

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred House Bill
3 No. 742 entitled “An act relating to grants for emergency medical personnel
4 training” respectfully reports that it has considered the same and recommends
5 that the Senate propose to the House that the bill be amended by striking out all
6 after the enacting clause and inserting in lieu thereof the following:

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

8 Sec. 1. AGENCY OF HUMAN SERVICES; TEMPORARY PROVIDER

9 TAX MODIFICATION AUTHORITY **(may be further revised to**
10 **include Joint Fiscal Committee/other approval mechanism(s))**

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

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

20 (2) the Secretary has obtained the approval of the Emergency Board as
21 set forth in subsection (b) of this section.

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

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 Emergency Board’s approval of the plan for mitigating the
9 fiscal impact to the State, the Secretary may waive or modify payment of the
10 assessment as proposed.

11 (c) Notwithstanding any provision of 1 V.S.A. chapter 5, subchapter 2
12 (Vermont Open Meeting Law) to the contrary, the Emergency Board may
13 approve the Secretary’s mitigation plan in a meeting that Board members
14 attend by telephonic, electronic, or other means without any member being
15 physically present at a designated meeting location as long as members of the
16 public are able to observe the meeting by telephonic, electronic, or other means
17 and the vote, if not unanimous, is taken by roll call. **(need changes to OML**

18 **language?)**

1 * * * Protections for Employees of Health Care Facilities * * *

2 Sec. 2. PROTECTIONS FOR EMPLOYEES OF HEALTH CARE
3 FACILITIES **AND HUMAN SERVICE PROVIDERS**

4 In order to protect employees of a health care facility **or human service**
5 **provider** who are not licensed health care professionals from the risks
6 associated with COVID-19, all health care facilities **and human service**
7 **providers** in Vermont, including hospitals, federally qualified health centers,
8 rural health clinics, **residential treatment programs, homeless shelters,**
9 **home-and community-based service providers,** and long-term care facilities,
10 shall **follow guidance from the Vermont Department of Health regarding**
11 **use of personal protective equipment and other measures to address**
12 **employee safety.**

13 * * * Compliance Flexibility * * *

14 Sec. 3. HEALTH CARE AND HUMAN SERVICE PROVIDER
15 REGULATION; WAIVER OR VARIANCE PERMITTED

16 Notwithstanding any provision of the Agency of Human Services’
17 administrative rules or standards to the contrary, during a declared state of
18 emergency in Vermont as a result of COVID-19, the Secretary of Human
19 Services may waive or permit variances from the following State rules and
20 standards governing providers of health care services and human services as
21 necessary to prioritize and maximize direct patient care, support children and

1 families who receive benefits and services through the Department for
2 Children and Families, and allow for continuation of operations with a reduced
3 workforce and with flexible staffing arrangements that are responsive to
4 evolving needs, to the extent such waivers or variances are permitted under
5 federal law:

6 (1) Hospital Licensing Rule;

7 (2) Hospital Reporting Rule;

8 (3) Nursing Home Licensing and Operating Rule;

9 (4) Home Health Agency Designation and Operation Regulations;

10 (5) Residential Care Home Licensing Regulations;

11 (6) Assisted Living Residence Licensing Regulations;

12 (7) Home for the Terminally Ill Licensing Regulations;

13 (8) Standards for Adult Day Services;

14 (9) Therapeutic Community Residences Licensing Regulations;

15 (10) Choices for Care High/Highest Manual;

16 (11) Designated and Specialized Service Agency designation and

17 provider rules;

18 (12) Child Care Licensing Regulations;

19 (13) Public Assistance Program Regulations;

20 (14) Foster Care and Residential Program Regulations; and

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

3 Sec. 4. GREEN MOUNTAIN CARE BOARD RULES; WAIVER OR
4 VARIANCE PERMITTED

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

16 (1) hospital budget review;

17 (2) certificates of need;

18 (3) health insurance rate review; and

19 (4) accountable care organization certification and budget review.

20 (b) Notwithstanding any provision of 1 V.S.A. chapter 5, subchapter 2
21 (Vermont Open Meeting Law) to the contrary, during a declared state of

1 emergency as a result of COVID-19, the Green Mountain Care Board may
2 conduct meetings that Board members attend by telephonic, electronic, or
3 other means without any member being physically present at a designated
4 meeting location as long as members of the public are able to observe the
5 meeting by telephonic, electronic, or other means and any votes taken, if not
6 unanimous, are taken by roll call. (need changes to OML language?)

7 Sec. 5. MEDICAID AND HEALTH INSURERS; PROVIDER

8 CREDENTIALING

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

17 Sec. 6. 3 V.S.A. § 129 is amended to read:

18 § 129. POWERS OF BOARDS; DISCIPLINE PROCESS

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

21 * * *

1 physician, physician assistant, or podiatrist in another jurisdiction, whose
2 license is in good standing, and who is not subject to disciplinary proceedings
3 in any other jurisdiction. The temporary license shall authorize the holder to
4 practice in Vermont until the termination of the declared state of emergency or
5 90 days, whichever occurs first, as long as the licensee remains in good
6 standing, and may be reissued by the Board if the declared state of emergency
7 continues longer than 90 days. Fees shall be waived when a license is required
8 to provide services under this subdivision (A).

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

15 Sec. 8. 26 V.S.A. § 1613 is amended to read:

16 § 1613. TRANSITION TO PRACTICE

17 * * *

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

1 Sec. 9. RETIRED HEALTH CARE PROVIDERS; BOARD OF MEDICAL
2 PRACTICE; OFFICE OF PROFESSIONAL REGULATION

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

12 Sec. 10. INVOLUNTARY PROCEDURES; DOCUMENTATION AND
13 REPORTING REQUIREMENTS; WAIVER PERMITTED

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

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

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

5 Sec. 11. ACCESS TO HEALTH CARE SERVICES; DEPARTMENT OF
6 FINANCIAL REGULATION; EMERGENCY RULEMAKING

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

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

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

20 (3) expanding patients' access to and providers' reimbursement for
21 health care services, including preventive services, consultation services, and

1 services to new patients, delivered remotely through telemedicine, telehealth,
2 audio-only telephone, and brief telecommunication services.

3 Sec. 12. PRESCRIPTION DRUGS; MAINTENANCE MEDICATIONS;

4 EARLY REFILLS

5 (a) As used in this section, “health insurance plan” means any health
6 insurance policy or health benefit plan offered by a health insurer, as defined in
7 18 V.S.A. § 9402. The term does not include policies or plans providing
8 coverage for a specified disease or other limited benefit coverage.

9 (b) During a declared state of emergency in Vermont as a result of COVID-
10 19, all health insurance plans and Vermont Medicaid shall allow their members
11 to refill prescriptions for chronic maintenance medications early to enable the
12 members to maintain a 30-day supply of each prescribed maintenance
13 medication at home.

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

18 Sec. 13. PHARMACISTS; CLINICAL PHARMACY; EXTENSION OF

19 PRESCRIPTION FOR MAINTENANCE MEDICATION

20 (a) During a declared state of emergency in Vermont as a result of COVID-
21 19, a pharmacist may extend a previous prescription for a maintenance

1 medication for which the patient has no refills remaining or for which the
2 authorization for refills has recently expired if it is not feasible to obtain a new
3 prescription or refill authorization from the prescriber.

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

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

11 Sec. 14. PHARMACISTS; CLINICAL PHARMACY; THERAPEUTIC

12 SUBSTITUTION DUE TO LACK OF AVAILABILITY

13 (a) During a declared state of emergency in Vermont as a result of COVID-
14 19, a pharmacist may, with the informed consent of the patient, substitute an
15 available drug or insulin product for an unavailable prescribed drug or insulin
16 product in the same therapeutic class if the available drug or insulin product
17 would, in the clinical judgment of the pharmacist, have substantially equivalent
18 therapeutic effect even though it is not a therapeutic equivalent.

19 (b) As soon as reasonably possible after substituting a drug or insulin
20 product pursuant to subsection (a) of this section, the pharmacist shall notify

1 the prescribing clinician of the drug or insulin product, dose, and quantity
2 actually dispensed to the patient.

3 Sec. 15. BUPRENORPHINE; PRESCRIPTION RENEWALS

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

9 Sec. 16. 24-HOUR FACILITIES AND PROGRAMS; BED-HOLD DAYS

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

14 * * * Regulation of Professions * * *

15 Sec. 17. OFFICE OF PROFESSIONAL REGULATION; BOARD OF
16 MEDICAL PRACTICE; EMERGENCY AUTHORITY TO ACT
17 FOR REGULATORY BOARDS

18 (a)(1) During a declared state of emergency in Vermont as a result of
19 COVID-19, if the Director of Professional Regulation finds that a regulatory
20 body attached to the Office of Professional Regulation by 3 V.S.A. § 122
21 cannot reasonably, safely, and expeditiously convene a quorum to transact

1 business, the Director may exercise the full powers and authorities of that
2 regulatory body, including disciplinary authority.

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

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

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

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

18 Sec. 18. EMERGENCY REGULATORY ORDERS

19 During a declared state of emergency in Vermont as a result of COVID-19,
20 the Director of Professional Regulation and the Commissioner of Health may
21 issue such orders governing regulated professional activities and practices as

1 may be necessary to protect the public health, safety, and welfare. If the
2 Director or Commissioner finds that a professional practice, act, offering,
3 therapy, or procedure by persons licensed or required to be licensed by Title 26
4 of the Vermont Statutes Annotated is exploitative, deceptive, or detrimental to
5 the public health, safety, or welfare, or a combination of these, the Director or
6 Commissioner may issue an order to cease and desist from the applicable
7 activity, which, after reasonable efforts to publicize or serve the order on the
8 affected persons, shall be binding upon all persons licensed or required to be
9 licensed by Title 26 of the Vermont Statutes Annotated, and a violation of the
10 order shall subject the person or persons to professional discipline, may be a
11 basis for injunction by the Superior Court, and shall be deemed a violation of 3
12 V.S.A. § 127.

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

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

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

2 Sec. 20. ~~DEPARTMENT OF MENTAL HEALTH;~~ ISOLATION OR

3 QUARANTINE ~~OF PATIENT~~ FOR COVID-19 NOT SECLUSION

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

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

16 * * * Telehealth * * *

17 Sec. 21. TELEHEALTH EXPANSION; LEGISLATIVE INTENT

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

1 Sec. 22. 8 V.S.A. § 4100k is amended to read:

2 § 4100k. COVERAGE OF HEALTH CARE SERVICES DELIVERED
3 THROUGH TELEMEDICINE AND BY STORE-AND-
4 FORWARD MEANS

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

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

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

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

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

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

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

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

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

1 instrumentality of the State. The term does not include policies or plans
2 providing coverage for a specified disease or other limited benefit coverage.

3 * * *

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

9 * * *

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

1 (7) “Telemedicine” means the delivery of health care services, including
2 dental services, such as diagnosis, consultation, or treatment through the use of
3 live interactive audio and video over a secure connection that complies with
4 the requirements of the Health Insurance Portability and Accountability Act of
5 1996, ~~Public Law~~ Pub. L. No. 104-191. ~~Telemedicine does not include the use~~
6 ~~of audio only telephone, e-mail, or facsimile.~~

7 Sec. 23. 18 V.S.A. § 9361 is amended to read:

8 § 9361. HEALTH CARE PROVIDERS DELIVERING HEALTH CARE
9 SERVICES THROUGH TELEMEDICINE OR BY ~~STORE AND~~
10 ~~FORWARD~~ STORE-AND-FORWARD MEANS

11 * * *

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

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

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

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

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

9 * * *

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

18 (1) A patient receiving health care services or dental services by store-
19 and-forward means shall be informed of the patient’s right to refuse to receive
20 services in this manner and to request services in an alternative format, such as
21 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. 24. WAIVER OF CERTAIN TELEHEALTH REQUIREMENTS
8 DURING STATE OF EMERGENCY

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

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

19 (2) representing to a patient that the health care services, including
20 dental services, will be delivered using a connection that complies with the
21 requirements of the Health Insurance Portability and Accountability Act of

1 1996, Pub. L. No. 104-191 in accordance with 18 V.S.A. § 9361(c), if it is not
2 practicable to use such a connection under the circumstances; and

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

8 Sec. 25. TELEMEDICINE REIMBURSEMENT; SUNSET

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

11 Sec. 26. BOARD OF MEDICAL PRACTICE; OFFICE OF

12 PROFESSIONAL REGULATION; OUT-OF-STATE HEALTH
13 CARE PROVIDERS; TELEHEALTH

14 (a) Notwithstanding any provision of Vermont’s professional licensure
15 laws to the contrary, during a declared state of emergency in Vermont as a
16 result of COVID-19, it shall not be considered a violation of the provisions of
17 Title 26 of the Vermont Statutes Annotated relating to the unlawful provision
18 of health care services in this State for a health care provider who is licensed,
19 certified, or registered in good standing, and not subject to any disciplinary
20 proceedings, in any other U.S. jurisdiction to practice under that non-Vermont

1 license, certificate, or registration in order to use telehealth to deliver health
2 care services to patients located in Vermont.

3 (b) A provider who delivers health care services using telehealth as set
4 forth in subsection (a) of this section shall be subject to the imputed
5 jurisdiction of the Board of Medical Practice or the Office of Professional
6 Regulation, as applicable based on the provider’s profession, in accordance
7 with Sec. 19 of this act.

8 (c) This section shall remain in effect until the termination of the declared
9 state of emergency in Vermont as a result of COVID-19 and as long as the
10 provider’s license, certificate, or registration remains in good standing.

11 * * * Motor Vehicles * * *

12 **(placeholder)**

13 * * * Effective Dates * * *

14 Sec. 27. EFFECTIVE DATES

15 This act shall take effect on passage, except that in Sec. 22, 8 V.S.A.
16 § 4100k(e) (coverage of health care services delivered by store-and-forward
17 means) shall take effect on January 1, 2021.

18 and that after passage the title of the bill be amended to read: “An act
19 relating to supporting the health care system in responding to COVID-19”

20
21

1

2 (Committee vote: _____)

3

4

Senator _____

5

FOR THE COMMITTEE