

# Journal of the House

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**Friday, March 13, 2020**

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

## **Recess**

At nine o'clock and thirty-five minutes in the forenoon the Speaker recessed until the fall of the gavel.

At ten o'clock and four minutes in the forenoon the Speaker called the House to order.

## **Devotional Exercises**

Devotional exercises were conducted by Jon Gailmor, singer/songwriter, Elmore.

## **Memorial Service**

The Speaker placed before the House the following name of the member of past sessions of the Vermont General Assembly who had passed away recently:

Charles B. Palmer of Pownal	Member of the House, Sessions 1987-1988, 1989-1990, 1991- 1992, 1993-1994, 1995-1996, 1997-1998
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Thereupon, the members of the House rose for a moment of silence in memory of the deceased member. The Clerk was thereupon directed to send a copy of the House Journal to the bereaved family.

## **Committee Bill Introduced**

### **H. 940**

By the committee on Agriculture and Forestry,

An act relating to animal cruelty investigation response and training;

Was read and pursuant to House rule 48, bill placed on the Calendar for Notice.

## **Senate Bill Referred**

### **S. 296**

Senate bill, entitled

An act relating to limiting out-of-pocket expenses for prescription insulin drugs

Was read and referred to the committee on Health Care.

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**Bill Referred to Committee on Appropriations****H. 668**

House bill, entitled

An act relating to evidence-based structured literacy instruction for students in kindergarten–grade 3 and students with dyslexia and to teacher preparation programs

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

**Third Reading; Bill Passed****H. 663**

House bill, entitled

An act relating to expanding access to contraceptives

Was taken up, read the third time and passed.

**Third Reading; Bill Passed****H. 795**

House bill, entitled

An act relating to increasing hospital price transparency

Was taken up, read the third time and passed.

**Second Reading; Bill Amended; Third Reading Ordered****H. 424**

**Rep. Gregoire of Fairfield**, for the committee on Human Services, to which had been referred House bill, entitled

An act relating to the Interstate Compact on the Placement of Children

Reported in favor of its passage when amended as follows:

First: In Sec. 1, repeal, by striking out “, subchapter 1”

Second: In Sec. 2, 33 V.S.A. chapter 59, subchapter 1, in the section designation, by striking out “, subchapter 1” and, following section 5918, by adding the following:

Subchapter 2. Provisions Relating to Interstate Compact for the  
Placement of Children

§ 5921. FINANCIAL RESPONSIBILITY

Financial responsibility for any child placed pursuant to the provisions of the Interstate Compact for the Placement of Children shall be determined in accordance with the provisions of section 5907 of this title. However, in the event of partial or complete default of performance thereunder, the provisions of this title and Title 15 also may be invoked.

§ 5922. AGENCY

This State's "government child welfare agency or child protection agency," "public child placing agency," and "central state compact office" is the Department for Children and Families.

§ 5923. AGREEMENTS

The officers and agencies of this State having authority to place children are hereby empowered to enter into agreements with appropriate officers or agencies of or in other party states pursuant to the Interstate Compact for the Placement of Children. Any such agreement which contains a financial commitment or imposes a financial obligation on this State or agency thereof shall not be binding unless it has the approval in writing of the Secretary of the Agency of Administration.

§ 5924. PLACEMENT OF CHILD IN ANOTHER STATE

The officers and agencies of this State having authority to place a child in the custody of the Commissioner of the Department for Children and Families may place such a child in another state. However, unless parental rights have been judicially terminated any such child being placed in another state pursuant to this compact shall, upon request, be given a court hearing on notice to the parent or guardian with opportunity to be heard prior to his or her being sent to such other state for care and the court finds that:

(1) equivalent facilities for the child are not available in this State;

(2) care in the other state is in the best interest of the child and will not produce undue hardship.

§ 5925. EXECUTIVE HEAD

The term "executive head" in this State means the Secretary of the Agency of Human Services. The Secretary of the Agency of Human Services is hereby authorized to appoint a compact administrator in accordance with the terms of section 5907 of this title.

Third: By striking out Sec. 3 in its entirety and inserting in lieu thereof the following:

Sec. 3. EFFECTIVE DATES

(a) Secs. 1 and 2 shall take effect 18 months from the date on which the Compact set forth in Sec. 2 is enacted into law by 35 states.

(b) This section shall take effect on passage.

The bill, having appeared on the Calendar one day for Notice, was taken up, read the second time, report of the committee on Human Services agreed to and third reading ordered.

**Bill Amended; Read Third Time; Bill Passed**

**H. 788**

House bill, entitled

An act relating to technical corrections for the 2020 legislative session

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

First: By striking out Sec. 164, 23 V.S.A. § 801(a)(3), in its entirety and inserting in lieu thereof the following:

Sec. 164. 23 V.S.A. § 801 is amended to read:

§ 801. PROOF OF FINANCIAL RESPONSIBILITY REQUIRED

(a) The Commissioner shall require proof of financial responsibility to satisfy any claim for damages, by reason of personal injury to or the death of any person, of at least \$25,000.00 for one person and \$50,000.00 for two or more persons killed or injured and \$10,000.00 for damages to property in any one accident crash, as follows:

(1) From a person who is convicted of any of the following violations of this title:

\* \* \*

(C) Failing to immediately stop and render such assistance as may be reasonably necessary following ~~an accident~~ a crash resulting in injury to any person or property, other than the vehicle then under his or her control.

\* \* \*

(2) From a person against whom there is an outstanding unsatisfied judgment of a court of competent jurisdiction within this State for damages arising out of a motor vehicle ~~accident~~ crash and based upon any violation of the provisions of this title.

(3) From the operator of a motor vehicle involved in ~~an accident which has a crash that~~ crash that resulted in bodily injury or death to any person or ~~whereby the motor vehicle then under his or her control or any other property is damaged~~

property damage, including to the motor vehicle under the operator's control, in an aggregate amount to the extent of \$3,000.00 or more, excepting, however:

(A) an operator furnishing the Commissioner with satisfactory proof that a standard provisions automobile liability insurance policy, issued by an insurance company authorized to transact business in this State insuring the person against public liability and property damage, in the amounts required under this section with respect to proof of financial responsibility, was in effect at the time of the ~~accident~~ crash; or

(B) a nonresident operator holding a valid license issued by the state of his or her residence at the time of the ~~accident~~ crash who furnishes satisfactory proof, in the form of a certificate issued by an insurance company authorized to transact business in the state of his or her residence, when accompanied by a power of attorney authorizing the Commissioner to accept service on its behalf of notice or process in any action upon the policy arising out of the ~~accident~~ crash, certifying that insurance covering the legal liability of the operator to satisfy any claim or claims for damage to person or property, in an amount equal to the amounts required under this section with respect to proof of financial responsibility, was in effect at the time of the ~~accident~~ crash.

(b) The provisions of subdivision (a)(3) of this section shall not apply to the operator of a motor vehicle, involved in ~~an accident~~ a crash, if at the time of the ~~accident~~ crash the motor vehicle he or she was operating, whether attended or unattended, was legally parked in any location other than upon a public highway. Nor shall the provisions of that subdivision apply to the operator of an all-terrain vehicle when the vehicle is registered and operated pursuant to chapter 31 of this title.

\* \* \*

(d) Where erroneous information with respect to insurance coverage is furnished to the Commissioner by the operator involved in ~~an accident~~ a crash, the Commissioner shall, after receipt by him or her of correct information with respect to such coverage, take appropriate action as provided in section 802 of this title.

\* \* \*

Second: By striking out Sec. 184, 23 V.S.A. § 1128, and Sec. 185, 23 V.S.A. § 1129, in their entireties and inserting in lieu thereof the following:

Sec. 184. 23 V.S.A. § 1128 is redesignated to read:

§ 1128. ~~ACCIDENTS-DUTY~~ CRASHES; DUTY TO STOP

Sec. 185. 23 V.S.A. § 1129 is amended to read:

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§ 1129. ~~ACCIDENTS-REPORTS~~ CRASHES; REPORTS

(a) The operator of a motor vehicle involved in ~~an accident whereby a person~~ a crash in which someone is injured or ~~whereby~~ there is total property damage ~~to all property to the extent~~ of \$3,000.00 or more shall make a written report concerning the ~~accident~~ crash to the Commissioner of ~~Motor Vehicles~~ on forms furnished by the Commissioner. The written report shall be mailed to the Commissioner within 72 hours after the ~~accident~~ crash. The Commissioner may require further facts concerning the ~~accident~~ crash be provided upon forms ~~furnished by him or her~~ he or she furnishes.

(b) As used in this section, the word ~~“accident”~~ “crash” ~~only~~ refers ~~only~~ to incidents and events in which the motor vehicle involved comes into physical contact with ~~a person, an individual or~~ an individual or object, ~~or including~~ another motor vehicle. It shall not include such contact where a vehicle involved is being used by a law enforcement officer as a barrier to prevent passage of a vehicle being operated by a suspected violator of the law. In such cases, the law enforcement officer shall not be required to make a personal written report of the incident.

(c) The owner and the operator of a motor vehicle covered by one or more policies of liability insurance shall notify any ~~person~~ individual injured by the motor vehicle, or the owner of any property damaged ~~thereby~~ by the motor vehicle, of the name and address of all liability insurance companies ~~which~~ that may cover the incident, and the numbers of the policies. The notification shall be made to the injured ~~person, individual or~~ individual or the owner of the damaged property, or both, ~~not more than~~ within five days after the injury or damage. The information shall be given to the injured ~~person~~ individual and the owner of the damaged property at the last known address of each.

Which was agreed to. Thereupon, the bill was read the third time and passed.

**Second Reading; Bill Amended  
Third Reading Ordered**

**H. 562**

**Rep. Graham of Williamstown**, for the committee on Agriculture and Forestry, to which had been referred House bill, entitled

An act relating to the definition of agricultural land for the purposes of use value appraisals

Reported the bill ought to pass.

**Rep. Masland of Thetford**, for the committee on Ways and Means, reported in favor of its passage when amended as follows:

In Sec. 1, 32 V.S.A. § 3752(1) in subdivision (B) (definition of agricultural land), after “0.1 of an acre or less” by striking out “of the total enrolled land”

The bill, having appeared on the Calendar one day for Notice, was taken up, read the second time, report of the committee on Ways and Means was agreed to and third reading ordered.

### **Second Reading; Bill Amended; Third Reading Ordered**

#### **H. 683**

**Rep. Dolan of Waitsfield**, for the committee on Natural Resources, Fish, and Wildlife, to which had been referred House bill, entitled

An act relating to prohibiting incidental take of migratory birds

Reported in favor of its passage when amended by striking all after the enacting clause and inserting in lieu thereof the following:

#### Sec. 1. FINDINGS

The General Assembly finds:

(1) On December 22, 2017, the U.S. Department of the Interior released a memorandum stating that the agency would no longer interpret the Migratory Bird Treaty Act as prohibiting incidental take of migratory birds. This changes the way the Act has been interpreted for the past 40 years.

(2) Vermont is an important stop for birds that migrate along the Atlantic Flyway.

(3) The Department of Fish and Wildlife reports that Vermont has approximately 260 species of birds. Of those, Vermont hosts 125 forest species, making it one of the most forest-species-rich states in the nation.

(4) According to a 2015 report by the Gund Institute, at 39 percent, Vermont leads the nation in number of residents who participate in bird watching, which is nearly double the national average of 20 percent. Vermont is second only to Alaska in the number of residents who participate in hunting, fishing, and wildlife viewing.

(5) According to a 2011 report by the U.S. Fish and Wildlife Service, bird watching attracts many people to Vermont. In 2011, wildlife watchers spent \$289 million on wildlife-watching activities in Vermont. The report found that 292,000 people participated in bird watching and 56 percent of them took trips away from home to participate in bird watching.

(6) Migratory birds are important to Vermont’s citizens and economy and should be protected from incidental take in Vermont law.

Sec. 2. 10 V.S.A. § 4902 is amended to read:

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§ 4902. WILD BIRDS GENERALLY; NO OPEN SEASON; EXCEPTION

(a) Wild birds, other than pigeons, shall not be taken, possessed, bought, or sold, at any time, except as provided by this part, rules of the Board, or orders of the Commissioner. Birds coming from ~~without~~ outside the State belonging to the same family as those protected by this subchapter shall not be bought or sold.

(b) Bird harm or death that results from human activity where the intent was not to harm or kill the bird, but where bird harm or death was a direct and foreseeable result of the activity, is prohibited. Nothing in this section shall require the Department to implement a new permitting program.

Sec. 3. 10 V.S.A. § 4910 is added to read:

§ 4910. ENFORCEMENT DISCRETION

For purposes of migratory bird protection in this title, the Commissioner has authority to exercise enforcement discretion, including refraining from taking any enforcement action for the incidental take of migratory birds. Enforcement, if any, shall focus on activities that have at least local population level impacts on migratory birds. Enforcement of this provision, shall be in accordance with 10 V.S.A. Section 4520.

Sec. 4. EFFECTIVE DATE

This act shall take effect on July 1, 2020.

and that after passage the title of the bill be amended to read: “An act relating to the Protection of Migratory Birds”

The bill, having appeared on the Calendar one day for Notice, was taken up, read the second time, report of the committee on Natural Resources, Fish, and Wildlife agreed to and third reading ordered.

**Second Reading; Bill Amended; Third Reading Ordered**

**H. 833**

**Rep. Ode of Burlington**, for the committee on Natural Resources, Fish, and Wildlife, to which had been referred House bill entitled,

An act relating to the interbasin transfer of surface waters

Reported in favor of its passage when amended by striking all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. SURFACE WATER DIVERSIONS AND TRANSFERS STUDY

GROUP; REPORT



(a) Creation. The Secretary of Natural Resources (Secretary) shall convene a Surface Water Diversions and Transfers Study Group to investigate and make recommendations to the General Assembly regarding the environmental, economic, and recreational impacts of surface water diversions, including the transfer of surface water between watersheds.

(b) Membership. The Surface Water Diversions and Transfers Study Group shall be composed of the following members:

(1) the Secretary of Natural Resources or designee;

(2) the Secretary of Agriculture, Food and Markets or designee;

(3) one member of the Senate Committee on Natural Resources and Energy, appointed by the Committee on Committees;

(4) one member of the House Committee on Natural Resources, Fish, and Wildlife, appointed by the Speaker of the House;

(5) two persons representing businesses or industries reliant on large quantities of surface water, appointed by the Committee on Committees;

(6) two persons representing nonprofit environmental advocacy groups, appointed by the Speaker of the House;

(7) one hydrologist, appointed by the Secretary; and

(8) one person representing an agriculture or forest products business conducted on working lands, appointed by the Secretary of Agriculture, Food and Markets.

(c) Duties. The Surface Water Diversions and Transfers Study Group shall:

(1) develop a baseline inventory of the current and projected quantity, location, and usage of diversions and transfers of surface water in Vermont;

(2) recommend whether or not surface water transfers between watersheds should occur;

(3) identify whether the State of Vermont should develop and implement a statewide permitting or other regulatory regime for diversions or other transfers of surface water, including the scale or size of a watershed subject to regulation;

(4) analyze potentially viable regimes to address the use of surface water in Vermont;

(5) if necessary, propose legislative changes to implement the recommendations of the Study Group; and

(6) if necessary, identify any water quality rules, policies, or procedures that may require updating to implement the recommendations of the Study Group.

(d) Assistance. The Surface Water Diversions and Transfers Study Group shall have the administrative, technical, and legal assistance of the Agency of Natural Resources and shall have the legal and drafting assistance of the Office of Legislative Council.

(e) Report. On or before January 15, 2021, the Surface Water Diversions and Transfers Study Group shall submit a written report to the House Committee on Natural Resources, Fish, and Wildlife and the Senate Committee on Natural Resources and Energy providing its findings and recommendations under subsection (c) of this section.

(f) Meetings.

(1) The Secretary of Natural Resources shall call the first meeting of the Surface Water Diversions and Transfers Study Group.

(2) The Secretary of Natural Resources or designee shall be the chair of the Surface Water Diversions and Transfers Study Group.

(3) A majority of the membership of the Surface Water Diversions and Transfers Study Group shall constitute a quorum.

(4) The Surface Water Diversions and Transfers Study Group shall cease to exist on February 1, 2021.

(g) Compensation and reimbursement.

(1) For attendance at meetings during adjournment of the General Assembly, a legislative member of the Surface Water Diversions and Transfers Study Group serving in his or her capacity as a legislator shall be entitled to per diem compensation and reimbursement of expenses pursuant to 2 V.S.A. § 406 for not more than six meetings. These payments shall be made from monies appropriated to the General Assembly.

(2) Other members of the Surface Water Diversions and Transfers Study Group shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than six meetings. These payments shall be made from monies appropriated to the Agency of Natural Resources.

## Sec. 2. EFFECTIVE DATE

This act shall take effect on passage.

and that after passage the bill be amended to read: “An act relating to surface water diversions”

**Rep. Helm of Fair Haven**, for the committee on Appropriations, recommended the bill ought to pass when amended by the committee on Natural Resources, Fish, and Wildlife.

The bill, having appeared on the Calendar one day for Notice, was taken up, read second time, the report of the committees on Natural Resources, Fish, and Wildlife and Appropriations agreed to and third reading was ordered.

### **Second Reading; Bill Amended; Third Reading Ordered**

#### **H. 837**

**Rep. Seymour of Sutton**, for the committee on Judiciary, to which had been referred House bill entitled,

An act relating to enhanced life estate deeds

Reported in favor of its passage when amended by striking all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 27 V.S.A. chapter 6 is added to read:

#### CHAPTER 6. ENHANCED LIFE ESTATE DEEDS

##### § 651. SHORT TITLE

This chapter shall be known as the “Enhanced Life Estate Deed Act” or the “ELED Act”.

##### § 652. APPLICATION OF CHAPTER

This chapter applies to deeds in which a grantor reserves a common law life estate interest in real property while expressly reserving rights such that the deed creates a contingent remainder interest in the grantee.

##### § 653. DEFINITIONS

In this chapter, unless a deed indicates an intention to the contrary:

(1) “Convey” means to grant, sell, gift, lease, transfer, or encumber real property, with or without consideration, including the ability to revise or revoke a deed.

(2) “Enhanced life estate deed” or “ELE Deed” means a deed in which:

(A) the grantor expressly reserves a common law life estate;

(B) the grantor expressly reserves the right to convey the property during the grantor’s lifetime;

(C) the grantee acquires a contingent remainder interest such that, prior to the death of the grantor, the grantee has no vested rights in the property; and

(D) upon the death of the grantor, title vests in the surviving grantee or, for a deceased grantee, title passes pursuant to section 658 of this title, subject to encumbrances of record.

(3) "Grantee" means one or more grantees and the grantee's heirs and assigns.

(4) "Grantor" means one or more grantors, each of whom shall be a natural person, and the grantor's heirs and assigns.

(5) "Revoke" means to negate an ELE deed and is accomplished when the grantor records a deed from the grantor to himself or herself.

(6) "Revise" means to change the grantee on an ELE deed and is accomplished when the grantor records a new ELE deed to a grantee other than, or in addition to, the grantee named in the prior ELE deed. A revised deed supercedes and replaces a prior ELE deed. To add an additional grantee to an existing ELE deed, the new ELE deed must name all grantees.

#### § 654. EXECUTION AND RECORDING OF AN ENHANCED LIFE

##### ESTATE DEED

(a) Subject to the rights expressly reserved in the deed, a validly executed and recorded ELE deed does not:

(1) affect the ownership rights of the grantor or the grantor's creditors;

(2) transfer or convey any present right, title, or interest in the property or create any present legal or equitable interest in the grantee; or

(3) subject the grantor's property to process from the grantee's creditors.

(b) The grantor may convey the property described in an ELE deed, or any portion thereof, without the need for joinder by, consent from, agreement of, or

notice to the grantee.

(c) If not previously conveyed during the lifetime of the grantor, upon the death of the grantor, subject to encumbrances of record, the interest stated in an ELE deed vests in the grantee or, for a deceased grantee, the interest passes pursuant to section 658 of this title.

§ 655. ACCEPTANCE OR CONSIDERATION NOT REQUIRED;CONVEYANCE NOT PERMITTED

(a) An enhanced life estate deed is effective without:

- (1) acceptance by the designated grantee during the grantor's life; or
- (2) consideration.

(b) A grantee named in an ELE deed shall not convey the grantee's contingent remainder interest during the grantor's lifetime, and any conveyance which attempts to do so is void.

§ 656. REVOCATION, REVISION, MORTGAGES

(a) A grantor may revoke or revise an ELE deed.

(b) Joinder by, consent to, agreement of, or notice to the grantee of an ELE deed shall not be required for revocation or revision.

(c) The granting of a mortgage shall not operate to revoke or revise an ELE deed, but the property interests conveyed and reserved in an ELE deed shall be encumbered by the mortgage and by any future advances made pursuant to it.

§ 657. EXECUTION BY GUARDIAN; USE OF POWER OF ATTORNEY

(a) With the approval of the Probate Division, a guardian may convey the real property of a person under guardianship by an ELE deed.

(b) An ELE deed may be executed by an agent under a power of attorney if the power of attorney complies with the requirements of 14 V.S.A. chapter 123, including any applicable gifting and self-dealing provisions.

§658. DEATH OF GRANTEE PRIOR TO DEATH OF GRANTOR

Unless the ELE deed provides otherwise:

(1) If an ELE deed conveys title to a single grantee and the grantee predeceases the grantor, upon the death of the grantor, title to the property vests in the heirs of an intestate grantee or the interest shall be distributed or conveyed to a grantee's heirs or beneficiaries, as directed by the Probate Division.

(2) If an ELE deed conveys title to multiple grantees as tenants in common and one or more grantees predecease the grantor, upon the death of the grantor, title to the property vests in the heirs of any intestate grantee or the interest shall be distributed or conveyed to a grantee's heirs or beneficiaries, as directed by the probate court.

(3) If an ELE deed conveys title to multiple grantees as joint tenants and one or more grantees predecease the grantor, upon the death of the grantor, title to the property vests in any grantee who survives the grantor.

§ 659. PREVIOUSLY EXECUTED AND RECORDED ENHANCED LIFE

ESTATE DEEDS

Nothing in this chapter shall be construed to affect the validity of an enhanced life estate deed, a “Life Estate Deed with Reserved Powers,” a “Lady Bird Deed,” a “Medicaid Deed,” an “Italian Deed,” or similar deed executed and recorded prior to the effective date of this act.

§ 660. OPTIONAL FORM FOR ENHANCED LIFE ESTATE DEED

The following form may be used to create an enhanced life estate deed:

ENHANCED LIFE ESTATE DEED

(Vermont statutory form deed)

KNOW ALL PERSONS BY THESE PRESENTS, that

I/We, \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_, in the County of \_\_\_\_\_ and State of Vermont, Grantors, without consideration, by these presents, do freely GIVE, GRANT, SELL, CONVEY, AND CONFIRM unto the Grantees, \_\_\_\_\_ and \_\_\_\_\_, of \_\_\_\_\_, in the County of \_\_\_\_\_ and State of Vermont and their heirs and assigns forever as \_\_\_\_\_ [insert nature of tenancy] a certain piece of land in \_\_\_\_\_, in the County of \_\_\_\_\_, and State of Vermont, described as follows:

PROPERTY DESCRIPTION:

[Insert property description or attach schedule]

GRANTORS RESERVED RIGHTS:

This is an enhanced life estate deed executed pursuant to, and with the rights and privileges set forth in, 27 V.S.A. chapter 6, the Enhanced Life Estate Deed Act (the “ELED Act”). The Grantors, or the survivor of them, hereby reserve unto themselves: (a) a common law life estate, with the exclusive use, possession, and enjoyment of the property; and (b) the right to convey the property. Reference is hereby made to the aforementioned deeds and records and to the deeds and records contained in those documents, in further aid of this description.

TO HAVE AND TO HOLD said granted premises, with all the privileges and appurtenances thereof, to the said Grantees, \_\_\_\_\_, and their heirs and assigns, to their own use and behoof forever, as \_\_\_\_\_ [insert



Development Board, to administer the Adult Career and Technical Education Equipment Grant Pilot Program to support the purchase of equipment necessary for the delivery of occupational training for students enrolled in a postsecondary course offered by Vermont's Career and Technical Education Centers or the Vermont State Colleges.

(b) Career and Technical Education Centers and the Vermont State Colleges are the only eligible applicants for grants awarded under the Program. Not more than 50 percent of the allocated funding under this provision may be awarded to the Vermont State Colleges.

(c) Grants may only be awarded to applicants who demonstrate how use of the grant-funded equipment:

(1) in the case of a Career and Technical Education Center, will be shared with at least one other Career and Technical Education Center, the Department of Corrections, or an accredited post-secondary college or university located in Vermont; or

(2) in the case of a Vermont State College, will be shared with at least one Career and Technical Education Center and will align with programming offered at a Career and Technical Education Center that results in an expanded career pathway in partnership with an adult career and technical education program.

~~(e)~~(d) An applicant's training program shall qualify for a grant described in subsection (a) of this section if it includes all of the following requirements:

(1) meets current occupational demand, as evidenced by current labor market information;

(2) aligns with a career pathway or set of stackable credentials involving a college or university accredited in Vermont;

(3) is supported with a business or industry partnership;

(4) sets forth how equipment will be maintained, insured, shared, and transported, if applicable; and

(5) is endorsed by the Adult Career and Technical Education Association.

~~(d)~~(e) Grants awarded under this program shall be used to purchase capital-eligible equipment. Grants shall not be used to support curriculum development, instruction, or program administration.

~~(e)~~(f) On or before July 15, 2018, the Department shall develop and publish a simplified grant application that meets the criteria described in ~~subsection (b)~~ of this section. The Department shall consult with the Agency



of Education and the State Workforce Development Board in reviewing applications and selecting grantees.

~~(f)~~(g) Grantees shall have ownership over any share of equipment purchased with the use of these funds. Any equipment purchased from this program may also be used by secondary career technical education programs.

~~(g)~~(h) On or before February 15, 2019 2021, the Department of Labor shall submit a report to the House Committee on Corrections and Institutions and the Senate Committee on Institutions that includes the following:

(1) how the funds were used, expected outcomes, recommended performance metrics to ensure success of the program, and any other relevant information that would inform future decisions about the use of this program;

(2) assessment of the functionality and accessibility of shared-equipment agreements; and

(3) how, and the extent to which, the program shall be funded in the future.

## Sec. 2. EFFECTIVE DATE

This act shall take effect on passage.

**Rep. Fagan of Rutland City**, for the committee on Appropriations, recommended the bill ought to pass when amended by the committee on Corrections and Institutions.

The bill, having appeared on the Calendar one day for Notice, was taken up, read second time, the report of the committees on Corrections and Institutions and Appropriations agreed to and third reading was ordered.

### **Favorable Report; Second Reading; Third Reading Ordered**

#### **S. 326**

**Rep. Elder of Starksboro**, for the committee on Education, to which had been referred Senate bill, entitled

An act relating to the State Advisory Panel on Special Education

Reported in favor of its passage in concurrence.

The bill, having appeared on the Calendar one day for Notice, was taken up, read the second time, and third reading ordered.

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**Second Reading; Bill Amended; Third Reading Ordered****H. 643**

**Rep. Ralph of Hartland**, for the committee on Commerce and Economic Development, to which had been referred House bill entitled,

An act relating to banking and insurance

Reported in favor of its passage when amended by striking all after the enacting clause and inserting in lieu thereof the following:

\* \* \* Personal Information Protection Companies \* \* \*

Sec. 1. 8 V.S.A. § 2100 is amended to read:

§ 2100. APPLICATION OF CHAPTER

(a) Except as otherwise provided in this part, this chapter applies to a person doing or soliciting business in this State as described in this part.

(b) This chapter does not apply to:

(1) development credit corporations subject to chapter 65 of this title; or

(2) independent trust companies subject to chapter 77 of this title; ~~or~~

(3) ~~personal information protection companies subject to chapter 78 of this title.~~

Sec. 2. 8 V.S.A. § 2102(b)(14) is added to read:

(14) For an application for a personal information protection company license under chapter 78 of this title, \$500.00 as a license fee and \$500.00 as an application and investigation fee.

Sec. 3. 8 V.S.A. § 2109(a)(14) is added to read:

(14) For a personal information protection company license under chapter 78 of this title, \$500.00.

Sec. 4. 8 V.S.A. § 2453 is amended to read:

§ 2453. QUALIFIED PERSONAL INFORMATION PROTECTION

COMPANY

(a) A personal information protection company shall qualify to conduct its business under the terms of this chapter, chapter 72 of this title, and applicable rules adopted by the Department of Financial Regulation.

(b) A person shall not engage in business as a personal information protection company in this State without first obtaining a certificate of authority license from the Department.

\* \* \*

## Sec. 5. REPEAL

8 V.S.A. § 2456 (concerning fees applicable to personal information protection companies under 8 V.S.A. chapter 78) is repealed.

\* \* \* Licensed Lenders; Exemption; All States \* \* \*

## Sec. 6. 8 V.S.A. § 2201(d)(1) is amended to read:

(1) A ~~State~~ state agency, political subdivision, or other public instrumentality of ~~the State~~ a state.

\* \* \* Financial and Related Services; Licensing \* \* \*

## Sec. 7. 8 V.S.A. § 2103 is amended to read:

## § 2103. APPROVAL OF APPLICATION AND ISSUANCE OF LICENSE

(a) Upon the filing of an application, payment of the required fees, and satisfaction of any applicable bond and liquid asset requirements, the Commissioner shall issue a license to the applicant if the Commissioner finds:

(1)(A) The financial responsibility, experience, character, and general fitness of the applicant command the confidence of the community and warrant belief that the business will be operated honestly, fairly, and efficiently pursuant to the applicable chapter of this title.

(i) If the applicant is a partnership or association, such findings are required with respect to each partner, member, and responsible individual of, and each person in control of, the applicant.

(ii) If the applicant is a corporation, such findings are required with respect to each officer, director, and responsible individual of, and each person in control of, the applicant.

(B) For purposes of assessing whether a person is financially responsible, the Commissioner may consider how the person has managed his or her own financial condition, which may include factors such as whether the person has:

(i) current outstanding judgments, except judgments solely as a result of medical expenses;

(ii) current outstanding tax liens or other government liens and filings;

(iii) foreclosures within the past three years; or

(iv) a pattern of seriously delinquent accounts within the past three years.

(2) Allowing the applicant to engage in business will promote the convenience and advantage of the community in which the applicant will conduct its business.

~~(3) The applicant is licensed to engage in the applicable business in its state of domicile and is in good standing in its state of domicile with its banking regulator or equivalent financial industry regulator.~~

(4) The applicant, each officer, director, and responsible individual of, and each person in control of, the applicant, has never had a financial services license or similar license revoked in any governmental jurisdiction, except that a subsequent formal vacation of such revocation shall not be deemed a revocation.

~~(5)~~(4) The applicant, each officer, director, and responsible individual of, and each person in control of, the applicant has not been convicted of, or pled guilty or nolo contendere to, a felony in a domestic, foreign, or military court:

(A)(i) during the seven-year period preceding the date of the application for licensing and registration; or

(ii) at any time preceding such date of application, if such felony involved an act of fraud or dishonesty, a breach of trust, or money laundering; and

(B) provided that any pardon or expungement of a conviction shall not be a conviction for purposes of this subsection.

~~(6)~~(5) The applicant has satisfied the applicable surety bond and liquid asset requirement as follows:

(A) for an application for a lender license, mortgage broker license, mortgage loan originator license, or loan solicitation license, the applicable bond and liquid asset requirements of sections 2203 and 2203a of this title;

(B) for an application for a litigation funding company registration, the financial stability requirement of section 2252 of this title;

(C) for an application for a money transmitter license, the bond and net worth requirements of sections 2507 and 2510 of this title;

(D) for an application for a debt adjuster license, the bond requirement of section 2755 of this title; and

(E) for an application for a loan servicer license, the bond requirement of sections 2903 and 2907 of this title.

~~(7)~~(6) For an application for a mortgage loan originator license, the applicant has satisfied the prelicense education requirement of section 2204a of this title and the prelicensing testing requirement of section 2204b of this title.

(b)(1) If the Commissioner finds the applicant does not meet the requirements of subsection (a) of this section, the Commissioner shall not issue a license.

(2) Not later than 60 days after an applicant files a complete application, the Commissioner shall notify the applicant of the denial, stating the reason or reasons therefor.

(3) If the applicant does not file a timely request for reconsideration pursuant to section 2104 of this title, the Commissioner shall:

(A) return to the applicant any amounts paid for the applicable bond requirement and license fee; and

(B) retain the investigation fee to cover the costs of investigating the application.

(c)(1) If the Commissioner finds that an applicant meets the requirements of subsection (a) of this section, he or she shall issue the license not later than 60 days after an applicant submits a complete application.

(2) Except as otherwise provided in this title, a license is valid until the licensee surrenders the license or the Commissioner revokes, suspends, terminates, or refuses to renew the license.

(d) For good cause shown and consistent with the purposes of this section, the Commissioner may waive or modify the requirements of ~~subdivisions subdivision~~ (a)(3) and ~~(a)(4)~~ of this section; provided, however, that the Commissioner may not waive the requirement of ~~subdivision (a)(4)~~ subdivision (a)(3) of this section for applicants for a mortgage loan originator license.

(e) If an application is remains incomplete and ~~the applicant has not corresponded with the Commissioner for 90~~ 120 days, the Commissioner may deem the application abandoned or withdrawn.

(f) This section does not apply to a person applying for a commercial lender license under section 2202a of this title.

Sec. 8. 8 V.S.A. § 2104(b)(3)(A) is amended to read:

(A) return to the applicant the bond, if any, and any amounts paid for the applicable ~~bond requirement and~~ license fee; and

Sec. 9. 8 V.S.A. § 2115 is amended to read:

§ 2115. PENALTIES

(a) The Commissioner may:

(1) impose an administrative penalty of not more than \$10,000.00, plus the State's cost and expenses of investigating and prosecution of the matter, including attorney's fees, for each violation upon any person who violates or participates in the violation of this part; chapter 200 of this title; 9 V.S.A. chapter 4, 59, or 61; or any lawful rule adopted, or directive or order issued, pursuant to those sections; and

(2) order any person to make restitution to another person for a violation of this ~~title~~ part, chapter 200 of this title, or 9 V.S.A. chapter 4, 59, or 61.

\* \* \*

Sec. 10. 8 V.S.A. § 2120(c) is amended to read:

(c) A licensee shall submit to the Nationwide ~~Mortgage~~ Multistate Licensing System and Registry reports of condition in a form and including the information the Nationwide Multistate Licensing System and Registry requires, if applicable.

\* \* \* Prepaid Access Cards; Fees \* \* \*

Sec. 11. 8 V.S.A. § 2703 is amended to read:

§ 2703. PROHIBITED FEES

(a) Dormancy fees, latency fees, issuance fees, redemption fees, or any other administrative fees or service charges in connection with a gift certificate are prohibited.

(b) Notwithstanding subsection (a) of this section, a money transmitter licensed under chapter 79 of this title, financial institution, or credit union may charge a one-time fee upon the issuance of a prepaid access card ~~equal to the lesser of:~~

~~(1) 10 percent of the face amount purchased or added to the prepaid access card; or~~

~~(2) that is reasonably related to the cost to the issuer of issuing the card; provided that, in no event shall the fee exceed \$10.00.~~

\* \* \* Credit for Reinsurance \* \* \*

Sec. 12. 8 V.S.A. § 3634a is amended to read:

§ 3634a. CREDIT FOR REINSURANCE

(a) It is the purpose of this section to protect the interest of insureds, claimants, ceding insurers, assuming insurers, and the public generally. The General Assembly hereby declares its intent is to ensure adequate regulation of insurers and reinsurers and adequate protection for those to whom they owe obligations. In furtherance of that State interest, the General Assembly hereby provides a mandate that upon the insolvency of a non-U.S. insurer or reinsurer that provides security to fund its U.S. obligations in accordance with this section, the assets representing the security shall be maintained in the United States and claims shall be filed with and valued by the state insurance Commissioner with regulatory oversight, and the assets shall be distributed in accordance with the insurance laws of the state in which the trust is domiciled that are applicable to the liquidation of domestic U.S. insurance companies. The General Assembly declares that the matters contained in this section are fundamental to the business of insurance in accordance with 15 U.S.C. §§ 1011–1012.

(b) Credit for reinsurance shall be allowed a domestic ceding insurer as either an asset or a deduction from liability on account of reinsurance ceded only when the reinsurer meets the requirements of subdivision (1), (2), (3), (4), (5), ~~or (6)~~, or (7) of this subsection. Credit shall be allowed under subdivision (1), (2), or (3) of this subsection only with respect to cessions of those kinds or classes of business which the assuming insurer is licensed or otherwise permitted to write or assume in its state of domicile or, in the case of a U.S. branch of an alien assuming insurer, in the state through which it is entered and licensed to transact insurance or reinsurance. Credit shall be allowed under subdivision (3) or (4) of this subsection only if the applicable requirements of subdivision ~~(7)~~(8) of this subsection have been satisfied.

\* \* \*

(6)(A) Credit shall be allowed when the reinsurance is ceded to an assuming insurer meeting each of the conditions set forth below:

(i) The assuming insurer shall have its head office or be domiciled in, as applicable, and be licensed in a reciprocal jurisdiction. As used in this section, “reciprocal jurisdiction” means a jurisdiction that meets one of the following:

(I) a non-U.S. jurisdiction that is subject to an in-force covered agreement with the United States, each within its legal authority, or, in the case of a covered agreement between the United States and European Union, is a member state of the European Union. As used in this subsection, a “covered agreement” means an agreement entered into pursuant to Dodd-Frank Wall Street Reform and Consumer Protection Act, 31 U.S.C. §§ 313 and 314, that is currently in effect or in a period of provisional application and addresses the

elimination, under specified conditions, of collateral requirements as a condition for entering into any reinsurance agreement with a ceding insurer domiciled in this State or for allowing the ceding insurer to recognize credit for reinsurance;

(II) a U.S. jurisdiction that meets the requirements for accreditation under the NAIC financial standards and accreditation program;  
or

(III) a qualified jurisdiction, as determined by the Commissioner pursuant to subdivision (5)(C) of this subsection, that is not otherwise described in subdivision (6)(A)(i)(I) or (6)(A)(i)(II) of this subsection and that meets certain additional requirements, consistent with the terms and conditions of in-force covered agreements, as specified by the Commissioner in rule.

(ii) The assuming insurer must have and maintain, on an ongoing basis, minimum capital and surplus, or its equivalent, calculated according to the methodology of its domiciliary jurisdiction, in an amount to be set forth in rule. If the assuming insurer is an association, including incorporated and individual unincorporated underwriters, it must have and maintain, on an ongoing basis, minimum capital and surplus equivalents, net of liabilities, calculated according to the methodology applicable in its domiciliary jurisdiction, and a central fund containing a balance in amounts to be set forth in rule.

(iii) The assuming insurer must have and maintain, on an ongoing basis, a minimum solvency or capital ratio, as applicable, that will be set forth in rule. If the assuming insurer is an association, including incorporated and individual unincorporated underwriters, it must have and maintain, on an ongoing basis, a minimum solvency or capital ratio in the reciprocal jurisdiction where the assuming insurer has its head office or is domiciled, as applicable, and is also licensed.

(iv) The assuming insurer must agree and provide adequate assurance to the Commissioner, in a form specified in rule by the Commissioner, of the following:

(I) The assuming insurer must provide prompt written notice and explanation to the Commissioner if it falls below the minimum requirements set forth in subdivision (6)(A)(ii) or (6)(A)(iii) of this subsection, or if any regulatory action is taken against it for serious noncompliance with applicable law.

(II) The assuming insurer must consent in writing to the jurisdiction of the courts of this State and to the appointment of the



Commissioner as agent for service of process. The Commissioner may require that consent for service of process be provided to the Commissioner and included in each reinsurance agreement. Nothing in this subsection shall limit, or in any way alter, the capacity of parties to a reinsurance agreement to agree to alternative dispute resolution mechanisms, except to the extent such agreements are unenforceable under applicable insolvency or delinquency laws.

(III) The assuming insurer must consent in writing to pay all final judgments, wherever enforcement is sought, obtained by a ceding insurer or its legal successor, that have been declared enforceable in the jurisdiction where the judgment was obtained.

(IV) Each reinsurance agreement must include a provision requiring the assuming insurer to provide security in an amount equal to 100 percent of the assuming insurer's liabilities attributable to reinsurance ceded pursuant to that agreement if the assuming insurer resists enforcement of a final judgment that is enforceable under the law of the jurisdiction in which it was obtained or a properly enforceable arbitration award, whether obtained by the ceding insurer or by its legal successor on behalf of its resolution estate.

(V) The assuming insurer must confirm that it is not presently participating in any solvent scheme of arrangement that involves this State's ceding insurers, and agree to notify the ceding insurer and the Commissioner and to provide security in an amount equal to 100 percent of the assuming insurer's liabilities to the ceding insurer, should the assuming insurer enter into such a solvent scheme of arrangement. Such security shall be in a form consistent with the provisions of subdivision (b)(5) and subsection (c) of this section and as specified by the Commissioner in rule.

(v) The assuming insurer or its legal successor must provide, if requested by the Commissioner, on behalf of itself and any legal predecessors, certain documentation to the Commissioner, as specified by the Commissioner in rule.

(vi) The assuming insurer must maintain a practice of prompt payment of claims under reinsurance agreements, pursuant to criteria set forth in rule.

(vii) The assuming insurer's supervisory authority must confirm to the Commissioner on an annual basis, as of the preceding December 31 or at the annual date otherwise statutorily reported to the reciprocal jurisdiction, that the assuming insurer complies with the requirements set forth in subdivisions (6)(A)(ii) and (6)(A)(iii) of this subsection.

(viii) Nothing in this subdivision (b)(6)(A) precludes an assuming insurer from providing the Commissioner with information on a voluntary basis.

(B) The Commissioner shall timely create and publish a list of reciprocal jurisdictions.

(i) A list of reciprocal jurisdictions is published through the NAIC committee process. The Commissioner's list shall include any reciprocal jurisdiction as defined under subdivisions (6)(A)(i)(I) and (6)(A)(i)(II) of this subsection and shall consider any other reciprocal jurisdiction included on the NAIC list. The Commissioner may approve a jurisdiction that does not appear on the NAIC list of reciprocal jurisdictions in accordance with criteria to be developed in rules adopted by the Commissioner.

(ii) The Commissioner may remove a jurisdiction from the list of reciprocal jurisdictions upon a determination that the jurisdiction no longer meets the requirements of a reciprocal jurisdiction, in accordance with a process set forth in rules adopted by the Commissioner, except that the Commissioner shall not remove from the list a reciprocal jurisdiction as defined under subdivisions (6)(A)(i)(I) and (6)(A)(i)(II) of this subsection. Upon removal of a reciprocal jurisdiction from this list, credit for reinsurance ceded to an assuming insurer that has its home office or is domiciled in that jurisdiction shall be allowed, if otherwise allowed pursuant to this section.

(C) The Commissioner shall timely create and publish a list of assuming insurers that have satisfied the conditions set forth in this subsection and to which cessions shall be granted credit in accordance with this subsection. The Commissioner may add an assuming insurer to such list if an NAIC accredited jurisdiction has added such assuming insurer to a list of such assuming insurers or if, upon initial eligibility, the assuming insurer submits the information to the Commissioner as required under subdivision (6)(A)(iv) of this subsection and complies with any additional requirements that the Commissioner may impose by rule, except to the extent that they conflict with an applicable covered agreement.

(D) If the Commissioner determines that an assuming insurer no longer meets one or more of the requirements under this subsection, the Commissioner may revoke or suspend the eligibility of the assuming insurer for recognition under this subsection in accordance with procedures set forth in rule.

(i) While an assuming insurer's eligibility is suspended, no reinsurance agreement issued, amended, or renewed after the effective date of the suspension qualifies for credit except to the extent that the assuming

insurer's obligations under the contract are secured in accordance with subsection (c) of this section.

(ii) If an assuming insurer's eligibility is revoked, no credit for reinsurance may be granted after the effective date of the revocation with respect to any reinsurance agreements entered into by the assuming insurer, including reinsurance agreements entered into prior to the date of revocation, except to the extent that the assuming insurer's obligations under the contract are secured in a form acceptable to the Commissioner and consistent with the provisions of subsection (c) of this section.

(E) If subject to a legal process of rehabilitation, liquidation, or conservation, as applicable, the ceding insurer, or its representative, may seek and, if determined appropriate by the court in which the proceedings are pending, may obtain an order requiring that the assuming insurer post security for all outstanding ceded liabilities.

(F) Nothing in this subsection shall limit or in any way alter the capacity of parties to a reinsurance agreement to agree on requirements for security or other terms in that reinsurance agreement, except as expressly prohibited by this section or other applicable law or rule.

(G)(i) Credit may be taken under this subsection only for reinsurance agreements entered into, amended, or renewed on or after January 1, 2021, and only with respect to losses incurred and reserves reported on or after the later of:

(I) the date on which the assuming insurer has met all eligibility requirements pursuant to subdivision (6)(A) of this subsection, and

(II) the effective date of the new reinsurance agreement, amendment, or renewal.

(ii) This subdivision (b)(6)(G) does not alter or impair a ceding insurer's right to take credit for reinsurance, to the extent that credit is not available under this subsection, as long as the reinsurance qualifies for credit under any other applicable provision of this section.

(iii) Nothing in this subsection shall authorize an assuming insurer to withdraw or reduce the security provided under any reinsurance agreement except as permitted by the terms of the agreement.

(iv) Nothing in this subsection shall limit, or in any way alter, the capacity of parties to any reinsurance agreement to renegotiate the agreement.

(7) Credit shall be allowed when the reinsurance is ceded to an assuming insurer not meeting the requirements of subdivision (1), (2), (3), (4), or (5), or (6) of this subsection, but only as to the insurance of risks located in

jurisdictions where the reinsurance is required by applicable law or regulation of that jurisdiction.

~~(7)~~(8) If the assuming insurer is not licensed or accredited or certified to transact insurance or reinsurance in this State, the credit permitted by subdivisions (3) and (4) of this subsection shall not be allowed unless the assuming insurer agrees in the reinsurance agreements:

(A) That in the event of the failure of the assuming insurer to perform its obligations under the terms of the reinsurance agreement, the assuming insurer, at the request of the ceding insurer, shall submit to the jurisdiction of any court of competent jurisdiction in any state of the United States, will comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or of any appellate court in the event of an appeal.

(B) To designate the Commissioner, the Secretary of State, or a designated attorney as its true and lawful attorney upon whom may be served any lawful process in any action, suit, or proceeding instituted by or on behalf of the ceding company. This provision is not intended to conflict with or override the obligation of the parties to a reinsurance agreement to arbitrate their disputes, if this obligation is created in the agreement.

~~(8)~~(9) If the assuming insurer does not meet the requirements of subdivision (1), (2), ~~or (3)~~, or (6) of this subsection, the credit permitted by subdivision (4) or (5) of this subsection shall not be allowed unless the assuming insurer agrees in the trust agreements to the following conditions:

(A) Notwithstanding any other provisions in the trust instrument to the contrary, if the trust fund is inadequate because it contains an amount less than the amount required by subdivisions (4)(B)–(D) of this subsection or if the grantor of the trust has been declared insolvent or placed into receivership, rehabilitation, liquidation, or similar proceedings under the laws of its state or country of domicile, the trustee shall comply with an order of the Commissioner with regulatory oversight over the trust or with an order of a court of competent jurisdiction directing the trustee to transfer to the Commissioner with regulatory oversight all of the assets of the trust fund.

(B) The assets shall be distributed by and claims shall be filed with and valued by the Commissioner with regulatory oversight in accordance with the laws of the state in which the trust is domiciled that are applicable to the liquidation of domestic insurance companies.

(C) If the Commissioner with regulatory oversight determines that the assets of the trust fund or any part thereof are not necessary to satisfy the claims of the U.S. ceding insurers of the grantor of the trust, the assets or part

thereof shall be returned by the Commissioner with regulatory oversight to the trustee for distribution in accordance with the trust agreement.

(D) The grantor shall waive any right otherwise available to it under U.S. law that is inconsistent with this provision.

~~(9)~~(10) If an accredited or certified reinsurer ceases to meet the requirements for accreditation or certification, the Commissioner may suspend or revoke the reinsurer's accreditation or certification.

(A) The Commissioner must give the reinsurer notice and opportunity for hearing. The Commissioner may suspend or revoke a reinsurer's accreditation or certification without a hearing if:

(i) the reinsurer waives its right to hearing;

(ii) the Commissioner's order is based on regulatory action by the reinsurer's domiciliary jurisdiction or the voluntary surrender or termination of the reinsurer's eligibility to transact insurance or reinsurance business in its domiciliary jurisdiction or in the primary certifying state of the reinsurer under subdivision (5)(F) of this subsection; or

(iii) the Commissioner finds that an emergency requires immediate action and a court of competent jurisdiction has not stayed the Commissioner's action.

(B) While a reinsurer's accreditation or certification is suspended, no reinsurance contract issued or renewed after the effective date of the suspension qualifies for credit except to the extent that the reinsurer's obligations under the contract are secured in accordance with subsection (c) of this section. If a reinsurer's accreditation or certification is revoked, no credit for reinsurance may be granted after the effective date of the revocation except to the extent that the reinsurer's obligations under the contract are secured in accordance with subdivision (5)(E) of this subsection or subsection (c) of this section.

~~(10)~~(11) Concentration Risk.

\* \* \*

\* \* \* Insurance Claims; Annuity Death Benefits; Interest Payments \* \* \*

Sec. 13. 8 V.S.A. § 3664 is amended to read:

§ 3664. FORMS; FILING PROOF OF LOSS AND OTHER DOCUMENTS,  
WAIVER OF FILING

Insurance companies, societies, or associations, or insurance adjusters appointed by said companies, societies, or associations shall furnish in form

for completion by the insured claimant, as defined in section 3665a of this title, or beneficiary, as defined in section 3665b of this title, all documents as to proof of loss or other matter required by contract to be submitted to the companies. Failure to furnish said forms within a reasonable time after notice of loss or damage is received by said companies, societies, or associations shall be deemed a waiver of any requirement that proof of loss shall be filed with the insurer on said forms as a condition precedent to the recovery of losses or claims.

Sec. 14. REPEAL

8 V.S.A. § 3665 (concerning the timely payment of insurance claims) is repealed.

Sec. 15. 8 V.S.A. § 3665a is added to read:

§ 3665a. TIMELY PAYMENT OF PROPERTY AND CASUALTY

INSURANCE CLAIMS; INTEREST

(a) This section applies to policies of property, casualty, surety, and title insurance, as defined in section 3301 of this title. It does not apply to workers' compensation insurance. As used in this section, "claimant" means any person asserting a right to payment under an insurance policy or contract arising out of the occurrence of the contingency or loss covered by such policy or contract or any person asserting a claim against any other person or the interests insured under an insurance policy or contract, and includes a claimant's designated legal representative and any member of the claimant's immediate family designated in writing by the claimant.

(b) Unless a different time period is specified in another section of this title, all payments of claims under policies of insurance shall be made within time periods provided by this section:

(1) For claims under policies of insurance other than surety insurance and title insurance, within 10 business days after the date that settlement of the claim is agreed upon between the insurer, the claimant, and the loss payee, as applicable, and in accordance with rules adopted by the Commissioner.

(2) For claims under policies of surety and title insurance, within 30 days after the date that settlement of the claim is agreed upon between the insurer, the claimant, and the loss payee, as applicable, and in accordance with rules adopted by the Commissioner.

(3) If a claim is contested, within 30 days after the entry of a final nonappealable judgment against the insurer; the entry of a binding arbitration decision between the insurer, the claimant, the loss payee, and the Department,

as applicable; or the execution of a settlement agreement between the insurer, the claimant, the loss payee, and the Department, as applicable.

(c) If an insurer fails to pay a claim within the applicable time period set forth in subsection (b) of this section or any other time period provided by statute, it shall thereafter pay interest on the amount of the claim at the judgment rate allowed by law. Interest shall accrue from 30 days after the date the insurer receives a properly executed proof of loss.

Sec. 16. 8 V.S.A. § 3665b is added to read:

§ 3665b. TIMELY PAYMENT OF LIFE INSURANCE CLAIMS AND  
ANNUITY DEATH BENEFITS; INTEREST

(a) This section applies to policies of life insurance and contracts of annuity. As used in this section, a “beneficiary” means any person making a claim against a policy of life insurance or for death benefits provided under a contract of annuity.

(b) A claim for payment of benefits under a policy of life insurance shall be paid within 30 days after the date that a properly executed proof of loss is received by the insurer. All payments of claims under policies of life insurance shall include interest accrued from the date of death of the insured to the date of payment. The interest rate shall be the rate paid on proceeds left on deposit or six percent, whichever is greater.

(c) A claim for payment of benefits under a contract of annuity shall be paid within 30 days after the date that a properly executed proof of loss is received by the insurer. Payments of claims for death benefit proceeds under contracts of annuity shall include interest at the rate paid for proceeds left on deposit or six percent, whichever is greater. Interest shall accrue and be payable as follows:

(1) For variable annuity contracts subject to the Securities and Exchange Commission’s rules governing the liquidation of account values at the death of the beneficiary, from the eighth day following the date that a properly executed proof of loss is received by the insurer.

(2) For all other contracts of annuity, from the date of death of the measuring life, unless the contract specifies that the contract remains in force until the date that a properly executed proof of loss is received by the insurer. For purposes of this section, the individual whose death triggers the death benefit proceeds is the measuring life.

(d) If a claim is contested, it shall be paid within 30 days after the entry of a final nonappealable judgment against the insurer; the entry of a binding arbitration decision between the insurer, the beneficiary, and the Department,

as applicable; or the execution of a settlement agreement between the insurer, the beneficiary, and the Department, as applicable.

(e) If an insurer fails to pay a claim within the applicable time period set forth in subsection (b), (c), or (d) of this section, it shall thereafter pay interest on the amount of the claim at the judgment rate allowed by law. Interest shall accrue from 30 days after the date the insurer receives a properly executed proof of loss.

Sec. 17. 8 V.S.A. § 3665c is added to read:

§ 3665c. DAMAGES

An insurance company, including a society and an association, is responsible for payment of any consequential damages, including all penalties or costs, caused by improper delay in payment or settlement of claims to claimants, loss payees, or beneficiaries under policies of insurance subject to section 3665a or 3665b of this title. Consequential damages for improper delay are not applicable when a policy expressly provides for periodic payments or when a claimant, loss payee, or beneficiary agrees to accept periodic payments, unless an insurer improperly delays making such periodic payments.

Sec. 18. 8 V.S.A. § 3731(10) is amended to read:

(10) Payment of claims. There shall be a provision that when the benefits under the policy shall become payable by reason of the death of the insured, settlement shall be made upon receipt of due proof of death, and at the insurer's option, surrender of the policy and/or proof of the interest of the claimant. If an insurer shall specify a particular period prior to the expiration of which settlement shall be made, such period shall not exceed ~~two months~~ 30 days from the receipt of such proofs.

\* \* \* Public Holding Company Acquisitions; Public Hearings \* \* \*

Sec. 19. 8 V.S.A. § 3683(f) is amended to read:

(f) Approval by Commissioner; hearings.

(1) The Commissioner shall hold a public hearing on any merger or other acquisition of control referred to in subsection (a) of this section if the Commissioner determines that the statement filed as required by this section does not demonstrate compliance with the standards referred to in subsection (b) of this section or if the Commissioner determines that such acquisition of control is likely to be hazardous or prejudicial to the insurance buying public, or at the request of the acquiring party. Holding a public hearing is otherwise optional at the discretion of the Commissioner. In the event the Commissioner determines that a public hearing is not required, the Commissioner shall



require that notice of the transaction be published on the website maintained by the Department of Financial Regulation and in two daily newspapers of general jurisdiction in Vermont, as determined by the Commissioner. The notice shall describe the proposed transaction and state that members of the public and interested parties may file written comments on the proposed transaction with the Commissioner. The Commissioner shall consider all written comments received within 14 days after initial publication of the notice and may subsequently hold a public hearing in response to any comments received. The Commissioner shall approve any merger or other acquisition of control referred to in subsection (a) of this section unless, after a public hearing thereon, he or she finds that:

(A) after the change of control the domestic insurer referred to in subsection (a) of this section would not be able to satisfy the requirements for the issuance of a license to write the line or lines of insurance for which it is presently licensed;

(B) the effect of the merger or other acquisition of control would be substantially to lessen competition in insurance in this State or tend to create a monopoly. In applying the competitive standard in this subdivision:

(i) the informational requirements of subdivision 3683a(c)(1) and the standards of subdivision 3683a(d)(2) of this chapter shall apply;

(ii) the merger or other acquisition shall not be disapproved if the Commissioner finds that any of the situations meeting the criteria provided by subdivision 3683a(d)(3) of this chapter exist; and

(iii) the Commissioner may condition the approval of the merger or other acquisition on the removal of the basis of disapproval within a specified period of time;

(C) the financial condition of any acquiring party is such as might jeopardize the financial stability of the insurer, or prejudice the interest of its policyholders;

(D) the terms of the offer, request, invitation, agreement, or acquisition referred to in subsection (a) of this section are unfair and unreasonable to the security holders of the insurer;

(E) the plans or proposals ~~which~~ that the acquiring party has to liquidate the insurer, sell its assets or consolidate or merge it with any person, or to make any other material change in its business or corporate structure or management are unfair and unreasonable to policyholders of the insurer and not in the public interest;

(F) the competence, experience, and integrity of those persons who would control the operation of the insurer are such that it would not be in the interest of policyholders of the insurer and of the public to permit the merger or other acquisition of control; or

(G) the acquisition is likely to be hazardous or prejudicial to the insurance-buying public.

(2) The public hearing referred to in subdivision (1) of this subsection (f), if required, shall be held within ~~30~~ 60 days after the statement required by subsection (a) of this section is filed, and at least 20 days' notice thereof shall be given by the Commissioner to the person filing the statement. Not less than seven days' notice of such public hearing shall be given by the person filing the statement to the insurer and to such other persons as may be designated by the Commissioner. The insurer shall give such notice to its security holders. The Commissioner shall make a determination within 30 days after the conclusion of such hearing or, if a public hearing is not required, within 30 days after the comment period deadline; provided, however, that, if the insurer is or will be an affiliate of a depository institution or any affiliate thereof, the Commissioner shall issue a determination within the 60-day period preceding the effective date of the acquisition or change or continuation of control of an insurer. At such hearing, the person filing the statement, the insurer, any person to whom notice of hearing was sent, and any other person whose interests may be affected thereby shall have the right to present evidence, examine, and cross-examine witnesses, and offer oral and written arguments and in connection therewith shall be entitled to conduct discovery proceedings in the same manner as is presently allowed in the Superior Court of this State. All discovery proceedings shall be concluded not later than three days prior to the commencement of the public hearing.

(3) If the proposed acquisition of control will require the approval of more than one commissioner, the public hearing ~~required by subdivision (2) of this subsection~~ may be held on a consolidated basis upon request of the person filing the statement referred to in subsection (a) of this section. Such person shall file the statement referred to in subsection (a) of this section with the NAIC within five days of making the request for a public hearing. A commissioner may opt out of a consolidated hearing and shall provide notice to the applicant of the opt-out within 10 days of the receipt of the statement referred to in subsection (a) of this section. A hearing conducted on a consolidated basis shall be public and shall be held within the United States before the commissioners of the states in which the insurers are domiciled. Such commissioners shall hear and receive evidence. A commissioner may attend such hearing in person or by telecommunication.

(4) In connection with a change of control of a domestic insurer, any determination by the Commissioner that the person acquiring control of the insurer shall be required to maintain or restore the capital of the insurer to the level required by the laws and rules of this State shall be made not later than 60 days after the date of notification of the change in control submitted pursuant to subdivision (a)(1) of this section.

(5) The Commissioner may retain at the acquiring person's expense any attorneys, actuaries, accountants, and other experts not otherwise a part of the Commissioner's staff as may be reasonably necessary to assist the Commissioner in reviewing the proposed acquisition of control.

\* \* \* INSURANCE HOLDING COMPANIES; CONFORMING  
CROSS REFERENCE \* \* \*

Sec. 20. 8 V.S.A. § 3681(3) is amended to read:

(3) "Control" (including the terms "controlling," "controlled by" and "under common control with"), means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, 10 percent or more of the voting securities of any other person. This presumption may be rebutted by a showing made in the manner provided by subsection ~~3684(i)~~ 3684(l) of this title that control does not exist in fact. The Commissioner may determine, after furnishing all persons in interest notice and opportunity to be heard and making specific findings of fact to support such determination, that control exists in fact, notwithstanding the absence of a presumption to that effect.

\* \* \* Life Insurance; Conforming Cross References \* \* \*

Sec. 21. 8 V.S.A. § 3859(a) is amended to read:

(a) Except for subdivisions 3731(2), (7), (8), and (9), ~~sections 3741-3749~~ sections 3760-3773, inclusive, ~~and~~ section 3813 of this title in the case of a variable life insurance policy, and section 3750 of this title in the case of a variable annuity contract, and except as otherwise provided in this subchapter, all pertinent provisions of this title apply to separate accounts and contracts relating thereto. Any individual variable life insurance contract, delivered or issued for delivery in this State shall contain grace, reinstatement, and nonforfeiture provisions appropriate to such a contract. Any group variable

life insurance contract, delivered or issued for delivery in this State, shall contain grace provisions appropriate to such a contract.

\* \* \* INSURANCE TRADE PRACTICES; CONFORMING  
CROSS REFERENCE \* \* \*

Sec. 22. 8 V.S.A. § 4724(7)(B)(ii) is amended to read:

(ii) Rates; however, nothing in this subdivision shall prevent any person who contracts to insure another from setting rates for such insurance in accordance with reasonable classifications based on relevant actuarial data or actual cost experience in accordance with ~~section 4656~~ section 4686 of this title.

\* \* \* Hospital and Medical Service Corporations; Annual  
Report Deadline \* \* \*

Sec. 23. 8 V.S.A. § 4516 is amended to read:

§ 4516. ANNUAL REPORT TO COMMISSIONER

Annually, on or before ~~March 15~~ March 1, a hospital service corporation shall file with the Commissioner of Financial Regulation a statement sworn to by the president and treasurer of the corporation showing its condition on December 31. The statement shall be in such form and contain such matters as the Commissioner shall prescribe. To qualify for the tax exemption set forth in section 4518 of this title, the statement shall include a certification that the hospital service corporation operates on a nonprofit basis for the purpose of providing an adequate hospital service plan to individuals of the State, both groups and nongroups, without discrimination based on age, gender, geographic area, industry, and medical history, except as allowed by subdivisions 4080a(h)(2)(B) and 4080b(h)(2)(B) of this title.

Sec. 24. 8 V.S.A. § 4588 is amended to read:

§ 4588. ANNUAL REPORT TO COMMISSIONER

Annually, on or before ~~March 15~~ March 1, a medical service corporation shall file with the Commissioner of Financial Regulation a statement sworn to by the president and treasurer of the corporation showing its condition on December 31, which shall be in such form and contain such matters as the Commissioner shall prescribe. To qualify for the tax exemption set forth in section 4590 of this title, the statement shall include a certification that the medical service corporation operates on a nonprofit basis for the purpose of providing an adequate medical service plan to individuals of the State, both groups and nongroups, without discrimination based on age, gender, geographic area, industry, and medical history, except as allowed by subdivisions 4080a(h)(2)(B) and 4080b(h)(2)(B) of this title.

\* \* \* Association Health Plans; Required Policy Provisions \* \* \*

Sec. 25. 8 V.S.A. § 4079a(d)(3) is added to read:

(3) This subsection does not apply to association health plans that were formed or could have been formed under the Employee Retirement Income Security Act of 1974, 29 U.S.C. § 1901, et. seq., and accompanying U.S. Department of Labor regulations and guidance, in each case, as in effect as of January 19, 2017.

Sec. 26. 8 V.S.A. § 4080(b) is amended to read:

(b)(1) Preexisting condition exclusions.

(A) A group insurance policy shall not contain any provision that excludes, restricts, or otherwise limits coverage under the policy for one or more preexisting health conditions.

~~(B) As used in this subdivision (1), “group insurance policy” shall not include a policy providing coverage for a specified disease or other limited benefit coverage.~~

\* \* \*

(5) As used in this subsection, “group insurance policy” has the same meaning as “group health plan” and shall be subject to the same excepted benefits, in each case, as set forth in 45 C.F.R. § 146.145, as in effect as of December 31, 2017.

Sec. 27. 8 V.S.A. § 4089d(a) is amended to read:

~~(a) As used in this section, “health insurance plan” means any group or individual policy; nonprofit hospital or medical service corporation subscriber contract; health maintenance organization contract; self-insured group plan, to the extent permitted under federal law; and prepaid health insurance plans delivered, issued for delivery, renewed, replaced, or assumed by another insurer, or in any other way continued in force in this State has the same meaning as “group health plan” and shall be subject to the same excepted benefits, in each case, as set forth in 45 C.F.R. § 146.145, as in effect as of December 31, 2017.~~

\* \* \* Securities; Filing Fees; Federal Covered Firms \* \* \*

Sec. 28. 9 V.S.A. § 5410(e) is amended to read:

~~(e) A federal covered investment adviser required to file a notice under section 5405 of this title shall pay an initial fee of \$300.00 and an annual notice fee of \$300.00. To the extent required to be included in documents filed with the Securities and Exchange Commission, such notice filing shall include~~

~~information on the branch offices of a federal covered investment adviser who transacts business in this State from any place of business located within this State, accompanied by a notice filing fee of \$120.00 per branch office in Vermont.~~ A notice filing may be terminated by filing notice of such termination with the Commissioner. If a notice filing results in a denial or withdrawal, the Commissioner shall retain the fee.

\* \* \* Effective Dates \* \* \*

Sec. 29. EFFECTIVE DATES

This act shall take effect on July 1, 2020, except that Sec. 12 (credit for reinsurance) shall take effect on January 1, 2021.

**Rep. Lippert of Hinesburg**, for the committee on Health Care, recommended the bill ought to pass when amended by the committee on Commerce and Economic Development.

**Rep. Anthony of Barre City**, for the committee on Ways and Means, recommended the bill ought to pass when amended by the committee on Commerce and Economic Development.

The bill, having appeared on the Calendar one day for Notice, was taken up, read second time, the report of the committees on Commerce and Economic Development, Health Care, and Ways and Means agreed to and third reading was ordered.

**Favorable Report; Second Reading;  
Third Reading Ordered**

**H. 734**

**Rep. O'Sullivan of Burlington**, for the committee on Commerce and Economic Development, to which had been referred House bill, entitled

An act relating to prohibiting certain provisions in dental insurance contracts with dentists

Reported in favor of its passage. The bill, having appeared on the Calendar one day for Notice, was taken up, read the second time and third reading ordered.

**Rules Suspended; Third Reading; Bill Passed**

**H. 424**

On House bill, entitled

An act relating to the Interstate Compact on the Placement of Children

On motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

**Rules Suspended; Third Reading; Bill Passed**

**H. 562**

On House bill, entitled

An act relating to the definition of agricultural land for the purposes of use value appraisals

On motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

**Rules Suspended; Third Reading; Bill Passed**

**H. 643**

On House bill, entitled

An act relating to banking and insurance

On motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

**Rules Suspended; Third Reading; Bill Passed**

**H. 683**

On House bill, entitled

An act relating to prohibiting incidental take of migratory birds

On motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

**Rules Suspended; Third Reading; Bill Passed**

**H. 734**

On House bill, entitled

An act relating to prohibiting certain provisions in dental insurance contracts with dentists

On motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

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**Rules Suspended; Third Reading; Bill Passed****H. 837**

On House bill, entitled

An act relating to enhanced life estate deeds

On motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

**Rules Suspended; Third Reading; Bill Passed****H. 901**

On House bill, entitled

An act relating to expanding access to adult technical education equipment funding

On motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

**Rules Suspended; Third Reading; Bill Passed in Concurrence****S. 326**

On Senate bill, entitled

An act relating to the State Advisory Panel on Special Education

On motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage in concurrence. Thereupon, the bill was read the third time and passed in concurrence.

**Rules Suspended; Bills Messaged to Senate Forthwith**

On motion of **Rep. McCoy of Poultney**, the rules were suspended and the following bills were ordered messaged to the Senate forthwith:

**H. 424**

House bill, entitled

An act relating to the Interstate Compact on the Placement of Children

**H. 562**

House bill, entitled

An act relating to the definition of agricultural land for the purposes of use value appraisals



**H. 643**

House bill, entitled  
An act relating to banking and insurance

**H. 663**

House bill, entitled  
An act relating to expanding access to contraceptives

**H. 683**

House bill, entitled  
An act relating to prohibiting incidental take of migratory birds

**H. 734**

House bill, entitled  
An act relating to prohibiting certain provisions in dental insurance contracts with dentists

**H. 788**

House bill, entitled  
An act relating to technical corrections for the 2020 legislative session

**H. 795**

House bill, entitled  
An act relating to increasing hospital price transparency

**H. 837**

House bill, entitled  
An act relating to enhanced life estate deeds

**H. 901**

House bill, entitled  
An act relating to expanding access to adult technical education equipment funding

**S. 326**

Senate bill, entitled  
An act relating to the State Advisory Panel on Special Education

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**Message from the Senate No. 26**

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

Madam Speaker:

I am directed to inform the House that:

The Senate has on its part adopted joint resolutions of the following titles:

**J.R.S. 46.** Joint resolution relating to interim adjournment.

**J.R.S. 47.** Joint resolution to postpone the Joint Assembly to vote on the retention of five Superior Judges and one Environmental Judge.

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

**Message from the Senate No. 27**

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

Madam Speaker:

I am directed to inform the House that:

The Senate has on its part passed Senate bill of the following title:

**S. 261.** An act relating to limiting the sentence of life without the possibility of parole.

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

The Senate has on its part adopted Senate concurrent resolution of the following title:

**S.C.R. 19.** Senate concurrent resolution honoring Susan Andrews for her leadership of Greater Bennington Interfaith Community Services.

The Senate has on its part adopted concurrent resolutions originating in the House of the following titles:

**H.C.R. 287.** House concurrent resolution designating Thursday, March 19, 2020 as Social Work Advocacy Day at the State House.

**H.C.R. 288.** House concurrent resolution congratulating the Central Vermont Council on Aging on its 40th anniversary.

**H.C.R. 289.** House concurrent resolution in memory of Anthony Ernest Morgan of West Rutland.

**H.C.R. 290.** House concurrent resolution recognizing April as the Month of the Military Child in Vermont.

**H.C.R. 291.** House concurrent resolution in memory of former Representative and Royalton Town Moderator David M. Ainsworth.

**H.C.R. 292.** House concurrent resolution congratulating the University of Vermont Extension and WCAX-TV on the 65th anniversary of the Across the Fence television program.

**H.C.R. 293.** House concurrent resolution honoring the U.S. Navy submarine Vermont (SSN 792), its Pre-Commissioning Unit, and its Commissioning Committee.

**H.C.R. 294.** House concurrent resolution honoring Don Myers on his half-century membership in the Bennington Fire Department.

**H.C.R. 295.** House concurrent resolution designating Wednesday, March 18, 2020 as Alzheimer's Awareness Day at the State House.

**H.C.R. 296.** House concurrent resolution honoring former Representative Alice Miller of Shaftsbury on her receipt of the 2020 Vermont Higher Education Excellence Award.

#### **Recess**

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

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

#### **Rules Suspended; Second Reading; Bill Amended; Third Reading Ordered; Rules Suspended; Third Reading; Bill Passed**

#### **H. 109**

On Motion of **Rep. McCoy of Poultney**, the rules were suspended and House bill, entitled

An act relating to designating October 12 as Dewey Day

Appearing on the Calendar for Notice, was taken up for immediate consideration.

**Rep. Gamache of Swanton**, for the committee on General, Housing, and Military Affairs, to which had been referred the bill reported in favor of its passage when amended as follows:

By striking out Sec. 3, effective date, in its entirety and inserting in lieu thereof a new Sec. 3. to read as follows:

Sec. 3. EFFECTIVE DATE

This act shall take effect on July 1, 2020.

Thereupon, the bill was read the second time, the report of the committee on General, Housing, and Military Affairs was agreed to and third reading was ordered.

Thereupon, on motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

**Rules Suspended; Second Reading;  
Bill Amended; Third Reading Ordered; Rules Suspended;  
Third Reading; Bill Passed**

#### H. 558

On Motion of **Rep. McCoy of Poultney**, the rules were suspended and House bill, entitled

An act relating to exempting the Victims Compensation Board from the Open Meeting Law

Appearing on the Calendar for Notice, was taken up for immediate consideration.

**Rep. LaClair of Barre Town**, for the committee on Government Operations, to which had been referred the bill reported in favor of its passage when amended as follows:

In Sec. 1, 13 V.S.A. § 5358a, in subsection (d), immediately following “Victims Compensation Board” by inserting “relating to victims compensation or offender restitution”

Thereupon, the bill was read the second time, the report of the committee on Government Operations was agreed to and third reading was ordered.

Thereupon, on motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

**Rules Suspended; Second Reading;  
Bill Amended; Third Reading Ordered; Rules Suspended;  
Third Reading; Bill Passed**

#### H. 578

On Motion of **Rep. McCoy of Poultney**, the rules were suspended and House bill, entitled

An act relating to operator’s license and privilege to operate suspensions and proof of financial responsibility

Appearing on the Calendar for Notice, was taken up for immediate consideration.

**Rep. Notte of Rutland City**, for the committee on Judiciary, to which had been referred the bill reported in favor of its passage when amended by striking all after the enacting clause and inserting in lieu thereof the following:

\* \* \* Waiver of Reinstatement Fee \* \* \*

Sec. 1. 4 V.S.A. § 1109(c)(4) is amended to read:

(4)(A) Hearing. The hearing shall be conducted in a summary manner. The hearing officer shall examine the defendant and any other witnesses and may require the defendant to produce documents relevant to the defendant's ability to pay the amount due. The State or municipality shall not be a party except with the permission of the hearing officer. The defendant may be represented by counsel at the defendant's own expense.

(B) Traffic violations; reduction of amount due. When the judgment is based upon a traffic violation, the hearing officer may waive the reinstatement fee required pursuant to 23 V.S.A. § 675 or reduce the amount due on the basis of the defendant's driving history, ability to pay, or service to the community; the collateral consequences of the violation; or the interests of justice. The hearing officer's decision ~~on a motion~~ to reduce the amount due shall not be subject to review or appeal except in the case of a violation of rights guaranteed under the Vermont or U.S. Constitution.

\* \* \* Proof of Financial Responsibility \* \* \*

Sec. 2. 23 V.S.A. § 801 is amended to read:

§ 801. PROOF OF FINANCIAL RESPONSIBILITY REQUIRED

(a) The Commissioner shall require proof of financial responsibility to satisfy any claim for damages, by reason of personal injury to or the death of any person, of at least \$25,000.00 for one person and \$50,000.00 for two or more persons killed or injured and \$10,000.00 for damages to property in any one accident, as follows:

(1) From a person who is convicted of any of the following violations of this title:

(A) Death resulting from:

- (i) careless and negligent operation of a motor vehicle; or
- (ii) reckless driving of a motor vehicle.

(B) Any violation of section 1201 of this title or for any suspension pursuant to section 1205 of this title.

(C) Failing to immediately stop and render such assistance as may be reasonably necessary following an accident resulting in injury to any person or property, other than the vehicle then under his or her control.

(D) Operating, taking, using, or removing a motor vehicle without the consent of the owner in violation of section 1094 of this title.

(E) Operating a motor vehicle after suspension, revocation, or refusal of a license, in violation of section 674 of this title.

(F) ~~Operating without financial responsibility. [Repealed.]~~

(G) ~~Any moving violation as defined in section 4 of this title if the person has five points assessed against the person's license at the time the moving violation occurs. At the time a ticket or a citation for a moving violation is issued, the law enforcement officer shall give the defendant an insurance verification certificate, which shall not be an SR-22 certificate. The defendant shall complete the certificate and mail or deliver it to the Commissioner within 21 days of being issued the ticket or citation. The Commissioner shall prescribe the form of the insurance verification certificate and administer the insurance verification process by adopting rules and may, pursuant to 3 V.S.A. chapter 25, adopt rules to administer the insurance verification process. [Repealed.]~~

(H) The provisions of subdivisions (a)(1)(A), (C), (D), and (E), ~~and~~ (G) of this section shall not apply to an operator furnishing the Commissioner with satisfactory proof that a standard provisions automobile liability insurance policy, issued by an insurance company authorized to transact business in this State insuring the operator against public liability and property damage, in the amounts required under this section with respect to proof of financial responsibility, was in effect at the time of the violation. Nor shall these provisions apply if the operator was a nonresident, holding a valid license issued by the state of his or her residence, at the time of the violation, and satisfactory proof, in the form of a certificate issued by an insurance company authorized to transact business in the state of his or her residence, and accompanied by a power of attorney authorizing the Commissioner to accept service on its behalf, of notice or process in any action arising out of the violation, certifying that insurance covering the legal liability of the operator to satisfy any claim or claims for damage to person or property, in an amount equal to the amounts required under this section with respect to proof of financial responsibility was in effect at the time of the violation.

\* \* \*

Sec. 3. 23 V.S.A. § 809 is amended to read:

§ 809. WAIVER OF PROOF OF FINANCIAL RESPONSIBILITY

(a) The Commissioner shall relieve an operator from the obligation to furnish proof of financial responsibility after ~~three years~~ one year from the accident, conviction, or judgment giving rise to the obligation. In the event that a suspension or revocation resulted from the conviction giving rise to the obligation, an operator shall not be relieved of the obligation to furnish proof of financial responsibility until ~~three years~~ one year after his or her reinstatement eligibility date.

(b) Notwithstanding subsection (a) of this section, the Commissioner shall not relieve an operator from the obligation to furnish proof of financial responsibility until three years after a conviction of careless and negligent operation of a motor vehicle resulting in death, conviction of reckless driving of a motor vehicle resulting in death, or second and subsequent conviction of a violation of section 1201 of this title. In the event that a suspension resulted from the conviction giving rise to the obligation, an operator shall not be relieved of the obligation to furnish proof of financial responsibility until three years after his or her reinstatement eligibility date.

(c) ~~This provision~~ section shall not be construed to relieve an operator of his or her responsibility to comply with the mandatory insurance requirement set forth in section 800 of this title.

#### Sec. 4. WAIVER OF PROOF OF FINANCIAL RESPONSIBILITY

(a) The Commissioner of Motor Vehicles shall, as soon as practicable but not later than January 1, 2021, relieve operators from the obligation to furnish proof of financial responsibility required pursuant to 23 V.S.A. § 801(a)(1) as amended by this act in accordance with 23 V.S.A. § 809 as amended by this act as applicable.

(b) If an operator is not required to furnish proof of financial responsibility pursuant to 23 V.S.A. § 801(a)(1) as amended by this act, then the Commissioner shall, as soon as practicable but not later than January 1, 2021, relieve the operator from the obligation to furnish proof of financial responsibility.

(c) This section shall not be construed to relieve an operator of his or her responsibility to comply with the mandatory insurance requirement set forth in 23 V.S.A. § 800.

\* \* \* Effective Date \* \* \*

#### Sec. 5. EFFECTIVE DATE

This act shall take effect on July 1, 2020.

Thereupon, the bill was read the second time, the report of the committee on Judiciary was agreed to and third reading was ordered.

Thereupon, on motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

**Rules Suspended; Second Reading;  
Bill Amended; Third Reading Ordered; Rules Suspended;  
Third Reading; Bill Passed**

**H. 750**

On Motion of **Rep. McCoy of Poultney**, the rules were suspended and House bill, entitled

An act relating to creating a National Guard provost marshal

Appearing on the Calendar for Notice, was taken up for immediate consideration.

**Rep. Walz of Barre City**, for the committee on General, Housing, and Military Affairs, to which had been referred the bill reported in favor of its passage when amended as follows:

In Sec. 1, 20 V.S.A. § 428, in subdivision (b)(3)(C), after the words “critical infrastructure protection” by inserting the words “in relation to domestic emergencies”

Thereupon, the bill was read the second time, the report of the committee on General, Housing, and Military Affairs was agreed to and third reading was ordered.

Thereupon, on motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

**Rules Suspended; Second Reading;  
Bill Amended; Third Reading Ordered; Rules Suspended;  
Third Reading; Bill Passed**

**H. 769**

On Motion of **Rep. McCoy of Poultney**, the rules were suspended and House bill, entitled

An act relating to veteran status inquiries on program and service intake forms

Appearing on the Calendar for Notice, was taken up for immediate consideration.

**Rep. Birong of Vergennes**, for the committee on General, Housing, and Military Affairs, to which had been referred the bill reported in favor of its



passage when amended by striking all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. REPORT; VETERAN STATUS INQUIRIES ON PROGRAM AND SERVICE INTAKE FORMS

On or before January 15, 2021, the Agency of Human Services shall submit a report to the House Committees on General, Housing, and Military Affairs, on Human Services, and on Health Care and to the Senate Committees on Government Operations and on Health and Welfare regarding the status of the Agency's efforts to include on its program and service intake forms an inquiry as to applicants' veteran status on or before July 1, 2021, including specifically intake forms used by the Departments for Children and Families, of Disabilities, Aging, and Independent Living, and of Vermont Health Access. The report shall include cost estimates related to including an inquiry as to applicants' veteran status on relevant intake forms and indicate whether any legislation is necessary to implement the inclusion of an inquiry as to applicants' veteran status on relevant intake forms.

Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2020.

Thereupon, the bill was read the second time, the report of the committee on General, Housing, and Military Affairs was agreed to and third reading was ordered.

Thereupon, on motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

**Rules Suspended; Bills Messaged to the Senate Forthwith**

On motion of **Rep. McCoy of Poultney**, the rules were suspended and the following bills were ordered messaged to the Senate forthwith:

**H. 109**

House bill, entitled

An act relating to designating October 12 as Dewey Day

**H. 558**

House bill, entitled

An act relating to exempting the Victims Compensation Board from the Open Meeting Law

**H. 578**

House bill, entitled

An act relating to operator's license and privilege to operate suspensions and proof of financial responsibility

**H. 750**

House bill, entitled

An act relating to creating a National Guard provost marshal

**H. 769**

House bill, entitled

An act relating to veteran status inquiries on program and service intake forms

**Recess**

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

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

**Rules Suspended; Second Reading;  
Bill Amended; Third Reading Ordered; Rules Suspended;  
Third Reading; Bill Passed**

**H. 681**

On Motion of **Rep. McCoy of Poultney**, the rules were suspended and House bill, entitled

An act relating to employer registration for unemployment insurance

Appearing on the Calendar for Notice, was taken up for immediate consideration.

**Rep. Jerome of Brandon**, for the committee on Commerce and Economic Development, to which had been referred the bill reported in favor of its passage when amended as follows:

By striking out Sec. 1, 21 V.S.A. § 1314a, in its entirety and inserting in lieu thereof a new Sec. 1 to read as follows:

Sec. 1. 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.

Thereupon, the bill was read the second time.

Pending the question, Shall the bill be amended as recommended by the committee on Commerce and Economic Development? **Rep. Marcotte of Coventry** moved to amend the report of the committee on Commerce and Economic Development as follows:

By striking out Sec. 2, effective date, in its entirety and inserting in lieu thereof the following:

Sec. 2. 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 to care for a parent, grandparent, spouse, child, brother, sister, parent-in-law, grandchild, or foster child who has been diagnosed with COVID-19 as provided by subdivision 1344(a)(2)(A) of this chapter.

(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 maximum amount of four weeks with respect to benefits paid because:

(i) the employer temporarily ceased operation at the individual's place of employment in response to a request from a local health official or the Commissioner of Health that the employer cease operations because of COVID-19 or because the employer voluntarily ceased operations due to the actual exposure of workers at that place of employment to COVID-19; or

(ii) the individual has been requested by a medical professional, local health official, or the Commissioner of Health 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 individual is rehired by the employer when the employer resumes operations at the individual's place of employment or upon the completion of the individual's period of isolation or quarantine.

\* \* \*

Sec. 3. 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; or

(ii) the individual left such employment to care for a parent, grandparent, spouse, child, brother, sister, parent-in-law, grandchild, or foster child who has been diagnosed with COVID-19.

\* \* \*

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

\* \* \*

(F) Sick pay.

\* \* \*

#### Sec. 4. REPEAL

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

Sec. 5. 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; or

~~(ii) the individual left such employment to care for parent, grandparent, spouse, child, brother, sister, parent-in-law, grandchild, or foster child who has been diagnosed with COVID-19.~~

\* \* \*

## Sec. 6. EFFECTIVE DATES

(a) This section and Secs. 2 and 3 shall take effect on passage.

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

(c) Secs. 4 and 5 shall take effect on March 31, 2021.

and that after passage the title of the bill be amended to read: “An act relating to employer registration for unemployment insurance and amendments to the unemployment insurance laws to address the COVID-19 outbreak”

Which was agreed to. Thereupon, the report of the committee on Commerce and Economic Development, as amended, was agreed to and third reading was ordered.

Thereupon, on motion of **Rep. LaClair of Barre Town**, the rules were suspended and the bill placed on all remaining stages of passage. Thereupon, the bill was read the third time and passed.

**Joint Resolution Adopted in Concurrence****J.R.S. 46**

By Senator Ashe,

**J.R.S. 46.** Joint resolution relating to interim adjournment.

***Resolved by the Senate and House of Representatives:***

That when the two Houses adjourn on Friday, March 13, 2020, it be to meet again no later than Tuesday, March 24, 2020.

Was taken up, read and adopted in concurrence.

**Joint Resolution Adopted in Concurrence****J.R.S. 47**

By Senator Ashe,

**J.R.S. 47.** Joint resolution to postpone the Joint Assembly to vote on the retention of five Superior Judges and one Environmental Judge.

*Whereas*, the Joint Assembly to vote on the retention of five Superior Judges and one Environmental Judge pursuant to J.R.S. 43 is scheduled for Thursday, March 19, 2020; and

*Whereas*, the General Assembly has adopted J.R.S. 46 relating to Interim Adjournment until March 24, 2020; and



*Whereas*, Interim Adjournment requires the General Assembly defer action on the retention of judges to a subsequent Joint Assembly, *now therefore be it*

***Resolved by the Senate and House of Representatives:***

That the two Houses postpone the Joint Assembly scheduled for Thursday, March 19, 2020 and that the two Houses meet in Joint Assembly on Thursday, March 26, 2020, at ten o'clock and thirty minutes in the forenoon to vote on the retention of five Superior Judges and one Environmental Judge. In case the vote to retain said Judges shall not be made on that day, the two Houses shall meet in Joint Assembly at ten o'clock and thirty minutes in the forenoon on each succeeding day, Saturdays and Sundays excepted, and proceed until the above is completed.

Was taken up, read and adopted in concurrence.

**Rules Suspended; Bills Messaged to Senate Forthwith**

On motion of **Rep. LaClair of Barre Town**, the rules were suspended and the following bills were ordered messaged to the Senate forthwith:

**J.R.S. 46**

Joint resolution , entitled

Joint resolution relating to interim adjournment

**J.R.S. 47**

Joint resolution, entitled

Joint resolution to postpone the Joint Assembly to vote on the retention of five Superior Judges and one Environmental Judge

**H. 681**

House bill, entitled

An act relating to employer registration for unemployment insurance

**Committee of Conference Appointed**

**S. 54**

Pursuant to the request of the Senate for a Committee of Conference on the disagreeing votes of the two Houses on Senate bill, entitled

An act relating to the regulation of cannabis

The Speaker appointed as members of the Committee of Conference on the part of the House:

**Rep. Gannon of Wilmington**

**Rep. LaClair of Barre Town**  
**Rep. Ancel of Calais**

**Recess**

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

At four o'clock and thirty-eight minutes in the afternoon, the Speaker called the House to order.

**House Resolution Adopted**

**H.R. 15**

House resolution, entitled

House resolution urging that for the duration of the pandemic emergency, the federal government refrain from arresting or detaining individuals based on their immigration status in any healthcare settings and suspend implementation of the *Inadmissibility on Public Charge Grounds Rule*

Offered by: Committee on Health Care

Whereas, the nation is now encountering the effects of a health pandemic of historic dimensions caused by the novel coronavirus, COVID-19, and

Whereas, it is of critical importance that health care providers intercept the COVID-19 virus at the earliest opportunity, in order to protect public health, and

Whereas, in these extraordinary circumstances, no person, including any undocumented person, who may have contracted COVID-19 should feel apprehensive about seeking immediate screening or medical attention due to the individual's immigration status, and

Whereas, on February 24, 2020, the U.S. Department of Homeland Security began implementation of the *Inadmissibility on Public Charge Grounds Rule* (Public Charge Rule), 84 Fed. Reg. 41,292 (Aug. 14, 2019), which seeks to deny certain categories of immigration status to individuals whom the Department perceives may require public financial support, and

Whereas, this recently implemented rule could instill in the minds of many legal immigrants the fear that they might be deported from the United States if they were to interact with public officials, and

Whereas, these fears of immigrants extend to visiting a health care facility, as immigrants are afraid that U.S. Immigration and Customs Enforcement officers might be present or be called and detain them, and

Whereas, failure of an individual to seek prompt screening or medical assistance could lead to increased transmission of COVID-19, further complicating and jeopardizing Vermont's response to this medical pandemic emergency, and

Whereas, there are recent precedents for the federal establishment of zones based on public health and safety, where immigration laws are not enforced, including in Flint, Michigan, during its water crisis and in some areas struck by recent major hurricanes, and

Whereas, it is imperative that the treatment of COVID-19 be as robust as possible and not be hampered on account of fear on the part of immigrants to seek immediate medical care, now therefore be it

Resolved by the House of Representatives:

That this legislative body, for the duration of the pandemic emergency, urges the U.S. Department of Homeland Security to suspend implementation of the *Inadmissibility on Public Charge Grounds* Rule, and be it further

Resolved: That this legislative body urges the U.S. Department of Homeland Security to issue an official statement that employees of its Immigration and Customs Enforcement and Customs and Border Protection agencies will not arrest any person based on immigration status at a hospital, healthcare facility, or coronavirus testing site for the duration of the COVID-19 pandemic emergency, and be it further

Resolved: That the Clerk of the House be directed to send a copy of this resolution to the President, the Acting Secretary of Homeland Security, and the Vermont Congressional Delegation.

Which was read and adopted.

**Committee Bill Introduced; Bill Referred to  
Committee on Appropriations**

**H. 941**

By the committee on Agriculture and Forestry,

An act relating to the agricultural economy;

Was read and pursuant to House rule 48, bill placed on the Calendar for Notice. Thereupon, carrying an appropriation, under rule 35(a), was referred to the committee on Appropriations.

**Committee Bill Introduced; Bill Referred to  
Committee on Appropriations**

**H. 942**

By the committee on Transportation,

An act relating to the Transportation Program and miscellaneous changes to laws related to transportation;

Was read and pursuant to House rule 48, bill placed on the Calendar for Notice. Thereupon, carrying an appropriation, under rule 35(a), was referred to the committee on Appropriations.

**Second Reading; Bill Amended; Third Reading Ordered; Rules  
Suspended; Consideration Interrupted**

**H. 742**

**Rep. Cordes of Lincoln**, for the committee on Health Care, to which had been referred House bill entitled,

An act relating to grants for emergency medical personnel training

Reported in favor of its passage when amended by striking all after the enacting clause and inserting in lieu thereof the following:

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.

## Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2020.

**Rep. Fagan of Rutland City**, for the committee on Appropriations, recommended the bill ought to pass when amended by the committee on Health Care.

The bill, having appeared on the Calendar one day for Notice, was taken up, read second time, the report of the committees on Health Care and Appropriations agreed to and a third reading was ordered.

Thereupon, on motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill placed on all remaining stages of passage.

## Recess

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

At five o'clock and forty-seven minutes in the evening, the Speaker called the House to order.

**Consideration Resumed;  
Bill Amended; Third Reading; Bill Passed; Rules Suspended;  
Bill Messaged to the Senate Fortwith**

## H. 742

Consideration resumed on House bill, entitled

An act relating to grants for emergency medical personnel training

Pending the question, Shall the bill be read a third time? **Reps. Lippert of Hinesburg, Pugh of South Burlington, Brumsted of Shelburne, Christensen of Weathersfield, Cina of Burlington, Cordes of Lincoln, Donahue of Northfield, Durfee of Shaftsbury, Gregoire of Fairfield, Houghton of Essex, McFaun of Barre Town, Nicoll of Ludlow, Noyes of Wolcott, Page of Newport City, Pajala of Londonderry, Redmond of Essex, Rogers of Waterville, Rosenquist of Georgia, Smith of Derby and Wood of Waterbury** moved to amend the bill as follows:

By striking out Sec. 2, effective date, in its entirety and inserting in lieu thereof the following:

\* \* \* 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 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 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

Which was agreed to. Thereupon the bill was read a third time and passed.

Thereupon, on motion of **Rep. McCoy of Poultney**, the rules were suspended and the bill was ordered messaged to the Senate forthwith.

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**Adjournment**

At six o'clock and nine minutes in the evening, on motion of **Rep. McCoy of Poultney**, the House adjourned until Tuesday, March 24, 2020, at ten o'clock in the forenoon, pursuant to the provisions of J.R.S. 46.

**Concurrent Resolutions Adopted**

The following concurrent resolutions, having been placed on the Consent Calendar on the preceding legislative day, and no member having requested floor consideration as provided by Joint Rules of the Senate and House of Representatives, are hereby adopted on the part of the House.

**H.C.R. 287**

House concurrent resolution designating Thursday, March 19, 2020 as Social Work Advocacy Day at the State House;

**H.C.R. 288**

House concurrent resolution congratulating the Central Vermont Council on Aging on its 40th anniversary;

**H.C.R. 289**

House concurrent resolution in memory of Anthony Ernest Morgan of West Rutland;

**H.C.R. 290**

House concurrent resolution recognizing April as the Month of the Military Child in Vermont;

**H.C.R. 291**

House concurrent resolution in memory of former Representative and Royalton Town Moderator David M. Ainsworth;

**H.C.R. 292**

House concurrent resolution congratulating the University of Vermont Extension and WCAX-TV on the 65th anniversary of the Across the Fence television program;

**H.C.R. 293**

House concurrent resolution honoring the U.S. Navy submarine Vermont (SSN 792), its Pre-Commissioning Unit, and its Commissioning Committee;

**H.C.R. 294**

House concurrent resolution honoring Don Myers on his half-century membership in the Bennington Fire Department;

**H.C.R. 295**

House concurrent resolution designating Wednesday, March 18, 2020 as Alzheimer's Awareness Day at the State House;

**H.C.R. 296**

House concurrent resolution honoring former Representative Alice Miller of Shaftsbury on her receipt of the 2020 Vermont Higher Education Excellence Award;

**S.C.R. 19**

Senate concurrent resolution honoring Susan Andrews for her leadership of Greater Bennington Interfaith Community Services;

[The full text of the concurrent resolutions appeared in the House Calendar Addendum on the preceding legislative day and will appear in the Public Acts and Resolves of the 2020, seventy-fifth Biennial session.]