court to have a strong interest in the welfare of the respondent.

(H) ~~other~~ Other governmental entities for purposes of child protection.

(2) Determinations of relevancy shall be made by the Department.

(3) In providing records or information under this subsection (e), the Department may withhold information that could:

(A) compromise the safety of the reporter or the child or family who is the subject of the report; or

(B) threaten the emotional well-being of the child.

(4) In providing records or information under this section, the Department may also provide other records related to its child protection activities for the child.

(5) Any persons or agencies authorized to receive confidential information under this section may share such information with other persons or agencies authorized to receive confidential information under this section for the purposes of providing services and benefits to the children and families those persons or agencies mutually serve.

(f) Any records or information disclosed under this section and information relating to the contents of those records or reports shall not be disseminated by the receiving persons or agencies to any persons or agencies, other than to those persons or agencies authorized to receive information pursuant to this section. A person who intentionally violates the confidentiality provisions of this section shall be fined not more than \$2,000.00.

Sec. 6. 33 V.S.A. § 5110 is amended to read:

§ 5110. CONDUCT OF HEARINGS

(a) Hearings under the juvenile judicial proceedings chapters shall be conducted by the Court without a jury and shall be confidential.

(b) The general public shall be excluded from hearings under the juvenile judicial proceedings chapters, and only the parties, their counsel, witnesses, persons accompanying a party for his or her assistance, and such other persons as the Court finds to have a proper interest in the case or in the work of the Court, including a foster parent or a representative of a residential program

where the child resides, may be admitted by the Court. An individual without party status seeking inclusion in the hearing may petition the Court for admittance by filing a request with the clerk of the Court. This subsection shall not prohibit a victim's exercise of his or her rights under sections 5233 and 5234 of this title, and as otherwise provided by law.

(c) There shall be no publicity given by any person to any proceedings under the authority of the juvenile judicial proceedings chapters except with the consent of the child, the child's guardian ad litem, and the child's parent, guardian, or custodian. A person who violates this provision may be subject to contempt proceedings pursuant to Rule 16 of the Vermont Rules for Family Proceedings.

* * * Juvenile Proceedings; General Provisions; Children in Need of Care or Supervision; Request for an Emergency Care Order * * *

Sec. 7. 33 V.S.A. § 5302 is amended to read:

§ 5302. REQUEST FOR EMERGENCY CARE ORDER

(a) If an officer takes a child into custody pursuant to ~~subdivision~~ section 5301(1) or (2) of this title, the officer shall immediately notify the child's custodial parent, guardian, or custodian and release the child to the care of the child's custodial parent, guardian, or custodian unless the officer determines that the child's immediate welfare requires the child's continued absence from the home.

(b) If the officer determines that the child's immediate welfare requires the child's continued absence from the home, ~~the officer shall:~~

(1) ~~Remove~~ The officer shall remove the child from the child's surroundings, contact the Department, and deliver the child to a location designated by the Department. The Department shall have the authority to make reasonable decisions concerning the child's immediate placement, safety, and welfare pending the issuance of an emergency care order.

(2) ~~Prepare~~ The officer or a social worker employed by the Department for Children and Families shall prepare an affidavit in support of a request for an emergency care order and provide the affidavit to the State's Attorney. The affidavit shall include: the reasons for taking the child into custody; and to the degree known, potential placements with which the child is familiar; the names, addresses, and telephone number of the child's parents, guardian, custodian, or care provider; the name, address, and telephone number of any relative who has indicated an interest in taking temporary custody of the child. The officer or social worker shall contact the Department and the Department may prepare an affidavit as a supplement to the affidavit of the law

enforcement officer or social worker if the Department has additional information with respect to the child or the family.

* * *

* * * Temporary Care Order; Custody * * *

Sec. 8. 33 V.S.A. § 5308 is amended to read:

§ 5308. TEMPORARY CARE ORDER

(a) The Court shall order that legal custody be returned to the child's custodial parent, guardian, or custodian unless the Court finds by a preponderance of the evidence that a return home would be contrary to the best interests of the child because any one of the following exists:

(1) A return of legal custody could result in substantial danger to the physical health, mental health, welfare, or safety of the child.

(2) The child or another child residing in the same household has been physically or sexually abused by a custodial parent, guardian, or custodian, or by a member of the child's household, or another person known to the custodial parent, guardian, or custodian.

(3) The child or another child residing in the same household is at substantial risk of physical or sexual abuse by a custodial parent, guardian, or custodian, or by a member of the child's household, or another person known to the custodial parent, guardian, or custodian. It shall constitute prima facie evidence that a child is at substantial risk of being physically or sexually abused if:

(A) a custodial parent, guardian, or custodian receives actual notice that a person has committed or is alleged to have committed physical or sexual abuse against a child; and

(B) a custodial parent, guardian, or custodian knowingly or recklessly allows the child to be in the physical presence of the alleged abuser after receiving such notice.

(4) The custodial parent, guardian, or ~~guardian~~ custodian has abandoned the child.

(5) The child or another child in the same household has been neglected and there is substantial risk of harm to the child who is the subject of the petition.

(b) Upon a finding that ~~any of the conditions set forth in subsection (a) of this section exists~~ a return home would be contrary to the best interests of the child, the Court may issue such temporary orders related to the legal custody of

the child as it deems necessary and sufficient to protect the welfare and safety of the child, including, ~~in order of preference:~~

(1) ~~A~~ a conditional custody order returning or granting legal custody of the child to the custodial parent, guardian, or custodian, noncustodial parent, relative, or a person with a significant relationship with the child, subject to such conditions and limitations as the Court may deem necessary and sufficient ~~to protect the child;~~

~~(2)(A) An order transferring temporary legal custody to a noncustodial parent. Provided that parentage is not contested, upon a request by a noncustodial parent for temporary legal custody and a personal appearance of the noncustodial parent, the noncustodial parent shall present to the Court a care plan that describes the history of the noncustodial parent's contact with the child, including any reasons why contact did not occur, and that addresses:~~

~~(i) the child's need for a safe, secure, and stable home;~~

~~(ii) the child's need for proper and effective care and control; and~~

~~(iii) the child's need for a continuing relationship with the custodial parent, if appropriate.~~

~~(B) The Court shall consider court orders and findings from other proceedings related to the custody of the child.~~

~~(C) The Court shall transfer legal custody to the noncustodial parent unless the Court finds by a preponderance of the evidence that the transfer would be contrary to the child's welfare because any of the following exists:~~

~~(i) The care plan fails to meet the criteria set forth in subdivision (2)(A) of this subsection.~~

~~(ii) Transferring temporary legal custody of the child to the noncustodial parent could result in substantial danger to the physical health, mental health, welfare, or safety of the child.~~

~~(iii) The child or another child residing in the same household as the noncustodial parent has been physically or sexually abused by the noncustodial parent or a member of the noncustodial parent's household, or another person known to the noncustodial parent.~~

~~(iv) The child or another child residing in the same household as the noncustodial parent is at substantial risk of physical or sexual abuse by the noncustodial parent or a member of the noncustodial parent's household, or another person known to the noncustodial parent. It shall constitute prima facie evidence that a child is at substantial risk of being physically or sexually abused if:~~

~~(I) a noncustodial parent receives actual notice that a person has committed or is alleged to have committed physical or sexual abuse against a child; and~~

~~(II) the noncustodial parent knowingly or recklessly allows the child to be in the physical presence of the alleged abuser after receiving such notice.~~

~~(v) The child or another child in the noncustodial parent's household has been neglected, and there is substantial risk of harm to the child who is the subject of the petition.~~

~~(D) If the noncustodial parent's request for temporary custody is contested, the Court may continue the hearing and place the child in the temporary custody of the Department, pending further hearing and resolution of the custody issue. Absent good cause shown, the Court shall hold a further hearing on the issue within 30 days.~~

~~(3) An order transferring temporary legal custody of the child to a relative, provided:~~

~~(A) The relative seeking legal custody is a grandparent, great-grandparent, aunt, great aunt, uncle, great uncle, stepparent, sibling, or step-sibling of the child.~~

~~(B) The relative is suitable to care for the child. In determining suitability, the Court shall consider the relationship of the child and the relative and the relative's ability to:~~

~~(i) Provide a safe, secure, and stable environment.~~

~~(ii) Exercise proper and effective care and control of the child.~~

~~(iii) Protect the child from the custodial parent to the degree the Court deems such protection necessary.~~

~~(iv) Support reunification efforts, if any, with the custodial parent.~~

~~(v) Consider providing legal permanence if reunification fails.~~

(2) an order transferring temporary legal custody of the child to a noncustodial parent or to a relative;

(3) an order transferring temporary legal custody of the child to a person with a significant relationship with the child; or

(4) an order transferring temporary legal custody of the child to the Commissioner.

~~(C)~~(c) The Court shall consider orders and findings from other proceedings relating to the custody of the child, the child's siblings, or children of any adult in the same household as the child.

(d) ~~In considering the suitability of a relative under this subdivision (3) an order under subsection (b) of this section,~~ the Court may order the Department to conduct an investigation of a person seeking custody of the child, and the suitability of that person's home, and file a written report of its findings with the Court. The Court may place the child in the temporary custody of the ~~Department Commissioner,~~ pending such investigation.

~~(4) A temporary care order transferring temporary legal custody of the child to a relative who is not listed in subdivision (3)(A) of this subsection or a person with a significant relationship with the child, provided that the criteria in subdivision (3)(B) of this subsection are met. The Court may make such orders as provided in subdivision (3)(C) of this subsection to determine suitability under this subdivision.~~

~~(5) A temporary care order transferring temporary legal custody of the child to the Commissioner.~~

~~(e)~~(e) If the Court transfers legal custody of the child, the Court shall issue a written temporary care order.

(1) The order shall include:

(A) a A finding that remaining in the home is contrary to the ~~child's welfare~~ best interests of the child and the facts upon which that finding is based; ~~and,~~

(B) a A finding as to whether reasonable efforts were made to prevent unnecessary removal of the child from the home. If the Court lacks sufficient evidence to make findings on whether reasonable efforts were made to prevent the removal of the child from the home, that determination shall be made at the next scheduled hearing in the case but, in any event, no later than 60 days after the issuance of the initial order removing a child from the home.

(2) The order may include other provisions as may be ~~necessary for the protection and welfare~~ in the best interests of the child, ~~such as including:~~

(A) ~~establishing parent-child contact under such and terms and conditions as are necessary for the protection of the child. and terms and conditions for that contact;~~

(B) requiring the Department to provide the child with services, if legal custody of the child has been transferred to the Commissioner;

(C) requiring the Department to refer a parent for appropriate assessments and services, including a consideration of the needs of children and parents with disabilities, provided that the child's needs are given primary consideration;

(D) requiring genetic testing if parentage of the child is at issue;

(E) requiring the Department to make diligent efforts to locate the noncustodial parent;

(F) requiring the custodial parent to provide the Department with names of all potential noncustodial parents and relatives of the child; and

(G) establishing protective supervision and requiring the Department to make appropriate service referrals for the child and the family, if legal custody is transferred to an individual other than the Commissioner.

(3) If legal custody of a child is transferred to the Commissioner, the Commissioner shall provide the child with assistance and services. In his or her discretion, the Commissioner may provide assistance and services to other children and families to the extent that funds permit, ~~notwithstanding subdivision (2)(B) of this subsection.~~

~~(d) If a party seeks to modify a temporary care order in order to transfer legal custody of a child from the Commissioner to a relative or a person with a significant relationship with the child, the relative shall be entitled to preferential consideration under subdivision (b)(3) of this section, provided that a disposition order has not been issued and the motion is filed within 90 days of the date that legal custody was initially transferred to the Commissioner. [Repealed.]~~

* * * Adoption Act; Postadoption Contact Agreements * * *

Sec. 9. 15A V.S.A. § 1-109 is amended to read:

§ 1-109. TERMINATION OF ORDERS AND AGREEMENTS FOR VISITATION OR COMMUNICATION UPON ADOPTION

When a decree of adoption becomes final, except as provided in Article 4 of this title and 33 V.S.A. § 5124, any order or agreement for visitation or communication with the minor shall be unenforceable.

Sec. 10. 33 V.S.A. § 5124 is added to read:

§ 5124. POSTADOPTION CONTACT AGREEMENTS

(a) Either or both parents and each intended adoptive parent may enter into a postadoption contact agreement regarding communication or contact between either or both parents and the child after the finalization of an adoption by the

intended adoptive parent or parents who are parties to the agreement. Such an agreement may be entered into if:

(1) the child is in the custody of the Department for Children and Families;

(2) an order terminating parental rights has not yet been entered; and

(3) either or both parents agree to a voluntary termination of parental rights, including an agreement in a case which began as an involuntary termination of parental rights.

(b) The Court may approve the postadoption contact agreement if:

(1)(A) it determines that the child's best interests will be served by postadoption communication or contact with either or both parents; and

(B) in making a best interests determination, it may look to:

(i) the age of the child;

(ii) the length of time that the child has been under the actual care, custody, and control of a person other than a parent;

(iii) the desires of the child, the child's parents; and the child's intended adoptive parents;

(iv) the child's relationship with and the interrelationships between the child's parents, the child's intended adoptive parents, the child's siblings, and any other person with a significant relationship with the child;

(v) the willingness of the parents to respect the bond between the child and the child's intended adoptive parents;

(vi) the willingness of the intended adoptive parents to respect the bond between the child and the parents;

(vii) the adjustment to the child's home, school, and community;

(viii) any evidence of abuse or neglect of the child;

(ix) the recommendation of any guardian ad litem involved in the proceeding and actively engaged with the child;

(x) the recommendation of a therapist or mental health care provider working directly with the child; and

(xi) the recommendation of the Department;

(2) it has reviewed and made each of the following a part of the Court record:

(A) a sworn affidavit by the parties to the agreement which affirmatively states that the agreement was entered into knowingly and voluntarily and is not the product of coercion, fraud, or duress and that the parties have not relied on any representations other than those contained in the agreement;

(B) a written acknowledgment by each parent that the termination of parental rights is irrevocable, even if the intended adoption is not finalized, the adoptive parents do not abide by the postadoption contact agreement, or the adoption is later dissolved;

(C) an agreement to the postadoption contact or communication from the child to be adopted, if he or she is 14 years of age or older; and

(D) an agreement to the postadoption contact or communication in writing from the Department, the guardian ad litem, and the attorney for the child.

(c) A postadoption contact agreement must be in writing and signed by each parent and each intended adoptive parent entering into the agreement. There may be separate agreements for each parent. The agreement shall specify:

(1) the form of communication or contact to take place;

(2) the frequency of the communication or contact;

(3) if visits are agreed to, whether supervision shall be required, and if supervision is required, what type of supervision shall be required;

(4) if written communication or exchange of information is agreed upon, whether that will occur directly or through the Vermont Adoption Registry, set forth in 15A V.S.A. § 6-103;

(5) if the Adoption Registry shall act as an intermediary for written communication, that the signing parties will keep their addresses updated with the Adoption Registry;

(6) that failure to provide contact due to the child's illness or other good cause shall not constitute grounds for an enforcement proceeding;

(7) that the right of the signing parties to change their residence is not impaired by the agreement;

(8) an acknowledgment by the intended adoptive parents that the agreement grants either or both parents the right to seek to enforce the postadoption contact agreement;

(9) an acknowledgment that once the adoption is finalized, the court shall presume that the adoptive parent's judgment concerning the best interests of the child is correct;

(10) the finality of the termination of parental rights and of the adoption shall not be affected by implementation of the provisions of the postadoption contact agreement; and

(11) a disagreement between the parties or litigation brought to enforce or modify the agreement shall not affect the validity of the termination of parental rights or the adoption.

(d) A copy of the order approving the postadoption contact agreement and the postadoption contact agreement shall be filed with the Probate Division of the Superior Court with the petition to adopt filed under 15A V.S.A. Article 3, and, if the agreement specifies a role for the Adoption Registry, with the Registry.

(e) The order approving a postadoption contact agreement shall be a separate order from the final order terminating parental rights.

(f) The executed postadoption contact agreement shall become final upon legal finalization of an adoption under 15A V.S.A. Article 3.

Sec. 11. 15A V.S.A. Article 9 is added to read:

ARTICLE 9. ENFORCEMENT, MODIFICATION, AND TERMINATION OF POSTADOPTION CONTACT AGREEMENTS

§ 9-101. ENFORCEMENT, MODIFICATION, AND TERMINATION OF POSTADOPTION CONTACT AGREEMENTS

(a) An adoptive parent may petition the Court to modify or terminate a postadoption contact agreement entered into under 33 V.S.A. § 5124 if the adoptive parent believes the best interests of the child are being compromised by the terms of the agreement. In an action brought under this section, the burden of proof shall be on the adoptive parent to show by clear and convincing evidence that the modification or termination of the agreement is in the best interests of the child.

(b) A former parent may petition for enforcement of a postadoption contact agreement entered into under 33 V.S.A. § 5124 if the adoptive parent is not in compliance with the terms of the agreement. In an action brought under this section, the burden of proof shall be on the former parent to show by a preponderance of the evidence that enforcement of the agreement is in the best interests of the child.

(c) A disagreement between the parties or litigation brought to enforce or modify the agreement shall not affect the validity of the termination of parental rights or the adoption.

(d) The Court shall not act on a petition to modify or enforce the agreement unless the petitioner had in good faith participated or attempted to participate in mediation or alternative dispute resolution proceedings to resolve the dispute prior to bringing the petition for enforcement.

(e) Parties to the proceeding shall be the individuals who signed the original agreement created under 33 V.S.A. § 5124. The adopted child, if 14 years of age or older, may also participate. The Department for Children and Families shall not be required to be a party to the proceeding and the Court shall not order further investigation or evaluation by the Department.

(f) The Court may order the communication or contact be terminated or modified if the Court deems such termination or modification to be in the best interests of the child. In making a best interests determination, the Court may consider:

(1) the protection of the physical safety of the adopted child or other members of the adoptive family;

(2) the emotional well-being of the adopted child;

(3) whether enforcement of the agreement undermines the adoptive parent's parental authority; and

(4) whether, due to a change in circumstances, continued compliance with the agreement would be unduly burdensome to one or more of the parties.

(g) A Court-imposed modification of the agreement may limit, restrict, condition, or decrease contact between the former parents and the child, but in no event shall a Court-imposed modification serve to expand, enlarge, or increase the amount of contact between the former parents and the child or place new obligations on the adoptive parents.

(h) No testimony or evidentiary hearing shall be required, although the Court may, in its discretion, hold a hearing. A hearing held to enforce, modify, or terminate an agreement for postadoption contact shall be confidential. Documentary evidence or offers of proof may serve as the basis for the Court's decision regarding enforcement, modification, or termination of an agreement.

(i) Failure to comply with the agreement or petitioning the Court to enforce, modify, or terminate an agreement shall not form the basis for an award of monetary damages.

(j) An agreement for postadoption contact or communication under 33 V.S.A. § 5124 shall cease to be enforceable on the date the adopted child turns 18 years of age or upon dissolution of the adoption.

Sec. 12. 33 V.S.A. § 152 is amended to read:

§ 152. ACCESS TO RECORDS

(a) The Commissioner may obtain from the Vermont Crime Information Center the record of convictions of any person to the extent required by law or the Commissioner has determined by rule that such information is necessary to regulate a facility or individual subject to regulation by the Department or to carry out the Department's child protection obligations under chapters 49–55 of this title. The Commissioner shall first notify the person whose record is being requested.

* * *

Sec. 13. 33 V.S.A. § 6911 is amended to read:

§ 6911. RECORDS OF ABUSE, NEGLECT, AND EXPLOITATION

(a) Information obtained through reports and investigations, including the identity of the reporter, shall remain confidential and shall not be released absent a court order, except as follows:

(1) The investigative report shall be disclosed only to: the Commissioner or person designated to receive such records; persons assigned by the Commissioner to investigate reports; the person reported to have abused, neglected, or exploited a vulnerable adult; the vulnerable adult or his or her representative; the Office of Professional Regulation when deemed appropriate by the Commissioner; the Secretary of Education when deemed appropriate by the Commissioner; the Commissioner for Children and Families or designee, for purposes of review of expungement petitions filed pursuant to section 4916c of this title; a law enforcement agency; the State's Attorney, or the Office of the Attorney General, when the Department believes there may be grounds for criminal prosecution or civil enforcement action, or in the course of a criminal or a civil investigation. When disclosing information pursuant to this subdivision, reasonable efforts shall be made to limit the information to the minimum necessary to accomplish the intended purpose of the disclosure, and no other information, including the identity of the reporter, shall be released absent a court order.

* * *

(c) The Commissioner or ~~the Commissioner's~~ designee may disclose Registry information only to:

* * *

(5) the Commissioner for Children and Families; or ~~the Commissioner's~~ designee; for purposes related to:

(A) the licensing or registration of facilities and individuals regulated by the Department for Children and Families; and

(B) the Department's child protection obligations under chapters 49-55 of this title.

* * *

Sec. 14. 33 V.S.A. § 4916c is amended to read:

§ 4916c. PETITION FOR EXPUNGEMENT FROM THE REGISTRY

(a)(1) ~~A~~ Except as provided in this subdivision, a person whose name has been placed on the Registry prior to July 1, 2009 and has been listed on the Registry for at least three years may file a written request with the Commissioner, seeking a review for the purpose of expunging an individual Registry record. A person whose name has been placed on the Registry on or after July 1, 2009 and has been listed on the Registry for at least seven years may file a written request with the Commissioner seeking a review for the purpose of expunging an individual Registry record. The Commissioner shall grant a review upon request.

(2) A person who is required to register as a sex offender on a state's sex offender registry shall not be eligible to petition for expungement of his or her Registry record during the period in which the person is subject to sex offender registry requirements.

(b)(1) The person shall have the burden of proving that a reasonable person would believe that he or she no longer presents a risk to the safety or well-being of children.

~~(2) Factors to be considered by the~~ The Commissioner shall ~~include~~ consider the following factors in making his or her determination:

~~(1)(A)~~ (A) the nature of the substantiation that resulted in the person's name being placed on the Registry;

~~(2)(B)~~ (B) the number of substantiations, ~~if more than one;~~

~~(3)(C)~~ (C) the amount of time that has elapsed since the substantiation;

~~(4)(D)~~ (D) the circumstances of the substantiation that would indicate whether a similar incident would be likely to occur;

~~(5)(E)~~ (E) any activities that would reflect upon the person's changed behavior or circumstances, such as therapy, employment, or education; ~~and~~

- ~~(6)~~(F) references that attest to the person's good moral character; and
 (G) any other information that the Commissioner deems relevant.

* * *

* * * Municipal and County Government; Special Investigative
 Units; Mission and Jurisdiction * * *

Sec. 15. 24 V.S.A. § 1940 is amended to read:

§ 1940. ~~TASK FORCES; SPECIALIZED~~ SPECIAL INVESTIGATIVE
 UNITS; BOARDS; GRANTS

(a) Pursuant to the authority established under section 1938 of this title, and in collaboration with law enforcement agencies, investigative agencies, victims' advocates, and social service providers, the Department of State's Attorneys and Sheriffs shall coordinate efforts to provide access in each region of the ~~state~~ State to special investigative units ~~to investigate sex crimes, child abuse, domestic violence, or crimes against those with physical or developmental disabilities. The General Assembly intends that access to special investigative units be available to all Vermonters as soon as reasonably possible, but not later than July 1, 2009~~ which:

(1) shall investigate:

(A) an incident in which a child suffers, by other than accidental means, serious bodily injury as defined in 13 V.S.A. § 1021; and

(B) potential violations of:

(i) 13 V.S.A. § 2602 (lewd or lascivious conduct with child);

(ii) 13 V.S.A. chapter 60 (human trafficking);

(iii) 13 V.S.A. chapter 64 (sexual exploitation of children); and

(iv) 13 V.S.A. chapter 72 (sexual assault); and

(2) may investigate:

(A) an incident in which a child suffers:

(i) bodily injury, by other than accidental means, as defined in 13 V.S.A. § 1021; or

(ii) death;

(B) potential violations of:

(i) 13 V.S.A. § 2601 (lewd and lascivious conduct);

(ii) 13 V.S.A. § 2605 (voyeurism); and

(iii) 13 V.S.A. § 1304 (cruelty to a child); and

(C) an incident involving potential domestic violence or crimes against those with physical or developmental disabilities.

(b) A ~~task force or specialized~~ special investigative unit organized and operating under this section may accept, receive, and disburse in furtherance of its duties and functions any funds, grants, and services made available by the State of Vermont and its agencies, the federal government and its agencies, any municipality or other unit of local government, or private or civic sources. Any employee covered by an agreement establishing a special investigative unit shall remain an employee of the donor agency.

(c) A ~~Specialized Special~~ Special Investigative Unit Grants Board is created which shall ~~be comprised of~~ comprise the Attorney General, the Secretary of Administration, the Executive Director of the Department of State's Attorneys and Sheriffs, the Commissioner of Public Safety, the Commissioner for Children and Families, a representative of the Vermont Sheriffs' Association, a representative of the Vermont Association of Chiefs of Police, the Executive Director of the Center for Crime Victim Services, and the Executive Director of the Vermont League of Cities and Towns. ~~Specialized Special~~ Special investigative units organized and operating under this section ~~for the investigation of sex crimes, child abuse, elder abuse, domestic violence, or crimes against those with physical or developmental disabilities~~ may apply to the Board for a grant or grants covering the costs of salaries and employee benefits to be expended during a given year for the performance of unit duties as well as unit operating costs for rent, utilities, equipment, training, and supplies. Grants under this section shall be approved by a majority of the entire Board and shall not exceed 50 percent of the yearly salary and employee benefit costs of the unit. Preference shall be given to grant applications which include the participation of the Department of Public Safety, the Department for Children and Families, sheriffs' departments, community victims' advocacy organizations, and municipalities within the region. Preference shall also be given to grant applications which promote policies and practices that are consistent across the State, including policies and practices concerning the referral of complaints, the investigation of cases, and the supervision and management of special investigative units. However, a sheriff's department in a county with a population of ~~less~~ fewer than 8,000 residents shall upon application receive a grant of up to \$20,000.00 for 50 percent of the yearly salary and employee benefits costs of a part-time ~~specialized special~~ special investigative unit investigator which shall be paid to the department as time is billed on a per hour rate as agreed by contract up to the maximum amount of the grant.

(d) The Board may adopt rules relating to grant eligibility criteria, processes for applications, awards, and reports related to grants authorized pursuant to this section. The Attorney General shall be the adopting authority.

Sec. 16. 33 V.S.A. § 4915b(e) is amended to read:

~~(e) The Department shall report to and request assistance from law enforcement in the following circumstances:~~

~~(1) investigations of child sexual abuse by an alleged perpetrator age 10 or older;~~

~~(2) investigations of serious physical abuse or neglect likely to result in criminal charges or requiring emergency medical care;~~

~~(3) situations potentially dangerous to the child or Department worker. [Repealed.]~~

Sec. 17. 33 V.S.A. § 4915 is amended to read:

§ 4915. ASSESSMENT AND INVESTIGATION

* * *

(g) The Department shall report to and receive assistance from law enforcement in the following circumstances:

(1) investigations of child sexual abuse by an alleged perpetrator 10 years of age or older;

(2) investigations of serious physical abuse or neglect requiring emergency medical care, resulting in death, or likely to result in criminal charges; and

(3) situations potentially dangerous to the child or Department worker.

(h) The Department shall report to the appropriate special investigations unit any valid allegation concerning an incident in which a child suffers, by other than accidental means:

(1) serious bodily injury as defined in 13 V.S.A. § 1021; and

(2) potential violations of:

(A) 13 V.S.A. § 2602 (lewd or lascivious conduct with child);

(B) 13 V.S.A. chapter 60 (human trafficking);

(C) 13 V.S.A. chapter 64 (sexual exploitation of children); and

(D) 13 V.S.A. chapter 72 (sexual assault).

* * * Penalties for Mandated Reporters, Public Officers, and Others * * *

Sec. 18. 33 V.S.A. § 4913 is amended to read:

§ 4913. REPORTING CHILD ABUSE AND NEGLECT; REMEDIAL
ACTION

* * *

(f)(1) A person who violates subsection (a) of this section shall be fined not more than ~~\$500.00~~ \$1,000.00.

(2) A person who violates subsection (a) of this section with the intent to conceal abuse or neglect of a child shall be imprisoned not more than ~~six months~~ one year or fined not more than ~~\$1,000.00~~ \$2,000.00, or both.

(3) This section shall not be construed to prohibit a prosecution under any other provision of law.

* * *

Sec. 19. 13 V.S.A. § 3006 is amended to read:

§ 3006. NEGLECT OF DUTY BY PUBLIC OFFICERS

A ~~state~~ State, county, town, village, fire district, or school district officer who ~~wilfully~~ willfully neglects to perform the duties imposed upon him or her by law, either express or implied, shall be imprisoned not more than one year or fined not more than ~~\$1,000.00~~ \$2,000.00, or both.

Sec. 20. 13 V.S.A. § 1304 is amended to read:

§ 1304. CRUELTY TO ~~CHILDREN UNDER 10 BY ONE OVER 16~~ A
CHILD

A person over ~~the age of~~ 16 years of age, having the custody, ~~charge~~ or care of a child ~~under 10 years of age~~, who ~~wilfully~~ willfully assaults, ~~ill-treats~~, neglects, or abandons or exposes ~~such~~ the child, or causes or ~~procures~~ causes ~~such~~ the child to be assaulted, ~~ill-treated~~, neglected, abandoned, or exposed, in a manner to cause ~~such~~ the child unnecessary suffering, or to endanger his or her health, shall be imprisoned not more than two years or fined not more than ~~\$500.00~~ \$2,000.00, or both.

Sec. 21. 18 V.S.A. § 4236 is amended to read:

§ 4236. MANUFACTURE OR CULTIVATION

(a)(1) A person knowingly and unlawfully manufacturing or cultivating a regulated drug shall be imprisoned not more than 20 years or fined not more than \$1,000,000.00, or both.

(2) A person who violates subdivision (1) of this subsection shall be imprisoned for not more than 30 years or fined not more than \$1,500,000.00, or both, if:

(A) the regulated drug is methamphetamine; and

(B) a child is actually present at the site of methamphetamine manufacture or attempted manufacture.

(b) This section shall not apply to the cultivation of marijuana.

* * * Department for Children and Families; Policies * * *

Sec. 22. THE DEPARTMENT FOR CHILDREN AND FAMILIES;
POLICIES, PROCEDURES, AND PRACTICES

(a) The Commissioner for Children and Families shall:

(1) ensure that Family Services Division policies, procedures, and practices are consistent with the best interests of the child and are consistent with statute;

(2) ensure that Family Services Division policies, procedures, and practices are consistent with each other and are applied in a consistent manner, in all Department offices and in all regions of the State;

(3) by September 30, 2015, develop and implement a Family Services Division policy requiring a six-month supervision period by the Department after a child is returned to the home from which he or she was removed due to abuse or neglect;

(4) develop metrics as to the appropriate case load for social workers in the Family Services Division that take into account the experience and training of a social worker, the number of families and the total number of children a social worker is responsible for, and the acuity or difficulty of cases;

(5) ensure that all employees assigned to carry out investigations of child abuse and neglect have training or experience in conducting investigations and have a master's degree in social work or an equivalent degree, or relevant experience;

(6) ensure that all Family Services Division employees receive training on:

(A) relevant policies, procedures, and practices; and

(B) the employees' legal responsibilities and obligations;

(7) develop policies, procedures, and practices to:

(A) ensure the consistent sharing of information, in a manner that complies with statute, treatment providers, courts, State's Attorneys, guardians ad litem, law enforcement, and other relevant parties;

(B) encourage treatment providers and all agencies, departments, and other persons that support recovery to provide regular treatment progress updates to the Commissioner;

(C) ensure that courts have all relevant information in a timely fashion, and that Department employees file paperwork and reports in a timely manner;

(D) require that the Family Services Division assess a child's safety if:

(i) the child remains in a home from which other children have been removed; or

(ii) the child remains in the custody of a parent or guardian whose parental rights as to another child have been terminated;

(E) require that all persons living in a household, or that will have child care responsibilities, will be assessed for criminal history and potential safety risks whenever a child who has been removed from a home is returned to that home;

(F) increase the number of required face-to-face meetings between Family Services Division social workers and children;

(G) increase the number of required home visits and require unannounced home visits by Family Services Division social workers;

(H) improve information sharing with mandatory reporters who have an ongoing relationship with a child;

(I) ensure that mandatory reporters are informed that any confidential information they may receive cannot be disclosed to a person who is not authorized to receive that information;

(J) ensure all parties authorized to receive confidential information are informed of their right to receive that information; and

(K) apply results-based accountability or other data-based quality measures to determine if children who receive services from the Family Services Division in different areas of the State have different outcomes and the reasons for those differences.

(b) On or before September 30, 2015, the Commissioner shall submit a written response to the House Committees on Human Services and on Judiciary and to the Senate Committees on Health and Welfare and on

Judiciary with the Commissioner's response to the issues in subsection (a) of this section, including the language of any new or amended policies and procedures.

* * * Legislature; Establishing a Joint Legislative Child Protection Oversight Committee * * *

Sec. 23. JOINT LEGISLATIVE CHILD PROTECTION OVERSIGHT COMMITTEE

(a) Creation. There is created a Joint Legislative Child Protection Oversight Committee.

(b) Membership. The Committee shall be composed of the following eight members, who shall be appointed each biennial session of the General Assembly:

(1) Four current members of the House of Representatives, not all from the same political party, who shall be appointed by the Speaker of the House; and

(2) Four current members of the Senate, not all from the same political party, who shall be appointed by the Committee on Committees.

(3) In addition to one member-at-large appointed from each chamber, one appointment shall be made from the following committees:

(A) House Committee on Education;

(B) Senate Committee on Education;

(C) House Committee on Judiciary;

(D) Senate Committee on Judiciary;

(E) House Committee on Human Services; and

(F) Senate Committee on Health and Welfare.

(c) Powers and duties.

(1) The Committee shall:

(A) Exercise oversight over Vermont's system for protecting children from abuse and neglect, including:

(i) evaluating whether the branches, departments, agencies, and persons that are responsible for protecting children from abuse and neglect are effective;

(ii) determining if there are deficiencies in the system and the causes of those deficiencies;

(iii) evaluating which programs are the most cost-effective;

(iv) determining whether there is variation in policies, procedures, practices, and outcomes between different areas of the State and the causes and results of any such variation; and

(v) evaluating the measures recommended by the Working Group to Recommend Improvements to CHINS Proceedings established in Sec. 24 of this act to ensure that once a child is returned to his or her family, the court or the Department for Children and Families may continue to monitor the child and family where appropriate.

(B) At least annually, report on the Committee's activities and recommendations to the General Assembly.

(2) The Committee may review and make recommendations to the House and Senate Committees on Appropriations regarding budget proposals and appropriations relating to protecting children from abuse and neglect.

(d) Assistance. The Committee shall have the administrative, technical, and legal assistance of the Office of Legislative Council.

(e) Retaliation. No person who is an employee of the State of Vermont, or of any State, local, county, or municipal department, agency, or person involved in child protection, and who testifies before, supplies information to, or cooperates with the Committee shall be subject to retaliation by his or her employer. Retaliation shall include job termination, demotion in rank, reduction in pay, alteration in duties and responsibilities, transfer, or a negative job performance evaluation based on the person's having testified before, supplied information to, or cooperated with the Committee.

(f) Meetings.

(1) The member appointed from the Senate Committee on Health and Welfare shall call the first meeting of the Committee.

(2) The Committee shall select a Chair, Vice Chair, and Clerk from among its members and may adopt rules of procedure. The Chair shall rotate biennially between the House and the Senate members. A quorum shall consist of five members.

(3) When the General Assembly is in session, the Committee shall meet at the call of the Chair. The Committee may meet six times during adjournment, and may meet more often subject to approval of the Speaker of the House and the President Pro Tempore of the Senate.

(g) Reimbursement. For attendance at meetings during adjournment of the General Assembly, members of the Committee shall be entitled to per diem compensation and reimbursement of expenses pursuant to 2 V.S.A. § 406.

(h) Sunset. On June 1, 2018 this section (creating the Joint Legislative Child Protection Oversight Committee) is repealed and the Committee shall cease to exist.

* * * Improvements to CHINS Proceedings * * *

Sec. 24. WORKING GROUP TO RECOMMEND IMPROVEMENTS TO CHINS PROCEEDINGS

(a) Creation. There is created a working group to recommend ways to improve the efficiency, timeliness, and process of Children in Need of Care or Supervision (CHINS) proceedings.

(b) Membership. The Working Group shall be composed of the following members:

(1) the Chief Administrative Judge or designee;

(2) the Defender General or designee;

(3) the Attorney General or designee;

(4) the Commissioner for Children and Families or designee;

(5) the Executive Director of State's Attorneys and Sheriffs or designee; and

(6) a guardian ad litem who shall be appointed by the Chief Superior Judge.

(c) Powers and duties. The Working Group shall study and make recommendations concerning:

(1) how to ensure that statutory time frames are met in 90 percent of proceedings;

(2) how to ensure that attorneys, judges, and guardians ad litem appear on time and are prepared;

(3) how to monitor and improve the performance and work quality of attorneys, judges, and guardians ad litem;

(4) how to ensure that there is a sufficient number of attorneys available to handle all CHINS cases, in all regions of the State, in a timely manner;

(5) the role of guardians ad litem, and how to ensure their information is presented to, and considered by, the court;

(6) how to expedite a new proceeding that concerns a family with repeated contacts with the child protection system;

(7) whether the adoption of American Bar Association standards for attorneys who work in the area of child abuse and neglect would be appropriate;

(8) the feasibility of creating a statewide Family Drug Treatment Court initiative to improve substance abuse treatment and child welfare outcomes;

(9) whether requiring a reunification hearing would improve child welfare outcomes;

(10) how and whether to provide financial assistance to individuals seeking to mediate a dispute over a postadoption contact agreement; and

(11) any other issue the Working Group determines is relevant to improve the efficiency, timeliness, process, and results of CHINS proceedings.

(d) Assistance. The Working Group shall have the administrative, technical, and legal assistance of the Office of the Attorney General. The Working Group may consult with any persons necessary in fulfilling its powers and duties.

(e) Report. On or before November 1, 2015, the Working Group shall report its findings and recommendations to the Joint Legislative Child Protection Oversight Committee, the House Committees on Human Services and on Judiciary, and the Senate Committees on Health and Welfare and on Judiciary.

(f) Meetings and sunset.

(1) The Attorney General or designee shall call the first meeting of the Working Group.

(2) The Working Group shall select a chair from among its members at the first meeting.

(3) The Working Group shall cease to exist on November 2, 2015.

* * * Effective Dates * * *

Sec. 25. EFFECTIVE DATES

This act shall take effect on July 1, 2015, except for this section, Sec. 22 (Department for Children and Families; policies, procedures, and practices), Sec. 23 (Joint Legislative Child Protection Oversight Committee), and Sec. 24 (Working Group to Recommend Improvements to CHINS Proceedings) which shall take effect on passage.

Rep. Grad of Moretown for the committee on Judiciary recommended that the House propose to the Senate to amend the bill as recommended by the committee on Human Services and when further amended as follows:

First: In Sec. 3, 33 V.S.A. § 4912, by adding subdivision (15) and an ellipsis to read:

(15) "Sexual abuse" consists of any act or acts by any person involving sexual molestation or exploitation of a child, including incest, prostitution, rape, sodomy, or any lewd and lascivious conduct involving a child. Sexual abuse also includes the aiding, abetting, counseling, hiring, or procuring of a child to perform or participate in any photograph, motion picture, exhibition, show, representation, or other presentation which, in whole or in part, depicts sexual conduct, sexual excitement, or sadomasochistic abuse involving a child. Sexual abuse also includes the viewing, possession, or transmission of child pornography, with the exclusion of the exchange of images between mutually consenting minors, including the minor whose image is exchanged.

* * *

Second: By striking out Sec. 4, 33 V.S.A. § 4913, in its entirety and inserting in lieu thereof the following:

Sec. 4. 33 V.S.A. § 4913 is amended to read:

§ 4913. REPORTING CHILD ABUSE AND NEGLECT; REMEDIAL ACTION

(a) ~~Any~~ A mandated reporter is any:

(1) health care provider, including any:

(A) physician, surgeon, osteopath, chiropractor, or physician assistant licensed, certified, or registered under the provisions of Title 26;

(B) any resident physician;

(C) intern;

(D) ~~or any~~ hospital administrator in any hospital in this State;

(F) ~~whether or not so registered, and any~~ registered nurse;

(G) licensed practical nurse;

(H) medical examiner;

(I) emergency medical personnel as defined in 24 V.S.A. § 2651(6);

(J) dentist;

(K) psychologist; and

(L) pharmacist, any other health care provider, child care worker;

(2) individual who is employed by a school district or an approved or recognized independent school, or who is contracted and paid by a school district or an approved or recognized independent school to provide student services, including any:

(A) school superintendent;

(B) headmaster of an approved or recognized independent school as defined in 16 V.S.A. § 11;

(C) school teacher;

(D) student teacher;

(E) school librarian;

(F) school principal; and

(G) school guidance counselor, and any other individual who is employed by a school district or an approved or recognized independent school, or who is contracted and paid by a school district or an approved or recognized independent school to provide student services;

(3) child care worker;

(4) mental health professional;

(5) social worker;

(6) probation officer;

(7) any employee, contractor, and grantee of the Agency of Human Services who have contact with clients;

(8) police officer;

(9) camp owner;

(10) camp administrator;

(11) camp counselor; or

(12) member of the clergy.

(b) As used in subsection (a) of this section, “camp” includes any residential or nonresidential recreational program.

(c) Any mandated reporter who has reasonable cause to believe that any child has been abused or neglected reasonably suspects abuse or neglect of a child shall report or cause a report to be made in accordance with the provisions of section 4914 of this title within 24 hours of the time information regarding the suspected abuse or neglect was first received or observed. As

~~used in this subsection, "camp" includes any residential or nonresidential recreational program.~~

~~(b)(d)(1)~~ The Commissioner shall inform the person who made the report under subsection (a) of this section:

~~(1)(A)~~ whether the report was accepted as a valid allegation of abuse or neglect;

~~(2)(B)~~ whether an assessment was conducted and, if so, whether a need for services was found; and

~~(3)(C)~~ whether an investigation was conducted and, if so, whether it resulted in a substantiation.

(2) Upon request, the Commissioner shall provide relevant information contained in the case records concerning a person's report to a person who:

(A) made the report under subsection (a) of this section; and

(B) is engaged in an ongoing working relationship with the child or family who is the subject of the report.

(3) Any information disclosed under subdivision (2) of this subsection shall not be disseminated by the mandated reporter requesting the information. A person who intentionally violates the confidentiality provisions of this section shall be fined not more than \$2,000.00.

(4) In providing information under subdivision (2) of this subsection, the Department may withhold information that could:

(A) compromise the safety of the reporter or the child or family who is the subject of the report; or

(B) threaten the emotional well-being of the child.

* * *

Third: By inserting a new Sec. 5 as follows:

Sec. 5. 33 V.S.A. § 4914 is amended to read:

§ 4914. NATURE AND CONTENT OF REPORT; TO WHOM MADE

A report shall be made orally or in writing to the Commissioner or designee. The Commissioner or designee shall request the reporter to follow the oral report with a written report, unless the reporter is anonymous. Reports shall contain the name and address or other contact information of the reporter as well as the names and addresses of the child and the parents or other persons responsible for the child's care, if known; the age of the child; the nature and extent of the child's injuries together with any evidence of previous abuse and neglect of the child or the child's siblings; and any other information that ~~the~~

~~reporter believes~~ might be helpful in establishing the cause of the injuries or reasons for the neglect as well as in protecting the child and assisting the family. If a report of child abuse or neglect involves the acts or omissions of the Commissioner or employees of the Department, then the report shall be directed to the Secretary of Human Services who shall cause the report to be investigated by other appropriate Agency staff. If the report is substantiated, services shall be offered to the child and to his or her family or caretaker according to the requirements of section 4915b of this title.

Fourth: In the old Sec. 5, 33 V.S.A. § 4921, by striking out subdivision (e)(1)(G) in its entirety and inserting in lieu thereof the following:

(G) A Probate Division of the Superior Court involved in guardianship proceedings.

Fifth: In Sec. 6, 33 V.S.A. § 5110, subsection (b), after the words “seeking inclusion in the hearing” by inserting the words “in accordance with this subsection”

Sixth: In Sec. 10, 33 V.S.A. § 5124, subsection (b) by striking out the word “may” and inserting in lieu thereof the word “shall”

Seventh: In Sec. 10, 33 V.S.A. § 5124, subdivision (b)(1)(B) by striking out the words “look to” and inserting in lieu thereof the word “consider”

Eighth: In Sec. 10, 33 V.S.A. § 5124, subsection (b)(1)(B)(ix) by striking out the words “involved in the proceeding and actively engaged with the child”

Ninth: In Sec. 10, 33 V.S.A. § 5124, by striking out subsection (e) in its entirety and inserting in lieu thereof the following:

(e) The order approving a postadoption contact agreement shall be a separate order issued before and contingent upon the final order of voluntary termination of parental rights.

Tenth: In Sec. 11, 15A V.S.A. Article 9, in § 9-101, by striking out subsection (h) in its entirety and inserting in lieu thereof the following:

(h) A hearing held to enforce, modify, or terminate an agreement for postadoption contact shall be confidential.

Eleventh: In Sec. 12, 33 V.S.A. § 152, in subsection (a), by striking out the number “55” and inserting in lieu thereof the number “59”

Twelfth: In Sec. 13, 33 V.S.A. § 6911, subdivision (c)(5)(B), by striking out the number “55” and inserting in lieu thereof the number “59”

Thirteenth: In Sec. 15, 24 V.S.A. § 1940, subdivision (a)(1)(B)(iii), by striking out the word “and”

Fourteenth: In Sec. 15, 24 V.S.A. § 1940, by adding a subdivision (a)(1)(B)(v) as follows:

(v) 13 V.S.A. § 1379 (sexual abuse of a vulnerable adult); and

Fifteenth: In Sec. 17, 33 V.S.A. § 4915, subsection (h), after the words “valid allegation” by inserting the words “pursuant to subsection (b) of this section”

Sixteenth: By striking out Sec. 18 in its entirety

Seventeenth: By striking out Sec. 19 in its entirety

Eighteenth: By striking out Sec. 20 in its entirety

Nineteenth: By striking out Sec. 21 in its entirety

Twentieth: In Sec. 23, Joint Legislative Child Protection Oversight Committee, in subdivision (c)(1)(A)(iv) by striking out the last word “and”

Twenty-first: In Sec. 23, Joint Legislative Child Protection Oversight Committee, by adding a new subdivision (c)(1)(A)(v) as follows:

(v) evaluating whether licensed mandatory reporters should be required to certify that they completed training on the requirements set forth under 33 V.S.A. § 4913; and

and by renumbering all remaining subdivisions in the subsection to be numerically correct

Twenty-second: In Sec. 24, Working Group, subdivision (c)(10), by striking out the last word “and”

Twenty-third: In Sec. 24, Working Group, by adding new subdivisions (c)(11) and (c)(12) as follows:

(11) how and whether to change the confidentiality requirements for juvenile judicial proceedings under 33 V.S.A. chapter 53;

(12) best practices regarding representation of children in juvenile judicial proceedings; and

and by renumbering all remaining subdivisions of the subsection to be numerically correct

Twenty-fourth: In Sec. 24, by striking out subsection (e) in its entirety and inserting in lieu thereof the following:

(e) Report. On or before November 1, 2015, the Working Group shall provide a report on its findings and recommendations with respect to subdivisions (c)(1)–(5) of this section to the Joint Legislative Child Protection Oversight Committee, the House Committees on Human Services and on

Judiciary, and the Senate Committees on Health and Welfare and on Judiciary. On or before November 1, 2016, the Working Group shall report its findings and recommendations with respect to subdivisions (c)(6)-(13) of this section to the same Committees.

Twenty-fifth: In Sec. 24, subdivision (f)(3), by striking out the number “2015” and inserting in lieu thereof the number “2016”

Twenty-sixth: By striking out Sec. 25 in its entirety and inserting in lieu thereof the following:

Sec. 22. EFFECTIVE DATES

This act shall take effect on July 1, 2015, except for this section, Secs. 19 (Department for Children and Families; policies, procedures, and practices), 20 (Joint Legislative Child Protection Oversight Committee), and 21 (Working Group to Recommend Improvements to CHINS Proceedings), which shall take effect on passage.

and by renumbering all sections of the bill to be numerically correct.

Rep. Trieber of Rockingham for the committee on Appropriations recommended that the House propose to the Senate that the bill be amended as recommended by the Committee on Human Services and the committee on Judiciary and when further amended as follows:

First: By striking Sec. 19 in its entirety and inserting in lieu thereof the following:

Sec. 19. THE DEPARTMENT FOR CHILDREN AND FAMILIES;
POLICIES, PROCEDURES, AND PRACTICES

(a) The Commissioner for Children and Families shall:

(1) ensure that Family Services Division policies, procedures, and practices are consistent with the best interests of the child and are consistent with statute;

(2) ensure that Family Services Division policies, procedures, and practices are consistent with each other and are applied in a consistent manner, in all Department offices and in all regions of the State;

(3) develop metrics as to the appropriate case load for social workers in the Family Services Division that take into account the experience and training of a social worker, the number of families and the total number of children a social worker is responsible for, and the acuity or difficulty of cases;

(4) ensure that all Family Services Division employees receive training on:

(A) relevant policies, procedures, and practices; and

(B) the employees' legal responsibilities and obligations;

(5) develop policies, procedures, and practices to:

(A) ensure the consistent sharing of information, in a manner that complies with statute, treatment providers, courts, State's Attorneys, guardians ad litem, law enforcement, and other relevant parties;

(B) encourage treatment providers and all agencies, departments, and other persons that support recovery to provide regular treatment progress updates to the Commissioner;

(C) ensure that courts have all relevant information in a timely fashion, and that Department employees file paperwork and reports in a timely manner;

(D) require that the Family Services Division assess a child's safety if:

(i) the child remains in a home from which other children have been removed; or

(ii) the child remains in the custody of a parent or guardian whose parental rights as to another child have been terminated;

(E) improve information sharing with mandatory reporters who have an ongoing relationship with a child;

(F) ensure that mandatory reporters are informed that any confidential information they may receive cannot be disclosed to a person who is not authorized to receive that information;

(G) ensure all parties authorized to receive confidential information are informed of their right to receive that information; and

(H) apply results-based accountability or other data-based quality measures to determine if children who receive services from the Family Services Division in different areas of the State have different outcomes and the reasons for those differences.

(b) The Commissioner for Children and Families shall, within available resources, develop a plan to implement the following policies, procedures, and practices, including identifying potential costs to:

(1) increase the number of required face-to-face meetings between Family Services Division social workers and children;

(2) increase the number of required home visits and require unannounced home visits by Family Services Division social workers;

(3) require that all persons living in a household, or that will have child care responsibilities, will be assessed for criminal history and potential safety risks whenever a child who has been removed from a home is returned to that home;

(4) ensure that all employees assigned to carry out investigations of child abuse and neglect have training or experience in conducting investigations and have a master's degree in social work or an equivalent degree, or relevant experience; and

(5) by September 30, 2015, develop and implement a Family Services Division policy requiring a six-month supervision period by the Department after a child is returned to the home from which he or she was removed due to abuse or neglect.

(c) On or before September 30, 2015, the Commissioner shall submit a written response to the House Committees on Human Services and on Judiciary and to the Senate Committees on Health and Welfare and on Judiciary with the Commissioner's response to the issues in subsection (a) of this section, including the language of any new or amended policies and procedures.

Second: In Sec. 20, subsection (b), by striking the word "eight" and inserting in lieu thereof the word six

Third: In Sec. 20, subsection (b)(3), by striking the words "In addition to one member-at-large appointed from each chamber, one" and inserting in lieu thereof the word One

The bill, having appeared on the Calendar one day for notice, was taken up, read the second time.

Thereupon, **Rep. Trieber of Rockingham** asked and was granted leave of the House to withdraw the report of the committee on Appropriations.

Thereupon, **Rep. Trieber of Rockingham** moved to amend the report of the committee on Human Services as follows:

First: By striking Sec. 19 in its entirety and inserting in lieu thereof the following:

Sec. 19. THE DEPARTMENT FOR CHILDREN AND FAMILIES;
POLICIES, PROCEDURES, AND PRACTICES

(a) The Commissioner for Children and Families shall:

(1) ensure that Family Services Division policies, procedures, and practices are consistent with the best interests of the child and are consistent with statute;

(2) ensure that Family Services Division policies, procedures, and practices are consistent with each other and are applied in a consistent manner, in all Department offices and in all regions of the State;

(3) develop metrics as to the appropriate case load for social workers in the Family Services Division that take into account the experience and training of a social worker, the number of families and the total number of children a social worker is responsible for, and the acuity or difficulty of cases;

(4) ensure that all Family Services Division employees receive training on:

(A) relevant policies, procedures, and practices; and

(B) the employees' legal responsibilities and obligations;

(5) develop policies, procedures, and practices to:

(A) ensure the consistent sharing of information, in a manner that complies with statute, treatment providers, courts, State's Attorneys, guardians ad litem, law enforcement, and other relevant parties;

(B) encourage treatment providers and all agencies, departments, and other persons that support recovery to provide regular treatment progress updates to the Commissioner;

(C) ensure that courts have all relevant information in a timely fashion, and that Department employees file paperwork and reports in a timely manner;

(D) require that the Family Services Division assess a child's safety if:

(i) the child remains in a home from which other children have been removed; or

(ii) the child remains in the custody of a parent or guardian whose parental rights as to another child have been terminated;

(E) improve information sharing with mandatory reporters who have an ongoing relationship with a child;

(F) ensure that mandatory reporters are informed that any confidential information they may receive cannot be disclosed to a person who is not authorized to receive that information;

(G) ensure all parties authorized to receive confidential information are informed of their right to receive that information; and

(H) apply results-based accountability or other data-based quality measures to determine if children who receive services from the Family

Services Division in different areas of the State have different outcomes and the reasons for those differences.

(6) ensure that all employees assigned to carry out investigations of child abuse and neglect have training or experience in conducting investigations and have a master's degree in social work or an equivalent degree, or relevant experience; and

(7) by September 30, 2015, develop and implement a Family Services Division policy requiring a six-month supervision period by the Department after a child is returned to the home from which he or she was removed due to abuse or neglect.

(b) The Commissioner for Children and Families shall, within available resources, develop a plan to implement the following policies, procedures, and practices, including identifying potential costs to:

(1) increase the number of required face-to-face meetings between Family Services Division social workers and children;

(2) increase the number of required home visits and require unannounced home visits by Family Services Division social workers; and

(3) require that all persons living in a household, or that will have child care responsibilities, will be assessed for criminal history and potential safety risks whenever a child who has been removed from a home is returned to that home.

(c) On or before September 30, 2015, the Commissioner shall submit a written response to the House Committees on Human Services and on Judiciary and to the Senate Committees on Health and Welfare and on Judiciary with the Commissioner's response to the issues in subsection (a) of this section, including the language of any new or amended policies and procedures.

Second: In Sec. 20, subsection (b), by striking the word "eight" and inserting in lieu thereof the word six

Third: In Sec. 20, subsection (b)(3), by striking the words "In addition to one member-at-large appointed from each chamber, one" and inserting in lieu thereof the word One

Which was agreed to.

Thereupon, the report of the committees on Human Services, as amended and Judiciary agreed to and third reading was ordered.

Proposal of Amendment Agreed to; Third Reading Ordered**S. 139**

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

An act relating to pharmacy benefit managers and hospital observation status

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:

* * * Pharmacy Benefit Managers * * *

Sec. 1. 18 V.S.A. § 9471 is amended to read:

§ 9471. DEFINITIONS

As used in this subchapter:

* * *

(6) "Maximum allowable cost" means the per unit drug product reimbursement amount, excluding dispensing fees, for a group of equivalent multisource generic prescription drugs.

Sec. 2. 18 V.S.A. § 9473 is amended to read:

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

* * *

(c) For each drug for which a pharmacy benefit manager establishes a maximum allowable cost in order to determine the reimbursement rate, the pharmacy benefit manager shall do all of the following:

(1) Make available, in a format that is readily accessible and understandable by a pharmacist, the actual maximum allowable cost for each drug and the source used to determine the maximum allowable cost.

(2) Update the maximum allowable cost at least once every seven calendar days. In order to be subject to maximum allowable cost, a drug must be widely available for purchase by all pharmacies in the State, without limitations, from national or regional wholesalers and must not be obsolete or temporarily unavailable.

(3) Establish or maintain a reasonable administrative appeals process to allow a dispensing pharmacy provider to contest a listed maximum allowable cost.

(4) Respond in writing to any appealing pharmacy provider within 10 calendar days after receipt of an appeal, provided that a dispensing pharmacy provider shall file any appeal within 10 calendar days from the date its claim for reimbursement is adjudicated.

* * * Notice of Hospital Observation Status * * *

Sec. 3. 18 V.S.A. § 1905 is amended to read:

§ 1905. LICENSE REQUIREMENTS

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

* * *

(22) All hospitals shall provide oral and written notices to each individual that the hospital places in observation status as required by section 1911a of this title.

Sec. 4. 18 V.S.A. § 1911a is added to read:

1911a. NOTICE OF HOSPITAL OBSERVATION STATUS

(a)(1) Each hospital shall provide oral and written notice to each Medicare beneficiary that the hospital places in observation status as soon as possible but no later than 24 hours following such placement, unless the individual is discharged or leaves the hospital before the 24-hour period expires. The written notice shall be a uniform form developed by the Department of Health, in consultation with interested stakeholders, for use in all hospitals.

(2) If a patient is admitted to the hospital as an inpatient before the notice of observation has been provided, and under Medicare rules the observation services may be billed as part of the inpatient stay, the hospital shall not be required to provide notice of observation status.

(b) Each oral and written notice shall include:

(1) a statement that the individual is under observation as an outpatient and is not admitted to the hospital as an inpatient;

(2) a statement that observation status may affect the individual's Medicare coverage for hospital services, including medications and pharmaceutical supplies, and for rehabilitative or skilled nursing services at a skilled nursing facility if needed upon discharge from the hospital; and

(3) a statement that the individual may contact the Office of the Health Care Advocate or the Vermont State Health Insurance Assistance Program to understand better the implications of placement in observation status.

(c) Each written notice shall include the name and title of the hospital representative who gave oral notice; the date and time oral and written notice were provided; the means by which written notice was provided, if not provided in person; and contact information for the Office of the Health Care Advocate and the Vermont State Health Insurance Assistance Program.

(d) Oral and written notice shall be provided in a manner that is understandable by the individual placed in observation status or by his or her representative or legal guardian.

(e) The hospital representative who provided the written notice shall request a signature and date from the individual or, if applicable, his or her representative or legal guardian, to verify receipt of the notice. If a signature and date were not obtained, the hospital representative shall document the reason.

Sec. 4a. NOTICE OF OBSERVATION STATUS FOR PATIENTS WITH COMMERCIAL INSURANCE

The General Assembly requests that the Vermont Association of Hospitals and Health Systems and the Office of the Health Care Advocate consider the appropriate notice of hospital observation status that patients with commercial insurance should receive and the circumstances under which such notice should be provided. The General Assembly requests that the Vermont Association of Hospitals and Health Systems and the Office of the Health Care Advocate provide their findings and recommendations to the House Committee on Health Care and the Senate Committee on Health and Welfare on or before January 15, 2016.

* * * Reports * * *

Sec. 5. VERMONT HEALTH CARE INNOVATION PROJECT; UPDATES

The Project Director of the Vermont Health Care Innovation Project (VHCIP) shall provide an update at least quarterly to the House Committees on Health Care and on Ways and Means, the Senate Committees on Health and Welfare and on Finance, and the Health Reform Oversight Committee regarding VHCIP implementation and the use of the federal State Innovation Model (SIM) grant funds. The Project Director's update shall include information regarding:

(1) the VHCIP pilot projects and other initiatives undertaken using SIM grant funds, including a description of the projects and initiatives, the timing of their implementation, the results achieved, and the replicability of the results;

(2) how the VHCIP projects and initiatives fit with other payment and delivery system reforms planned or implemented in Vermont;

(3) how the VHCIP projects and initiatives meet the goals of improving health care access and quality and reducing costs;

(4) how the VHCIP projects and initiatives will reduce administrative costs;

(5) how the VHCIP projects and initiatives compare to the principles expressed in 2011 Acts and Resolves No. 48;

(6) what will happen to the VHCIP projects and initiatives when the SIM grant funds are no longer available; and

(7) how to protect the State's interest in any health information technology and security functions, processes, or other intellectual property developed through the VHCIP.

Sec. 6. REDUCING DUPLICATION OF SERVICES; REPORT

(a) The Agency of Human Services shall evaluate the services offered by each entity licensed, administered, or funded by the State, including the designated agencies, to provide services to individuals receiving home- and community-based long-term care services or who have developmental disabilities, mental health needs, or substance use disorder. The Agency shall determine areas in which there are gaps in services and areas in which programs or services are inconsistent with the Health Resource Allocation Plan or are overlapping, duplicative, or otherwise not delivered in the most efficient, cost-effective, and high-quality manner and shall develop recommendations for consolidation or other modification to maximize high-quality services, efficiency, service integration, and appropriate use of public funds.

(b) On or before January 15, 2016, the Agency shall report its findings and recommendations to the House Committee on Human Services and the Senate Committee on Health and Welfare.

* * * Strengthening Affordability and Access to Health Care * * *

Sec. 7. 33 V.S.A. § 1812(b) is amended to read:

(b)(1) An individual or family with income at or below 300 percent of the federal poverty guideline shall be eligible for cost-sharing assistance, including a reduction in the out-of-pocket maximums established under Section 1402 of the Affordable Care Act.

(2) The Department of Vermont Health Access shall establish cost-sharing assistance on a sliding scale based on modified adjusted gross income for the individuals and families described in subdivision (1) of this subsection. Cost-sharing assistance shall be established as follows:

(A) for households with income at or below 150 percent of the federal poverty level (FPL): 94 percent actuarial value;

(B) for households with income above 150 percent FPL and at or below 200 percent FPL: 87 percent actuarial value;

(C) for households with income above 200 percent FPL and at or below 250 percent FPL: ~~77~~ 83 percent actuarial value;

(D) for households with income above 250 percent FPL and at or below 300 percent FPL: ~~73~~ 79 percent actuarial value.

(3) Cost-sharing assistance shall be available for the same qualified health benefit plans for which federal cost-sharing assistance is available and administered using the same methods as set forth in Section 1402 of the Affordable Care Act.

Sec. 8. COST-SHARING SUBSIDY; APPROPRIATION

(a) Increasing the cost-sharing subsidies available to Vermont residents will not only make it easier for people with incomes below 300 percent of the federal poverty level to access health care services, but it may encourage some residents without insurance to enroll for coverage if they know they will be able to afford to use it.

(b) The sum of \$761,308.00 is appropriated from the General Fund to the Department of Vermont Health Access in fiscal year 2016 for the Exchange cost-sharing subsidies for individuals at the actuarial levels in effect on January 1, 2015.

(c) The sum of \$2,000,000.00 is appropriated from the General Fund to the Department of Vermont Health Access in fiscal year 2016 to increase Exchange cost-sharing subsidies beginning on January 1, 2016 to provide coverage at an 83 percent actuarial value for individuals with incomes between 200 and 250 percent of the federal poverty level and at a 79 percent actuarial value for individuals with incomes between 250 and 300 percent of the federal poverty level.

* * * Strengthening Primary Care * * *

Sec. 9. INVESTING IN PRIMARY CARE SERVICES

The sum of \$7,000,000.00 in Global Commitment funds is appropriated to the Department of Vermont Health Access in fiscal year 2016 to increase

reimbursement rates for primary care providers for services provided to Medicaid beneficiaries.

Sec. 10. BLUEPRINT FOR HEALTH INCREASES

(a) The sum of \$4,085,826.00 in Global Commitment funds is appropriated to the Department of Vermont Health Access in fiscal year 2016 to increase payments to patient-centered medical homes and community health teams pursuant to 18 V.S.A. § 702.

(b) In its use of the funds appropriated in this section, the Blueprint for Health shall work collaboratively to begin including family-centered approaches and adverse childhood experience screenings consistent with the report entitled “Integrating ACE-Informed Practice into the Blueprint for Health.” Considerations should include prevention, early identification, and screening, as well as reducing the impact of adverse childhood experiences through trauma-informed treatment and suicide prevention initiatives.

Sec. 11. AREA HEALTH EDUCATION CENTERS

The sum of \$700,000.00 in Global Commitment funds is appropriated to the Department of Health in fiscal year 2016 for a grant to the Area Health Education Centers for repayment of educational loans for health care providers and health care educators.

* * * Investing in Structural Reform for Long-Term Savings * * *

Sec. 12. GREEN MOUNTAIN CARE BOARD; ALL-PAYER WAIVER; RATE-SETTING

(a) The sum of \$862,767.00 is appropriated to the Green Mountain Care Board in fiscal year 2016, of which \$184,636.00 comes from the General Fund, \$224,774.00 is in Global Commitment funds, \$393,357.00 comes from the Board’s bill-back authority pursuant to 18 V.S.A. § 9374(h), and \$60,000.00 comes from the Health IT-Fund.

(b) Of the funds appropriated pursuant to this section, the Board shall use:

(1) \$502,767.00 for positions and operating expenses related to the Board’s provider rate-setting authority, the all-payer model, and the Medicaid cost shift;

(2) \$300,000.00 for contracts and third-party services related to the all-payer model, provider rate-setting, and the Medicaid cost shift; and

(3) \$60,000.00 to provide oversight of the budget and activities of the Vermont Information Technology Leaders, Inc.

Sec. 13. GREEN MOUNTAIN CARE BOARD; POSITIONS

(a) On July 1, 2015, two classified positions are created for the Green Mountain Care Board.

(b) On July 1, 2015, one exempt position, attorney, is created for the Green Mountain Care Board.

* * * Consumer Information, Assistance, and Representation * * *

Sec. 14. OFFICE OF THE HEALTH CARE ADVOCATE;
APPROPRIATION; INTENT

(a) The Office of the Health Care Advocate has a critical function in the Vermont's health care system. The Health Care Advocate provides information and assistance to Vermont residents who are navigating the health care system and represents their interests in interactions with health insurers, health care providers, Medicaid, the Green Mountain Care Board, the General Assembly, and others. The continuation of the Office of the Health Care Advocate is necessary to achieve additional health care reform goals.

(b) The sum of \$40,000.00 is appropriated from the General Fund to the Agency of Administration in fiscal year 2016 for its contract with the Office of the Health Care Advocate.

(c) It is the intent of the General Assembly that, beginning with the 2017 fiscal year budget, the Governor's budget proposal developed pursuant to 32 V.S.A. chapter 5 should include a separate provision identifying the aggregate sum to be appropriated from all State sources to the Office of the Health Care Advocate.

Sec. 15. CONSUMER INFORMATION AND PRICE TRANSPARENCY

The Green Mountain Care Board shall evaluate potential models for providing consumers with information about the cost and quality of health care services available across the State, including a consideration of the models used in Maine, Massachusetts, and New Hampshire, as well as any platforms developed and implemented by health insurers doing business in this State. On or before October 1, 2015, the Board shall report its findings and a proposal for a robust Internet-based consumer health care information system to the House Committee on Health Care, the Senate Committees on Health and Welfare and on Finance, and the Health Reform Oversight Committee.

* * * Universal Primary Care * * *

Sec. 16. PURPOSE

The purpose of Secs. 16 through 20 of this act is to establish the administrative framework and reduce financial barriers as preliminary steps to

the implementation of the principles set forth in 2011 Acts and Resolves No. 48 to enable Vermonters to receive necessary health care and examine the cost of providing primary care to all Vermonters without deductibles, coinsurance, or co-payments or, if necessary, with limited cost-sharing.

Sec. 17. [Deleted.]

Sec. 18. DEFINITION OF PRIMARY CARE

As used in Secs. 16 through 20 of this act, “primary care” means health services provided by health care professionals who are specifically trained for and skilled in first-contact and continuing care for individuals with signs, symptoms, or health concerns, not limited by problem origin, organ system, or diagnosis, and includes pediatrics, internal and family medicine, gynecology, primary mental health services, and other health services commonly provided at federally qualified health centers. Primary care does not include dental services.

Sec. 19. COST ESTIMATES FOR UNIVERSAL PRIMARY CARE

(a) On or before October 15, 2015, the Joint Fiscal Office, in consultation with the Green Mountain Care Board and the Secretary of Administration or designee, shall provide to the Joint Fiscal Committee, the Health Reform Oversight Committee, the House Committees on Appropriations, on Health Care, and on Ways and Means, and the Senate Committees on Appropriations, on Health and Welfare, and on Finance an estimate of the costs of providing primary care to all Vermont residents, with and without cost-sharing by the patient, beginning on January 1, 2017.

(b) The report shall include an estimate of the cost of primary care to those Vermonters who access it if a universal primary care plan is not implemented, and the sources of funding for that care, including employer-sponsored and individual private insurance, Medicaid, Medicare, and other government-sponsored programs, and patient cost-sharing such as deductibles, coinsurance, and co-payments.

(c) Departments and agencies of State government and the Green Mountain Care Board shall provide such data to the Joint Fiscal Office as needed to permit the Joint Fiscal Office to perform the estimates and analysis required by this section. If necessary, the Joint Fiscal Office may enter into confidentiality agreements with departments, agencies, and the Board to ensure that confidential information provided to the Office is not further disclosed.

Sec. 20. APPROPRIATION

Up to \$200,000.00 is appropriated from the General Fund to the Joint Fiscal Office in fiscal year 2016 to be used for assistance in the calculation of the cost

estimates required in Sec. 19 of this act; provided, however, that the appropriation shall be reduced by the amount of any external funds received by the Office to carry out the estimates and analysis required by Sec. 19.

* * * Green Mountain Care Board * * *

Sec. 21. 18 V.S.A. § 9375(b) is amended to read:

(b) The Board shall have the following duties:

* * *

(2)(A) Review and approve Vermont's statewide Health Information Technology Plan pursuant to section 9351 of this title to ensure that the necessary infrastructure is in place to enable the State to achieve the principles expressed in section 9371 of this title. Vermont Information Technology Leaders, Inc. shall be an interested party in the Board's review.

(B) Review and approve the criteria required for health care providers and health care facilities to create or maintain connectivity to the State's health information exchange as set forth in section 9352 of this title. Within 90 days following this approval, the Board shall issue an order explaining its decision.

(C) Annually review and approve the budget, consistent with available funds, and the core activities associated with public funding, of the Vermont Information Technology Leaders, Inc., which shall include establishing the interconnectivity of electronic medical records held by health care professionals, and the storage, management, and exchange of data received from such health care professionals, for the purpose of improving the quality of and efficiently providing health care to Vermonters. This review shall take into account the Vermont Information Technology Leaders' responsibilities in section 9352 of this title and shall be conducted according to a process established by the Board by rule pursuant to 3 V.S.A. chapter 25.

* * *

* * * Vermont Information Technology Leaders * * *

Sec. 22. 18 V.S.A. § 9352 is amended to read:

§ 9352. VERMONT INFORMATION TECHNOLOGY LEADERS

(a)(1) Governance. ~~The General Assembly and the Governor shall each appoint one representative to the~~ Vermont Information Technology Leaders, Inc. (VITL) Board of Directors shall consist of no fewer than nine nor more than 14 members. The term of each member shall be two years, except that of the members first appointed, approximately one-half shall serve a term of one year and approximately one-half shall serve a term of two years, and members

shall continue to hold office until their successors have been duly appointed. The Board of Directors shall comprise the following:

(A) one member of the General Assembly, appointed jointly by the Speaker of the House and the President Pro Tempore of the Senate, who shall be entitled to the same per diem compensation and expense reimbursement pursuant to 2 V.S.A. § 406 as provided for attendance at sessions of the General Assembly;

(B) one individual appointed by the Governor;

(C) one representative of the business community;

(D) one representative of health care consumers;

(E) one representative of Vermont hospitals;

(F) one representative of Vermont physicians;

(G) one practicing clinician licensed to practice medicine in Vermont;

(H) one representative of a health insurer licensed to do business in Vermont;

(I) the President of VITL, who shall be an ex officio, nonvoting member;

(J) two individuals familiar with health information technology, at least one of whom shall be the chief technology officer for a health care provider; and

(K) two at-large members.

(2) Except for the members appointed pursuant to subdivisions (1)(A) and (B) of this subsection, whenever a vacancy on the Board occurs, the members of the Board of Directors then serving shall appoint a new member who shall meet the same criteria as the member he or she replaces.

(b) Conflict of interest. In carrying out their responsibilities under this section, Directors of VITL shall be subject to conflict of interest policies established by the Secretary of Administration to ensure that deliberations and decisions are fair and equitable.

(c)(1) Health information exchange operation. VITL shall be designated in the Health Information Technology Plan pursuant to section 9351 of this title to operate the exclusive statewide health information exchange network for this State. ~~The~~ After the Green Mountain Care Board approves VITL's core activities and budget pursuant to chapter 220 of this title, the Secretary of Administration or designee shall enter into procurement grant agreements with

VITL pursuant to 8 V.S.A. § 4089k. Nothing in this chapter shall impede local community providers from the exchange of electronic medical data.

(2) Notwithstanding any provision of 3 V.S.A. § 2222 or 2283b to the contrary, upon request of the Secretary of Administration, the Department of Information and Innovation shall review VITL's technology for security, privacy, and interoperability with State government information technology, consistent with the State's health information technology plan required by section 9351 of this title.

* * *

* * * Referral Registry * * *

Sec. 23. REFERRAL REGISTRY

On or before October 1, 2015, the Department of Mental Health and the Division of Alcohol and Drug Abuse Programs in the Department of Health shall develop jointly a registry of mental health and addiction services providers in Vermont, organized by county. The registry shall be updated at least annually and shall be made available to primary care providers participating in the Blueprint for Health and to the public.

* * * Ambulance Reimbursement * * *

Sec. 24. MEDICAID; AMBULANCE REIMBURSEMENT

The Department of Vermont Health Access shall evaluate the methodology used to determine reimbursement amounts for ambulance and emergency medical services delivered to Medicaid beneficiaries to determine the basis for the current reimbursement amounts and the rationale for the current level of reimbursement, and shall consider any possible adjustments to revise the methodology in a way that is budget neutral or of minimal fiscal impact to the Agency of Human Services for fiscal year 2016. On or before December 1, 2015, the Department shall report its findings and recommendations to the House Committees on Health Care and on Human Services, the Senate Committee on Health and Welfare, and the Health Reform Oversight Committee.

* * * Direct Enrollment for Individuals * * *

Sec. 25. 33 V.S.A. § 1803(b)(4) is amended to read:

(4) To the extent permitted by the U.S. Department of Health and Human Services, the Vermont Health Benefit Exchange shall permit qualified individuals and 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. 26. 33 V.S.A. § 1811(b) is amended to read:

(b)(1) ~~No person may provide a health benefit plan to an individual unless the plan is offered through the Vermont Health Benefit Exchange~~ To the extent permitted by the U.S. Department of Health and Human Services, an individual may purchase a health benefit plan through the Exchange website, through navigators, by telephone, or directly from a registered carrier under contract with the Vermont Health Benefit Exchange, if the carrier elects to make direct enrollment available. A registered carrier enrolling individuals in health benefit plans directly shall comply with all open enrollment and special enrollment periods applicable to the Vermont Health Benefit Exchange.

(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~~ registered carrier 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.

* * * Extension of Presuit Mediation * * *

Sec. 27. 12 V.S.A. chapter 215, subchapter 2 is added to read:

Subchapter 2. Mediation Prior to Filing a Complaint of Malpractice

§ 7011. PURPOSE

The purpose of mediation prior to filing a medical malpractice case is to identify and resolve meritorious claims and reduce areas of dispute prior to litigation, which will reduce the litigation costs, reduce the time necessary to resolve claims, provide fair compensation for meritorious claims, and reduce malpractice-related costs throughout the system.

§ 7012. PRESUIT MEDIATION; SERVICE

(a) A potential plaintiff may serve upon each known potential defendant a request to participate in presuit mediation prior to filing a civil action in tort or in contract alleging that an injury or death resulted from the negligence of a health care provider and to recover damages resulting from the personal injury or wrongful death.

(b) Service of the request required in subsection (a) of this section shall be in letter form and shall be served on all known potential defendants by certified

mail. The date of mailing such request shall toll all applicable statutes of limitations.

(c) The request to participate in presuit mediation shall name all known potential defendants, contain a brief statement of the facts that the potential plaintiff believes are grounds for relief, and be accompanied by a certificate of merit prepared pursuant to section 1051 of this title, and may include other documents or information supporting the potential plaintiff's claim.

(d) Nothing in this chapter precludes potential plaintiffs and defendants from presuit negotiation or other presuit dispute resolution to settle potential claims.

§ 7013. MEDIATION RESPONSE

(a) Within 60 days of service of the request to participate in presuit mediation, each potential defendant shall accept or reject the potential plaintiff's request for presuit mediation by mailing a certified letter to counsel or if the party is unrepresented to the potential plaintiff.

(b) If the potential defendant agrees to participate, within 60 days of the service of the request to participate in presuit mediation, each potential defendant shall serve a responsive certificate on the potential plaintiff by mailing a certified letter indicating that he or she, or his or her counsel, has consulted with a qualified expert within the meaning of section 1643 of this title and that expert is of the opinion that there are reasonable grounds to defend the potential plaintiff's claims of medical negligence. Notwithstanding the potential defendant's acceptance of the request to participate, if the potential defendant does not serve such a responsive certificate within the 60-day period, then the potential plaintiff need not participate in the presuit mediation under this title and may file suit. If the potential defendant is willing to participate, presuit mediation may take place without a responsive certificate of merit from the potential defendant at the plaintiff's election.

§ 7014. PROCESS; TIME FRAMES

(a) The mediation shall take place within 60 days of the service of all potential defendants' acceptance of the request to participate in presuit mediation. The parties may agree to an extension of time. If in good faith the mediation cannot be scheduled within the 60-day time period, the potential plaintiff need not participate and may proceed to file suit.

(b) If presuit mediation is not agreed to, the mediator certifies that mediation is not appropriate, or mediation is unsuccessful, the potential plaintiff may initiate a civil action as provided in the Vermont Rules of Civil Procedure. The action shall be filed upon the later of the following:

(1) within 90 days of the potential plaintiff's receipt of the potential defendant's letter refusing mediation, the failure of the potential defendant to file a responsive certificate of merit within the specified time period, or the mediator's signed letter certifying that mediation was not appropriate or that the process was complete; or

(2) prior to the expiration of the applicable statute of limitations.

(c) If presuit mediation is attempted unsuccessfully, the parties shall not be required to participate in mandatory mediation under Rule 16.3 of the Vermont Rules of Civil Procedure.

§ 7015. CONFIDENTIALITY

All written and oral communications made in connection with or during the mediation process set forth in this chapter shall be confidential. The mediation process shall be treated as a settlement negotiation under Rule 408 of the Vermont Rules of Evidence.

* * * Blueprint for Health; Reports * * *

Sec. 28. BLUEPRINT FOR HEALTH; REPORTS

(a) The 2016 annual report of the Blueprint for Health shall present an analysis of the value-added benefits and return on investment to the Medicaid program of the new funds appropriated in the fiscal year 2016 budget, including the identification of any costs avoided that can be directly attributed to those funds, and the means of the analysis that was used to draw any such conclusions.

(b) The Blueprint for Health shall explore and report back to the General Assembly on or before January 15, 2016 on potential wellness incentives.

* * * Green Mountain Care Board; Payment Reform * * *

Sec. 29. PAYMENT REFORM AND DIFFERENTIAL PAYMENTS TO PROVIDERS

In implementing an all-payer model and provider rate-setting, the Green Mountain Care Board shall consider:

(1) the benefits of prioritizing and expediting payment reform in primary care that shifts away from fee-for-service models;

(2) the impact of hospital acquisitions of independent physician practices on the health care system costs, including any disparities between reimbursements to hospital-owned practices and reimbursements to independent physician practices; and

(3) the effects of differential reimbursement for different types of providers when providing the same services billed under the same codes.

* * * Cigarette Tax * * *

Sec. 30. 32 V.S.A. § 7771 is amended to read:

§ 7771. RATE OF TAX

* * *

(d) The tax imposed under this section shall be at the rate of ~~137.5~~ 150 mills per cigarette or little cigar and for each 0.0325 ounces of roll-your-own tobacco. The interest and penalty provisions of section 3202 of this title shall apply to liabilities under this section.

Sec. 31. 32 V.S.A. § 7814(b) is amended to read:

(b) Cigarettes, little cigars, or roll-your-own tobacco. Notwithstanding the prohibition against further tax on stamped cigarettes, little cigars, or roll-your-own tobacco under section 7771 of this title, a floor stock tax is hereby imposed upon every dealer of cigarettes, little cigars, or roll-your-own tobacco in this State who is either a wholesaler; or a retailer who at 12:01 a.m. on July 1, ~~2014~~ 2015, has more than 10,000 cigarettes or little cigars or who has \$500.00 or more of wholesale value of roll-your-own tobacco, for retail sale in his or her possession or control. The amount of the tax shall be the amount by which the new tax exceeds the amount of the tax already paid for each cigarette, little cigar, or roll-your-own tobacco in the possession or control of the wholesaler or retail dealer at 12:01 a.m. on July 1, ~~2014~~ 2015, and on which cigarette stamps have been affixed before July 1, ~~2014~~ 2015. A floor stock tax is also imposed on each Vermont cigarette stamp in the possession or control of the wholesaler at 12:01 a.m. on July 1, ~~2014~~ 2015, and not yet affixed to a cigarette package, and the tax shall be at the rate of ~~\$0.13~~ \$0.25 per stamp. Each wholesaler and retail dealer subject to the tax shall, on or before July 25, ~~2014~~ 2015, file a report to the Commissioner in such form as the Commissioner may prescribe showing the cigarettes, little cigars, or roll-your-own tobacco and stamps on hand at 12:01 a.m. on July 1, ~~2014~~ 2015, and the amount of tax due thereon. The tax imposed by this section shall be due and payable on or before July 25, ~~2014~~ 2015, and thereafter shall bear interest at the rate established under section 3108 of this title. In case of timely payment of the tax, the wholesaler or retail dealer may deduct from the tax due two and three-tenths of one percent of the tax. Any cigarettes, little cigars, or roll-your-own tobacco with respect to which a floor stock tax has been imposed under this section shall not again be subject to tax under section 7771 of this title.

* * * Repeal * * *

Sec. 32. REPEAL

12 V.S.A. chapter 215, subchapter 2 (presuit mediation) is repealed on July 1, 2018.

* * * Effective Dates * * *

Sec. 33. EFFECTIVE DATES

(a) Secs. 1 and 2 (pharmacy benefit managers), 4a (report on observation status), 5 and 6 (reports), 15 (consumer information), 21 (Green Mountain Care Board duties), 22 (VITL), 23 (referral registry), 24 (ambulance reimbursement), 27 (extension of presuit mediation), 28 (Blueprint for Health; reports), 29 (Green Mountain Care Board; payment reform), 32 (repeal), and this section shall take effect on passage.

(b) Secs. 7 and 8 (Exchange cost-sharing subsidies), 9 (primary care provider increases), 10 (Blueprint increases), 11 (AHEC appropriation), 12 (Green Mountain Care Board appropriation), 13 (Green Mountain Care Board positions), 14 (Health Care Advocate), 16–20 (primary care study), 30 (cigarette tax), and 31 (floor stock tax) shall take effect on July 1, 2015.

(c) Secs. 25 and 26 (direct enrollment in Exchange plans) shall take effect on July 1, 2015 and shall apply beginning with the 2016 open enrollment period.

(d) Secs. 3 and 4 (notice of hospital observation status) shall take effect on December 1, 2015.

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: Secs. 30 and 31 be struck in its entirety, and a new reader assistance headings and new Secs. 30–30i be inserting lieu thereof to read as follows:

* * * Cigarette and Tobacco Taxes * * *

Sec. 30. 32 V.S.A. § 7771 is amended to read:

§ 7771. RATE OF TAX

* * *

(d) The tax imposed under this section shall be at the rate of ~~137.5~~ 142.5 mills per cigarette or little cigar and for each 0.0325 ounces of roll-your-own tobacco. The interest and penalty provisions of section 3202 of this title shall apply to liabilities under this section.

Sec. 30a. 32 V.S.A. § 7811 is amended to read:

§ 7811. IMPOSITION OF TOBACCO PRODUCTS TAX

There is hereby imposed and shall be paid a tax on all other tobacco products, snuff, and new smokeless tobacco possessed in the State of Vermont by any person for sale on and after July 1, 1959 which were imported into the State or manufactured in the State after that date, except that no tax shall be imposed on tobacco products sold under such circumstances that this State is without power to impose such tax, or sold to the United States, or sold to or by a voluntary unincorporated organization of the U.S. Armed Forces operating a place for the sale of goods pursuant to regulations promulgated by the appropriate executive agency of the United States. The tax is intended to be imposed only once upon the wholesale sale of any other tobacco product and shall be at the rate of 92 percent of the wholesale price for all tobacco products except snuff, which shall be taxed at ~~\$2.29~~ \$2.38 per ounce, or fractional part thereof, new smokeless tobacco, which shall be taxed at the greater of ~~\$2.29~~ \$2.38 per ounce or, if packaged for sale to a consumer in a package that contains less than 1.2 ounces of the new smokeless tobacco, at the rate of ~~\$2.75~~ \$2.85 per package, and cigars with a wholesale price greater than \$2.17, which shall be taxed at the rate of \$2.00 per cigar if the wholesale price of the cigar is greater than \$2.17 and less than \$10.00, and at the rate of \$4.00 per cigar if the wholesale price of the cigar is \$10.00 or more. Provided, however, that upon payment of the tax within 10 days, the distributor or dealer may deduct from the tax two percent of the tax due. It shall be presumed that all other tobacco products, snuff, and new smokeless tobacco within the State are subject to tax until the contrary is established and the burden of proof that any other tobacco products, snuff, and new smokeless tobacco are not taxable hereunder shall be upon the person in possession thereof. Licensed wholesalers of other tobacco products, snuff, and new smokeless tobacco shall state on the invoice whether the price includes the Vermont tobacco products tax.

Sec. 30b. 32 V.S.A. § 7814 is amended to read:

§ 7814. FLOOR STOCK TAX

(a) Snuff. A floor stock tax is hereby imposed upon every retail dealer of snuff in this State in the amount by which the new tax exceeds the amount of the tax already paid on the snuff. The tax shall apply to snuff in the possession or control of the retail dealer at 12:01 a.m. on July 1, ~~2014~~ 2015, but shall not apply to retail dealers who hold less than \$500.00 in wholesale value of such snuff. Each retail dealer subject to the tax shall, on or before July 25, ~~2014~~ 2015, file a report to the Commissioner in such form as the Commissioner may prescribe showing the snuff on hand at 12:01 a.m. on July 1, ~~2014~~ 2015, and the amount of tax due thereon. The tax imposed by this section shall be due and payable on or before August 25, ~~2014~~ 2015, and thereafter shall bear

interest at the rate established under section 3108 of this title. In case of timely payment of the tax, the retail dealer may deduct from the tax due two percent of the tax. Any snuff with respect to which a floor stock tax has been imposed and paid under this section shall not again be subject to tax under section 7811 of this title.

(b) Cigarettes, little cigars, or roll-your-own tobacco. Notwithstanding the prohibition against further tax on stamped cigarettes, little cigars, or roll-your-own tobacco under section 7771 of this title, a floor stock tax is hereby imposed upon every dealer of cigarettes, little cigars, or roll-your-own tobacco in this State who is either a wholesaler; or a retailer who at 12:01 a.m. on July 1, ~~2014~~ 2015, has more than 10,000 cigarettes or little cigars or who has \$500.00 or more of wholesale value of roll-your-own tobacco, for retail sale in his or her possession or control. The amount of the tax shall be the amount by which the new tax exceeds the amount of the tax already paid for each cigarette, little cigar, or roll-your-own tobacco in the possession or control of the wholesaler or retail dealer at 12:01 a.m. on July 1, ~~2014~~ 2015, and on which cigarette stamps have been affixed before July 1, ~~2014~~ 2015. A floor stock tax is also imposed on each Vermont cigarette stamp in the possession or control of the wholesaler at 12:01 a.m. on July 1, ~~2014~~ 2015, and not yet affixed to a cigarette package, and the tax shall be at the rate of ~~\$0.13~~ \$0.10 per stamp. Each wholesaler and retail dealer subject to the tax shall, on or before July 25, ~~2014~~ 2015, file a report to the Commissioner in such form as the Commissioner may prescribe showing the cigarettes, little cigars, or roll-your-own tobacco and stamps on hand at 12:01 a.m. on July 1, ~~2014~~ 2015, and the amount of tax due thereon. The tax imposed by this section shall be due and payable on or before July 25, ~~2014~~ 2015, and thereafter shall bear interest at the rate established under section 3108 of this title. In case of timely payment of the tax, the wholesaler or retail dealer may deduct from the tax due two and three-tenths of one percent of the tax. Any cigarettes, little cigars, or roll-your-own tobacco with respect to which a floor stock tax has been imposed under this section shall not again be subject to tax under section 7771 of this title.

Sec. 30c. 32 V.S.A. § 7771 is amended to read:

§ 7771. RATE OF TAX

* * *

(d) The tax imposed under this section shall be at the rate of ~~142.5~~ 154 mills per cigarette or little cigar and for each 0.0325 ounces of roll-your-own tobacco. The interest and penalty provisions of section 3202 of this title shall apply to liabilities under this section.

Sec. 30d. 32 V.S.A. § 7811 is amended to read:

§ 7811. IMPOSITION OF TOBACCO PRODUCTS TAX

There is hereby imposed and shall be paid a tax on all other tobacco products, snuff, and new smokeless tobacco possessed in the State of Vermont by any person for sale on and after July 1, 1959 which were imported into the State or manufactured in the State after that date, except that no tax shall be imposed on tobacco products sold under such circumstances that this State is without power to impose such tax, or sold to the United States, or sold to or by a voluntary unincorporated organization of the U.S. Armed Forces operating a place for the sale of goods pursuant to regulations promulgated by the appropriate executive agency of the United States. The tax is intended to be imposed only once upon the wholesale sale of any other tobacco product and shall be at the rate of 92 percent of the wholesale price for all tobacco products except snuff, which shall be taxed at ~~\$2.38~~ \$2.57 per ounce, or fractional part thereof, new smokeless tobacco, which shall be taxed at the greater of ~~\$2.38~~ \$2.57 per ounce or, if packaged for sale to a consumer in a package that contains less than 1.2 ounces of the new smokeless tobacco, at the rate of ~~\$2.85~~ \$3.08 per package, and cigars with a wholesale price greater than \$2.17, which shall be taxed at the rate of \$2.00 per cigar if the wholesale price of the cigar is greater than \$2.17 and less than \$10.00, and at the rate of \$4.00 per cigar if the wholesale price of the cigar is \$10.00 or more. Provided, however, that upon payment of the tax within 10 days, the distributor or dealer may deduct from the tax two percent of the tax due. It shall be presumed that all other tobacco products, snuff, and new smokeless tobacco within the State are subject to tax until the contrary is established and the burden of proof that any other tobacco products, snuff, and new smokeless tobacco are not taxable hereunder shall be upon the person in possession thereof. Licensed wholesalers of other tobacco products, snuff, and new smokeless tobacco shall state on the invoice whether the price includes the Vermont tobacco products tax.

Sec. 30e. 32 V.S.A. § 7814 is amended to read:

§ 7814. FLOOR STOCK TAX

(a) Snuff. A floor stock tax is hereby imposed upon every retail dealer of snuff in this State in the amount by which the new tax exceeds the amount of the tax already paid on the snuff. The tax shall apply to snuff in the possession or control of the retail dealer at 12:01 a.m. on July 1, ~~2015~~ 2016, but shall not apply to retail dealers who hold less than \$500.00 in wholesale value of such snuff. Each retail dealer subject to the tax shall, on or before July 25, ~~2015~~ 2016, file a report to the Commissioner in such form as the Commissioner may prescribe showing the snuff on hand at 12:01 a.m. on July 1, ~~2015~~ 2016, and the amount of tax due thereon. The tax imposed by this section shall be due and payable on or before August 25, ~~2015~~ 2016, and thereafter shall bear

interest at the rate established under section 3108 of this title. In case of timely payment of the tax, the retail dealer may deduct from the tax due two percent of the tax. Any snuff with respect to which a floor stock tax has been imposed and paid under this section shall not again be subject to tax under section 7811 of this title.

(b) Cigarettes, little cigars, or roll-your-own tobacco. Notwithstanding the prohibition against further tax on stamped cigarettes, little cigars, or roll-your-own tobacco under section 7771 of this title, a floor stock tax is hereby imposed upon every dealer of cigarettes, little cigars, or roll-your-own tobacco in this State who is either a wholesaler; or a retailer who at 12:01 a.m. on July 1, ~~2015~~ 2016, has more than 10,000 cigarettes or little cigars or who has \$500.00 or more of wholesale value of roll-your-own tobacco, for retail sale in his or her possession or control. The amount of the tax shall be the amount by which the new tax exceeds the amount of the tax already paid for each cigarette, little cigar, or roll-your-own tobacco in the possession or control of the wholesaler or retail dealer at 12:01 a.m. on July 1, ~~2015~~ 2016, and on which cigarette stamps have been affixed before July 1, ~~2015~~ 2016. A floor stock tax is also imposed on each Vermont cigarette stamp in the possession or control of the wholesaler at 12:01 a.m. on July 1, ~~2015~~ 2016, and not yet affixed to a cigarette package, and the tax shall be at the rate of ~~\$0.13~~ \$0.23 per stamp. Each wholesaler and retail dealer subject to the tax shall, on or before July 25, ~~2015~~ 2016, file a report to the Commissioner in such form as the Commissioner may prescribe showing the cigarettes, little cigars, or roll-your-own tobacco and stamps on hand at 12:01 a.m. on July 1, ~~2015~~ 2016, and the amount of tax due thereon. The tax imposed by this section shall be due and payable on or before July 25, ~~2015~~ 2016, and thereafter shall bear interest at the rate established under section 3108 of this title. In case of timely payment of the tax, the wholesaler or retail dealer may deduct from the tax due two and three-tenths of one percent of the tax. Any cigarettes, little cigars, or roll-your-own tobacco with respect to which a floor stock tax has been imposed under this section shall not again be subject to tax under section 7771 of this title.

* * * Meals and Room Tax * * *

Sec. 30f. 32 V.S.A. § 9202 is amended to read:

§ 9202. DEFINITIONS

* * *

(10) "Taxable meal" means:

(A) Any food or beverage furnished within the State by a restaurant for which a charge is made, including admission and minimum charges, whether furnished for consumption on or off the premises.

(B) Where furnished by other than a restaurant, any nonprepackaged food or beverage furnished within the State and for which a charge is made, including admission and minimum charges, whether furnished for consumption on or off the premises. Fruits, vegetables, candy, flour, nuts, coffee beans, and similar unprepared grocery items sold self-serve for take-out from bulk containers are not subject to tax under this subdivision.

(C) Regardless where sold and whether or not prepackaged:

- (i) sandwiches of any kind except frozen;
- (ii) food or beverage furnished from a salad bar;
- (iii) heated food or beverage;
- (iv) food or beverage sold through a vending machine.

* * *

(19) "Vending machine" means a machine operated by coin, currency, credit card, slug, token, coupon, or similar device that dispenses food or beverages.

Sec. 30g. 32 V.S.A. § 9271 is amended to read:

§ 9271. LICENSES REQUIRED

Each operator prior to commencing business shall register with the Commissioner each place of business within the ~~state~~ State where he or she operates a hotel or sells taxable meals or alcoholic beverages; provided however, that an operator who sells taxable meals through a vending machine shall not be required to hold a license for each individual machine. Upon receipt of an application in such form and containing such information as the Commissioner may require for the proper administration of this chapter, the Commissioner shall issue without charge a license for each such place in such form as he or she may determine, attesting that such registration has been made. No person shall engage in serving taxable meals or alcoholic beverages or renting hotel rooms without the license provided in this section. The license shall be nonassignable and nontransferable and shall be surrendered to the Commissioner, if the business is sold or transferred or if the registrant ceases to do business at the place named.

* * * Sales Tax * * *

Sec. 30h. 32 V.S.A. § 9701(31) is amended to read:

(31) "Food and food ingredients" means substances, whether in liquid, concentrated, solid, frozen, dried, or dehydrated form, that are sold for ingestion or chewing by humans and are consumed for their taste or nutritional value. "Food and food ingredients" does not include alcoholic beverages ~~or~~, tobacco, soft drinks, or candy.

* * *

(53) "Soft drink" means nonalcoholic beverages that contain natural or artificial sweeteners. "Soft drinks" do not include beverages that contain milk or milk products, soy, rice, or similar milk substitutes, or greater than 50 percent of vegetable or fruit juice by volume.

(54) "Candy" means a preparation of sugar, honey, or other natural or artificial sweeteners in combination with chocolate, fruits, nuts, or other ingredients or flavorings in the form of bars, drops, or pieces. "Candy" shall not include any preparation containing flour and shall require no refrigeration.

* * * Nonresidential Education Property Tax Rate * * *

Sec. 30i. FISCAL YEAR 2016 NONRESIDENTIAL PROPERTY TAX

RATE

Notwithstanding any other provision of law, for fiscal year 2016 only, the nonresidential education property tax imposed under 32 V.S.A. § 5402(a)(1) shall be reduced from the rate of \$1.59 to \$1.515.

Second: In Sec. 33 (effective dates), by adding a subsection (e) and subsection (f) to read:

(e) Secs. 30 (cigarette tax), 30a (tobacco products tax), 30b (floor stock tax), 30f (meals and rooms tax definitions), 30g (meals and rooms tax licenses), 30h (sales tax definitions), and 30i (property tax) shall take effect July 1, 2015.

(f) Secs. 30c (cigarette tax), 30d (tobacco products tax), and 30e (floor stock tax) shall take effect July 1, 2016.

and that after passage the title of the bill be amended to read: "An act relating to health care".

Rep. Johnson of South Hero for the committee on Appropriations recommended that the House propose to the Senate to amend the bill as recommended by the committee on Health Care and Ways and Means and when further amended as follows:

First: By adding four new sections and reader assistance headings to be Secs. 29a–29d to read as follows:

* * * Independent Analysis of Exchange Alternatives * * *

Sec. 29a. INDEPENDENT ANALYSIS; JOINT FISCAL OFFICE

(a) The Joint Fiscal Office shall conduct a preliminary, independent risk analysis of the advantages and disadvantages, including the costs and the quantitative and qualitative benefits, of alternative options for the Vermont Health Benefit Exchange, including continuing the current State-based marketplace known as Vermont Health Connect, transitioning to a federally facilitated State-based marketplace, and other available options. The Chief of Health Care Reform shall provide the Joint Fiscal Office with regular updates on the Agency of Administration’s analysis of alternative options. The Joint Fiscal Office may enter into contracts for assistance in performing some or all of the analysis and shall provide the results of the analysis to the Joint Fiscal Committee and the Health Reform Oversight Committee on or before September 15, 2015.

(b) The sum of \$85,000.00 is appropriated from the General Fund to the Joint Fiscal Office in fiscal year 2016 to conduct the analysis required by this section.

* * * Exchange Reports * * *

Sec. 29b. VERMONT HEALTH CONNECT REPORTS

The Chief of Health Care Reform shall provide monthly reports to the House Committee on Health Care, the Senate Committees on Health and Welfare and on Finance, the Health Reform Oversight Committee, and the Joint Fiscal Committee regarding:

(1) the schedule, cost, and scope status of the Vermont Health Connect system’s Release 1 and Release 2 development efforts, including whether any critical path items did not meet their milestone dates and the corrective actions being taken;

(2) an update on the status of current risks in Vermont Health Connect’s implementation;

(3) an update on the actions taken to address the recommendations in the Auditor’s report on Vermont Health Connect dated April 14, 2015 and any other audits of Vermont Health Connect; and

(4) an update on the preliminary analysis of alternatives to Vermont Health Connect.

Sec. 29c. INDEPENDENT REVIEW OF VERMONT HEALTH CONNECT

The Chief of Health Care Reform shall provide the Joint Fiscal Office with the materials provided by the Independent Verification and Validation (IVV) firms evaluating Vermont Health Connect. The reports shall be provided in a manner that protects security and confidentiality as required by any memoranda of understanding entered into by the Joint Fiscal Office and the Executive Branch. For the period between July 1, 2015 and January 1, 2016, the Joint Fiscal Office shall analyze the reports and shall provide information regarding Vermont Health Connect information technology systems at least once every two months to the House Committee on Health Care, the Senate Committees on Health and Welfare and on Finance, the Health Reform Oversight Committee, and the Joint Fiscal Committee.

* * * Alternatives to Vermont Health Connect * * *

Sec. 29d. VERMONT HEALTH CONNECT OUTCOMES;
ALTERNATIVES TO VERMONT HEALTH CONNECT

(a) The Agency of Administration shall explore all feasible alternatives to Vermont Health Connect.

(b) The General Assembly expects Vermont Health Connect to achieve the following milestones with respect to qualified health plans offered in the individual market:

(1) On or before May 31, 2015, the vendor under contract with the State to implement the Vermont Health Benefit Exchange shall deliver the information technology release providing the “back end” of the technology supporting changes in circumstances and changes in information to allow for a significant reduction, as described in subdivision (5) of this subsection, in the amount of time necessary for the State to process changes requested by individuals and families enrolled in qualified health plans.

(2) On or before May 31, 2015, the State shall complete a contract to ensure automated renewal functionality for qualified health plans offered to individuals and families that has been reviewed and agreed to by the State, by registered carriers offering qualified health plans, and by the chosen vendor. The contract shall be sent to the Centers for Medicare and Medicaid Services for its review by the same date.

(3) On or before August 1, 2015, Vermont Health Connect shall develop a contingency plan for renewing qualified health plans offered to individuals and families for calendar year 2016 and shall ensure that the registered carriers offering these qualified health plans agree to the process.

(4) On or before October 1, 2015, the vendor under contract with the State for automated renewal of qualified health plans offered to individuals and families shall deliver the information technology release providing for the automated renewal of those qualified health plans.

(5) On or before October 1, 2015, Vermont Health Connect customer service representatives shall begin processing new requests for changes in circumstances and for changes in information received in the first half of a month in time to be reflected on the next invoice and shall begin processing requests for changes received in the latter half of the month in time to be reflected on one of the next two invoices.

(6) On or before October 1, 2015, registered carriers that offer qualified health plans and wish to enroll individuals and families directly shall have completed implementation of any necessary information technology upgrades.

(c) If Vermont Health Connect fails to meet one or more of the milestones set forth in subsection (b) of this section, the Agency of Administration shall begin exploring with the U.S. Department of Health and Human Services a transition to a federally supported State-based marketplace (FSSBM). The Chief of Health Care Reform shall report on the status of the exploration at the next scheduled meetings of the Joint Fiscal Committee and the Health Reform Oversight Committee.

(d) The Joint Fiscal Committee may at any time direct the Chief of Health Care Reform to prepare an analysis and potential implementation plan regarding a transition from Vermont Health Connect to a different model for Vermont's health benefit exchange, including an FSSBM, and to present information about such a transition, including:

(1) the outcome of King v. Burwell, Docket No. 14-114 (U.S. Supreme Court), relating to whether federal advance premium tax credits will be available to reduce the cost of health insurance provided through a federally facilitated exchange, and the likely impacts on Vermont individuals and families if the State moves to an FSSBM or to another exchange model;

(2) whether it is feasible to offer State premium and cost-sharing assistance to individuals and families purchasing qualified health plans through an FSSBM or through another exchange model, how such assistance could be implemented, whether federal financial participation would be available through the Medicaid program, and applicable cost implications;

(3) how the Department of Financial Regulation's and Green Mountain Care Board's regulatory authority over health insurers and qualified health plans would be affected, including the timing of health insurance rate and form review;

(4) any impacts on the State's other health care reform efforts, including the Blueprint for Health and payment reform initiatives;

(5) any available estimates of the costs attributable to a transition from a State-based exchange to an FSSBM or to another exchange model; and

(6) whether any new developments have occurred that affect the availability of additional alternatives that would be more beneficial to Vermonters by minimizing negative effects on individuals and families enrolling in qualified health plans, reducing the financial impacts of the transition to an alternative model, lessening the administrative burden of the transition on the registered carriers, and decreasing the potential impacts on the State's health insurance regulatory framework.

(e) On or before November 15, 2015, the Chief of Health Care Reform shall provide the Joint Fiscal Committee and Health Reform Oversight Committee with a recommendation regarding the future of Vermont's health benefit exchange, including a proposed timeline for 2016. The Chief's recommendation shall include an analysis of whether the recommended course of action would be likely to minimize any negative effects on individuals and families enrolling in qualified health plans, the financial impacts of the transition, the ability of the registered carriers to accomplish the transition, and the potential impacts of the transition on the State's health insurance regulatory framework.

(1)(A) If the Chief of Health Care Reform recommends requesting approval from the U.S. Department of Health and Human Services to allow Vermont to transition to an FSSBM, then on or before December 1, 2015, the Joint Fiscal Committee shall determine whether to concur with the recommendation. In determining whether to concur, the Joint Fiscal Committee shall consider whether the transition to an FSSBM would be likely to minimize any negative effects on individuals and families enrolling in qualified health plans, the financial impacts of the transition, the ability of the registered carriers to accomplish the transition, and the potential impacts of the transition on the State's health insurance regulatory framework. The Joint Fiscal Committee shall also consider relevant input offered by legislative committees of jurisdiction.

(B) If the Chief of Health Care Reform recommends requesting approval from the U.S. Department of Health and Human Services to allow Vermont to transition from a State-based exchange to an FSSBM and the Joint Fiscal Committee concurs with that recommendation, the Chief of Health Care Reform and the Commissioner of Vermont Health Access shall:

(i) prior to December 31, 2015, request that the U.S. Department of Health and Human Services begin the approval process with the Department of Vermont Health Access; and

(ii) on or before January 15, 2016, provide to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance the recommended statutory changes necessary to align with operating an FSSBM if approved by the U.S. Department of Health and Human Services.

(2) If the Chief of Health Care Reform either does not recommend that Vermont transition to an FSSBM or the Joint Fiscal Committee does not concur with the Chief's recommendation to transition to an FSSBM, the Chief of Health Care Reform shall submit information to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance on or before January 15, 2016 regarding the advantages and disadvantages of alternative models and options for Vermont's health benefit exchange and the proposed statutory changes that would be necessary to accomplish them.

Second: In Sec. 33, effective dates, in subsection (a), following "29 (Green Mountain Care Board; payment reform)," by inserting "29a–29d (Exchange alternatives and reports)."

The bill, having appeared on the Calendar one day for notice, was taken up, read the second time.

Pending the question, Shall the report of the Committee on Health Care be amended as recommended by the Committee on Ways and Means? **Rep. Turner of Milton** 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 the Committee on Ways and Means? was decided in the affirmative. Yeas, 78. Nays, 62.

Those who voted in the affirmative are:

Ancel of Calais	Clarkson of Woodstock	Evans of Essex
Bartholomew of Hartland	Cole of Burlington	Fields of Bennington
Berry of Manchester	Condon of Colchester	Frank of Underhill
Bissonnette of Winooski	Connor of Fairfield	French of Randolph
Botzow of Pownal	Conquest of Newbury	Grad of Moretown
Briglin of Thetford	Copeland-Hanzas of	Greshin of Warren
Burke of Brattleboro	Bradford	Haas of Rochester
Buxton of Tunbridge	Dakin of Chester	Head of South Burlington
Carr of Brandon	Deen of Westminster	Hooper of Montpelier
Chesnut-Tangerman of	Donovan of Burlington	Jewett of Ripton
Middletown Springs	Ellis of Waterbury	Johnson of South Hero
Christie of Hartford	Emmons of Springfield	Keenan of St. Albans City

Kitzmiller of Montpelier	McCullough of Williston	Stuart of Brattleboro
Klein of East Montpelier	Miller of Shaftsbury	Sullivan of Burlington
Komline of Dorset	Morris of Bennington	Sweaney of Windsor
Krowinski of Burlington	Nuovo of Middlebury	Till of Jericho
Lalonde of South Burlington	O'Brien of Richmond	Toleno of Brattleboro
Lanpher of Vergennes	O'Sullivan of Burlington	Toll of Danville
Lenes of Shelburne	Patt of Worcester	Townsend of South Burlington
Lippert of Hinesburg	Pearson of Burlington	Troiano of Stannard
Long of Newfane	Rachelson of Burlington	Walz of Barre City
Lucke of Hartford	Ram of Burlington	Webb of Shelburne
Macaig of Williston	Russell of Rutland City	Woodward of Johnson
Manwaring of Wilmington	Ryerson of Randolph	Yantachka of Charlotte
Martin of Wolcott	Sharpe of Bristol	Young of Glover
Masland of Thetford	Sheldon of Middlebury	Zagar of Barnard
McCormack of Burlington	Stevens of Waterbury	

Those who voted in the negative are:

Bancroft of Westford	Feltus of Lyndon	Murphy of Fairfax
Baser of Bristol	Fiske of Enosburgh	Myers of Essex
Batchelor of Derby	Forguites of Springfield	Olsen of Londonderry
Beck of St. Johnsbury	Gage of Rutland City	Parent of St. Albans City
Beyor of Highgate	Gamache of Swanton	Pearce of Richford
Branagan of Georgia	Graham of Williamstown	Poirier of Barre City
Brennan of Colchester	Hebert of Vernon	Potter of Clarendon
Browning of Arlington	Helm of Fair Haven	Purvis of Colchester
Burditt of West Rutland	Higley of Lowell	Quimby of Concord
Canfield of Fair Haven	Hubert of Milton *	Scheuermann of Stowe
Corcoran of Bennington	Huntley of Cavendish	Shaw of Pittsford
Cupoli of Rutland City	Juskiewicz of Cambridge	Sibilia of Dover
Dakin of Colchester	Krebs of South Hero	Smith of New Haven
Dame of Essex	Lawrence of Lyndon	Strong of Albany
Davis of Washington	Lefebvre of Newark	Tate of Mendon
Devereux of Mount Holly	Lewis of Berlin	Terenzini of Rutland Town
Dickinson of St. Albans Town	Marcotte of Coventry	Trieber of Rockingham
Donahue of Northfield	Martel of Waterford	Turner of Milton
Eastman of Orwell	McCoy of Poultney	Viens of Newport City
Fagan of Rutland City	McFaun of Barre Town	Willhoit of St. Johnsbury
	Morrissey of Bennington	Wright of Burlington

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

Gonzalez of Winooski	Mrowicki of Putney	Savage of Swanton
Jerman of Essex	Partridge of Windham	Shaw of Derby
LaClair of Barre Town	Pugh of South Burlington	Van Wyck of Ferrisburgh

Rep. Hubert of Milton explained his vote as follows:

“Mr. Speaker:

When do the taxes stop? Most Vermonters are taxed to the max. I vote no.”

Pending the question, Shall the report of the Committee on Health Care, as amended, be further amended as recommended by the Committee on Appropriations? **Rep. Turner of Milton** 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, as amended, be further amended as recommended by the Committee on Appropriations? was decided in the affirmative. Yeas, 139. Nays, 1.

Those who voted in the affirmative are:

Ancel of Calais	Dickinson of St. Albans	Lalonde of South Burlington
Bancroft of Westford	Town	Lanpher of Vergennes
Bartholomew of Hartland	Donahue of Northfield	Lawrence of Lyndon
Baser of Bristol	Donovan of Burlington	Lenes of Shelburne
Batchelor of Derby	Eastman of Orwell	Lewis of Berlin
Beck of St. Johnsbury	Ellis of Waterbury	Lippert of Hinesburg
Berry of Manchester	Emmons of Springfield	Long of Newfane
Beyor of Highgate	Evans of Essex	Lucke of Hartford
Bissonnette of Winooski	Fagan of Rutland City	Macaig of Williston
Botzow of Pownal	Feltus of Lyndon	Manwaring of Wilmington
Branagan of Georgia	Fields of Bennington	Marcotte of Coventry
Brennan of Colchester	Fiske of Enosburgh	Martel of Waterford
Briglin of Thetford	Forguites of Springfield	Martin of Wolcott
Browning of Arlington	Frank of Underhill	Masland of Thetford
Burditt of West Rutland	French of Randolph	McCormack of Burlington
Burke of Brattleboro	Gage of Rutland City	McCoy of Poultney
Buxton of Tunbridge	Gamache of Swanton	McCullough of Williston
Cunfield of Fair Haven	Grad of Moretown	McFaun of Barre Town
Carr of Brandon	Graham of Williamstown	Miller of Shaftsbury
Chesnut-Tangerman of	Greshin of Warren	Morris of Bennington
Middletown Springs	Haas of Rochester	Morrissey of Bennington
Christie of Hartford	Head of South Burlington	Murphy of Fairfax
Clarkson of Woodstock	Hebert of Vernon	Myers of Essex
Cole of Burlington	Helm of Fair Haven	Nuovo of Middlebury
Condon of Colchester	Higley of Lowell	O'Brien of Richmond
Connor of Fairfield	Hooper of Montpelier	Olsen of Londonderry
Conquest of Newbury	Hubert of Milton	O'Sullivan of Burlington
Copeland-Hanzas of	Huntley of Cavendish	Parent of St. Albans City
Bradford	Jewett of Ripton	Patt of Worcester
Corcoran of Bennington	Johnson of South Hero	Pearce of Richford
Cupoli of Rutland City	Juskiewicz of Cambridge	Pearson of Burlington
Dakin of Chester	Keenan of St. Albans City	Poirier of Barre City
Dakin of Colchester	Kitzmiller of Montpelier	Potter of Clarendon
Dame of Essex	Klein of East Montpelier	Purvis of Colchester
Davis of Washington	Komline of Dorset	Quimby of Concord
Deen of Westminster	Krebs of South Hero	Rachelson of Burlington
Devereux of Mount Holly	Krowinski of Burlington	Ram of Burlington

Russell of Rutland City	Sullivan of Burlington	Turner of Milton *
Ryerson of Randolph	Sweaney of Windsor	Viens of Newport City
Scheuermann of Stowe	Tate of Mendon	Walz of Barre City
Sharpe of Bristol	Terenzini of Rutland Town	Webb of Shelburne
Shaw of Pittsford	Till of Jericho	Willhoit of St. Johnsbury
Sheldon of Middlebury	Toleno of Brattleboro	Woodward of Johnson
Sibilia of Dover	Toll of Danville	Wright of Burlington
Smith of New Haven	Townsend of South	Yantachka of Charlotte
Stevens of Waterbury	Burlington	Young of Glover
Strong of Albany	Trieber of Rockingham	Zagar of Barnard
Stuart of Brattleboro	Troiano of Stannard	

Those who voted in the negative are:

Lefebvre of Newark

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

Gonzalez of Winooski	Mrowicki of Putney	Savage of Swanton
Jerman of Essex	Partridge of Windham	Shaw of Derby
LaClair of Barre Town	Pugh of South Burlington	Van Wyck of Ferrisburgh

Rep. Turner of Milton explained his vote as follows:

“Mr. Speaker:

This action is well overdue. It’s time for the legislature to acknowledge that VHC may never work as promised. Thank you.”

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. Poirier of Barre City** moved to amend the recommendation of proposal of amendment as offered by the committee on Health Care, as amended , as follows:

First: By striking out Secs. 30f–30h and their reader assistance headings in their entirety and inserting in lieu thereof a new Sec. 30f and reader assistance heading to read as follows:

* * * Employer Assessment * * *

Sec. 30f. 21 V.S.A. § 2003 is amended to read:

§ 2003. HEALTH CARE FUND CONTRIBUTION ASSESSMENT

(a) The Commissioner of Labor shall assess and an employer shall pay a quarterly Health Care Fund contribution for each full-time equivalent uncovered employee employed during that quarter in excess of:

~~(1) eight full-time equivalent employees in fiscal years 2007 and 2008;~~

~~(2) six full-time equivalent employees in fiscal year 2009; and~~

~~(3) four full-time equivalent employees in fiscal years 2010 and thereafter.~~

(b) For ~~the third and fourth quarters~~ fourth quarter of calendar year ~~2014~~ 2015 and for calendar year 2016, the amount of the Health Care Fund contribution shall be ~~\$133.30~~ \$271.00 for each full-time equivalent employee in excess of four. For each calendar year after calendar year ~~2014~~ 2016, 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.

* * *

Second: In Sec. 33, effective dates, by striking out subsection (e) in its entirety and inserting in lieu thereof a new subsection (e) to read as follows:

(e) Secs. 30 (cigarette tax), 30a (tobacco products tax), 30b (floor stock), and 30i (property tax) shall take effect on July 1, 2015.

Third: In Sec. 33, effective dates, by adding a subsection (g) to read as follows:

(g) Sec. 30f (employer assessment) shall take effect on October 1, 2015 and shall apply to the amounts that are due to be collected on or before January 31, 2016.

Thereupon, **Rep. Olsen of Londonderry** asked to divide the question and the first instance of amendment be taken up first and the remainder second.

Thereupon, the first instance of amendment was disagreed to on a Division vote. Yeas, 2. Nays 106.

Thereupon, **Rep. Poirier of Barre City** asked and was granted leave of the House to withdraw the second instance of amendment.

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. Browning of Arlington** moved to amend the report of the committee on Health Care, as amended, as follows:

First: By striking Sec. 26 in its entirety and inserting in lieu thereof the following:

Sec. 26. 33 V.S.A. § 1811(b) is amended to read:

(b)(1) No person may provide a health benefit plan to an individual unless the plan is offered through the Vermont Health Benefit Exchange To the extent permitted by the U.S. Department of Health and Human Services, an

individual may purchase a health benefit plan through the Exchange website, through navigators, by telephone, or directly from a registered carrier under contract with the Vermont Health Benefit Exchange, if the carrier elects to make direct enrollment available. A registered carrier enrolling individuals in health benefit plans directly shall comply with all open enrollment and special enrollment periods applicable to the Vermont Health Benefit Exchange.

(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~~ registered carrier 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.~~

* * * Health Insurance Plans Outside the Exchange * * *

Sec. 26a. 8 V.S.A. § 4080g(a) is amended to read:

(a) Application. Notwithstanding the provisions of section 4080h of this title and of 33 V.S.A. § 1811, on and after January 1, 2014, the provisions of this section shall apply to an individual, small group, or association plan that qualifies as a grandfathered health plan under Section 1251 of the Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152) (Affordable Care Act). In the event that a plan no longer qualifies as a grandfathered health plan under the Affordable Care Act, the provisions of this section shall not apply and the provisions of section 4080h of this title and the provisions of 33 V.S.A. § 1811 shall govern if the plan is offered through the Vermont Health Benefit Exchange.

Sec. 26b. 8 V.S.A. § 4080h is added to read:

§ 4080h. INDIVIDUAL AND SMALL GROUP PLANS

(a) As used in this section:

(1) “Affordable Care Act” means the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), and as may be further amended.

(2) “Health benefit plan” means a health insurance policy, a nonprofit hospital or medical service corporation service contract, or a health maintenance organization health benefit plan offered outside the Vermont Health Benefit Exchange and issued to an individual or to an employee of a

small employer. The term does not include coverage only for accident or disability income insurance, liability insurance, coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, automobile medical payment insurance, credit-only insurance, coverage for on-site medical clinics, or other similar insurance coverage in which benefits for health services are secondary or incidental to other insurance benefits as provided under the Affordable Care Act. The term also does not include stand-alone dental or vision benefits, long-term care insurance, specific disease or other limited benefit coverage, Medicare supplemental health benefits, Medicare Advantage plans, and other similar benefits excluded under the Affordable Care Act.

(3) "Registered carrier" means any person, except an insurance agent, broker, appraiser, or adjuster, that issues a health benefit plan and that has a registration in effect with the Commissioner of Financial Regulation as required by this section.

(4) "Small employer" means an entity that employed an average of not more than 100 employees on working days during the preceding calendar year. The term includes self-employed persons to the extent permitted under the Affordable Care Act.

(b) A health benefit plan shall comply with the requirements of the Affordable Care Act, including providing the essential health benefits package, offering only plans with at least a 60 percent actuarial value, adhering to limitations on deductibles and out-of-pocket expenses, and offering plans with a bronze-, silver-, gold-, or platinum-level actuarial value.

(c) No person may provide a health benefit plan to an individual or small employer unless such person is a registered carrier. The Commissioner of Financial Regulation shall establish, by rule, the minimum financial, marketing, service, and other requirements for registration. Such registration shall be effective upon approval by the Commissioner and shall remain in effect until revoked or suspended by the Commissioner for cause or until withdrawn by the carrier. A carrier may withdraw its registration upon at least six months' prior written notice to the Commissioner. A registration filed with the Commissioner shall be deemed to be approved unless it is disapproved by the Commissioner within 30 days of filing.

(d) A registered carrier shall guarantee acceptance of all individuals, small employers, and employees of small employers, and each dependent of such individuals and employees, for any health benefit plan offered by the carrier.

(e) A registered carrier shall offer a health benefit plan rate structure that at least differentiates between single person, two person, and family rates.

(f)(1) A registered carrier shall use a community rating method acceptable to the Commissioner of Financial Regulation for determining premiums for health benefit plans. Except as provided in subdivision (2) of this subsection, the following risk classification factors are prohibited from use in rating individuals, small employers, or employees of small employers, or the dependents of such individuals or employees:

- (A) demographic rating, including age and gender rating;
- (B) geographic area rating;
- (C) industry rating;
- (D) medical underwriting and screening;
- (E) experience rating;
- (F) tier rating; or
- (G) durational rating.

(2)(A) The Commissioner shall, by rule, adopt standards and a process for permitting registered carriers to use one or more risk classifications in their community rating method, provided that the premium charged shall not deviate above or below the community rate filed by the carrier by more than 20 percent and provided further that the Commissioner's rules may not permit any medical underwriting and screening and shall give due consideration to the need for affordability and accessibility of health insurance.

(B) The Commissioner's rules shall permit a carrier, including a hospital or medical service corporation and a health maintenance organization, to establish rewards, premium discounts, split benefit designs, rebates, or otherwise waive or modify applicable co-payments, deductibles, or other cost-sharing amounts in return for adherence by a member or subscriber to programs of health promotion and disease prevention. The Commissioner shall consult with the Commissioner of Health, the Director of the Blueprint for Health, and the Commissioner of Vermont Health Access in the development of health promotion and disease prevention rules that are consistent with the Blueprint for Health. Such rules shall:

(i) limit any reward, discount, rebate, or waiver or modification of cost-sharing amounts to not more than a total of 15 percent of the cost of the premium for the applicable coverage tier, provided that the sum of any rate deviations under subdivision (A) of this subdivision (2) does not exceed 30 percent;

(ii) be designed to promote good health or prevent disease for individuals in the program and not be used as a subterfuge for imposing higher costs on an individual based on a health factor;

(iii) provide that the reward under the program is available to all similarly situated individuals and shall comply with the nondiscrimination provisions of the federal Health Insurance Portability and Accountability Act of 1996; and

(iv) provide a reasonable alternative standard to obtain the reward to any individual for whom it is unreasonably difficult due to a medical condition or other reasonable mitigating circumstance to satisfy the otherwise applicable standard for the discount and disclose in all plan materials that describe the discount program the availability of a reasonable alternative standard.

(C) The Commissioner's rules shall include:

(i) standards and procedures for health promotion and disease prevention programs based on the best scientific, evidence-based medical practices as recommended by the Commissioner of Health;

(ii) standards and procedures for evaluating an individual's adherence to programs of health promotion and disease prevention; and

(iii) any other standards and procedures necessary or desirable to carry out the purposes of this subdivision (2).

(D) The Commissioner may require a registered carrier to identify that percentage of a requested premium increase which is attributed to the following categories: hospital inpatient costs, hospital outpatient costs, pharmacy costs, primary care, other medical costs, administrative costs, and projected reserves or profit. Reporting of this information shall occur at the time a rate increase is sought and shall be in the manner and form directed by the Commissioner. Such information shall be made available to the public in a manner that is easy to understand.

(g) A registered carrier shall file with the Commissioner an annual certification by a member of the American Academy of Actuaries of the carrier's compliance with this section. The requirements for certification shall be as the Commissioner prescribes by rule.

(h) A registered carrier shall provide, on forms prescribed by the Commissioner, full disclosure to a small employer of all premium rates and any risk classification formulas or factors prior to acceptance of a plan by the small employer.

(i) A registered carrier shall notify an applicant for coverage as an individual of the income thresholds for eligibility for State and federal premium tax credits and cost-sharing subsidies in plans purchased through the Vermont Health Benefit Exchange pursuant to 33 V.S.A. chapter 18, subchapter 1, and the potential that the applicant may be eligible for the credit or subsidy, or both.

(j) A registered carrier shall guarantee the rates on a health benefit plan for a minimum of 12 months.

(k) The Commissioner or the Green Mountain Care Board established in 18 V.S.A. chapter 220, as appropriate, shall disapprove any rates filed by any registered carrier, whether initial or revised, for insurance policies unless the anticipated medical loss ratios for the entire period for which rates are computed are at least 80 percent, as required by the Affordable Care Act.

(l) The guaranteed acceptance provision of subsection (d) of this section shall not be construed to limit an employer's discretion in contracting with his or her employees for insurance coverage.

Sec. 26c. 8 V.S.A. § 4085 is amended to read:

§ 4085. REBATES AND COMMISSIONS PROHIBITED FOR NONGROUP AND SMALL GROUP POLICIES AND PLANS OFFERED THROUGH THE VERMONT HEALTH BENEFIT EXCHANGE

(a) No insurer doing business in this State and no insurance agent or broker shall offer, promise, allow, give, set off, or pay, directly or indirectly, any rebate of or part of the premium payable on a plan issued pursuant to section 4080g or 4080h of this title or 33 V.S.A. § 1811 or earnings, profits, dividends, or other benefits founded, arising, accruing or to accrue thereon or therefrom, or any special advantage in date of policy or age of issue, or any paid employment or contract for services of any kind or any other valuable consideration or inducement to or for insurance on any risk in this State, now or hereafter to be written, or for or upon any renewal of any such insurance, which is not specified in the policy contract of insurance, or offer, promise, give, option, sell, purchase any stocks, bonds, securities, or property or any dividends or profits accruing or to accrue thereon, or other thing of value whatsoever as inducement to insurance or in connection therewith, or any renewal thereof, which is not specified in the plan.

(b) No person insured under a plan issued pursuant to section 4080g or 4080h of this title or 33 V.S.A. § 1811 or party or applicant for such plan shall directly or indirectly receive or accept or agree to receive or accept any rebate of premium or of any part thereof, or any favor or advantage, or share in any benefit to accrue under any plan issued pursuant to section 4080g or 4080h of

this title or 33 V.S.A. § 1811, or any valuable consideration or inducement, other than such as is specified in the plan.

(c) Nothing in this section shall be construed as prohibiting any insurer from allowing or returning to its participating policyholders dividends, savings, or unused premium deposits; or as prohibiting any insurer from returning or otherwise abating, in full or in part, the premiums of its policyholders out of surplus accumulated from nonparticipating insurance; or as prohibiting the taking of a bona fide obligation, with interest not exceeding six percent per annum, in payment of any premium.

(d)(1) No insurer shall pay any commission, fee, or other compensation, directly or indirectly, to a licensed or unlicensed agent, broker, or other individual in connection with the sale of a health insurance plan issued pursuant to section 4080g or 4080h of this title or 33 V.S.A. § 1811, nor shall an insurer include in an insurance rate for a health insurance plan issued pursuant to section 4080g or 4080h of this title or 33 V.S.A. § 1811 any sums related to services provided by an agent, broker, or other individual. A health insurer may provide to its employees wages, salary, and other employment-related compensation in connection with the sale of health insurance plans, but may not structure any such compensation in a manner that promotes the sale of particular health insurance plans over other plans offered by that insurer.

(2) Nothing in this subsection shall be construed to prohibit the Vermont Health Benefit Exchange established in 33 V.S.A. chapter 18, subchapter 1 from structuring compensation for agents or brokers in the form of an additional commission, fee, or other compensation outside insurance rates or from compensating agents, brokers, or other individuals through the procedures and payment mechanisms established pursuant to 33 V.S.A. § 1805(17).

Sec. 26d. 8 V.S.A. § 4085a(a) is amended to read:

(a) As used in this section, “group insurance” means any policy described in section 4079 of this title, except that it shall not include any small group policy issued pursuant to section ~~4080a or~~ 4080g or 4080h of this title or to 33 V.S.A. § 1811.

Second: In Sec. 33, effective dates, by adding a subsection (e) to read as follows:

(e) Secs. 26a–26d (plans outside the Exchange) shall take effect on July 1, 2015 for coverage beginning on January 1, 2017.

Pending the question, Shall the report of the Committee on Health Care, as amended, be amended as proposed 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, as amended, be amended as proposed by Rep. Browning of Arlington? was decided in the negative. Yeas, 57. Nays, 83.

Those who voted in the affirmative are:

Bancroft of Westford	Feltus of Lyndon	Morrissey of Bennington
Baser of Bristol	Fiske of Enosburgh	Myers of Essex
Batchelor of Derby	Gage of Rutland City	Olsen of Londonderry
Beck of St. Johnsbury	Gamache of Swanton	Parent of St. Albans City
Berry of Manchester	Graham of Williamstown	Pearce of Richford
Beyor of Highgate	Greshin of Warren	Purvis of Colchester
Branagan of Georgia	Hebert of Vernon	Quimby of Concord
Brennan of Colchester	Helm of Fair Haven	Scheuermann of Stowe
Browning of Arlington *	Higley of Lowell	Shaw of Pittsford
Burditt of West Rutland	Hubert of Milton	Sibilia of Dover
Canfield of Fair Haven	Juskiewicz of Cambridge	Smith of New Haven
Condon of Colchester	Komline of Dorset	Strong of Albany
Corcoran of Bennington	Lawrence of Lyndon	Tate of Mendon
Cupoli of Rutland City	Lefebvre of Newark	Terenzini of Rutland Town
Dame of Essex	Lewis of Berlin	Turner of Milton
Devereux of Mount Holly	Lucke of Hartford	Viens of Newport City
Dickinson of St. Albans Town	Marcotte of Coventry	Willhoit of St. Johnsbury
Donahue of Northfield	Martel of Waterford	Wright of Burlington
Fagan of Rutland City	McCoy of Poultney	
	McFaun of Barre Town	

Those who voted in the negative are:

Ancel of Calais	Deen of Westminster	Krebs of South Hero
Bartholomew of Hartland	Donovan of Burlington	Krowinski of Burlington
Bissonnette of Winooski	Eastman of Orwell	Lalonde of South Burlington
Botzow of Pownal	Ellis of Waterbury	Lanpher of Vergennes
Briglin of Thetford	Emmons of Springfield	Lenes of Shelburne
Burke of Brattleboro	Evans of Essex	Lippert of Hinesburg
Buxton of Tunbridge	Fields of Bennington	Long of Newfane
Carr of Brandon	Forguites of Springfield	Macaig of Williston
Chesnut-Tangerman of Middletown Springs	Frank of Underhill	Manwaring of Wilmington
Christie of Hartford	French of Randolph	Martin of Wolcott
Clarkson of Woodstock	Grad of Moretown	Masland of Thetford
Cole of Burlington	Haas of Rochester	McCormack of Burlington
Connor of Fairfield	Head of South Burlington	McCullough of Williston
Conquest of Newbury	Hoopar of Montpelier	Miller of Shaftsbury
Copeland-Hanzas of Bradford	Huntley of Cavendish	Morris of Bennington
Dakin of Chester	Jewett of Ripton	Murphy of Fairfax
Dakin of Colchester	Johnson of South Hero	Nuovo of Middlebury
Davis of Washington	Keenan of St. Albans City	O'Brien of Richmond
	Kitzmiller of Montpelier	O'Sullivan of Burlington
	Klein of East Montpelier	Patt of Worcester

Pearson of Burlington	Stevens of Waterbury	Trieber of Rockingham
Poirier of Barre City	Stuart of Brattleboro	Troiano of Stannard
Potter of Clarendon	Sullivan of Burlington	Walz of Barre City
Rachelson of Burlington	Sweaney of Windsor	Webb of Shelburne
Ram of Burlington	Till of Jericho	Woodward of Johnson
Russell of Rutland City	Toleno of Brattleboro	Yantachka of Charlotte
Ryerson of Randolph	Toll of Danville	Young of Glover
Sharpe of Bristol	Townsend of South	Zagar of Barnard
Sheldon of Middlebury	Burlington	

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

Gonzalez of Winooski	Mrowicki of Putney	Savage of Swanton
Jerman of Essex	Partridge of Windham	Shaw of Derby
LaClair of Barre Town	Pugh of South Burlington	Van Wyck of Ferrisburgh

Rep. Browning of Arlington explained her vote as follows:

“Mr. Speaker:

I vote yes to allow greater choice of insurance plans outside of Vermont Health Connect for those who do not qualify for subsidies within it. To vote no is to needlessly restrict their ability to obtain a plan that best suits their needs and their resources. And it imposes a burden on thousands of Vermonters.”

Pending the question, Shall the House propose to the Senate to amend the bill as recommended by the committee on Health Care, as amended? **Reps. Morrissey of Bennington and Browning of Arlington** moved to amend the report of the committee on Health Care, as amended, as follows:

First: By adding three new sections and a reader assistance heading to be Secs. 6a–6c to read as follows:

* * * Removing Medicare References from Act 48 * * *

Sec. 6a. 2011 Acts and Resolves No. 48, Sec. 2 is amended to read:

Sec. 2. STRATEGIC PLAN; UNIVERSAL AND UNIFIED HEALTH SYSTEM

(a) Vermont must begin to plan now for health care reform, including simplified administration processes, payment reform, and delivery reform, in order to have a publicly financed program of universal and unified health care operational after the occurrence of specific events, including the receipt of a waiver from the federal Exchange requirement from the U.S. Department of Health and Human Services. A waiver will be available in 2017 under the provisions of existing law in the Patient Protection and Affordable Care Act (Public Law 111-148) (“Affordable Care Act”), as amended by the federal

Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), and may be available in 2014 under the provisions of two bills, H.R. 844 and S.248, introduced in the 112th Congress. In order to begin the planning efforts, the director of health care reform in the agency of administration shall establish a strategic plan, which shall include time lines and allocations of the responsibilities associated with health care system reform, to further the containment of health care costs, to further Vermont's existing health care system reform efforts as described in 3 V.S.A. § 2222a, and to further the following:

(1) As provided in Sec. 4 of this act, all Vermont residents shall be eligible for Green Mountain Care, a universal health care program that will provide health benefits through a single payment system. To the maximum extent allowable under federal law and waivers from federal law, Green Mountain Care shall include health coverage provided under the health benefit exchange established under 33 V.S.A. chapter 18, subchapter 1; under Medicaid; ~~under Medicare~~; by employers that choose to participate; and to state employees and municipal employees, including teachers. In the event of a modification to the Affordable Care Act by congressional, judicial, or federal administrative action which prohibits implementation of the health benefit exchange; eliminates federal funds available to individuals, employees, or employers; or eliminates the waiver under Section 1332 of the Affordable Care Act, the director of health care reform shall continue, and adjust as appropriate, the planning and cost-containment activities provided in this act related to Green Mountain Care and to creation of a unified, simplified administration system for health insurers offering health benefit plans, including identifying the financing impacts of such a modification on the state and its effects on the activities proposed in this act.

* * *

(6) The director, in collaboration with the agency of human services, shall obtain waivers, exemptions, agreements, legislation, or a combination thereof to ensure that, to the extent possible under federal law, all federal payments provided within the state for health services are paid directly to Green Mountain Care. Green Mountain Care shall assume responsibility for the benefits and services previously paid for by the federal programs, including Medicaid, ~~Medicare~~, and, after implementation, the Vermont health benefit exchange. In obtaining the waivers, exemptions, agreements, legislation, or combination thereof, the secretary shall negotiate with the federal government a federal contribution for health care services in Vermont that reflects medical inflation, the state gross domestic product, the size and age of the population, the number of residents living below the poverty level, the number of Medicare-eligible individuals, and other factors that may be advantageous to

Vermont and that do not decrease in relation to the federal contribution to other states as a result of the waivers, exemptions, agreements, or savings from implementation of Green Mountain Care.

* * *

Sec. 6b. 2014 Acts and Resolves No. 144, Sec. 23 is amended to read:

Sec. 23. GREEN MOUNTAIN CARE BOARD; GLOBAL HOSPITAL PILOT PROJECTS

* * *

(b) The Green Mountain Care Board may take such steps as are necessary to include all payers in the global hospital budget pilot projects, including negotiating with the federal Center for Medicare & Medicaid Innovation to involve ~~Medicare and Medicaid~~.

* * *

Sec. 6c. 33 V.S.A. § 1803(b)(2) is amended to read:

(2) To the extent allowable under federal law, the Vermont Health Benefit Exchange may offer health benefits to populations in addition to those eligible under Subtitle D of Title I of the Affordable Care Act, including:

* * *

(C) ~~Medicare Supplemental~~ benefits in the form of Medicare supplement plans to individuals ~~who are eligible, upon approval by the Centers for Medicare and Medicaid Services and covered by Medicare,~~ provided that including these individuals in the Health Benefit Exchange would not reduce their Medicare benefits; and

(D) State employees and municipal employees, including teachers.

Second: In Sec. 33, effective dates, in subsection (a), following “5 and 6 (reports).” by inserting “6a–6c (removing Medicare references in Act 48).”

Pending the question, Shall the report of the Committee on Health Care, as amended, be further amended as proposed by Rep. Morrissey and others? **Rep. Morrissey of Bennington** 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, as amended, be further amended as proposed by Rep. Morrissey and others? was decided in the negative. Yeas, 54. Nays, 85.

Those who voted in the affirmative are:

Bancroft of Westford	Gage of Rutland City	Myers of Essex
Baser of Bristol	Gamache of Swanton	Parent of St. Albans City
Batchelor of Derby	Graham of Williamstown	Pearce of Richford
Beck of St. Johnsbury	Greshin of Warren	Poirier of Barre City
Beyor of Highgate	Hebert of Vernon	Purvis of Colchester
Branagan of Georgia	Helm of Fair Haven	Quimby of Concord
Brennan of Colchester	Higley of Lowell	Scheuermann of Stowe
Browning of Arlington *	Hubert of Milton	Shaw of Pittsford
Burditt of West Rutland	Huntley of Cavendish	Sibilia of Dover
Canfield of Fair Haven	Juskiewicz of Cambridge	Smith of New Haven
Corcoran of Bennington	Komline of Dorset	Strong of Albany
Cupoli of Rutland City	Lawrence of Lyndon	Tate of Mendon
Dame of Essex	Lewis of Berlin	Terenzini of Rutland Town
Devereux of Mount Holly	Marcotte of Coventry	Turner of Milton
Dickinson of St. Albans Town	Martel of Waterford	Viens of Newport City
Fagan of Rutland City	McCoy of Poultney	Willhoit of St. Johnsbury
Feltus of Lyndon	McFaun of Barre Town	Wright of Burlington
Fiske of Enosburgh	Morrissey of Bennington	
	Murphy of Fairfax	

Those who voted in the negative are:

Ancel of Calais	Evans of Essex	McCormack of Burlington
Bartholomew of Hartland	Fields of Bennington	McCullough of Williston
Berry of Manchester	Forguites of Springfield	Miller of Shaftsbury
Bissonnette of Winooski	Frank of Underhill	Morris of Bennington
Botzow of Pownal	French of Randolph	Nuovo of Middlebury
Briglin of Thetford	Grad of Moretown	O'Brien of Richmond
Burke of Brattleboro	Haas of Rochester	Olsen of Londonderry
Buxton of Tunbridge	Head of South Burlington	O'Sullivan of Burlington
Carr of Brandon	Hooper of Montpelier	Patt of Worcester
Chesnut-Tangerman of Middletown Springs	Jewett of Ripton	Pearson of Burlington
Christie of Hartford	Johnson of South Hero	Potter of Clarendon
Clarkson of Woodstock	Keenan of St. Albans City	Rachelson of Burlington
Cole of Burlington	Kitzmiller of Montpelier	Ram of Burlington
Connor of Fairfield	Klein of East Montpelier	Russell of Rutland City
Conquest of Newbury	Krebs of South Hero	Ryerson of Randolph
Copeland-Hanzas of Bradford	Krowinski of Burlington	Sharpe of Bristol
Dakin of Chester	Lalonde of South Burlington	Sheldon of Middlebury
Dakin of Colchester	Lanpher of Vergennes	Stevens of Waterbury
Davis of Washington	Lefebvre of Newark	Stuart of Brattleboro
Deen of Westminster	Lenes of Shelburne	Sullivan of Burlington
Donahue of Northfield	Lippert of Hinesburg	Sweaney of Windsor
Donovan of Burlington	Long of Newfane	Till of Jericho
Eastman of Orwell	Lucke of Hartford	Toleno of Brattleboro
Ellis of Waterbury	Macaig of Williston	Toll of Danville
Emmons of Springfield	Manwaring of Wilmington	Townsend of South Burlington
	Martin of Wolcott	
	Masland of Thetford	Trieber of Rockingham

Troiano of Stannard	Woodward of Johnson	Zagar of Barnard
Walz of Barre City	Yantachka of Charlotte	
Webb of Shelburne	Young of Glover	

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

Condon of Colchester	Mrowicki of Putney	Shaw of Derby
Gonzalez of Winooski	Partridge of Windham	Van Wyck of Ferrisburgh
Jerman of Essex	Pugh of South Burlington	
LaClair of Barre Town	Savage of Swanton	

Rep. Browning of Arlington explained her vote as follows:

“Mr. Speaker:

I vote yes to protect Medicare services from unwarranted experimentation. Vermont seniors need reliable health services that cannot be ‘reformed’ in uncertain and risky ways.”

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. Dame of Essex** asked that the question be divided and Secs. 25 and 26 be taken up first. And Secs. 1-6, 15,21-24, 27, 28, 32 be taken up second and Secs. 7-14, 16-20, 29-31 be taken up third and Sec. 33 be taken up fourth.

Pending the question, Shall the report of the committee on Health Care, as amended, be adopted in the first instance (Secs. 25 and 26)? **Rep. Turner of Milton** 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, as amended, be adopted in the first instance (Secs. 25 and 26)? was decided in the affirmative. Yeas, 140. Nays, 0.

Those who voted in the affirmative are:

Ancel of Calais	Burke of Brattleboro	Dakin of Chester
Bancroft of Westford	Buxton of Tunbridge	Dakin of Colchester
Bartholomew of Hartland	Canfield of Fair Haven	Dame of Essex
Baser of Bristol	Carr of Brandon	Davis of Washington
Batchelor of Derby	Chesnut-Tangerman of	Deen of Westminster
Beck of St. Johnsbury	Middletown Springs	Devereux of Mount Holly
Berry of Manchester	Christie of Hartford	Dickinson of St. Albans
Beyor of Highgate	Clarkson of Woodstock	Town
Bissonnette of Winooski	Cole of Burlington	Donahue of Northfield
Botzow of Pownal	Connor of Fairfield	Donovan of Burlington
Branagan of Georgia	Conquest of Newbury	Eastman of Orwell
Brennan of Colchester	Copeland-Hanzas of	Ellis of Waterbury
Briglin of Thetford	Bradford	Emmons of Springfield
Browning of Arlington	Corcoran of Bennington	Evans of Essex
Burditt of West Rutland	Cupoli of Rutland City	Fagan of Rutland City

Feltus of Lyndon	Lenes of Shelburne	Ram of Burlington
Fields of Bennington	Lewis of Berlin	Russell of Rutland City
Fiske of Enosburgh	Lippert of Hinesburg	Ryerson of Randolph
Forguites of Springfield	Long of Newfane	Scheuermann of Stowe
Frank of Underhill	Lucke of Hartford	Sharpe of Bristol
French of Randolph	Macaig of Williston	Shaw of Pittsford
Gage of Rutland City	Manwaring of Wilmington	Sheldon of Middlebury
Gamache of Swanton	Marcotte of Coventry	Sibilia of Dover
Grad of Moretown	Martel of Waterford	Smith of New Haven
Graham of Williamstown	Martin of Wolcott	Stevens of Waterbury
Greshin of Warren	Masland of Thetford	Strong of Albany
Haas of Rochester	McCormack of Burlington	Stuart of Brattleboro
Head of South Burlington	McCoy of Poultney	Sullivan of Burlington
Hebert of Vernon	McCullough of Williston	Sweaney of Windsor
Helm of Fair Haven	McFaun of Barre Town	Tate of Mendon
Higley of Lowell	Miller of Shaftsbury	Terenzini of Rutland Town
Hooper of Montpelier	Morris of Bennington	Till of Jericho
Hubert of Milton	Morrissey of Bennington	Toleno of Brattleboro
Huntley of Cavendish	Murphy of Fairfax	Toll of Danville
Jewett of Ripton	Myers of Essex	Townsend of South Burlington
Johnson of South Hero	Nuovo of Middlebury	Trieber of Rockingham
Juskiewicz of Cambridge	O'Brien of Richmond	Troiano of Stannard
Keenan of St. Albans City	Olsen of Londonderry	Turner of Milton
Kitzmiller of Montpelier	O'Sullivan of Burlington	Viens of Newport City
Klein of East Montpelier	Parent of St. Albans City	Walz of Barre City
Komline of Dorset	Patt of Worcester	Webb of Shelburne
Krebs of South Hero	Pearce of Richford	Willhoit of St. Johnsbury
Krowinski of Burlington	Pearson of Burlington	Woodward of Johnson
LaClair of Barre Town	Poirier of Barre City	Wright of Burlington
Lalonde of South Burlington	Potter of Clarendon	Yantachka of Charlotte
Lanpher of Vergennes	Purvis of Colchester	Young of Glover
Lawrence of Lyndon	Quimby of Concord	Zagar of Barnard
Lefebvre of Newark	Rachelson of Burlington	

Those who voted in the negative are: none

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

Condon of Colchester	Mrowicki of Putney	Savage of Swanton
Gonzalez of Winooski	Partridge of Windham	Shaw of Derby
Jerman of Essex	Pugh of South Burlington	Van Wyck of Ferrisburgh

Thereupon, the second instance of amendment (Secs. 1-6,15, 21-24,27-28,32) was agreed to.

Pending the question, Shall the report of the Committee on Health Care be adopted in the third instance (Secs. 7-14, 16-20, 29-31)? **Rep. Toll of Danville** 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 adopted in the third

instance (Secs. 7-14, 16-20, 29-31)? was decided in the affirmative. Yeas, 82. Nays, 57.

Those who voted in the affirmative are:

Ancel of Calais	Frank of Underhill	Nuovo of Middlebury
Bartholomew of Hartland	French of Randolph	O'Brien of Richmond
Baser of Bristol	Grad of Moretown	O'Sullivan of Burlington
Berry of Manchester	Greshin of Warren	Patt of Worcester
Bissonnette of Winooski	Haas of Rochester	Pearson of Burlington
Botzow of Pownal	Head of South Burlington	Rachelson of Burlington
Briglin of Thetford	Hooper of Montpelier	Ram of Burlington
Burke of Brattleboro	Jewett of Ripton	Russell of Rutland City
Buxton of Tunbridge	Johnson of South Hero	Ryerson of Randolph
Carr of Brandon	Keenan of St. Albans City	Sharpe of Bristol
Chesnut-Tangerman of Middletown Springs	Kitzmiller of Montpelier	Sheldon of Middlebury
Christie of Hartford	Klein of East Montpelier	Stevens of Waterbury
Clarkson of Woodstock	Komline of Dorset	Stuart of Brattleboro
Cole of Burlington	Krebs of South Hero	Sullivan of Burlington
Connor of Fairfield	Krowinski of Burlington	Sweaney of Windsor
Conquest of Newbury	Lalonde of South Burlington	Till of Jericho
Copeland-Hanzas of Bradford	Lanpher of Vergennes	Toleno of Brattleboro
Dakin of Chester	Lenes of Shelburne	Toll of Danville
Davis of Washington	Lippert of Hinesburg	Townsend of South Burlington
Deen of Westminster	Long of Newfane	Troiano of Stannard
Donovan of Burlington	Lucke of Hartford	Walz of Barre City
Eastman of Orwell	Macaig of Williston	Webb of Shelburne
Ellis of Waterbury	Manwaring of Wilmington	Woodward of Johnson
Emmons of Springfield	Martin of Wolcott	Yantachka of Charlotte
Evans of Essex	Masland of Thetford	Young of Glover
Fields of Bennington	McCormack of Burlington	Zagar of Barnard
Forguites of Springfield	McCullough of Williston	
	Miller of Shaftsbury	
	Morris of Bennington	

Those who voted in the negative are:

Bancroft of Westford	Dickinson of St. Albans Town	Juskiewicz of Cambridge
Batchelor of Derby	Donahue of Northfield *	LaClair of Barre Town
Beck of St. Johnsbury	Fagan of Rutland City	Lawrence of Lyndon
Beyor of Highgate	Feltus of Lyndon	Lefebvre of Newark
Branagan of Georgia	Fiske of Enosburgh	Lewis of Berlin
Brennan of Colchester	Gage of Rutland City	Marcotte of Coventry
Browning of Arlington *	Gamache of Swanton	Martel of Waterford
Burditt of West Rutland	Graham of Williamstown	McCoy of Poultney
Canfield of Fair Haven	Hebert of Vernon	McFaun of Barre Town
Corcoran of Bennington	Helm of Fair Haven	Morrissey of Bennington
Cupoli of Rutland City	Higley of Lowell	Murphy of Fairfax
Dakin of Colchester	Hubert of Milton	Myers of Essex
Dame of Essex	Huntley of Cavendish	Olsen of Londonderry *
		Parent of St. Albans City

Pearce of Richford	Shaw of Pittsford	Trieber of Rockingham
Poirier of Barre City *	Sibilia of Dover	Turner of Milton
Potter of Clarendon	Smith of New Haven	Viens of Newport City
Purvis of Colchester	Strong of Albany	Willhoit of St. Johnsbury
Quimby of Concord	Tate of Mendon	Wright of Burlington
Scheuermann of Stowe	Terenzini of Rutland Town	

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

Condon of Colchester	Mrowicki of Putney	Shaw of Derby
Devereux of Mount Holly	Partridge of Windham	Van Wyck of Ferrisburgh
Gonzalez of Winooski	Pugh of South Burlington	
Jerman of Essex	Savage of Swanton	

Rep. Browning of Arlington explained her vote as follows:

“Mr. Speaker:

I vote no because the several worthy spending proposals within these sections of the bill should have been incorporated into the regular budget rather than financed through narrowly targeted additional increased taxes that are unlikely to be able to cover their costs. In fact, they should have been dealt with in previous years and might have been if the majority had not been chasing single payer mirages and misspecifying and mismanaging the construction of a website. If these are so important find room for them in the existing budget and revenue stream.”

Rep. Donahue of Northfield explained her vote as follows:

“Mr. Speaker:

This bill increases the budget and raises taxes in addition to the budget and tax bills already passed by this body. The critical budget items in it were derailed when we excised them from our overall budget. This divide and conquer process was a disingenuous way of significantly increasing our total state budget.”

Rep. Olsen of Londonderry explained his vote as follows:

“Mr. Speaker:

We are spending Medicaid dollars to pay for services that have such questionable medical value that they are not even eligible for reimbursement under Medicare or Medicaid programs in 48 other states. We cannot afford to increase taxes any further until we take a hard look at how we are spending our limited resources. At the very least, we need to listen to what the science tells us.”

Rep. Poirier of Barre City explained his vote as follows:

“Mr. Speaker:

I cannot support S-139 as amended by the Ways and Means Committee. The funding source is as regressive as it gets and for that reason I voted no.”

Thereupon, the fourth instance of amendment (Se. 33) was agreed to.

Pending the question, Shall the bill be read a third time? **Rep. Turner of Milton** 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 read a third time? was decided in the affirmative. Yeas, 82. Nays, 57.

Those who voted in the affirmative are:

Ancel of Calais	Frank of Underhill	Nuovo of Middlebury
Bartholomew of Hartland	French of Randolph	O'Brien of Richmond
Baser of Bristol	Grad of Moretown	O'Sullivan of Burlington
Berry of Manchester	Greshin of Warren	Patt of Worcester
Bissonnette of Winooski	Haas of Rochester	Pearson of Burlington
Botzow of Pownal	Head of South Burlington	Rachelson of Burlington
Briglin of Thetford	Hooper of Montpelier	Ram of Burlington
Burke of Brattleboro	Jewett of Ripton	Russell of Rutland City
Buxton of Tunbridge	Johnson of South Hero	Ryerson of Randolph
Carr of Brandon	Keenan of St. Albans City	Sharpe of Bristol
Chesnut-Tangerman of Middletown Springs	Kitzmiller of Montpelier	Sheldon of Middlebury
Christie of Hartford	Klein of East Montpelier	Stevens of Waterbury
Clarkson of Woodstock	Komline of Dorset	Stuart of Brattleboro
Cole of Burlington	Krebs of South Hero	Sullivan of Burlington
Connor of Fairfield	Krowinski of Burlington	Sweaney of Windsor
Conquest of Newbury	Lalonde of South Burlington	Till of Jericho
Copeland-Hanzas of Bradford	Lanpher of Vergennes	Toleno of Brattleboro
Dakin of Chester	Lenes of Shelburne	Toll of Danville
Davis of Washington *	Lippert of Hinesburg	Townsend of South Burlington
Deen of Westminster	Long of Newfane	Troiano of Stannard
Donovan of Burlington	Lucke of Hartford	Walz of Barre City
Eastman of Orwell	Macaig of Williston	Webb of Shelburne
Ellis of Waterbury	Manwaring of Wilmington	Woodward of Johnson
Emmons of Springfield	Martin of Wolcott	Yantachka of Charlotte
Evans of Essex	Masland of Thetford	Young of Glover
Fields of Bennington	McCormack of Burlington	Zagar of Barnard
Forguites of Springfield	McCullough of Williston	
	Miller of Shaftsbury	
	Morris of Bennington	

Those who voted in the negative are:

Bancroft of Westford	Beyor of Highgate	Browning of Arlington
Batchelor of Derby	Branagan of Georgia	Burditt of West Rutland
Beck of St. Johnsbury	Brennan of Colchester	Canfield of Fair Haven

Corcoran of Bennington	Huntley of Cavendish	Potter of Clarendon
Cupoli of Rutland City	Juskiewicz of Cambridge	Purvis of Colchester *
Dakin of Colchester	LaClair of Barre Town	Quimby of Concord
Dame of Essex	Lawrence of Lyndon	Scheuermann of Stowe
Dickinson of St. Albans Town	Lefebvre of Newark	Shaw of Pittsford
Donahue of Northfield	Lewis of Berlin	Sibilia of Dover
Fagan of Rutland City	Marcotte of Coventry	Smith of New Haven
Feltus of Lyndon	Martel of Waterford	Strong of Albany
Fiske of Enosburgh	McCoy of Poultney	Tate of Mendon
Gage of Rutland City	McFaun of Barre Town	Terenzini of Rutland Town
Gamache of Swanton	Morrissey of Bennington	Trieber of Rockingham
Graham of Williamstown	Murphy of Fairfax	Turner of Milton *
Hebert of Vernon	Myers of Essex	Viens of Newport City
Helm of Fair Haven	Olsen of Londonderry	Willhoit of St. Johnsbury
Higley of Lowell	Parent of St. Albans City	Wright of Burlington
Hubert of Milton	Pearce of Richford	
	Poirier of Barre City	

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

Condon of Colchester	Mrowicki of Putney	Shaw of Derby
Devereux of Mount Holly	Partridge of Windham	Van Wyck of Ferrisburgh
Gonzalez of Winooski	Pugh of South Burlington	
Jerman of Essex	Savage of Swanton	

Rep. Davis of Washington explained her vote as follows:

“Mr. Speaker:

I voted in support of S.139 because it is a baby step forward. I hope in the next half of the biennium House Health Care will continue moving ahead by taking up a bill I introduced with guiding principles to put us on a path to financing affordable, high quality health care as a public good. I look forward to continuing the conversation of universal healthcare for all. Thank you.”

Rep. Turner of Milton explained his vote as follows:

“Mr. Speaker:

My ‘no’ vote is in opposition to expanding programs at a time when Vermonters are saying enough is enough both on taxes and on VT Health Connect. This bill raises nearly \$45 million dollars of new taxes cumulative over the next three years. While a large amount, it is not even enough to cover all estimated costs associated with programs created by this bill. Poor management of the VT Health Connect operations has cost millions and continues to cause thousands of Vermonters heartache and discontent annually. It’s time for this legislature to listen to Vermonters’ wishes, abandon the failed VT Health Connect and stop raising taxes.”

Rep. Purvis of Colchester explained his vote as follows:

“Mr. Speaker:

I voted ‘no’ because we can’t expect to add more new taxes for Vermonters on a failed system and expect them to feel good.”

Action on Bill Postponed

S. 60

House bill, entitled

An act relating to payment for medical examinations for victims of sexual assault

Was taken up and on motion of **Rep. Morris of Bennington**, action on the bill was postponed until the next legislative day.

Action on Bill Postponed

H. 488

House bill, entitled

An act relating to the State’s Transportation Program and miscellaneous changes to laws related to transportation

Was taken up and on motion of **Rep. Brennan of Colchester**, action on the bill was postponed until May 6, 2015.

Committee of Conference Appointed

S. 115

Pursuant to the request of the Senate for a Committee of Conference on the disagreeing votes of the two Houses on House bill, entitled

An act relating to expungement of convictions based on conduct that is no longer criminal

The Speaker appointed as members of the Committee of Conference on the part of the House:

Rep. Grad of Moretown

Rep. Nuovo of Middlebury

Rep. Burditt of West Rutland

Message from the Senate No. 55

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. 25. An act relating to natural burial grounds.

And has passed the same in concurrence.

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

S. 13. An act relating to the Vermont Sex Offender Registry.

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

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

S. 122. An act relating to miscellaneous changes to laws related to motor vehicles, motorboats, and other vehicles.

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

Adjournment

At seven o'clock and twenty-three 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.