

H.742

An act relating to grants for emergency medical personnel training

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

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 insurers 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

8 V.S.A. § 4100k(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.