

1 H.742

2 Representatives Lippert of Hinesburg, Pugh of South Burlington, Brumsted  
3 of Shelburne, Christensen of Weathersfield, Cina of Burlington, Cordes of  
4 Lincoln, Donahue of Northfield, Durfee of Shaftsbury, Gregoire of Fairfield,  
5 Houghton of Essex, McFaun of Barre Town, Nicoll of Ludlow, Noyes of  
6 Wolcott, Page of Newport City, Pajala of Londonderry, Redmond of Essex,  
7 Reed of Braintree, Rogers of Waterville, Rosenquist of Georgia, Smith of  
8 Derby, and Wood of Waterbury move that the bill be amended by striking out  
9 Sec. 2, effective date, in its entirety and inserting in lieu thereof the following:

10 \* \* \* State of Emergency; Legislative Intent \* \* \*

11 Sec. 2. STATE OF EMERGENCY; LEGISLATIVE INTENT

12 It is the intent of the General Assembly that, if the coronavirus disease 2019  
13 (COVID-19) pandemic continues its expected spread in the State of Vermont,  
14 the Governor should exercise the authority granted by 20 V.S.A. § 9 to declare  
15 a state of emergency based on the all-hazards event of the COVID-19 disease-  
16 related emergency. In addition to the emergency powers granted to the  
17 Governor by 20 V.S.A. §§ 9 and 11 during a state of emergency, such a  
18 declaration may initiate opportunities to expand access to necessary health care  
19 and human services. For example, 3 V.S.A. § 129(a)(10) allows certain  
20 professional licensing boards to issue temporary licenses during a declared  
21 state of emergency to health care providers who are licensed in good standing

1 in another state to allow them to practice in Vermont for up to 90 days. These  
2 temporary licensees will likely be necessary to help provide critical health care  
3 services to Vermonters who become afflicted with COVID-19.

4 \* \* \* Measures to Support Health Care and Human Service

5 Provider Sustainability \* \* \*

6 Sec. 3. AGENCY OF HUMAN SERVICES; TEMPORARY PROVIDER

7 TAX WAIVER AUTHORITY

8 (a) The Secretary of Human Services may modify or postpone payment of  
9 all or a prorated portion of the assessment imposed on hospitals by 33 V.S.A.  
10 § 1953 for fiscal year 2020, and may waive, modify, or postpone payment of  
11 all or a prorated portion of the assessment imposed by 33 V.S.A. chapter 19,  
12 subchapter 2 for one or more other classes of health care providers for fiscal  
13 year 2020, if the following three conditions are met:

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

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

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

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

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

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

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

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

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

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

20               FLEXIBILITY

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

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

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

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

20        (2) Upon the Joint Fiscal Committee’s approval of the plan for  
21        mitigating the fiscal impact to the State, the Secretary may provide the

1 payments as proposed unless the mitigation plan includes one or more actions  
2 requiring the approval of the Emergency Board.

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

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

8 Sec. 5. AGENCY OF HUMAN SERVICES; ADVANCE PAYMENTS;  
9 MEDICAID PARTICIPATING PROVIDERS;

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

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

4       Sec. 6. FEDERALLY QUALIFIED HEALTH CENTERS; RURAL HEALTH  
5               CENTERS; MEDICAID ENCOUNTER RATE

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

20                               \* \* \* Compliance Flexibility \* \* \*

21       Sec. 7. HEALTH CARE AND HUMAN SERVICE PROVIDER

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

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

- 1           (10) Choices for Care High/Highest Manual;  
2           (11) Designated and Specialized Service Agency designation and  
3 provider rules;  
4           (12) Child Care Licensing Regulations;  
5           (13) Public Assistance Program Regulations;  
6           (14) Foster Care and Residential Program Regulations; and  
7           (15) other rules and standards for which the Agency of Human Services  
8 is the adopting authority under 3 V.S.A. chapter 25.

9           Sec. 8. TEACHER LICENSURE; SPECIFIC LICENSING

10                   ENDORSEMENTS; MODIFICATION

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

15           Sec. 9. MEDICAID AND HEALTH INSURERS; PROVIDER

16                   CREDENTIALING

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

1 plans, in order to allow for individual health care providers to deliver services  
2 across health care settings as needed to respond to Vermonters' evolving health  
3 care needs.

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

5 § 1353. POWERS AND DUTIES OF THE BOARD

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

7 \* \* \*

8 (11) Issue temporary licenses during a declared state of emergency.

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

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

19 During a declared state of emergency in Vermont as a result of COVID-19,  
20 the Board of Medical Practice and the Office of Professional Regulation may  
21 permit former health care professionals who retired within the past 10 years

1 with their license, certificate, or registration in good standing to return to the  
2 health care workforce on a temporary basis to help deliver care in response to  
3 COVID-19. The Board of Medical Practice and Office of Professional  
4 Regulation may issue temporary licenses to these individuals at no charge and  
5 may impose limitations on the scope of practice of returning health care  
6 professionals as the Board or Office deems appropriate.

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

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

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

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

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

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

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

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

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

15       Sec. 14. PRESCRIPTION DRUGS; MAINTENANCE MEDICATIONS;

16           EARLY REFILLS

17           (a) As used in this section, “health insurance plan” means any health  
18       insurance policy or health benefit plan offered by a health insurer, as defined in  
19       18 V.S.A. § 9402. The term does not include policies or plans providing  
20       coverage for a specified disease or other limited benefit coverage.



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

5        Sec. 16. BUPRENORPHINE; PRESCRIPTION RENEWALS

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

11       Sec. 17. NUTRITION SERVICES; EXPANDED CAPACITY

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

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

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

\* \* \* Regulation of Professions \* \* \*

1  
2 Sec. 19. OFFICE OF PROFESSIONAL REGULATION; EMERGENCY

3 AUTHORITY TO ACT FOR REGULATORY BOARDS

4 (a) During a declared state of emergency in Vermont as a result of COVID-  
5 19, if the Director of Professional Regulation finds that a regulatory body  
6 attached to the Office of Professional Regulation by 3 V.S.A. § 122 cannot  
7 reasonably, safely, and expeditiously convene a quorum to transact business,  
8 the Director may exercise the full powers and authorities of that regulatory  
9 body, including disciplinary authority.

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

12 (c) A record of the Director’s actions shall be published conspicuously on  
13 the website of the regulatory body.

14 Sec. 20. EMERGENCY REGULATORY ORDERS

15 During a declared state of emergency in Vermont as a result of COVID-19,  
16 the Director of Professional Regulation and the Commissioner of Health may  
17 issue such orders governing regulated professional activities and practices as  
18 may be necessary to protect the public health, safety, and welfare. If the  
19 Director or Commissioner finds that a professional practice, act, offering,  
20 therapy, or procedure by persons licensed or required to be licensed by Title 26  
21 of the Vermont Statutes Annotated is exploitative, deceptive, or detrimental to

1 the public health, safety, or welfare, or a combination of these, the Director or  
2 Commissioner may issue an order to cease and desist from the applicable  
3 activity, which, after reasonable efforts to publicize or serve the order on the  
4 affected persons, shall be binding upon all persons licensed or required to by  
5 licensed by Title 26 of the Vermont Statutes Annotated, and a violation of the  
6 order shall subject the person or persons to professional discipline, may be a  
7 basis for injunction by the Superior Court, and shall be deemed a violation of 3  
8 V.S.A. § 127.

9 Sec. 21. OFFICE OF PROFESSIONAL REGULATION; BOARD OF

10 MEDICAL PRACTICE; IMPUTED JURISDICTION

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

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

19 Sec. 22. DEPARTMENT OF MENTAL HEALTH; ISOLATION OR

20 QUARANTINE OF INVOLUNTARY PATIENT FOR COVID-19

21 NOT SECLUSION



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

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

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

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

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

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

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

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

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

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



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\* \* \*

(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

1 the requirements of the Health Insurance Portability and Accountability Act of  
2 1996, Public Law 104-191. ~~Telemedicine does not include the use of audio-~~  
3 ~~only telephone, e-mail, or facsimile.~~

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

5 § 9361. HEALTH CARE PROVIDERS DELIVERING HEALTH CARE  
6 SERVICES THROUGH TELEMEDICINE OR BY ~~STORE AND~~  
7 ~~FORWARD~~ STORE-AND-FORWARD MEANS

8 \* \* \*

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

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

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

19 (ii) informing the patient of the presence of any other individual  
20 who will be participating in or observing the patient's consultation with the

1 provider at the distant site and obtaining the patient’s permission for the  
2 participation or observation; and

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

7 \* \* \*

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

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

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

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

7       Sec. 26. TELEMEDICINE REIMBURSEMENT; SUNSET

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

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

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

17       Sec. 28. TELEHEALTH; LICENSEES IN STATES BORDERING

18           VERMONT

19           Notwithstanding any provision of Vermont’s professional licensure laws to  
20 the contrary, during a declared state of emergency in Vermont as a result of  
21 COVID-19, a health care professional who is duly licensed and in good

1 standing in Massachusetts, New Hampshire, or New York may deliver  
2 medically necessary health care services related to the diagnosis, treatment, or  
3 prevention of COVID-19 to a Vermont resident through telemedicine or by  
4 store-and-forward means.

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

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

15 \* \* \* Motor Vehicles \* \* \*

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

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

