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H.742

Introduced by Representatives Harrison of Chittenden, Austin of Colchester,
Bancroft of Westford, Burditt of West Rutland, Burke of
Brattleboro, Canfield of Fair Haven, Colston of Winooski,
Cordes of Lincoln, Dolan of Waitsfield, Fegard of Berkshire,
Gannon of Wilmington, Gardner of Richmond, Goslant of
Northfield, Graham of Williamstown, Hango of Berkshire,
Hashim of Dummerston, Helm of Fair Haven, Hooper of
Randolph, Jerome of Brandon, Morgan of Milton, Nicoll of
Ludlow, Notte of Rutland City, Noyes of Wolcott, O'Brien of
Tunbridge, Pajala of Londonderry, Palasik of Milton, Redmond
of Essex, Reed of Braintree, Rogers of Waterville, Rosenquist
of Georgia, Shaw of Pittsford, Sibia of Dover, Smith of Derby,
Troiano of Stannard, Wood of Waterbury, and Yantachka of
Charlotte

Referred to Committee on

Date:

Subject: Health; Department of Health; emergency medical services;
appropriations

Statement of purpose of bill as introduced: This bill proposes to appropriate
\$750,000.00 to the Department of Health in fiscal year 2021 to provide grants

1 to emergency medical technician and paramedic training programs. It would
2 also authorize the Department to use up to \$750,000.00 annually for these
3 grants from the funds appropriated to the Department for emergency medical
4 personnel training. It would generate the revenue needed for the grants by
5 increasing the amount of the assessment on insurance companies for the Fire
6 Safety Special Fund.

7
8 ~~An act relating to grants for emergency medical personnel training~~
9 *An act relating to Vermont's response to COVID-19*

10 It is hereby enacted by the General Assembly of the State of Vermont:

11 ~~Sec. 1. 18 V.S.A. § 906 is amended to read:~~

12 § 906. EMERGENCY MEDICAL SERVICES DIVISION;

13 RESPONSIBILITIES

14 To implement the policy of section 901 of this title, the Department of
15 Health shall be responsible for:

16 * * *

17 (6)(A) Training, or assisting in the training of, emergency medical
18 personnel, including using up to \$750,000.00 of the monies in the Emergency
19 Medical Services Fund established pursuant to section 908 of this chapter or
20 other monies appropriated to the Department for emergency medical personnel
21 training as follows.

1 ~~(i) 50 percent shall be used for competitive grants to emergency~~
2 medical technician training programs based on documented regional and
3 multiagency support;

4 ~~(ii) 25 percent shall be used to support the online, distance-~~
5 learning emergency medical technician training opportunities developed by the
6 Department pursuant to subsection 908(b) of this chapter and to support
7 partnerships with regional ambulance services to provide practical education
8 and skill development; and

9 ~~(iii) 25 percent shall be used to provide tuition reimbursement~~
10 grants to newly licensed paramedics serving Vermont communities.

11 ~~(B) The Department shall adopt rules in accordance with 3 V.S.A.~~
12 chapter 25 to specify eligibility criteria for applicants to receive grants under
13 subdivision (A) of this subdivision. The Department's rules shall include a
14 requirement that recipient programs offer their training courses at no or low
15 cost to participants who intend to provide volunteer services as a member of a
16 local or regional first responder service.

17 * * *

18 Sec. 2. 18 V.S.A. § 908 is amended to read:

19 § 908. EMERGENCY MEDICAL SERVICES SPECIAL FUND

20 (a) The Emergency Medical Services Fund is established as a special fund
21 pursuant to 32 V.S.A. chapter 7, subchapter 5 comprising revenues received by
22 the Department from the Fire Safety Special Fund, pursuant to 32 V.S.A. §

1 ~~8557(a), that are designated for this Special Fund; and public and private~~
2 sources, such as gifts, grants, and donations, together with additions and
3 interest accruing to the Fund. The Commissioner of Health shall administer
4 the Fund to the extent funds are available to support online and regional
5 training programs, data collection and analysis, and other activities relating to
6 the training of emergency medical personnel and delivery of emergency
7 medical services and ambulance services in Vermont, as determined by the
8 Commissioner, after consulting with the EMS Advisory Committee established
9 under section 909 of this title. Any balance at the end of the fiscal year shall
10 be carried forward in the Fund.

11 (b) From the funds in the Emergency Medical Services ~~Special~~ Fund, the
12 Commissioner of Health shall develop and implement by September 1, 2012
13 online training opportunities and offer regional classes to enable individuals to
14 comply with the requirements of subdivision 906(1)(C) of this title.

15 Sec. 3. 32 V.S.A. § 8557 is amended to read:

16 § 8557. VERMONT FIRE SERVICE TRAINING COUNCIL

17 (a)(1) Sums for the expenses of the operation of training facilities and
18 curriculum of the Vermont Fire Service Training Council not to exceed
19 ~~\$1,200,000.00~~ \$1,950,000.00 per year shall be paid to the Fire Safety Special
20 Fund created by 20 V.S.A. § 3157 by insurance companies, writing fire,
21 ~~homeowners multiple peril, allied lines, farm owners multiple peril,~~

1 ~~ercial multiple peril (fire and allied lines), private passenger and commercial~~
2 auto, and inland marine policies on property and persons situated within the
3 State of Vermont within 30 days after notice from the Commissioner of
4 Financial Regulation of such estimated expenses. Captive companies shall be
5 excluded from the effect of this section.

6 (2) The Commissioner shall annually, on or before July 1, apportion
7 such charges among all such companies and shall assess them for the charges
8 on a fair and reasonable basis as a percentage of their gross direct written
9 premiums on such insurance written during the second prior calendar year on
10 property situated in the State. The Department of Taxes shall collect all
11 assessments under this section.

12 (3) An amount not less than \$100,000.00 shall be specifically allocated
13 to the provision of what are now or formerly referred to as Level I, units I, II,
14 and III (basic) courses for entry-level firefighters.

15 (4) An amount not less than ~~\$150,000.00~~ \$900,000.00 shall be
16 specifically allocated to the Emergency Medical Services Special Fund
17 established under 18 V.S.A. § 908 for the provision of training programs for
18 emergency medical technicians, advanced emergency medical technicians, and
19 paramedics.

20 (5) The Department of Health shall present a plan to the Joint Fiscal
21 ~~Committee that shall review the plan prior to the release of any funds.~~

1 ~~(b) All administrative provisions of chapter 151 of this title, including~~
2 ~~those relating to the collection and enforcement of the income tax by the~~
3 ~~Commissioner, shall apply to this section.~~

4 Sec. 4. EMERGENCY MEDICAL PERSONNEL TRAINING;

5 APPROPRIATION

6 The sum of \$750,000.00 is appropriated from the Fire Safety Special Fund
7 to the Emergency Medical Services Fund in fiscal year 2021 for use by the
8 Department of Health for emergency medical personnel training as follows:

9 (1) \$375,000.00 shall be used for competitive grants for emergency
10 medical technician training programs based on documented regional and
11 multiagency support;

12 (2) \$187,500.00 shall be used to support online, distance-learning
13 emergency medical technician training opportunities developed by the
14 Department pursuant to 18 V.S.A. § 908(b) and to support partnerships with
15 regional ambulance services to provide practical education and skill
16 development; and

17 (3) \$187,500.00 shall be used to provide tuition reimbursement grants to
18 newly licensed paramedics serving Vermont communities.

19 Sec. 5. EFFECTIVE DATE

20 This act shall take effect on passage, with the amendments to 32 V.S.A.
21 § 8557 in Sec. 3 of this act to be applied beginning with the charges to be

1 ~~tioned and assessed by the Commissioner of Financial Regulation on or~~
2 ~~before July 1, 2020 in accordance with 32 V.S.A. § 855 (a)(7).~~

~~Sec. 1. EMERGENCY MEDICAL PERSONNEL TRAINING;~~

~~APPROPRIATION~~

~~(a) The sum of \$450,000.00 is appropriated from the Emergency Medical Services Fund to the Department of Health in fiscal year 2021 for purposes of emergency medical personnel training. The Department, in consultation with the Emergency Medical Services Advisory Committee, shall use the monies to provide funding for live and online training opportunities for emergency medical personnel and for other emergency medical personnel training-related purposes. The Department and the Advisory Committee shall prioritize training opportunities for volunteer emergency medical personnel.~~

~~(b) The Department of Health, in consultation with the Emergency Medical Services Advisory Committee, shall develop a plan:~~

~~(1) to ensure that training opportunities for emergency medical personnel are available statewide on an ongoing basis;~~

~~(2) to simplify the funding application and disbursement processes; and~~

~~(3) identifying opportunities to increase representation of the perspectives of volunteer emergency medical personnel in decisions affecting the emergency medical services system.~~

~~(c) On or before January 15, 2021, the Department of Health shall report to the House Committees on Health Care, on Appropriations, and on Government Operations and the Senate Committees on Health and Welfare, on Appropriations, and on Government Operations with an accounting of its use of the funds appropriated to the Department pursuant to subsection (a) of this section and a copy of the plan developed by the Department pursuant to subsection (b) of this section.~~

~~*** State of Emergency; Legislative Intent ***~~

~~Sec. 2. STATE OF EMERGENCY; LEGISLATIVE INTENT~~

~~It is the intent of the General Assembly that, if the coronavirus disease 2019 (COVID-19) pandemic continues its expected spread in the State of Vermont, the Governor should exercise the authority granted by 20 V.S.A. § 9 to declare a state of emergency based on the all-hazards event of the COVID-19 disease-related emergency. In addition to the emergency powers granted to the Governor by 20 V.S.A. §§ 9 and 11 during a state of emergency, such a declaration may initiate opportunities to expand access to necessary health~~

care and human services. For example, 3 V.S.A. § 129(a)(10) allows certain professional licensing boards to issue temporary licenses during a declared state of emergency to health care providers who are licensed in good standing in another state to allow them to practice in Vermont for up to 90 days. These temporary licensees will likely be necessary to help provide critical health care services to Vermonters who become afflicted with COVID-19.

** * * Measures to Support Health Care and Human Service
Provider Sustainability * * **

*Sec. 3. AGENCY OF HUMAN SERVICES; TEMPORARY PROVIDER
TAX WAIVER AUTHORITY*

(a) The Secretary of Human Services may modify or postpone payment of all or a prorated portion of the assessment imposed on hospitals by 33 V.S.A. § 1953 for fiscal year 2020, and may waive, modify, or postpone payment of all or a prorated portion of the assessment imposed by 33 V.S.A. chapter 19, subchapter 2 for one or more other classes of health care providers for fiscal year 2020, if the following three conditions are met:

(1) the Governor has declared a state of emergency as a result of COVID-19;

(2) the action is necessary to preserve the ability of the providers to continue offering necessary health care services; and

(3) the Secretary has obtained the approval of the Joint Fiscal Committee and the Emergency Board as set forth in subsections (b) and (c) of this section.

(b)(1) If the Secretary proposes to waive, modify, or postpone payment of an assessment in accordance with the authority set forth in subsection (a) of this section, the Secretary shall first provide to the Joint Fiscal Committee:

(A) the Secretary's rationale for exercising the authority, including the balance between the fiscal impact of the proposed action on the State budget and the needs of the specific class or classes of providers; and

(B) a plan for mitigating the fiscal impact to the State.

(2) Upon the Joint Fiscal Committee's approval of the plan for mitigating the fiscal impact to the State, the Secretary may waive, modify, or postpone payment of the assessment as proposed unless the mitigation plan includes one or more actions requiring the approval of the Emergency Board.

(c)(1) If the mitigation plan includes one or more actions requiring the approval of the Emergency Board, the Secretary shall obtain the Emergency

~~Board's approval for the action or actions prior to waiving, modifying, or postponing payment of the assessment.~~

~~(2) Upon the Emergency Board's approval of the action or actions, the Secretary may waive, modify, or postpone payment of the assessment as proposed.~~

~~Sec. 4. AGENCY OF HUMAN SERVICES; PROVIDER PAYMENT~~

~~FLEXIBILITY~~

~~(a) Notwithstanding any provision of law to the contrary and upon approval from the Joint Fiscal Committee and Emergency Board as set forth in subsections (b) and (c) of this section, during a declared state of emergency in Vermont as a result of COVID-19, the Agency of Human Services may provide payments in fiscal year 2020 to providers of health care services, long-term care services and supports, home- and community-based services, and child care services in the absence of claims or utilization if a provider's patients or clients are not seeking services due to the COVID-19 pandemic, even if federal matching funds that would otherwise apply are not available, in order to sustain these providers and enable them to continue providing services both during and after the outbreak of COVID-19 in Vermont.~~

~~(b)(1) If the Secretary proposes to provide payments in accordance with the authority set forth in subsection (a) of this section, the Secretary shall first provide to the Joint Fiscal Committee:~~

~~(A) the Secretary's rationale for exercising the authority, including the balance between the fiscal impact of the proposed action on the State budget and the needs of the providers to whom the Secretary proposes to provide the payments; and~~

~~(B) a plan for mitigating the fiscal impact to the State.~~

~~(2) Upon the Joint Fiscal Committee's approval of the plan for mitigating the fiscal impact to the State, the Secretary may provide the payments as proposed unless the mitigation plan includes one or more actions requiring the approval of the Emergency Board.~~

~~(c)(1) If the mitigation plan includes one or more actions requiring the approval of the Emergency Board, the Secretary shall obtain the Emergency Board's approval for the action or actions prior to making the payments.~~

~~(2) Upon the Emergency Board's approval of the action or actions, the Secretary may provide the payments to providers as proposed.~~

~~Sec. 5. AGENCY OF HUMAN SERVICES; ADVANCE PAYMENTS;~~

~~MEDICAID PARTICIPATING PROVIDERS,~~

~~(a) The Agency of Human Services shall protect access to health care services and long-term services and supports that may be threatened by a COVID-19 outbreak in Vermont by providing financial assistance to Medicaid-participating providers in the form of advance payments upon receipt and review of a Medicaid-participating provider's application for financial assistance. The Agency may request financial documents to verify a provider's financial hardship and its ability to sustain operations. The Agency shall determine the amounts of the advance payments, which shall be reasonably related to the financial needs of the provider and shall not be limited to the value of the provider's incurred-but-not-paid claims submitted.~~

~~(b) The Agency shall request approval from the Centers for Medicare and Medicaid Services to use Medicaid funds for the advance payments provided under this section.~~

~~Sec. 6. FEDERALLY QUALIFIED HEALTH CENTERS; RURAL HEALTH CLINICS; MEDICAID ENCOUNTER RATE~~

~~The Department of Vermont Health Access shall measure the number of Medicaid encounters for each federally qualified health center (FQHC) and rural health clinic (RHC) in Vermont for a period of 120 days beginning on March 15, 2020 and compare it to the number of Medicaid encounters for the same FQHC or RHC for the same period in 2019. For any FQHC or RHC for which the number of paid Medicaid encounters during the 2020 measurement period is less than 98 percent of the number of paid Medicaid encounters during the 2019 measurement period, the Commissioner of Vermont Health Access shall propose for election by the FQHC or RHC a temporary alternative payment methodology that would pay the FQHC or RHC the same revenue that it would have earned from Medicaid if the number of paid Medicaid encounters during the 2020 measurement period was equivalent to 98 percent of the number of paid Medicaid encounters during the 2019 measurement period.~~

~~*** Compliance Flexibility ***~~

~~Sec. 7. HEALTH CARE AND HUMAN SERVICE PROVIDER REGULATION; WAIVER OR VARIANCE PERMITTED~~

~~Notwithstanding any provision of the Agency of Human Services' administrative rules or standards to the contrary, during a declared state of emergency in Vermont as a result of COVID-19, the Secretary of Human Services may waive or permit variances from the following State rules and standards governing providers of health care services and human services as necessary to prioritize and maximize direct patient care, support children and families who receive benefits and services through the Department for Children~~

~~and Families, and allow for continuation of operations with a reduced workforce and with flexible staffing arrangements that are responsive to evolving needs, to the extent such waivers or variances are permitted under federal law:~~

- ~~(1) Hospital Licensing Rule;~~
- ~~(2) Hospital Reporting Rule;~~
- ~~(3) Nursing Home Licensing and Operating Rule;~~
- ~~(4) Home Health Agency Designation and Operation Regulations;~~
- ~~(5) Residential Care Home Licensing Regulations;~~
- ~~(6) Assisted Living Residence Licensing Regulations;~~
- ~~(7) Home for the Terminally Ill Licensing Regulations;~~
- ~~(8) Standards for Adult Day Services;~~
- ~~(9) Therapeutic Community Residences Licensing Regulations;~~
- ~~(10) Choices for Care High/Highest Manual;~~
- ~~(11) Designated and Specialized Service Agency designation and provider rules;~~
- ~~(12) Child Care Licensing Regulations;~~
- ~~(13) Public Assistance Program Regulations;~~
- ~~(14) Foster Care and Residential Program Regulations; and~~
- ~~(15) other rules and standards for which the Agency of Human Services is the adopting authority under 3 V.S.A. chapter 25.~~

~~Sec. 8. TEACHER LICENSURE; SPECIFIC LICENSING
ENDORSEMENTS; MODIFICATION~~

~~The Agency of Education and the Department for Children and Families' Child Development Division shall modify existing teacher licensure requirements pertaining to the need for specific endorsements as necessary to accommodate teacher absences resulting from COVID-19.~~

~~Sec. 9. MEDICAID AND HEALTH INSURERS; PROVIDER
CREDENTIALING~~

~~During a declared state of emergency in Vermont as a result of COVID-19, to the extent permitted under federal law, the Department of Vermont Health Access shall relax provider credentialing requirements for the Medicaid program, and the Department of Financial Regulation shall direct health~~

~~ers to relax provider credentialing requirements for health insurance plans, in order to allow for individual health care providers to deliver services across health care settings as needed to respond to Vermonters' evolving health care needs.~~

~~Sec. 10. 26 V.S.A. § 1353 is amended to read:~~

~~§ 1353. POWERS AND DUTIES OF THE BOARD~~

~~The Board shall have the following powers and duties to:~~

~~* * *~~

~~(11) Issue temporary licenses during a declared state of emergency. The person to be issued a temporary license must be currently licensed, in good standing, and not subject to disciplinary proceedings in any other jurisdiction. The temporary license shall authorize the holder to practice in Vermont until the termination of the declared state of emergency or 90 days, whichever occurs first, as long as the licensee remains in good standing, and may be reissued by the Board if the declared state of emergency continues longer than 90 days. Fees shall be waived when a license is required to provide services under this subdivision.~~

~~Sec. 11. RETIRED HEALTH CARE PROVIDERS; BOARD OF MEDICAL PRACTICE; OFFICE OF PROFESSIONAL REGULATION~~

~~During a declared state of emergency in Vermont as a result of COVID-19, the Board of Medical Practice and the Office of Professional Regulation may permit former health care professionals who retired within the past 10 years with their license, certificate, or registration in good standing to return to the health care workforce on a temporary basis to help deliver care in response to COVID-19. The Board of Medical Practice and Office of Professional Regulation may issue temporary licenses to these individuals at no charge and may impose limitations on the scope of practice of returning health care professionals as the Board or Office deems appropriate.~~

~~Sec. 12. INVOLUNTARY PROCEDURES; DOCUMENTATION AND REPORTING REQUIREMENTS; WAIVER PERMITTED~~

~~(a) Notwithstanding any provision of law to the contrary, during a declared state of emergency in Vermont as a result of COVID-19, the court or the Department of Mental Health may waive any financial penalties associated with a treating health care provider's failure to comply with one or more of the documentation and reporting requirements related to involuntary treatment pursuant to 18 V.S.A. chapter 181, to the extent permitted under federal law.~~

~~(b) Nothing in this section shall be construed to suspend or waive any of the requirements in 18 V.S.A. chapter 181 relating to judicial proceedings for involuntary treatment and medication.~~

~~* * * Access to Health Care Services and Human Services * * *~~

~~Sec. 13. ACCESS TO HEALTH CARE SERVICES; DEPARTMENT OF
FINANCIAL REGULATION; EMERGENCY RULEMAKING~~

~~It is the intent of the General Assembly to increase Vermonters' access to medically necessary health care services during a declared state of emergency in Vermont as a result of COVID-19. During such a declared state of emergency, the Department of Financial Regulation may adopt emergency rules to address the following:~~

~~(1) expanding health insurance coverage for, and waiving or limiting cost-sharing requirements directly related to, COVID-19 diagnosis, treatment, and prevention;~~

~~(2) modifying or suspending health insurance plan deductible requirements for all prescription drugs, except to the extent that such an action would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to 26 U.S.C. § 223; and~~

~~(3) expanding patients' access to and providers' reimbursement for health care services delivered remotely, such as by telephone and e-mail.~~

~~Sec. 14. PRESCRIPTION DRUGS; MAINTENANCE MEDICATIONS;
EARLY REFILLS~~

~~(a) As used in this section, "health insurance plan" means any health insurance policy or health benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402. The term does not include policies or plans providing coverage for a specified disease or other limited benefit coverage.~~

~~(b) During a declared state of emergency in Vermont as a result of COVID-19, all health insurance plans and Vermont Medicaid shall allow their members to refill prescriptions for chronic maintenance medications early to enable the members to maintain a 30-day supply of each prescribed maintenance medication at home.~~

~~(c) As used in this section, "maintenance medication" means a prescription drug taken on a regular basis over an extended period of time to treat a chronic or long-term condition. The term does not include a regulated drug, as defined in 18 V.S.A. § 4201.~~

~~Sec. 15. PHARMACISTS; CLINICAL PHARMACY; EXTENSION OF~~

~~PRESCRIPTION FOR MAINTENANCE MEDICATION~~

~~(a) During a declared state of emergency in Vermont as a result of COVID-19, a pharmacist may extend a previous prescription for a maintenance medication for which the patient has no refills remaining or for which the authorization for refills has recently expired if it is not feasible to obtain a new prescription or refill authorization from the prescriber.~~

~~(b) A pharmacist who extends a prescription for a maintenance medication pursuant to this section shall take all reasonable measures to notify the prescriber of the prescription extension in a timely manner.~~

~~(c) As used in this section, "maintenance medication" means a prescription drug taken on a regular basis over an extended period of time to treat a chronic or long-term condition. The term does not include a regulated drug, as defined in 18 V.S.A. § 4201.~~

~~Sec. 16. BUPRENORPHINE; PRESCRIPTION RENEWALS~~

~~During a declared state of emergency in Vermont as a result of COVID-19, to the extent permitted under federal law, a health care professional authorized to prescribe buprenorphine for treatment of substance use disorder may authorize renewal of a patient's existing buprenorphine prescription without requiring an office visit.~~

~~Sec. 17. NUTRITION SERVICES; EXPANDED CAPACITY~~

~~The Agency of Human Services may adapt existing food support programs to the extent permitted under federal law, including expanding support to noneligible individuals who need nutrition services as a result of COVID-19.~~

~~Sec. 18. 24-HOUR FACILITIES AND PROGRAMS; BED-HOLD DAYS~~

~~During a declared state of emergency in Vermont as a result of COVID-19, the Agency of Human Services may reimburse Medicaid-funded long-term care facilities and other programs providing 24-hour per day services for bed-hold days.~~

~~* * * Regulation of Professions * * *~~

~~Sec. 19. OFFICE OF PROFESSIONAL REGULATION; EMERGENCY~~

~~AUTHORITY TO ACT FOR REGULATORY BOARDS~~

~~(a) During a declared state of emergency in Vermont as a result of COVID-19, if the Director of Professional Regulation finds that a regulatory body attached to the Office of Professional Regulation by 3 V.S.A. § 122 cannot reasonably, safely, and expeditiously convene a quorum to transact business~~

~~The Director may exercise the full powers and authorities of that regulatory body, including disciplinary authority.~~

~~(b) The Director's signature shall have the same force and effect as a voted act of a board.~~

~~(c) A record of the Director's actions shall be published conspicuously on the website of the regulatory body.~~

~~Sec. 20. EMERGENCY REGULATORY ORDERS~~

~~During a declared state of emergency in Vermont as a result of COVID-19, the Director of Professional Regulation and the Commissioner of Health may issue such orders governing regulated professional activities and practices as may be necessary to protect the public health, safety, and welfare. If the Director or Commissioner finds that a professional practice, act, offering, therapy, or procedure by persons licensed or required to be licensed by Title 26 of the Vermont Statutes Annotated is exploitative, deceptive, or detrimental to the public health, safety, or welfare, or a combination of these, the Director or Commissioner may issue an order to cease and desist from the applicable activity, which, after reasonable efforts to publicize or serve the order on the affected persons, shall be binding upon all persons licensed or required to be licensed by Title 26 of the Vermont Statutes Annotated, and a violation of the order shall subject the person or persons to professional discipline, may be a basis for injunction by the Superior Court, and shall be deemed a violation of 3 V.S.A. § 127.~~

~~Sec. 21. OFFICE OF PROFESSIONAL REGULATION; BOARD OF
MEDICAL PRACTICE; IMPUTED JURISDICTION~~

~~A practitioner of a profession or professional activity regulated by Title 26 of the Vermont Statutes Annotated who provides regulated professional services to a patient in the State of Vermont without holding a Vermont license, as may be authorized in a declared state of emergency, is deemed to consent to, and shall be subject to, the regulatory and disciplinary jurisdiction of the Vermont regulatory agency or body having jurisdiction over the regulated profession or professional activity.~~

~~* * * Quarantine and Isolation for COVID-19 as Exception to Seclusion * * *~~

~~Sec. 22. DEPARTMENT OF MENTAL HEALTH; ISOLATION OR
QUARANTINE OF INVOLUNTARY PATIENT FOR COVID-19
NOT SECLUSION~~

~~Notwithstanding any provision of statute or rule to the contrary, it shall not be considered the involuntary procedure of seclusion for an involuntary patient~~

~~in the custody of the Commissioner of Mental Health to be placed in quarantine if the patient has been exposed to COVID-19 or in isolation if the patient has tested positive for COVID-19.~~

~~*** Telehealth ***~~

~~Sec. 23. TELEHEALTH EXPANSION; LEGISLATIVE INTENT~~

~~It is the intent of the General Assembly to increase Vermonters' access to health care services through an expansion of telehealth services without increasing social isolation or supplanting the role of local, community-based health care providers throughout rural Vermont.~~

~~Sec. 24. 8 V.S.A. § 4100k is amended to read:~~

~~§ 4100k. COVERAGE OF HEALTH CARE SERVICES DELIVERED
THROUGH TELEMEDICINE AND BY STORE-AND-
FORWARD MEANS~~

~~(a)(1) All health insurance plans in this State shall provide coverage for health care services and dental services delivered through telemedicine by a health care provider at a distant site to a patient at an originating site to the same extent that the plan would cover the services if they were provided through in-person consultation.~~

~~(2)(A) A health insurance plan shall provide the same reimbursement rate for services billed using equivalent procedure codes and modifiers, subject to the terms of the health insurance plan and provider contract, regardless of whether the service was provided through an in-person visit with the health care provider or through telemedicine.~~

~~(B) The provisions of subdivision (A) of this subdivision (2) shall not apply to services provided pursuant to the health insurance plan's contract with a third-party telemedicine vendor to provide health care or dental services.~~

~~(b) A health insurance plan may charge a deductible, co-payment, or coinsurance for a health care service or dental service provided through telemedicine so as long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.~~

~~(c) A health insurance plan may limit coverage to health care providers in the plan's network. A health insurance plan shall not impose limitations on the number of telemedicine consultations a covered person may receive that exceed limitations otherwise placed on in-person covered services.~~

~~(d) Nothing in this section shall be construed to prohibit a health insurance plan from providing coverage for only those services that are medically necessary and are clinically appropriate for delivery through telemedicine, subject to the terms and conditions of the covered person's policy.~~

~~(e) A health insurance plan may reimburse for teleophthalmology or teledermatology provided by store and forward means and may require the distant site health care provider to document the reason the services are being provided by store and forward means~~

~~(1) A health insurance plan shall reimburse for health care services and dental services delivered by store-and-forward means.~~

~~(2) A health insurance plan shall not impose more than one cost-sharing requirement on a patient for receipt of health care services or dental services delivered by store-and-forward means. If the services would require cost-sharing under the terms of the patient's health insurance plan, the plan may impose the cost-sharing requirement on the services of the originating site health care provider or of the distant site health care provider, but not both.~~

~~(f) A health insurer shall not construe a patient's receipt of services delivered through telemedicine or by store-and-forward means as limiting in any way the patient's ability to receive additional covered in-person services from the same or a different health care provider for diagnosis or treatment of the same condition.~~

~~(g) Nothing in this section shall be construed to require a health insurance plan to reimburse the distant site health care provider if the distant site health care provider has insufficient information to render an opinion.~~

~~(g)(h) In order to facilitate the use of telemedicine in treating substance use disorder, when the originating site is a health care facility, health insurers and the Department of Vermont Health Access shall ensure that the health care provider at the distant site and the health care facility at the originating site are both reimbursed for the services rendered, unless the health care providers at both the distant and originating sites are employed by the same entity.~~

~~(i) The Commissioner may require a health insurance plan to provide coverage and reimbursement for health care services delivered by audio-only telephone, by e-mail, by facsimile, or by a combination of these to the same extent as coverage and reimbursement are required for telemedicine under this section on a temporary basis, not to exceed 180 days, by emergency rule if the Commissioner deems it necessary in order to protect the public health.~~

~~(h)(j) As used in this subchapter:~~

~~(2) "Health insurance plan" means any health insurance policy or health benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402, as well as a stand-alone dental plan or policy or other dental insurance plan offered by a dental insurer; and Medicaid and any other public health care assistance program offered or administered by the State or by any subdivision or instrumentality of the State. The term does not include policies or plans providing coverage for a specified disease or other limited benefit coverage.~~

~~***~~

~~(4) "Health care provider" means a person, partnership, or corporation, other than a facility or institution, that is licensed, certified, or otherwise authorized by law to provide professional health care services, including dental services, in this State to an individual during that individual's medical care, treatment, or confinement.~~

~~***~~

~~(6) "Store and forward" means an asynchronous transmission of medical information, such as one or more video clips, audio clips, still images, x-rays, magnetic resonance imaging scans, electrocardiograms, electroencephalograms, or laboratory results, sent over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 to be reviewed at a later date by a health care provider at a distant site who is trained in the relevant specialty and by which. In store and forward, the health care provider at the distant site reviews the medical information without the patient present in real time and communicates a care plan or treatment recommendation back to the patient or referring provider, or both.~~

~~(7) "Telemedicine" means the delivery of health care services, including dental services, such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile.~~

~~Sec. 25. 18 V.S.A. § 9361 is amended to read:~~

~~§ 9361. HEALTH CARE PROVIDERS DELIVERING HEALTH CARE SERVICES THROUGH TELEMEDICINE OR BY STORE-AND-FORWARD STORE-AND-FORWARD MEANS~~

~~***~~

~~(c)(1) A health care provider delivering health care services or dental services through telemedicine shall obtain and document a patient's oral or written informed consent for the use of telemedicine technology prior to delivering services to the patient.~~

~~(A) The informed consent for telemedicine services shall be provided in accordance with Vermont and national policies and guidelines on the appropriate use of telemedicine within the provider's profession and shall include, in language that patients can easily understand:~~

~~(i) an explanation of the opportunities and limitations of delivering health care services or dental services through telemedicine;~~

~~(ii) informing the patient of the presence of any other individual who will be participating in or observing the patient's consultation with the provider at the distant site and obtaining the patient's permission for the participation or observation; and~~

~~(iii) assurance that all services the health care provider delivers to the patient through telemedicine will be delivered over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.~~

~~***~~

~~(e) A patient receiving teleophthalmology or teledermatology by store and forward means shall be informed of the right to receive a consultation with the distant site health care provider and shall receive a consultation with the distant site health care provider upon request. If requested, the consultation with the distant site health care provider may occur either at the time of the initial consultation or within a reasonable period of time following the patient's notification of the results of the initial consultation. Receiving teledermatology or teleophthalmology by store and forward means~~

~~(1) A patient receiving health care services or dental services by store-and-forward means shall be informed of the patient's right to refuse to receive services in this manner and to request services in an alternative format, such as through real-time telemedicine services or an in-person visit.~~

~~(2) Receipt of services by store-and-forward means shall not preclude a patient from receiving real-time real-time telemedicine or face-to-face services or an in-person visit with the distant site health care provider at a future date.~~

~~(3) Originating site health care providers involved in the store and forward store-and-forward process shall obtain informed consent from the patient as described in subsection (c) of this section.~~

~~Sec. 26. TELEMEDICINE REIMBURSEMENT, SUNSET~~

~~3 V.S.A. § 1100k(a)(2) (telemedicine reimbursement) is repealed on January 1, 2026.~~

~~Sec. 27. DEPARTMENT OF FINANCIAL REGULATION; STORE AND
FORWARD; EMERGENCY RULEMAKING AUTHORITY~~

~~The Commissioner of Financial Regulation may require a health insurance plan to reimburse for health care services and dental services delivered by store-and-forward means to the extent practicable prior to January 1, 2021 by emergency rule if the Commissioner deems it necessary in order to protect the public health.~~

~~Sec. 28. TELEHEALTH; LICENSEES IN STATES BORDERING
VERMONT~~

~~Notwithstanding any provision of Vermont's professional licensure laws to the contrary, during a declared state of emergency in Vermont as a result of COVID-19, a health care professional who is duly licensed and in good standing in Massachusetts, New Hampshire, or New York may deliver medically necessary health care services related to the diagnosis, treatment, or prevention of COVID-19 to a Vermont resident through telemedicine or by store-and-forward means.~~

~~Sec. 29. AGENCY OF HUMAN SERVICES; MEDICAID; HEALTH CARE
SERVICES DELIVERED BY TELEPHONE~~

~~During a declared state of emergency in Vermont as a result of COVID-19, the Secretary of Human Services shall have the authority, to the extent permitted under federal law, to waive place-of-service requirements and face-to-face or in-person requirements in order to reimburse Medicaid-participating providers for health care services delivered to Medicaid beneficiaries by telephone, including mental health services, as long as the services provided are medically necessary and are clinically appropriate for delivery by telephone.~~

~~*** Motor Vehicles ***~~

~~Sec. 30. EXTENDED IN-PERSON DRIVERS' LICENSE RENEWAL
PERIOD~~

~~(a) Notwithstanding any provision of 23 V.S.A. § 610(c) to the contrary, beginning on the effective date of this act, a licensee shall be permitted to renew a driver's license with a photograph or imaged likeness obtained not more than 13 years earlier~~

~~(b) Subsection (a) of this section shall continue in effect until the termination of any state of emergency declared by the Governor as a result of COVID-19 or, if no state of emergency was declared, 180 days following the effective of this act.~~

Sec. 31. VEHICLE INSPECTION ENFORCEMENT SUSPENSION

~~(a) Notwithstanding any provision of 23 V.S.A. § 1222 to the contrary, beginning on the effective date of this act, law enforcement shall not impose a penalty for operation of a motor vehicle without a valid certificate of inspection affixed to it.~~

~~(b) Subsection (a) of this section shall continue in effect until the termination of any state of emergency declared by the Governor as a result of COVID-19 or, if no state of emergency was declared, 180 days following the effective date of this act.~~

~~*** Effective Dates ***~~

Sec. 32. EFFECTIVE DATES

~~This act shall take effect on passage, except that:~~

~~(1) Sec. 1 (emergency medical personnel training; appropriation) shall take effect on July 1, 2020; and~~

~~(2) in Sec. 24, 8 V.S.A. § 4100k(e) (coverage of health care services delivered by store and forward means) shall take effect on January 1, 2021.~~

~~*** Supporting Health Care and Human Service Provider Sustainability***~~

*Sec. 1. AGENCY OF HUMAN SERVICES; HEALTH CARE AND HUMAN
SERVICE PROVIDER SUSTAINABILITY*

~~During a declared state of emergency in Vermont as a result of COVID-19, the Agency of Human Services shall consider waiving or modifying existing rules, or adopting emergency rules, to protect access to health care services, long-term services and supports, and other human services under the Agency's jurisdiction. In waiving, modifying, or adopting rules, the Agency shall consider the importance of the financial viability of providers that rely on funding from the State, federal government, or Medicaid, or a combination of these, for a major portion of their revenue.~~

Sec. 2. AGENCY OF HUMAN SERVICES; TEMPORARY PROVIDER

TAX MODIFICATION AUTHORITY

(a) During a declared state of emergency in Vermont as a result of COVID-19 and for a period of six months following the termination of the state of emergency, the Secretary of Human Services may modify payment of all or a prorated portion of the assessment imposed on hospitals by 33 V.S.A. § 1953, and may waive or modify payment of all or a prorated portion of the assessment imposed by 33 V.S.A. chapter 19, subchapter 2 for one or more other classes of health care providers, if the following two conditions are met:

(1) the action is necessary to preserve the ability of the providers to continue offering necessary health care services; and

(2) the Secretary has obtained the approval of the Joint Fiscal Committee and the Emergency Board as set forth in subsections (b) and (c) of this section.

(b)(1) If the Secretary proposes to waive or modify payment of an assessment in accordance with the authority set forth in subsection (a) of this section, the Secretary shall first provide to the Joint Fiscal Committee:

(A) the Secretary's rationale for exercising the authority, including the balance between the fiscal impact of the proposed action on the State budget and the needs of the specific class or classes of providers; and

(B) a plan for mitigating the fiscal impact to the State.

(2) Upon the Joint Fiscal Committee's approval of the plan for mitigating the fiscal impact to the State, the Secretary may waive or modify payment of the assessment as proposed unless the mitigation plan includes one or more actions requiring the approval of the Emergency Board.

(c)(1) If the mitigation plan includes one or more actions requiring the approval of the Emergency Board, the Secretary shall obtain the Emergency Board's approval for the action or actions prior to waiving or modifying payment of the assessment.

(2) Upon the Emergency Board's approval of the action or actions, the Secretary may waive or modify payment of the assessment as proposed.

** * * Protections for Employees of Health Care Facilities
and Human Service Providers * * **

*Sec. 3. PROTECTIONS FOR EMPLOYEES OF HEALTH CARE
FACILITIES AND HUMAN SERVICE PROVIDERS*

In order to protect employees of a health care facility or human service provider who are not licensed health care professionals from the risks associated with COVID-19, all health care facilities and human service providers in Vermont, including hospitals, federally qualified health centers, rural health clinics, residential treatment programs, homeless shelters, home- and community-based service providers, and long-term care facilities, shall follow guidance from the Vermont Department of Health regarding measures to address employee safety, to the extent feasible.

** * * Compliance Flexibility * * **

*Sec. 4. HEALTH CARE AND HUMAN SERVICE PROVIDER
REGULATION; WAIVER OR VARIANCE PERMITTED*

Notwithstanding any provision of the Agency of Human Services' administrative rules or standards to the contrary, during a declared state of emergency in Vermont as a result of COVID-19, the Secretary of Human Services may waive or permit variances from the following State rules and standards governing providers of health care services and human services as necessary to prioritize and maximize direct patient care, support children and families who receive benefits and services through the Department for Children and Families, and allow for continuation of operations with a reduced workforce and with flexible staffing arrangements that are responsive to evolving needs, to the extent such waivers or variances are permitted under federal law:

- (1) Hospital Licensing Rule;*
- (2) Hospital Reporting Rule;*
- (3) Nursing Home Licensing and Operating Rule;*
- (4) Home Health Agency Designation and Operation Regulations;*
- (5) Residential Care Home Licensing Regulations;*
- (6) Assisted Living Residence Licensing Regulations;*
- (7) Home for the Terminally Ill Licensing Regulations;*
- (8) Standards for Adult Day Services;*
- (9) Therapeutic Community Residences Licensing Regulations;*

(10) Choices for Care High/Highest Manual;

(11) Designated and Specialized Service Agency designation and provider rules;

(12) Child Care Licensing Regulations;

(13) Public Assistance Program Regulations;

(14) Foster Care and Residential Program Regulations; and

(15) other rules and standards for which the Agency of Human Services is the adopting authority under 3 V.S.A. chapter 25.

**Sec. 5. GREEN MOUNTAIN CARE BOARD RULES; WAIVER OR
VARIANCE PERMITTED**

Notwithstanding any provision of 18 V.S.A. chapter 220 or 221, 8 V.S.A. § 4062, 33 V.S.A. chapter 18, subchapter 1, or the Green Mountain Care Board's administrative rules, guidance, or standards to the contrary, during a declared state of emergency in Vermont as a result of COVID-19 and for a period of six months following the termination of the state of emergency, the Green Mountain Care Board may waive or permit variances from State laws, guidance, and standards with respect to the following regulatory activities, to the extent permitted under federal law, as necessary to prioritize and maximize direct patient care, safeguard the stability of health care providers, and allow for orderly regulatory processes that are responsive to evolving needs related to the COVID-19 pandemic:

(1) hospital budget review;

(2) certificates of need;

(3) health insurance rate review; and

(4) accountable care organization certification and budget review.

*Sec. 6. MEDICAID AND HEALTH INSURERS; PROVIDER
ENROLLMENT AND CREDENTIALING*

During a declared state of emergency in Vermont as a result of COVID-19, to the extent permitted under federal law, the Department of Vermont Health Access shall relax provider enrollment requirements for the Medicaid program, and the Department of Financial Regulation shall direct health insurers to relax provider credentialing requirements for health insurance plans, in order to allow for individual health care providers to deliver and be reimbursed for services provided across health care settings as needed to respond to Vermonters' evolving health care needs.

*Sec. 7. INVOLUNTARY TREATMENT; DOCUMENTATION AND
REPORTING REQUIREMENTS; WAIVER PERMITTED*

(a) Notwithstanding any provision of statute or rule to the contrary, during a declared state of emergency in Vermont as a result of COVID-19, the court or the Department of Mental Health may waive any financial penalties associated with a treating health care provider's failure to comply with one or more of the documentation and reporting requirements related to involuntary treatment pursuant to 18 V.S.A. chapter 181, to the extent permitted under federal law.

(b) Nothing in this section shall be construed to suspend or waive any of the requirements in 18 V.S.A. chapter 181 relating to judicial proceedings for involuntary treatment and medication.

** * * Access to Health Care Services and Human Services * * **

*Sec. 8. ACCESS TO HEALTH CARE SERVICES; DEPARTMENT OF
FINANCIAL REGULATION; EMERGENCY RULEMAKING*

It is the intent of the General Assembly to increase Vermonters' access to medically necessary health care services during a declared state of emergency in Vermont as a result of COVID-19. During such a declared state of emergency, the Department of Financial Regulation shall consider adopting, and shall have the authority to adopt, emergency rules to address the following for the duration of the state of emergency:

(1) expanding health insurance coverage for, and waiving or limiting cost-sharing requirements directly related to, COVID-19 diagnosis, treatment, and prevention;

(2) modifying or suspending health insurance plan deductible requirements for all prescription drugs, except to the extent that such an action

would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to 26 U.S.C. § 223; and

(3) expanding patients' access to and providers' reimbursement for health care services, including preventive services, consultation services, and services to new patients, delivered remotely through telehealth, audio-only telephone, and brief telecommunication services.

Sec. 9. PRESCRIPTION DRUGS; MAINTENANCE MEDICATIONS;

EARLY REFILLS

(a) As used in this section, "health insurance plan" means any health insurance policy or health benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402. The term does not include policies or plans providing coverage for a specified disease or other limited benefit coverage.

(b) During a declared state of emergency in Vermont as a result of COVID-19, all health insurance plans and Vermont Medicaid shall allow their members to refill prescriptions for chronic maintenance medications early to enable the members to maintain a 30-day supply of each prescribed maintenance medication at home.

(c) As used in this section, "maintenance medication" means a prescription drug taken on a regular basis over an extended period of time to treat a chronic or long-term condition. The term does not include a regulated drug, as defined in 18 V.S.A. § 4201.

Sec. 10. PHARMACISTS; CLINICAL PHARMACY; EXTENSION OF

PRESCRIPTION FOR MAINTENANCE MEDICATION

(a) During a declared state of emergency in Vermont as a result of COVID-19, a pharmacist may extend a previous prescription for a maintenance medication for which the patient has no refills remaining or for which the authorization for refills has recently expired if it is not feasible to obtain a new prescription or refill authorization from the prescriber.

(b) A pharmacist who extends a prescription for a maintenance medication pursuant to this section shall take all reasonable measures to notify the prescriber of the prescription extension in a timely manner.

(c) As used in this section, "maintenance medication" means a prescription drug taken on a regular basis over an extended period of time to treat a chronic or long-term condition. The term does not include a regulated drug, as defined in 18 V.S.A. § 4201.

Sec. 11. PHARMACISTS; CLINICAL PHARMACY; THERAPEUTIC

SUBSTITUTION DUE TO LACK OF AVAILABILITY

(a) During a declared state of emergency in Vermont as a result of COVID-19, a pharmacist may, with the informed consent of the patient, substitute an available drug or insulin product for an unavailable prescribed drug or insulin product in the same therapeutic class if the available drug or insulin product would, in the clinical judgment of the pharmacist, have substantially equivalent therapeutic effect even though it is not a therapeutic equivalent.

(b) As soon as reasonably possible after substituting a drug or insulin product pursuant to subsection (a) of this section, the pharmacist shall notify the prescribing clinician of the drug or insulin product, dose, and quantity actually dispensed to the patient.

Sec. 12. BUPRENORPHINE; PRESCRIPTION RENEWALS

During a declared state of emergency in Vermont as a result of COVID-19, to the extent permitted under federal law, a health care professional authorized to prescribe buprenorphine for treatment of substance use disorder may authorize renewal of a patient's existing buprenorphine prescription without requiring an office visit.

Sec. 13. 24-HOUR FACILITIES AND PROGRAMS; BED-HOLD DAYS

During a declared state of emergency in Vermont as a result of COVID-19, to the extent permitted under federal law, the Agency of Human Services may reimburse Medicaid-funded long-term care facilities and other programs providing 24-hour per day services for their bed-hold days.

** * * Regulation of Professions * * **

Sec. 14. 3 V.S.A. § 129 is amended to read:

§ 129. POWERS OF BOARDS; DISCIPLINE PROCESS

(a) In addition to any other provisions of law, a board may exercise the following powers:

** * **

(10)(A) Issue temporary licenses during a declared state of emergency. The person to be issued a temporary license must be:

(i) currently licensed, in good standing, and not subject to disciplinary proceedings in any other jurisdiction; or

(ii) a graduate of an approved education program during a period when licensing examinations are not reasonably available.

(B) The temporary license shall authorize the holder to practice in Vermont until the termination of the declared state of emergency or 90 days,

whichever occurs first, as long as provided the licensee remains in good standing, and may be reissued by the board if the declared state of emergency continues longer than 90 days.

(C) Fees shall be waived when a license is required to provide services under this subdivision.

* * *

Sec. 15. 26 V.S.A. § 1353 is amended to read:

§ 1353. POWERS AND DUTIES OF THE BOARD

The Board shall have the following powers and duties to:

* * *

(11) During a declared state of emergency:

(A) The Board or the Executive Director of the Board may issue a temporary license to an individual who is currently licensed to practice as a physician, physician assistant, or podiatrist in another jurisdiction, whose license is in good standing, and who is not subject to disciplinary proceedings in any other jurisdiction. The temporary license shall authorize the holder to practice in Vermont until the termination of the declared state of emergency or 90 days, whichever occurs first, provided the licensee remains in good standing, and may be reissued by the Board if the declared state of emergency continues longer than 90 days. Fees shall be waived when a license is required to provide services under this subdivision (A).

(B) The Board or the Executive Director of the Board may waive supervision and scope of practice requirements for physician assistants, including the requirement for documentation of the relationship between a physician assistant and a physician pursuant to section 1735a of this title. The Board or Executive Director may impose limitations or conditions when granting a waiver under this subdivision (B).

Sec. 16. 26 V.S.A. § 1613 is amended to read:

§ 1613. TRANSITION TO PRACTICE

* * *

(c) The Board may waive or modify the collaborative provider agreement requirement as necessary to allow an APRN to practice independently during a declared state of emergency.

Sec. 17. OFFICE OF PROFESSIONAL REGULATION; BOARD OF
MEDICAL PRACTICE; OUT-OF-STATE HEALTH CARE

PROFESSIONALS

(a) Notwithstanding any provision of Vermont's professional licensure statutes or rules to the contrary, during a declared state of emergency in Vermont as a result of COVID-19, a health care professional, including a mental health professional, who holds a valid license, certificate, or registration to provide health care services in any other U.S. jurisdiction shall be deemed to be licensed, certified, or registered to provide health care services, including mental health services, to a patient located in Vermont using telehealth or as part of the staff of a licensed facility, provided the health care professional:

(1) is licensed, certified, or registered in good standing in the other U.S. jurisdiction or jurisdictions in which the health care professional holds a license, certificate, or registration;

(2) is not subject to any professional disciplinary proceedings in any other U.S. jurisdiction; and

(3) is not affirmatively barred from practice in Vermont for reasons of fraud or abuse, patient care, or public safety.

(b) A health care professional who plans to provide health care services in Vermont as part of the staff of a licensed facility shall submit or have submitted on the individual's behalf the individual's name, contact information, and the location or locations at which the individual will be practicing to:

(1) the Board of Medical Practice for medical doctors, physician assistants, and podiatrists; or

(2) the Office of Professional Regulation for all other health care professions.

(c) A health care professional who delivers health care services in Vermont pursuant to subsection (a) of this section shall be subject to the imputed jurisdiction of the Board of Medical Practice or the Office of Professional Regulation, as applicable based on the health care professional's profession, in accordance with Sec. 19 of this act.

(d) This section shall remain in effect until the termination of the declared state of emergency in Vermont as a result of COVID-19 and provided the health care professional remains licensed, certified, or registered in good standing.

*Sec. 18. RETIRED HEALTH CARE PROFESSIONALS; BOARD OF
MEDICAL PRACTICE; OFFICE OF PROFESSIONAL
REGULATION*

(a)(1) During a declared state of emergency in Vermont as a result of COVID-19, a former health care professional, including a mental health professional, who retired not more than three years earlier with the individual's Vermont license, certificate, or registration in good standing may provide health care services, including mental health services, to a patient located in Vermont using telehealth or as part of the staff of a licensed facility after submitting, or having submitted on the individual's behalf, to the Board of Medical Practice or Office of Professional Regulation, as applicable, the individual's name, contact information, and the location or locations at which the individual will be practicing.

(2) A former health care professional who returns to the Vermont health care workforce pursuant to this subsection shall be subject to the regulatory jurisdiction of the Board of Medical Practice or the Office of Professional Regulation, as applicable.

(b) During a declared state of emergency in Vermont as a result of COVID-19, the Board of Medical Practice and the Office of Professional Regulation may permit former health care professionals, including mental health professionals, who retired more than three but less than 10 years earlier with their Vermont license, certificate, or registration in good standing to return to the health care workforce on a temporary basis to provide health care services, including mental health services, to patients in Vermont. The Board of Medical Practice and Office of Professional Regulation may issue temporary licenses to these individuals at no charge and may impose limitations on the scope of practice of returning health care professionals as the Board or Office deems appropriate.

*Sec. 19. OFFICE OF PROFESSIONAL REGULATION; BOARD OF
MEDICAL PRACTICE; IMPUTED JURISDICTION*

A practitioner of a profession or professional activity regulated by Title 26 of the Vermont Statutes Annotated who provides regulated professional services to a patient in the State of Vermont without holding a Vermont license, as may be authorized in a declared state of emergency, is deemed to consent to, and shall be subject to, the regulatory and disciplinary jurisdiction of the Vermont regulatory agency or body having jurisdiction over the regulated profession or professional activity.

*Sec. 20. OFFICE OF PROFESSIONAL REGULATION; BOARD OF
MEDICAL PRACTICE; EMERGENCY AUTHORITY TO ACT
FOR REGULATORY BOARDS*

(a)(1) During a declared state of emergency in Vermont as a result of COVID-19, if the Director of Professional Regulation finds that a regulatory body attached to the Office of Professional Regulation by 3 V.S.A. § 122 cannot reasonably, safely, and expeditiously convene a quorum to transact business, the Director may exercise the full powers and authorities of that regulatory body, including disciplinary authority.

(2) During a declared state of emergency in Vermont as a result of COVID-19, if the Executive Director of the Board of Medical Practice finds that the Board cannot reasonably, safely, and expeditiously convene a quorum to transact business, the Executive Director may exercise the full powers and authorities of the Board, including disciplinary authority.

(b) The signature of the Director of the Office of Professional Regulation or of the Executive Director of the Board of Medical Practice shall have the same force and effect as a voted act of their respective boards.

(c)(1) A record of the actions of the Director of the Office of Professional Regulation taken pursuant to the authority granted by this section shall be published conspicuously on the website of the regulatory body on whose behalf the Director took the action.

(2) A record of the actions of the Executive Director of the Board of Medical Practice taken pursuant to the authority granted by this section shall be published conspicuously on the website of the Board of Medical Practice.

*Sec. 21. OFFICE OF PROFESSIONAL REGULATION; BOARD OF
MEDICAL PRACTICE; EMERGENCY REGULATORY ORDERS*

During a declared state of emergency in Vermont as a result of COVID-19, the Director of Professional Regulation and the Commissioner of Health may issue such orders governing regulated professional activities and practices as may be necessary to protect the public health, safety, and welfare. If the Director or Commissioner finds that a professional practice, act, offering, therapy, or procedure by persons licensed or required to be licensed by Title 26 of the Vermont Statutes Annotated is exploitative, deceptive, or detrimental to the public health, safety, or welfare, or a combination of these, the Director or Commissioner may issue an order to cease and desist from the applicable activity, which, after reasonable efforts to publicize or serve the order on the affected persons, shall be binding upon all persons licensed or required to be licensed by Title 26 of the Vermont Statutes Annotated, and a violation of the

order shall subject the person or persons to professional discipline, may be a basis for injunction by the Superior Court, and shall be deemed a violation of 3 V.S.A. § 127.

** * * Quarantine and Isolation for COVID-19 as Exception to Seclusion * * **

Sec. 22. ISOLATION OR QUARANTINE FOR COVID-19 NOT

SECLUSION

(a) Notwithstanding any provision of statute or rule to the contrary, it shall not be considered the emergency involuntary procedure of seclusion for a voluntary patient, or for an involuntary patient in the care and custody of the Commissioner of Mental Health, to be placed in quarantine if the patient has been exposed to COVID-19 or in isolation if the patient has tested positive for COVID-19.

(b) Notwithstanding any provision of statute or rule to the contrary, it shall not be considered seclusion, as defined in the Department for Children and Families' Licensing Regulations for Residential Treatment Programs in Vermont, for a child in a residential treatment facility to be placed in quarantine if the child has been exposed to COVID-19 or in isolation if the child has tested positive for COVID-19.

** * * Telehealth * * **

Sec. 23. TELEHEALTH EXPANSION; LEGISLATIVE INTENT

It is the intent of the General Assembly to increase Vermonters' access to health care services through an expansion of telehealth services without increasing social isolation or supplanting the role of local, community-based health care providers throughout rural Vermont.

Sec. 24. 8 V.S.A. § 4100k is amended to read:

*§ 4100k. COVERAGE OF HEALTH CARE SERVICES DELIVERED
THROUGH TELEMEDICINE AND BY STORE-AND-
FORWARD MEANS*

(a)(1) All health insurance plans in this State shall provide coverage for health care services and dental services delivered through telemedicine by a health care provider at a distant site to a patient at an originating site to the same extent that the plan would cover the services if they were provided through in-person consultation.

(2)(A) A health insurance plan shall provide the same reimbursement rate for services billed using equivalent procedure codes and modifiers, subject to the terms of the health insurance plan and provider contract, regardless of

whether the service was provided through an in-person visit with the health care provider or through telemedicine.

(B) The provisions of subdivision (A) of this subdivision (2) shall not apply to services provided pursuant to the health insurance plan's contract with a third-party telemedicine vendor to provide health care or dental services.

(b) A health insurance plan may charge a deductible, co-payment, or coinsurance for a health care service or dental service provided through telemedicine ~~so~~ as long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.

(c) A health insurance plan may limit coverage to health care providers in the plan's network. A health insurance plan shall not impose limitations on the number of telemedicine consultations a covered person may receive that exceed limitations otherwise placed on in-person covered services.

(d) Nothing in this section shall be construed to prohibit a health insurance plan from providing coverage for only those services that are medically necessary and are clinically appropriate for delivery through telemedicine, subject to the terms and conditions of the covered person's policy.

~~(e) A health insurance plan may reimburse for teleophthalmology or teledermatology provided by store and forward means and may require the distant site health care provider to document the reason the services are being provided by store and forward means.~~

(1) A health insurance plan shall reimburse for health care services and dental services delivered by store-and-forward means.

(2) A health insurance plan shall not impose more than one cost-sharing requirement on a patient for receipt of health care services or dental services delivered by store-and-forward means. If the services would require cost-sharing under the terms of the patient's health insurance plan, the plan may impose the cost-sharing requirement on the services of the originating site health care provider or of the distant site health care provider, but not both.

(f) A health insurer shall not construe a patient's receipt of services delivered through telemedicine or by store-and-forward means as limiting in any way the patient's ability to receive additional covered in-person services from the same or a different health care provider for diagnosis or treatment of the same condition.

(g) Nothing in this section shall be construed to require a health insurance plan to reimburse the distant site health care provider if the distant site health care provider has insufficient information to render an opinion.

~~(g)~~(h) *In order to facilitate the use of telemedicine in treating substance use disorder, when the originating site is a health care facility, health insurers and the Department of Vermont Health Access shall ensure that the health care provider at the distant site and the health care facility at the originating site are both reimbursed for the services rendered, unless the health care providers at both the distant and originating sites are employed by the same entity.*

~~(h)~~(i) *As used in this subchapter:*

* * *

(2) *“Health insurance plan” means any health insurance policy or health benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402, as well as; a stand-alone dental plan or policy or other dental insurance plan offered by a dental insurer; and Medicaid and any other public health care assistance program offered or administered by the State or by any subdivision or instrumentality of the State. The term does not include policies or plans providing coverage for a specified disease or other limited benefit coverage.*

* * *

(4) *“Health care provider” means a person, partnership, or corporation, other than a facility or institution, that is licensed, certified, or otherwise authorized by law to provide professional health care services, including dental services, in this State to an individual during that individual’s medical care, treatment, or confinement.*

* * *

(6) *“Store and forward” means an asynchronous transmission of medical information, such as one or more video clips, audio clips, still images, x-rays, magnetic resonance imaging scans, electrocardiograms, electroencephalograms, or laboratory results, sent over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104–191 to be reviewed at a later date by a health care provider at a distant site who is trained in the relevant specialty and by which. In store and forward, the health care provider at the distant site reviews the medical information without the patient present in real time and communicates a care plan or treatment recommendation back to the patient or referring provider, or both.*

(7) *“Telemedicine” means the delivery of health care services, including dental services, such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law Pub. L. No. 104-191. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile.*

Sec. 25. 18 V.S.A. § 9361 is amended to read:

*§ 9361. HEALTH CARE PROVIDERS DELIVERING HEALTH CARE
SERVICES THROUGH TELEMEDICINE OR BY STORE-AND-
FORWARD STORE-AND-FORWARD MEANS*

** * **

(c)(1) A health care provider delivering health care services or dental services through telemedicine shall obtain and document a patient's oral or written informed consent for the use of telemedicine technology prior to delivering services to the patient.

(A) The informed consent for telemedicine services shall be provided in accordance with Vermont and national policies and guidelines on the appropriate use of telemedicine within the provider's profession and shall include, in language that patients can easily understand:

(i) an explanation of the opportunities and limitations of delivering health care services or dental services through telemedicine;

(ii) informing the patient of the presence of any other individual who will be participating in or observing the patient's consultation with the provider at the distant site and obtaining the patient's permission for the participation or observation; and

(iii) assurance that all services the health care provider delivers to the patient through telemedicine will be delivered over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.

** * **

(e) ~~A patient receiving teleophthalmology or teledermatology by store and forward means shall be informed of the right to receive a consultation with the distant site health care provider and shall receive a consultation with the distant site health care provider upon request. If requested, the consultation with the distant site health care provider may occur either at the time of the initial consultation or within a reasonable period of time following the patient's notification of the results of the initial consultation. Receiving teledermatology or teleophthalmology by store and forward means.~~

(1) A patient receiving health care services or dental services by store-and-forward means shall be informed of the patient's right to refuse to receive services in this manner and to request services in an alternative format, such as through real-time telemedicine services or an in-person visit.

(2) Receipt of services by store-and-forward means shall not preclude a patient from receiving ~~real-time~~ real-time telemedicine or face-to-face services or an in-person visit with the distant site health care provider at a future date.

(3) Originating site health care providers involved in the ~~store-and-forward~~ store-and-forward process shall obtain informed consent from the patient as described in subsection (c) of this section.

*Sec. 26. WAIVER OF CERTAIN TELEHEALTH REQUIREMENTS
DURING STATE OF EMERGENCY*

Notwithstanding any provision of 8 V.S.A. § 4100k or 18 V.S.A. § 9361 to the contrary, during a declared state of emergency in Vermont as a result of COVID-19, the following provisions related to the delivery of health care services through telemedicine or by store-and-forward means shall not be required, to the extent their waiver is permitted by federal law:

(1) delivering health care services, including dental services, using a connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 in accordance with 8 V.S.A. § 4100k(i), as amended by this act, if it is not practicable to use such a connection under the circumstances;

(2) representing to a patient that the health care services, including dental services, will be delivered using a connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 in accordance with 18 V.S.A. § 9361(c), if it is not practicable to use such a connection under the circumstances; and

(3) obtaining and documenting a patient's oral or written informed consent for the use of telemedicine or store-and-forward technology prior to delivering services to the patient in accordance with 18 V.S.A. § 9361(c), if obtaining or documenting such consent, or both, is not practicable under the circumstances.

Sec. 27. TELEMEDICINE REIMBURSEMENT; SUNSET

8 V.S.A. § 4100k(a)(2) (telemedicine reimbursement) is repealed on January 1, 2026.

** * * Child Care Programs; Extraordinary Financial Relief * * **

*Sec. 28. SUPPLEMENTAL CHILD CARE GRANTS; TEMPORARY
SUSPENSION OF CAP*

Notwithstanding the provision in 33 V.S.A. § 3505(a) that enables the Commissioner for Children and Families to reserve not more than one-half of

one percent of the Child Care Financial Assistance Program (CCFAP) appropriation for extraordinary financial relief to assist child care programs that are at risk of closing due to financial hardship, the Commissioner may direct a greater percentage of the fiscal year 2020 CCFAP appropriation for this purpose while the state of emergency related to COVID-19 is in effect.

* * * Unemployment Insurance * * *

Sec. 29. 21 V.S.A. § 1314a is amended to read:

§ 1314a. QUARTERLY WAGE REPORTING; MISCLASSIFICATION; PENALTIES

~~(a)(1) Effective with the calendar quarter ending September 30, 1986 and all subsequent calendar quarters, each Each employing unit ~~which that~~ is an employer as defined in subdivision 1301(5) of this chapter, having that has individuals in employment as defined in subdivision 1301(6) of this chapter, shall file with the Commissioner on forms ~~to be~~ supplied by the Commissioner ~~to each such employer~~ a detailed wage report ~~containing~~ for each calendar quarter that contains each individual worker's name, Social Security number, gross wages paid during each ~~such~~ calendar quarter, and any other information the Commissioner deems ~~reasonably~~ necessary in the administration of this chapter.~~

~~(2) Effective with the calendar quarter ending March 31, 2001, and all subsequent calendar quarters, in In addition to other information required by this section, the wage reports required by this subsection shall include for each worker paid by the hour, the worker's gender, and the worker's hourly wage. The wage reports may be filed electronically.~~

* * *

~~(c) An employing unit, as defined in subdivision 1301(4) of this chapter which that is not an employer, as defined in subdivision 1301(5), shall, upon request of the Commissioner, file submit reports on forms furnished by the Commissioner ~~reports respecting regarding~~ employment, wages, hours of employment, and unemployment, and related matters as that the Commissioner deems ~~reasonably~~ necessary in the administration of this chapter.~~

~~(d) Reports required by subsection (c) of this section shall be ~~returned so as to be received by~~ submitted to the Commissioner not later than 10 calendar days after the date ~~of the mailing of~~ the Commissioner's request was mailed to the employing unit.~~

~~(e) On ~~the~~ request of the Commissioner, any employing unit or employer shall report, within 10 days of the mailing or personal delivery of the request, separation information ~~with respect to~~ for a claimant, any disqualifying~~

income the claimant may have received, and any other information that the Commissioner may reasonably require to determine ~~a~~ the claimant's eligibility for unemployment compensation. The Commissioner shall make ~~such~~ a request ~~whenever~~ when:

(1) the claimant's eligibility is dependent either upon:

(A) wages paid during an incomplete calendar quarter in which the claimant was separated; or

(B) ~~upon~~ the last completed quarter; and

(2) ~~when to do so would~~ obtaining the information will result in more timely benefit payments.

(f)(1) Any employing unit or employer that fails to:

(A) File ~~any~~ a report required by this section shall be subject to ~~a~~ an administrative penalty of \$100.00 for each report not received by the prescribed due dates.

(B) Properly classify an individual regarding the status of employment ~~is~~ shall be subject to ~~a~~ an administrative penalty of not more than \$5,000.00 for each improperly classified employee. In addition, an employer found to have violated this section is prohibited from contracting, directly or indirectly, with the State or any of its subdivisions for up to three years following the date the employer was found to have failed to properly classify, as determined by the Commissioner in consultation with the Commissioner of Buildings and General Services or the Secretary of Transportation, as appropriate. Either the Secretary or the Commissioner, as appropriate, shall be consulted in any appeal relating to prohibiting the employer from contracting with the State or its subdivisions.

(2)(A) Penalties under this subsection shall be collected in the same manner ~~provided for the collection of~~ as contributions ~~in~~ under section 1329 of this title and shall be paid into the Contingent Fund ~~provided~~ established in section 1365 of this title.

(B) If the employing unit demonstrates that its failure was due to a reasonable cause, the Commissioner may waive or reduce the penalty.

(g)(1) Notwithstanding any other provisions of this section, the Commissioner may where practicable require of any employing unit ~~that to file~~ the reports required ~~to be filed~~ pursuant to subsections (a) through (d) of this section ~~be filed~~, or any departmental registration required prior to submitting the reports required by this section, in an electronic media form.

(2) The Commissioner may waive the requirement that an employing unit submit a report in an electronic media form if the employing unit attests that it is unable to file the required report in that form.

** * * Unemployment Insurance Related to COVID-19 Outbreak * * **

Sec. 30. 21 V.S.A. § 1325 is amended to read:

§ 1325. EMPLOYERS' EXPERIENCE-RATING RECORDS;

DISCLOSURE TO SUCCESSOR ENTITY

(a)(1) The Commissioner shall maintain an experience-rating record for each employer. Benefits paid shall be charged against the experience-rating record of each subject employer who provided base-period wages to the eligible individual. Each subject employer's experience-rating charge shall bear the same ratio to total benefits paid as the total base-period wages paid by that employer bear to the total base-period wages paid to the individual by all base-period employers. The experience-rating record of an individual subject base-period employer shall not be charged for benefits paid to an individual under any of the following conditions:

** * **

(G) The individual voluntarily separated from that employer as provided by subdivision 1344(a)(2)(A) of this chapter for one of the following reasons:

(i) to self-isolate or quarantine at the recommendation of a health care provider or pursuant to a specific recommendation, directive, or order issued by a public health authority with jurisdiction, the Governor, or the President for one of the following reasons:

(I) the individual has been diagnosed with COVID-19;

(II) the individual is experiencing the symptoms of COVID-19;

(III) the individual has been exposed to COVID-19; or

(IV) the individual belongs to a specific class or group of persons that have been identified as being at high-risk if exposed to or infected with COVID-19;

(ii) because of an unreasonable risk that the individual could be exposed to or become infected with COVID-19 at the individual's place of employment;

(iii) to care for or assist a family member of the individual who is self-isolating or quarantining at the recommendation of a health care provider or pursuant to a specific recommendation, directive, or order issued by a

public health authority with jurisdiction, the Governor, or the President for one of the following reasons:

(I) the family member has been diagnosed with COVID-19;

(II) the family member is experiencing the symptoms of COVID-19;

(III) the family member has been exposed to COVID-19; or

(IV) the family member belongs to a specific class or group of persons that have been identified as being at high-risk if exposed to or infected with COVID-19;

(iv) to care for or assist a family member who has left employment because of an unreasonable risk that they could be exposed to or become infected with COVID-19 at their place of employment; or

(v) to care for a child under 18 years of age because the child's school or child care has been closed or the child care provider is unavailable due to a public health emergency related to COVID-19.

(H) As used in this subdivision (a)(1):

(i) "Family member" means an individual's parent, grandparent, spouse, child, brother, sister, parent-in-law, grandchild, or foster child. As used in this subdivision (a)(1)(H)(i), "spouse" includes a domestic partner or civil union partner.

(ii) "An unreasonable risk that the individual could be exposed to or become infected with COVID-19 at the individual's place of employment" shall include the individual's place of employment being out of compliance with the Guidance on Preparing Workplaces for COVID-19 issued by the U.S. Occupational Safety and Health Administration (OSHA) or any similar guidance issued by OSHA, the U.S. Centers for Disease Control, or the Vermont Department of Health and any other conditions or factors that the Commissioner determines to create an unreasonable risk.

(2) If an individual's unemployment is directly caused by a major disaster declared by the President of the United States pursuant to 42 U.S.C. § 5122 and the individual would have been eligible for federal disaster unemployment assistance benefits but for the receipt of regular benefits, an employer shall be relieved of charges for benefits paid to the individual with respect to any week of unemployment occurring due to the natural disaster up to a maximum amount of four weeks.

(3)(A) Subject to the provisions of subdivision (B) of this subdivision (a)(3), an employer shall be relieved of charges for benefits paid to an

individual for a period of up to eight weeks with respect to benefits paid because:

(i) the employer temporarily ceased operation, either partially or completely, at the individual's place of employment in response to a request from a public health authority with jurisdiction that the employer cease operations because of COVID-19, in response to an emergency order or directive issued by the Governor or the President related to COVID-19, or because the employer voluntarily ceased operations due to the actual exposure of workers at that place of employment to COVID-19;

(ii) the individual becomes unemployed as a direct result of a state of emergency declared by the Governor or the President in relation to COVID-19 or an order or directive issued by the Governor or President in relation to COVID-19; or

(iii) the individual has been recommended or requested by a medical professional or a public health authority with jurisdiction to be isolated or quarantined as a result of COVID-19, regardless of whether the individual has been diagnosed with COVID-19.

(B) An employer shall only be eligible for relief of charges for benefits paid under the provisions of this subdivision (a)(3) if the employer rehires or offers to rehire the individual within a reasonable period of time after the employer resumes operations at the individual's place of employment, as determined by the Commissioner; or upon the completion of the individual's period of isolation or quarantine.

(C) The Commissioner may extend the period for which an employer shall be relieved of charges for benefits paid to employees pursuant to subdivision (A)(i) of this subdivision (a)(3) by an amount that the Commissioner determines to be appropriate in light of the terms of any applicable request from a local health official or the Commissioner of Health or any applicable emergency order or directive issued by the Governor or the President and any other relevant conditions or factors.

* * *

Sec. 31. 21 V.S.A. § 1344 is amended to read:

§ 1344. DISQUALIFICATIONS

(a) An individual shall be disqualified for benefits:

* * *

(2) For any week benefits are claimed, except as provided in subdivision (a)(3) of this section, until he or she has presented evidence to the satisfaction

of the Commissioner that he or she has performed services in employment for a bona fide employer and has had earnings in excess of six times his or her weekly benefit amount if the Commissioner finds that such individual is unemployed because:

(A) He or she has left the employ of his or her last employing unit voluntarily without good cause attributable to such employing unit. An individual shall not suffer more than one disqualification by reason of such separation. However, an individual shall not be disqualified for benefits if:

(i) the individual left such employment to accompany a spouse who:

~~(i)(I)~~ is on active duty with the U.S. Armed Forces and is required to relocate due to permanent change of station orders, activation orders, or unit deployment orders, and when such relocation would make it impractical or impossible, as determined by the Commissioner, for the individual to continue working for such employing unit; or

~~(ii)(II)~~ holds a commission in the U.S. Foreign Service and is assigned overseas, and when such relocation would make it impractical or impossible, as determined by the Commissioner, for the individual to continue working for such employing unit;

(ii) the individual has left employment to self-isolate or quarantine at the recommendation of a health care provider or pursuant to a specific recommendation, directive, or order issued by a public health authority with jurisdiction, the Governor, or the President for one of the following reasons:

(I) the individual has been diagnosed with COVID-19;

(II) the individual is experiencing the symptoms of COVID-19;

(III) the individual has been exposed to COVID-19; or

(IV) the individual belongs to a specific class or group of persons that have been identified as being at high-risk if exposed to or infected with COVID-19;

(iii) the individual has left employment because of an unreasonable risk that the individual could be exposed to or become infected with COVID-19 at the individual's place of employment;

(iv) the individual has left employment to care for or assist a family member of the individual who is self-isolating or quarantining at the recommendation of a health care provider or pursuant to a specific

recommendation, directive, or order issued by a public health authority with jurisdiction, the Governor, or the President for one of the following reasons:

- (I) the family member has been diagnosed with COVID-19;
- (II) the family member is experiencing the symptoms of COVID-19;
- (III) the family member has been exposed to COVID-19; or
- (IV) the family member belongs to a specific class or group of persons that have been identified as being at high-risk if exposed to or infected with COVID-19;
- (v) the individual has left employment to care for or assist a family member who has left employment because of an unreasonable risk that they could be exposed to or become infected with COVID-19 at their place of employment; or
- (vi) the individual left employment to care for a child under 18 years of age because the child's school or child care has been closed or the child care provider is unavailable due to a public health emergency related to COVID-19.

* * *

(G) As used in this subdivision (a)(2):

(i) "Family member" means an individual's parent, grandparent, spouse, child, brother, sister, parent-in-law, grandchild, or foster child. As used in this subdivision (a)(2)(G)(i), "spouse" includes a domestic partner or civil union partner.

(ii) "An unreasonable risk that the individual could be exposed to or become infected with COVID-19 at the individual's place of employment" shall include the individual's place of employment being out of compliance with the Guidance on Preparing Workplaces for COVID-19 issued by the U.S. Occupational Safety and Health Administration (OSHA) or any similar guidance issued by OSHA, the U.S. Centers for Disease Control, or the Vermont Department of Health and any other conditions or factors that the Commissioner determines to create an unreasonable risk.

(H)(i) Except as otherwise provided pursuant to subdivision (2) of this subdivision (a)(2)(H), an unemployed individual who is eligible for benefits pursuant to subdivisions (2)(A)(ii)–(vi) of this subsection shall be ineligible for benefits under those subdivisions if the individual becomes eligible for benefits provided pursuant to:

(I) enacted federal legislation that amends or establishes a federal program providing benefits for unemployed individuals that are similar to the benefits provided pursuant to subdivisions (2)(A)(ii)–(vi); or

(II) a national emergency declared by the President that results in the provision of benefits pursuant to Disaster Unemployment Assistance, Emergency Unemployment Compensation, Extended Unemployment Compensation, or any similar type program.

(ii) An individual who is receiving benefits pursuant to a federal program as set forth in subdivision (i) of this subdivision (a)(2)(H) shall not receive benefits pursuant to subdivisions (2)(A)(ii)–(vi) of this subsection except when and to the extent that the benefits provided by the applicable federal program are different from or are not in lieu of the benefits that are available pursuant to subdivisions (2)(A)(ii)–(vi) of this subsection, in which case the benefits provided under subdivisions (2)(A)(ii)–(vi) of this subsection shall continue.

(iii) Nothing in this subdivision (a)(2)(H) shall be construed to prevent an individual from receiving benefits pursuant to subdivisions (2)(A)(ii)–(vi) of this subsection if the individual’s employer refuses or fails to pay the individual for leave under the federal Emergency Family and Medical Leave Expansion Act or the federal Emergency Paid Sick Leave Act.

* * *

(5) For any week with respect to which the individual is receiving or has received remuneration in the form of:

* * *

(F) Sick pay or pay received pursuant to the federal Emergency Family and Medical Leave Expansion Act or the federal Emergency Paid Sick Leave Act.

* * *

* * * Repeal of COVID-19 Related Unemployment Insurance Provisions * * *

Sec. 32. REPEAL

21 V.S.A. § 1325(a)(1)(G), (H), and (a)(3) are repealed.

Sec. 33. 21 V.S.A. § 1344 is amended to read:

§ 1344. DISQUALIFICATIONS

(a) An individual shall be disqualified for benefits:

* * *

(2) For any week benefits are claimed, except as provided in subdivision (a)(3) of this section, until he or she has presented evidence to the satisfaction of the Commissioner that he or she has performed services in employment for a bona fide employer and has had earnings in excess of six times his or her weekly benefit amount if the Commissioner finds that such individual is unemployed because:

(A) He or she has left the employ of his or her last employing unit voluntarily without good cause attributable to such employing unit. An individual shall not suffer more than one disqualification by reason of such separation. However, an individual shall not be disqualified for benefits if:

(i) the individual left such employment to accompany a spouse who:

~~(i)~~ is on active duty with the U.S. Armed Forces and is required to relocate due to permanent change of station orders, activation orders, or unit deployment orders, and when such relocation would make it impractical or impossible, as determined by the Commissioner, for the individual to continue working for such employing unit; or

~~(ii)~~ holds a commission in the U.S. Foreign Service and is assigned overseas, and when such relocation would make it impractical or impossible, as determined by the Commissioner, for the individual to continue working for such employing unit;

~~(ii) the individual has left employment to self-isolate or quarantine at the recommendation of a healthcare provider, or pursuant to a specific recommendation, directive, or order issued by a public health authority with jurisdiction, the Governor, or the President for one of the following reasons:~~

~~(I) the individual has been diagnosed with COVID-19;~~

~~(II) the individual is experiencing the symptoms of COVID-19;~~

~~(III) the individual has been exposed to COVID-19; or~~

~~(IV) the individual belongs to a specific class or group of persons that have been identified as being at high risk if exposed to or infected with COVID-19;~~

~~(iii) the individual has left employment because of an unreasonable risk that the individual could be exposed to or become infected with COVID-19 at the individual's place of employment;~~

~~(iv) the individual has left employment to care for or assist a family member of the individual who is self-isolating or quarantining at the~~

~~recommendation of a healthcare provider or pursuant to a specific recommendation, directive, or order issued by a public health authority with jurisdiction, the Governor, or the President, for one of the following reasons:~~

- ~~(I) the family member has been diagnosed with COVID-19;~~
- ~~(II) the family member is experiencing the symptoms of COVID-19;~~
- ~~(III) the family member has been exposed to COVID-19; or~~
- ~~(IV) the family member belongs to a specific class or group of persons that have been identified as being at high-risk if exposed to or infected with COVID-19;~~
- ~~(v) the individual has left employment to care for or assist a family member who has left employment because of an unreasonable risk that they could be exposed to or become infected with COVID-19 at their place of employment; or~~
- ~~(vi) the individual left such employment to care for a child under 18 years of age because the child's school or child care has been closed or the child care provider is unavailable due to a public health emergency related to COVID-19.~~

~~(H)(i) Except as otherwise provided pursuant to subdivision (2) of this subdivision (a)(2)(H), an unemployed individual who is eligible for benefits pursuant to subdivisions (2)(A)(ii)-(vi) of this subsection shall be ineligible for benefits under those subdivisions if the individual becomes eligible for benefits provided pursuant to:~~

- ~~(I) enacted federal legislation that amends or establishes a federal program providing benefits for unemployed individuals that are similar to the benefits provided pursuant to subdivisions (2)(A)(ii)-(vi); or~~
- ~~(II) a national emergency declared by the President that results in the provision of benefits pursuant to Disaster Unemployment Assistance, Emergency Unemployment Compensation, Extended Unemployment Compensation, or any similar type program.~~

~~(ii) An individual who is receiving benefits pursuant to a federal program as set forth in subdivision (i) of this subdivision (a)(2)(H) shall not receive benefits pursuant to subdivisions (2)(A)(ii)-(vi) of this subsection except when and to the extent that the benefits provided by the applicable federal program are different from or are not in lieu of the benefits that are available pursuant to subdivisions (2)(A)(ii)-(vi) of this subsection, in which case the benefits provided under subdivisions (2)(A)(ii)-(vi) of this subsection shall continue.~~

~~(iii) Nothing in this subdivision (a)(2)(H) shall be construed to prevent an individual from receiving benefits pursuant to subdivisions (2)(A)(ii)–(vi) of this subsection if the individual’s employer refuses or fails to pay the individual for leave under the federal Emergency Family and Medical Leave Expansion Act or the federal Emergency Paid Sick Leave Act.~~

~~* * *~~

~~(G) As used in this subdivision (a)(2):~~

~~(i) “Family member” means an individual’s parent, grandparent, spouse, child, brother, sister, parent-in-law, grandchild, or foster child. As used in this subdivision (a)(2)(G)(i), “spouse” includes a domestic partner or civil union partner.~~

~~(ii) “An unreasonable risk that the individual could be exposed to or become infected with COVID-19 at the individual’s place of employment” shall include the individual’s place of employment being out of compliance with the Guidance on Preparing Workplaces for COVID-19 issued by the U.S. Occupational Safety and Health Administration (OSHA) or any similar guidance issued by OSHA, the U.S. Centers for Disease Control, or the Vermont Department of Health and any other conditions or factors that the Commissioner determines to create an unreasonable risk.~~

~~* * *~~

~~(5) For any week in which the individual is receiving or has received remuneration in the form of:~~

~~* * *~~

~~(F) Sick pay or pay received pursuant to the federal Emergency Family and Medical Leave Expansion Act or the federal Emergency Paid Sick Leave Act.~~

~~* * *~~

~~Sec. 34. 21 V.S.A. § 1346 is amended to read:~~

~~§ 1346. CLAIMS FOR BENEFITS; RULES; NOTICE~~

~~* * *~~

~~(c)(1) An employer shall post notice of how an unemployed individual can seek unemployment benefits in a form provided by the Commissioner in a place conspicuous to individuals performing services for the employer. The notice shall also advise individuals of their rights under the Domestic and Sexual Violence Survivor’s Transitional Employment Program, established pursuant~~

to chapter 16A of this title. The Commissioner shall provide a copy of the notice to an employer upon request without cost to the employer.

(2) An employer shall provide an individual with notification of the availability of unemployment compensation at the time of the individual's separation from employment. The notification may be based on model notification language provided by the U.S. Secretary of Labor.

** * * Motor Vehicles * * **

Sec. 35. PHOTOGRAPHS FOR RENEWALS

(a) Notwithstanding any provision of 23 V.S.A. § 115(g), 610(c), or 617(e) to the contrary, a licensee shall be permitted to renew a driver's license, learner's permit, privilege to operate, or non-driver identification card with a photograph obtained not more than 16 years earlier that is compliant with the federal REAL ID Act, 6 C.F.R. part 37.

(b) Notwithstanding 1 V.S.A. § 214, subsection (a) of this section shall take effect retroactively on March 20, 2020 and continue in effect until the termination of the state of emergency declared by the Governor as a result of COVID-19.

Sec. 36. EXTENSIONS

(a) Notwithstanding any provision of 23 V.S.A. § 312, 457, 458, 3702, or 3703 to the contrary, all International Registration Plan trip permits and temporary authorizations, temporary registration certificates, and temporary number plates shall be valid for 90 days from the date of issuance.

(b) Notwithstanding any provision of Title 23 of the Vermont Statutes Annotated or rules adopted pursuant to Title 23 to the contrary, the Commissioner of Motor Vehicles may extend any existing permits issued by the Department of Motor Vehicles, excluding International Registration Plan trip permits, for an additional 90 days.

(c) Notwithstanding any provision of 23 V.S.A. § 115, 302, 304a, 305, 601, or 617 to the contrary, the Commissioner shall extend all of the following for an additional 90 days after expiration: driver's licenses; learner's permits; privileges to operate; non-driver identification cards; registrations; and registration plates or placards for an individual with a disability.

(d) Notwithstanding 1 V.S.A. § 214, subsections (a) and (b) of this section shall take effect retroactively on March 20, 2020 and continue in effect until the termination of the state of emergency declared by the Governor as a result of COVID-19.

(e) Notwithstanding 1 V.S.A. § 214, subsection (c) of this section shall take effect retroactively on March 17, 2020 and continue in effect until the termination of the state of emergency declared by the Governor as a result of COVID-19.

Sec. 37. USE OF EIGHT-LIGHT SYSTEM ON SCHOOL BUSES

(a) Notwithstanding any provision of 23 V.S.A. § 1283(a)(4) to the contrary, the driver of a Type I or a Type II school bus may keep the alternately flashing red signal lamps of an eight-light system lighted when making deliveries of food to school aged children.

(b) Notwithstanding 1 V.S.A. § 214, subsection (a) of this section shall take effect retroactively on March 20, 2020 and continue in effect until the termination of the state of emergency declared by the Governor as a result of COVID-19.

** * * Effective Dates * * **

Sec. 38. EFFECTIVE DATES

This act shall take effect on passage, except that:

(1) In Sec. 24, 8 V.S.A. § 4100k(e) (coverage of health care services delivered by store-and-forward means) shall take effect on January 1, 2021.

(2) Sec. 29 shall take effect on July 1, 2020.

(3) Secs. 32 and 33 shall take effect on March 31, 2021.