Journal of the Senate

TUESDAY, APRIL 18, 2017

The Senate was called to order by the President.

Devotional Exercises

A moment of silence was observed in lieu of devotions.

Pledge of Allegiance

The President then led the members of the Senate in the pledge of allegiance.

Joint Senate Resolution Adopted on the Part of the Senate

J.R.S. 31.

Joint Senate resolution of the following title was offered, read and adopted on the part of the Senate, and is as follows:

By Senator Ashe,

J.R.S. 31. Joint resolution relating to weekend adjournment.

Resolved by the Senate and House of Representatives:

That when the two Houses adjourn on Friday, April 21, 2017, it be to meet again no later than Tuesday, April 25, 2017.

Message from the Governor

Appointments Referred

A message was received from the Governor, by Brittney L. Wilson, Secretary of Civil and Military Affairs, submitting the following appointments, which were referred to committees as indicated:


To the Committee on Economic Development, Housing and General Affairs.

Menard, Lisa of Waterbury - Commissioner of the Department of Corrections - from April 7, 2017, to February 28, 2019.

To the Committee on Institutions.
Message of Appointment
Appointment Referred

A message was received from the Former Governor, Peter E. Shumlin, submitting the following appointment with supporting affidavit, which was referred to a committee as indicated:

Lunge, Robin of Berlin - Member of the Green Mountain Care Board - from November 28, 2016, to November 27, 2022.

To the Committee on Health and Welfare.

Bills Referred

House bills of the following titles were severally read the first time and referred:

**H. 327.**

An act relating to the charter of the Northeast Kingdom Solid Waste Management District.

To the Committee on Rules.

**H. 356.**

An act relating to approval of amendments to the charter of the Town of Berlin.

To the Committee on Rules.

**H. 492.**

An act relating to the Racial Justice Oversight Board.

To the Committee on Rules.

**H. 523.**

An act relating to fair and impartial policing.

To the Committee on Rules.

Proposals of Amendment; Third Reading Ordered

**H. 507.**

Senator Lyons, for the Committee on Health and Welfare, to which was referred House bill entitled:

An act relating to Next Generation Medicaid ACO pilot project reporting requirements.

Reported recommending that the Senate propose to the House to amend the bill as follows:
First: In Sec. 1, Next Generation Medicaid ACO pilot project reports, in subsection (a), following “Health Reform Oversight Committee,” by inserting the Green Mountain Care Board.

Second: In Sec. 1, Next Generation Medicaid ACO pilot project reports, in subsection (a), at the end subdivision (3), by adding before the semicolon, for which quarterly data is available

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

Sec. 3. 2016 Acts and Resolves No. 165, Sec. 6 is amended to read:

Sec. 6. OUT-OF-POCKET PRESCRIPTION DRUG LIMITS; 2018 PILOT; REPORTS

(a) The Department of Vermont Health Access shall convene an advisory group to develop options for bronze-level qualified health benefit plans to be offered on the Vermont Health Benefit Exchange for the 2018 and 2019 plan years, including:

(1) one or more plans with a higher out-of-pocket limit on prescription drug coverage than the limit established in 8 V.S.A. § 4089i; and

(2) two or more plans with an out-of-pocket limit at or below the limit established in 8 V.S.A. § 4089i.

* * *

(c)(1) The advisory group shall meet at least six times prior to the Department submitting plan designs to the Green Mountain Care Board for approval.

(2) In developing the standard qualified health benefit plan designs for the 2018 and 2019 plan years, the Department of Vermont Health Access shall present the recommendations of the advisory committee established pursuant to subsection (a) of this section to the Green Mountain Care Board.

(d)(1) Prior to the date on which qualified health plan forms must be filed with the Department of Financial Regulation pursuant to 8 V.S.A. § 4062, a health insurer offering qualified health benefit plans on the Vermont Health Benefit Exchange shall seek approval from the Green Mountain Care Board to modify the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i for one or more nonstandard bronze-level plans. In considering an insurer’s request, the Green Mountain Care Board shall provide an opportunity for the advisory group established in subsection (a) of this section, and any other interested party, to comment on the recommended modifications.

(2)(A) Notwithstanding any provision of 8 V.S.A. § 4089i to the contrary, the Green Mountain Care Board may approve modifications to the
out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i for one or more bronze-level plans for the 2018 and 2019 plan years only.

(B) For the 2018 and 2019 plan years, the Department of Vermont Health Access shall certify at least two standard bronze-level plans that include the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i, as long as the plans comply with federal requirements. Notwithstanding any provision of 8 V.S.A. § 4089i to the contrary, the Department may certify one or more bronze-level qualified health benefit plans with modifications to the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i for the 2018 and 2019 plan years only.

(e)(1)(A) For each individual enrolled in a bronze-level qualified health benefit plan for plan years 2016 and 2017 who had out-of-pocket prescription drug expenditures during the 2016 plan year that met the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i, the health insurer shall, absent an alternative plan selection or plan cancellation by the individual, automatically reenroll the individual in a bronze-level qualified health benefit plan for plan year 2018 with an out-of-pocket prescription drug limit at or below the limit established in 8 V.S.A. § 4089i.

(B) For each individual enrolled in a bronze-level qualified health benefit plan for plan years 2017 and 2018 who had out-of-pocket prescription drug expenditures during the 2017 plan year that met the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i, the health insurer shall, absent an alternative plan selection or plan cancellation by the individual, automatically reenroll the individual in a bronze-level qualified health benefit plan for plan year 2019 with an out-of-pocket prescription drug limit at or below the limit established in 8 V.S.A. § 4089i.

(2) Prior to reenrolling the individual in a plan pursuant to subdivision (1) of this subsection, the health insurer shall notify the individual of the insurer’s intent to reenroll automatically the individual in a bronze-level plan for plan year 2018 or 2019 with an out-of-pocket prescription drug limit at or below the limit established in 8 V.S.A. § 4089i and of the availability of bronze-level plans with higher out-of-pocket prescription drug limits.

(f)(1) The Director of Health Care Reform in the Agency of Administration, in consultation with the Department of Vermont Health Access and the Office of Legislative Council, shall determine whether the Secretary of the U.S. Department of Health and Human Services has the authority under the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the federal Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152 (ACA), to waive annual limitations on out-of-pocket expenses or actuarial value requirements for bronze-level plans, or both. On or before
October 1, 2016, the Director shall present information to the Health Reform Oversight Committee regarding the authority of the Secretary of the U.S. Department of Health and Human Services to waive out-of-pocket limits and actuarial value requirements, the estimated costs of applying for a waiver, and alternatives to a waiver for preserving the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i.

(2) If the Director of Health Care Reform determines that the Secretary has the necessary authority, then on or before March 1, 2017, the Commissioner of Vermont Health Access, with the Director’s assistance, shall apply for a waiver of the cost-sharing or actuarial value limitations, or both, in order to preserve the availability of bronze-level qualified health benefit plans that meet Vermont’s out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i.

(g) On or before February 15, 2017, the Department of Vermont Health Access shall provide to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance:

(1) an overview of the cost-share increase trend for bronze-level qualified health benefit plans offered on the Vermont Health Benefit Exchange for the 2014 through 2017 plan years that were subject to the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i;

(2) detailed information regarding lower cost-sharing amounts for selected services that will be available in bronze-level qualified health benefit plans in the 2018 and 2019 plan years due to the flexibility to increase the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i pursuant to subdivision (d)(2) of this section;

(3) a comparison of the bronze-level qualified health benefit plans offered in the 2018 and 2019 plan years in which there will be flexibility in the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i with the plans in which there will not be flexibility;

(4) information about the process engaged in by the advisory group established in subsection (a) of this section and the information considered to determine modifications to the cost-sharing amounts in all bronze-level qualified health benefit plans for the 2018 and 2019 plan years, including prior year utilization trends, feedback from consumers and health insurers, Health Benefit Exchange outreach and education efforts, and relevant national studies;

(5) cost-sharing information for standard bronze-level qualified health benefit plans from states with federally facilitated exchanges compared to those on the Vermont Health Benefit Exchange; and
(6) an overview of the outreach and education plan for enrollees in bronze-level qualified health benefit plans offered on the Vermont Health Benefit Exchange.

(h) On or before February 1, 2018, the Department of Vermont Health Access shall report to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance:

(1) enrollment trends in bronze-level qualified health benefit plans offered on the Vermont Health Benefit Exchange; and

(2) recommendations from the advisory group established pursuant to subsection (a) of this section regarding:

(A) continuation of the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i; and

(B) options for statutory or regulatory changes to ensure the continued availability of bronze-level plans on the Vermont Health Benefit Exchange.

And by renumbering the remaining section (effective date) to be numerically correct.

And that the bill ought to pass in concurrence with such proposals of amendment.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, and pending the question, Shall the Senate propose to the House that the bill be amended as recommended by the Committee on Health and Welfare?, Senators Sirotkin, Ashe and Mullin moved to amend the proposals of amendment of the Committee on Health and Welfare, as follows:

In Sec. 3, 2016 Acts and Resolves No. 165, Sec. 6, as follows:

First: In subsection (e), by striking out subdivision (2) in its entirety and inserting in lieu thereof the following:

(2) Prior to reenrolling an individual in a plan pursuant to subdivision (1) of this subsection, the health insurer shall notify the individual of the insurer’s intent to reenroll automatically the individual automatically in a bronze-level qualified health benefit plan for the forthcoming plan year 2018 with an out-of-pocket prescription drug limit at or below the limit established in 8 V.S.A. § 4089i unless the individual contacts the insurer to select a different plan, and of the availability of bronze-level plans with higher out-of-pocket prescription drug limits. The health insurer shall collaborate with the consumer organization members of the advisory group established in subsection (a) of this section as to the notification’s form and content.
Second: In subsection (h), by striking out subdivision (2) in its entirety and inserting in lieu thereof a new subdivision (2) to read as follows:

(2) recommendations from the advisory group established pursuant to subsection (a) of this section regarding continuation of the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i:

   (A) whether there is a need for flexibility in the design of bronze-level plans on the Vermont Health Benefit Exchange for plan years after plan year 2019; and

   (B) if there is a continued need for flexibility in the design of bronze plans, options for enabling that flexibility without limiting or eroding the value or availability of the protection afforded by the out-of-pocket prescription drug limit established in 8 V.S.A. § 4089i.

Which was agreed to.

Thereupon, the pending question, Shall the Senate propose to the House that the bill be amended as proposed by the Committee on Health and Welfare, as amended? was agreed to.

Thereupon, third reading of the bill was ordered.

Proposal of Amendment; Bill Passed in Concurrence with Proposal of Amendment

H. 265.

House bill entitled:

An act relating to the State Long-Term Care Ombudsman.

Was taken up.

Thereupon, pending third reading of the bill, Senator Ingram moved to amend the Senate proposal of amendment in Sec. 4, in 33 V.S.A. § 6952(d), by striking out the second sentence in its entirety.

Which was agreed to.

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

Proposal of Amendment; Third Reading Ordered

H. 3.

Senator Balint, for the Committee on Economic Development, Housing and General Affairs, to which was referred House bill entitled:

An act relating to burial depth in cemeteries.
Reported recommending that the Senate propose to the House to amend the bill as follows:

In Sec. 1, 18 V.S.A. § 5319(b), in subdivision (1), by inserting after the first sentence, a second sentence to read as follows:

Nothing in this subdivision shall be construed to prohibit the interment of a human body at a depth greater than three and one-half feet below the surface of the ground.

And that the bill ought to pass in concurrence with such proposal of amendment.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, the proposal of amendment was agreed to, and third reading of the bill was ordered.

Proposal of Amendment; Third Reading Ordered

H. 136.

Senator Sirotkin, for the Committee on Economic Development, Housing and General Affairs, to which was referred House bill entitled:

An act relating to accommodations for pregnant employees.

Reported recommending that the Senate propose to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 21 V.S.A. § 495d is amended to read:

§ 495d. DEFINITIONS

As used in this subchapter:

* * *

(14) “Pregnancy-related condition” means a limitation of an employee’s ability to perform the functions of a job caused by pregnancy, childbirth, or a medical condition related to pregnancy or childbirth.

Sec. 2. 21 V.S.A. § 495k is added to read:

§ 495k. ACCOMMODATIONS FOR PREGNANCY-RELATED CONDITIONS

(a)(1) It shall be an unlawful employment practice for an employer to fail to provide a reasonable accommodation for an employee’s pregnancy-related condition, unless it would impose an undue hardship on the employer.
(2) An employee with a pregnancy-related condition, regardless of whether the employee is an “individual with a disability” as defined in subdivision 495d(5) of this subchapter, shall have the same rights and be subject to the same standards with respect to the provision of a reasonable accommodation, pursuant to this subchapter, as a qualified individual with a disability as defined in subdivision 495d(6) of this subchapter.

(b) Nothing in this section shall be construed to diminish the rights, privileges, or remedies of an employee pursuant to federal or State law, a collective bargaining agreement, or an employment contract.

(c) An employer shall post notice of the provisions of this section in a form provided by the Commissioner in a place conspicuous to employees at the employer's place of business.

Sec. 3. EFFECTIVE DATE

This act shall take effect on January 1, 2018.

And that the bill ought to pass in concurrence with such proposal of amendment.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, the proposal of amendment was agreed to, and third reading of the bill was ordered.

Proposal of Amendment; Third Reading Ordered

H. 145.

Senator Cummings, for the Committee on Health and Welfare, to which was referred House bill entitled:

An act relating to establishing the Mental Health Crisis Response Commission.

Reported recommending that the Senate propose to the House to amend the bill as follows:

First: In Sec. 1, 18 V.S.A. § 7257a, by striking out subdivision (b)(2) in its entirety and inserting in lieu thereof a new subdivision (b)(2) to read as follows:

(2) The review process shall not commence until any criminal prosecution arising out of the incident is concluded or the Attorney General and State’s Attorney provide written notice to the Commission that no criminal charges shall be filed.

Second: In Sec. 1, 18 V.S.A. § 7257a, in subsection (i), in the first sentence, by striking out the following: “on or before January 15 of the first
year of the biennium” and inserting in lieu thereof the following: as the Commission deems necessary, but no less frequently than once per calendar year

And that the bill ought to pass in concurrence with such proposals of amendment.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, the proposals of amendment were collectively agreed to, and third reading of the bill was ordered.

Proposal of Amendment; Bill Recommitted

H. 144.

Senator Degree, for the Committee on Finance, to which was referred House bill entitled:

An act relating to the membership of the Nuclear Decommissioning Citizens Advisory Panel.

Reported recommending that the Senate propose to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 18 V.S.A. § 1700 is amended to read:

§ 1700. CREATION; MEMBERSHIP; OFFICERS; QUORUM

(a) There is created a Nuclear Decommissioning Citizens Advisory Panel which shall consist of the following:

(1) The Secretary of Human Services, ex officio, or designee.
(2) The Secretary of Natural Resources, ex officio, or designee.
(3) The Commissioner of Public Service, ex officio, or designee.
(4) The Secretary of Commerce and Community Development, ex officio, or designee.
(5) One member of the House Committee on Natural Resources and Energy and Technology, chosen by the Speaker of the House.
(6) One member of the Senate Committee on Natural Resources and Energy, chosen by the Committee on Committees.
(7) One representative of the Windham Regional Commission or designee, selected by the Regional Commission.
(8) One representative of the Town of Vernon or designee, selected by the legislative body of that town.
Six members of the public, two each selected by the Governor, the Speaker of the House, and the President Pro Tempore of the Senate. Under this subdivision, each appointing authority initially shall appoint a member for a three-year term and a member for a four-year term. Subsequent appointments under this subdivision shall be for terms of four years.

Two representatives of the owners of the Vermont Yankee Nuclear Power Station (VYNPS or Station) selected by the owner of the Station.

A representative of the International Brotherhood of Electric Workers (IBEW) selected by the IBEW who shall be a present or former employee at the VYNPS.

One member who will represent collectively the Towns of Chesterfield, Hinsdale, Richmond, Swanzey, and Winchester, New Hampshire, when selected by the Governor of New Hampshire at the invitation of the Commissioner of Public Service.

One member who will represent collectively the Towns of Bernardston, Colrain, Gill, Greenfield, Leyden, Northfield, and Warwick, Massachusetts, when selected by the Governor of Massachusetts at the invitation of the Commissioner of Public Service.

Sec. 2. EFFECTIVE DATE

This act shall take effect on passage.

And that the bill ought to pass in concurrence with such proposal of amendment.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, and pending the question, Shall the bill be amended as recommended by the Committee on Finance?, Senator Sears moved that the bill be committed to the Committee on Government Operations.

Thereupon, Senator Sears, requested and was granted leave to withdraw his motion.

Thereupon, Senator Degree moved that the bill be recommitted to the Committee on Finance, which was agreed to.

Proposal of Amendment; Third Reading Ordered

H. 184.

Senator Ayer, for the Committee on Health and Welfare, to which was referred House bill entitled:

An act relating to evaluation of suicide profiles.
Reported recommending that the Senate propose to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. EVALUATION OF SUICIDE PROFILES

(a) On or before January 15, 2018, the Secretary of Human Services or designee shall present to the Senate Committee on Health and Welfare and to the House Committee on Health Care a summary of the Agency’s internal Public Health Suicide Stat process results and any analyses or reports completed in relation to the Agency’s participation in the Centers for Disease Control and Prevention’s National Violent Death Reporting System, including what methods the Agency currently uses or plans to use to:

1. determine trends and patterns of suicide deaths;
2. identify and evaluate the prevalence of risk factors for preventable deaths;
3. evaluate high-risk factors, current practices, gaps in systematic responses, and barriers to safety and well-being for individuals at risk for suicide; and
4. inform the implementation of suicide prevention activities and supporting the prioritization of suicide prevention resources and activities.

(b) On or before Jan. 15, 2019, the Secretary shall present plans to the Senate Committee on Health and Welfare and to the House Committee on Health Care describing how data relevant to subdivisions (a)(1)–(4) of this section shall be collected after the National Violent Death Reporting System grant expires.

(c) On or before January 15, 2020, the Secretary shall submit a report to the Senate Committee on Health and Welfare and to the House Committee on Health Care summarizing:

1. any information from the Agency’s final National Violent Death Reporting System analysis relevant to subdivisions (a)(1)–(4) of this section; and
2. the Agency’s recommendations and action plans resulting from its final National Violent Death Reporting System analysis and any additional Agency-led initiatives.

(d) The presentation and report required by subsections (a) and (b) of this section shall not contain any personally identifying information.
Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2017.

And that the bill ought to pass in concurrence with such proposal of amendment.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, the proposal of amendment was agreed to, and third reading of the bill was ordered.

Proposal of Amendment; Third Reading Ordered

H. 462.

Senator Baruth, for the Committee on Economic Development, Housing and General Affairs, to which was referred House bill entitled:

An act relating to social media privacy for employees.

Reported recommending that the Senate propose to the House to amend the bill in Sec. 1, 21 V.S.A. § 495k, in subsection (e), by adding a subdivision (4) to read as follows:

(4) Nothing in this section shall be construed to prevent an employer from complying with the requirements of State or federal law.

And that the bill ought to pass in concurrence with such proposal of amendment.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, the proposal of amendment was agreed to, and third reading of the bill was ordered.

Proposal of Amendment; Third Reading Ordered

H. 502.

Senator Nitka, for the Committee on Judiciary, to which was referred House bill entitled:

An act relating to modernizing Vermont’s parentage laws.

Reported recommending that the Senate propose to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. FINDINGS AND INTENT

Current Vermont law provides detailed guidance as to the legal and physical rights and responsibilities of parents, if they marry and divorce, with respect to their biological children or stepchildren. However, statutory law has not kept
pace with the changing nature of today’s families. Through this act, the General Assembly seeks to assemble attorneys and members with particular expertise in these matters, who can examine parentage laws in other jurisdictions and develop a proposal for the General Assembly to consider during the 2018 legislative session that integrates with our existing laws best practices for providing for the best interest of the child in various types of parentage proceedings.

Sec. 2. PARENTAGE STUDY COMMITTEE

(a) Creation. There is created the Parentage Study Committee to examine and provide recommendations with regard to modernizing Vermont’s parentage laws in recognition of the changing nature of the family.

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

(1) a judge or Justice appointed by the Chief Superior Judge;

(2) a member appointed by the Commissioner for Children and Families;

(3) an attorney appointed by the Director of the Office of Child Support;

(4) two members appointed by the Vermont Bar Association who are attorneys experienced in parentage issues related to reproductive technology and surrogacy; and

(5) one member who is a medical professional with expertise in reproductive technology, who is appointed by the other members of the Committee at its first meeting.

(c) Powers and duties. The Committee shall study how Vermont’s parentage laws should be updated to address various issues that have come before the courts in recent years and issues that have arisen and been addressed in other New England states on these matters, including assisted reproductive technology and de facto parentage.

(d) Report. On or before October 1, 2017, the Committee shall submit a written report to the House and Senate Committees on Judiciary, the Senate Committee on Health and Welfare, and the House Committee on Human Services with its findings and recommendations for legislative action.

Sec. 3. EFFECTIVE DATE

This act shall take effect on passage.

And that the bill ought to pass in concurrence with such proposal of amendment.
Thereupon, the bill was read the second time by title only pursuant to Rule 43, the proposal of amendment was agreed to, and third reading of the bill was ordered.

**House Proposal of Amendment Concurred In**

**S. 14.**

House proposal of amendment to Senate bill entitled:

An act relating to expanding the Vermont Practitioner Recovery Network.

Was taken up.

The House proposes to the Senate to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

** *** Podiatrists *** **

Sec. 1. 26 V.S.A. § 374 is amended to read:

§ 374. FEES; LICENSES

Applicants and persons regulated under this chapter shall pay the following fees:

(1) Application for licensure, $650.00; the Board shall use at least $25.00 of this fee to support the cost of maintaining the Vermont Practitioner Recovery Network, which, for the protection of the public, monitors recovering chemically dependent licensees for the protection of the public and evaluates, coordinates services for, and promotes rehabilitation of licensees who have or potentially have an impaired ability to practice medicine with reasonable skill and safety.

(2) Biennial renewal, $525.00; the Board shall use at least $25.00 of this fee to support the cost of maintaining the Vermont Practitioner Recovery Network, which, for the protection of the public, monitors recovering chemically dependent licensees for the protection of the public and evaluates, coordinates services for, and promotes rehabilitation of licensees who have or potentially have an impaired ability to practice medicine with reasonable skill and safety.

** *** Physicians *** **

Sec. 2. 26 V.S.A. § 1395(c) is amended to read:

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

Sec. 3. 26 V.S.A. § 1401a is amended to read:

§ 1401a. FEES
(a) The Department of Health shall collect the following fees:

(1) Application for licensure, $650.00; the Board shall use at least $25.00 of this fee to support the cost of maintaining the Vermont Practitioner Recovery Network, which, for the protection of the public, monitors recovering chemically dependent licensees for the protection of the public and evaluates, coordinates services for, and promotes rehabilitation of licensees who have or potentially have an impaired ability to practice medicine with reasonable skill and safety.

(2) Biennial renewal, $525.00; the Board shall use at least $25.00 of this fee to support the cost of maintaining the Vermont Practitioner Recovery Network, which, for the protection of the public, monitors recovering chemically dependent licensees for the protection of the public and evaluates, coordinates services for, and promotes rehabilitation of licensees who have or potentially have an impaired ability to practice medicine with reasonable skill and safety.

(3) Initial limited temporary license; annual renewal $75.00.

* * *

c) (1) Notwithstanding any other provision of this chapter, a physician who holds an unrestricted license in all jurisdictions where the physician is currently licensed and who meets the criteria of the Board shall be licensed without fee if the physician certifies to the Board that he or she shall limit practice in Vermont solely to providing:

(A) pro bono services at a free or reduced fee health care clinic in Vermont; or

(B) volunteer services through the Vermont Medical Reserve Corps.
(2) A physician, under this subsection, shall file with the Board using forms provided on the Board’s website, information on medical qualifications, professional discipline, criminal record, malpractice claims, or any other such information as the Board may require. A license granted under this subsection shall authorize the licensee to practice medicine either on a voluntary basis at a free or reduced fee clinic in Vermont or in connection with the Vermont Medical Reserve Corps, respectively.

*** Anesthesiologist Assistants ***

Sec. 4. 26 V.S.A. § 1662 is amended to read:

§ 1662. FEES

Applicants and persons regulated under this chapter shall pay the following fees:

(1)(A)(i) Original application for certification, $120.00;

(ii) Each additional application, $55.00;

(B) The Board shall use at least $10.00 of these fees to support the cost of maintaining the Vermont Practitioner Recovery Network, which, for the protection of the public, monitors recovering chemically dependent licensees for the protection of the public and evaluates, coordinates services for, and promotes rehabilitation of licensees who have or potentially have an impaired ability to practice medicine with reasonable skill and safety.

(2)(A)(i) Biennial renewal, $120.00;

(ii) Each additional renewal, $55.00;

(B)(i) The Board shall use at least $10.00 of these fees to support the cost of maintaining the Vermont Practitioner Recovery Network, which, for the protection of the public, monitors recovering chemically dependent licensees for the protection of the public and evaluates, coordinates services for, and promotes rehabilitation of licensees who have or potentially have an impaired ability to practice medicine with reasonable skill and safety.

(ii) In addition to the fee, an applicant for certification renewal shall submit evidence in a manner acceptable to the Board that he or she continues to meet the certification requirements of the NCCAA.

(3) Transfer of certification, $20.00.
Sec. 5. 26 V.S.A. § 1740 is amended to read:

§ 1740. FEES

Applicants and persons regulated under this chapter shall pay the following fees:

(1) Original application for licensure, $225.00; the Board shall use at least $10.00 of this fee to support the cost of maintaining the Vermont Practitioner Recovery Network, which, for the protection of the public, monitors recovering chemically dependent licensees for the protection of the public and evaluates, coordinates services for, and promotes rehabilitation of licensees who have or potentially have an impaired ability to practice medicine with reasonable skill and safety.

(2) Biennial renewal, $215.00; the Board shall use at least $10.00 of this fee to support the cost of maintaining the Vermont Practitioner Recovery Network, which, for the protection of the public, monitors recovering chemically dependent licensees for the protection of the public and evaluates, coordinates services for, and promotes rehabilitation of licensees who have or potentially have an impaired ability to practice medicine with reasonable skill and safety.

Sec. 6. 26 V.S.A. § 2862 is amended to read:

§ 2862. FEES

Applicants and persons regulated under this chapter shall pay the following fees:

(1)(A)(i) Original application for certification $120.00;

(ii) Each additional application $55.00;

(B) The Board shall use at least $10.00 of these fees to support the cost of maintaining the Vermont Practitioner Recovery Network, which, for the protection of the public, monitors recovering chemically dependent licensees for the protection of the public and evaluates, coordinates services for, and promotes rehabilitation of licensees who have or potentially have an impaired ability to practice medicine with reasonable skill and safety.

(2)(A)(i) Biennial renewal $120.00;

(ii) Each additional renewal $55.00;

(B)(i) The Board shall use at least $10.00 of these fees to support the cost of maintaining the Vermont Practitioner Recovery Network, which, for
the protection of the public, monitors recovering chemically dependent licensees for the protection of the public, and evaluates, coordinates services for, and promotes rehabilitation of licensees who have or potentially have an impaired ability to practice medicine with reasonable skill and safety.

(ii) In addition to the fee, an applicant for certification renewal shall submit evidence in a manner acceptable to the Board that he or she continues to meet the certification requirements of the ARRT and is licensed as a radiologic technologist under chapter 51 of this title.

(3) Transfer of certification

$20.00.

* * * Effective Date * * *

Sec. 7. EFFECTIVE DATE

This act shall take effect on July 1, 2017.

Thereupon, the question, Shall the Senate concur in the House proposal of amendment?, was decided in the affirmative.

Committee Relieved of Further Consideration

H. 513.

On motion of Senator Baruth, the Committee on Finance was relieved of further consideration of House bill entitled:

An act relating to making miscellaneous changes to education law,

Thereupon, on motion of Senator Baruth, the rules were suspended and the bill was ordered placed on the Calendar for action on Wednesday, April 19, 2017.

Committee Relieved of Further Consideration; Bill Committed

H. 510.

On motion of Senator Bray, the Committee on Natural Resources and Energy was relieved of further consideration of House bill entitled:

An act relating to the cost share for State agricultural water quality financial assistance grants,

and the bill was committed to the Committee on Agriculture.

Message from the House No. 47

A message was received from the House of Representatives by Ms. Rebecca Silbernagel, its Second Assistant Clerk, as follows:

Mr. President:

I am directed to inform the Senate that:
The House has passed House bills of the following titles:

**H. 197.** An act relating to mental health parity for workers’ compensation.

**H. 520.** An act relating to approval of amendments to the charter of the Town of Stowe.

In the passage of which the concurrence of the Senate is requested.

The House has considered bills originating in the Senate of the following titles:

**S. 22.** An act relating to increased penalties for possession, sale, and dispensation of fentanyl.

**S. 56.** An act relating to life insurance policies and the Vermont Uniform Securities Act.

And has passed the same in concurrence with proposals of amendment in the adoption of which the concurrence of the Senate is requested.

The House has adopted joint resolution of the following title:

**J.R.H. 7.** Joint resolution authorizing the Green Mountain Boys State educational program to use the State House.

In the adoption of which the concurrence of the Senate is requested.

**Adjournment**

On motion of Senator Ashe, the Senate adjourned until nine o’clock and thirty minutes in the morning.