

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; HEALTH CARE AND HUMAN  
9 SERVICE PROVIDER SUSTAINABILITY

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

18 Sec. 2. AGENCY OF HUMAN SERVICES; TEMPORARY PROVIDER  
19 TAX MODIFICATION AUTHORITY

20 (a) During a state of emergency in Vermont as a result of COVID-19 and  
21 for a period of six months following the termination of the state of emergency,

1 the Secretary of Human Services may modify payment of all or a prorated  
2 portion of the assessment imposed on hospitals by 33 V.S.A. § 1953, and may  
3 waive or modify payment of all or a prorated portion of the assessment  
4 imposed by 33 V.S.A. chapter 19, subchapter 2 for one or more other classes  
5 of health care providers, if the following two conditions are met:

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

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

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

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

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

17 (2) Upon the Emergency Board’s approval of the plan for mitigating the  
18 fiscal impact to the State, the Secretary may waive or modify payment of the  
19 assessment as proposed.



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

5           Notwithstanding any provision of 18 V.S.A. chapter 220 or 221, 8 V.S.A.  
6           § 4062, 33 V.S.A. chapter 18, subchapter 1, or the Green Mountain Care  
7           Board’s administrative rules, guidance, or standards to the contrary, during a  
8           declared state of emergency in Vermont as a result of COVID-19 and for a  
9           period of six months following the termination of the state of emergency, the  
10          Green Mountain Care Board may waive or permit variances from State laws,  
11          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 related to the COVID-19 pandemic:

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.

1       Sec. 6. MEDICAID AND HEALTH INSURERS; PROVIDER

2                   ENROLLMENT AND CREDENTIALING

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

11       Sec. 7. INVOLUNTARY TREATMENT; DOCUMENTATION AND

12                   REPORTING REQUIREMENTS; WAIVER PERMITTED

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

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

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

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

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

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

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

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

1       Sec. 9. PRESCRIPTION DRUGS; MAINTENANCE MEDICATIONS;

2                   EARLY REFILLS

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

7           (b) During a declared state of emergency in Vermont as a result of COVID-  
8           19, all health insurance plans and Vermont Medicaid shall allow their members  
9           to refill prescriptions for chronic maintenance medications early to enable the  
10           members to maintain a 30-day supply of each prescribed maintenance  
11           medication at home.

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

16       Sec. 10. PHARMACISTS; CLINICAL PHARMACY; EXTENSION OF

17                   PRESCRIPTION FOR MAINTENANCE MEDICATION

18           (a) During a declared state of emergency in Vermont as a result of COVID-  
19           19, a pharmacist may extend a previous prescription for a maintenance  
20           medication for which the patient has no refills remaining or for which the



1 authorization for refills has recently expired if it is not feasible to obtain a new  
2 prescription or refill authorization from the prescriber.

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

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

10 Sec. 11. PHARMACISTS; CLINICAL PHARMACY; THERAPEUTIC

11 SUBSTITUTION DUE TO LACK OF AVAILABILITY

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

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





1 90 days, whichever occurs first, provided the licensee remains in good  
2 standing, and may be reissued by the Board if the declared state of emergency  
3 continues longer than 90 days. Fees shall be waived when a license is required  
4 to provide services under this subdivision (A).

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

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

12 § 1613. TRANSITION TO PRACTICE

13 \* \* \*

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

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

20 (a) Notwithstanding any provision of Vermont’s professional licensure  
21 laws to the contrary, during a declared state of emergency in Vermont as a

1 result of COVID-19, a health care professional, including a mental health  
2 professional, who holds a valid license, certificate, or registration to provide  
3 health care services in any other U.S. jurisdiction shall be deemed to be  
4 licensed, certified, or registered to provide health care services, including  
5 mental health services to a patient located in Vermont using telehealth or as  
6 part of the staff of a licensed facility, provided the health care professional:

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

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

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

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

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

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

3           (c) A health care professional who delivers health care services in Vermont  
4           pursuant to 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 health care professional’s profession, in  
7           accordance with Sec. 19 of this act.

8           (d) 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 provided the  
10           health care professional remains licensed, certified, or registered in good  
11           standing.

12           Sec. 18. RETIRED HEALTH CARE PROFESSIONALS; BOARD OF  
13                           MEDICAL PRACTICE; OFFICE OF PROFESSIONAL  
14                           REGULATION

15           (a)(1) During a declared state of emergency in Vermont as a result of  
16           COVID-19, a former health care professional, including a mental health  
17           professional, who retired not more than three years earlier with the individual’s  
18           Vermont license, certificate, or registration in good standing may provide  
19           health care services, including mental health services, to a patient located in  
20           Vermont using telehealth or as part of the staff of a licensed facility after  
21           submitting, or having submitted on the individual’s behalf, to the Board of

1 Medical Practice or Office of Professional Regulation, as applicable, the  
2 individual’s name, contact information, and the location or locations at which  
3 the individual will be practicing.

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

8 (b) During a declared state of emergency in Vermont as a result of COVID-  
9 19, the Board of Medical Practice and the Office of Professional Regulation  
10 may permit former health care professionals, including mental health  
11 professionals, who retired more than three but less than 10 years earlier with  
12 their Vermont license, certificate, or registration in good standing to return to  
13 the health care workforce on a temporary basis to provide health care services,  
14 including mental health services, to patients in Vermont. The Board of  
15 Medical Practice and Office of Professional Regulation may issue temporary  
16 licenses to these individuals at no charge and may impose limitations on the  
17 scope of practice of returning health care professionals as the Board or Office  
18 deems appropriate.

19 Sec. 19. OFFICE OF PROFESSIONAL REGULATION; BOARD OF

20 MEDICAL PRACTICE; IMPUTED JURISDICTION

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

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

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

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



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

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

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

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

12                        MEDICAL PRACTICE; EMERGENCY REGULATORY ORDERS

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

1 activity, which, after reasonable efforts to publicize or serve the order on the  
2 affected persons, shall be binding upon all persons licensed or required to be  
3 licensed by Title 26 of the Vermont Statutes Annotated, and a violation of the  
4 order shall subject the person or persons to professional discipline, may be a  
5 basis for injunction by the Superior Court, and shall be deemed a violation of 3  
6 V.S.A. § 127.

7 \* \* \* Quarantine and Isolation for COVID-19 as Exception to Seclusion \* \* \*  
8 Sec. 22. ISOLATION OR QUARANTINE FOR COVID-19 NOT  
9 SECLUSION

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

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

\* \* \* Telehealth \* \* \*

Sec. 23. TELEHEALTH EXPANSION; LEGISLATIVE INTENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21

\* \* \*

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

\* \* \*

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

\* \* \*

(6) “Store and forward” means an asynchronous transmission of medical information, such as one or more video clips, audio clips, still images, x-rays, magnetic resonance imaging scans, electrocardiograms, electroencephalograms, or laboratory results, sent over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104–191 to be reviewed at a later date

1 by a health care provider at a distant site who is trained in the relevant  
2 specialty ~~and by which~~. In store and forward, the health care provider at the  
3 distant site reviews the medical information without the patient present in real  
4 time and communicates a care plan or treatment recommendation back to the  
5 patient or referring provider, or both.

6 (7) “Telemedicine” means the delivery of health care services, including  
7 dental services, such as diagnosis, consultation, or treatment through the use of  
8 live interactive audio and video over a secure connection that complies with  
9 the requirements of the Health Insurance Portability and Accountability Act of  
10 1996, ~~Public Law~~ Pub. L. No. 104-191. ~~Telemedicine does not include the use~~  
11 ~~of audio-only telephone, e-mail, or facsimile.~~

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

13 § 9361. HEALTH CARE PROVIDERS DELIVERING HEALTH CARE  
14 SERVICES THROUGH TELEMEDICINE OR BY ~~STORE AND~~  
15 ~~FORWARD~~ STORE-AND-FORWARD MEANS

16 \* \* \*

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

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

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

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

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

15 \* \* \*

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



1 ~~notification of the results of the initial consultation. Receiving teledermatology~~  
2 ~~or teleophthalmology by store and forward means.~~

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

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

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

## 13 Sec. 26. WAIVER OF CERTAIN TELEHEALTH REQUIREMENTS

### 14 DURING STATE OF EMERGENCY

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

20 (1) delivering health care services, including dental services, using a  
21 connection that complies with the requirements of the Health Insurance

1 Portability and Accountability Act of 1996, Pub. L. No. 104-191 in accordance  
2 with 8 V.S.A. § 4100k(i), as amended by this act, if it is not practicable to use  
3 such a connection under the circumstances;

4 (2) representing to a patient that the health care services, including  
5 dental services, will be delivered using a connection that complies with the  
6 requirements of the Health Insurance Portability and Accountability Act of  
7 1996, Pub. L. No. 104-191 in accordance with 18 V.S.A. § 9361(c), if it is not  
8 practicable to use such a connection under the circumstances; and

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

14 Sec. 27. **TELEMEDICINE REIMBURSEMENT; SUNSET**

15 8 V.S.A. § 4100k(a)(2) (telemedicine reimbursement) is repealed on  
16 January 1, 2026.

17 \* \* \* Open Meeting Law \* \* \*

18 **(placeholder)**

19 \* \* \* Motor Vehicles \* \* \*

20 **(placeholder)**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20

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

Sec. 28. EFFECTIVE DATES

This act shall take effect on passage, except that 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.

and that after passage the title of the bill be amended to read: “An act relating to Vermont’s response to COVID-19”

(Committee vote: \_\_\_\_\_)

\_\_\_\_\_

Senator \_\_\_\_\_

FOR THE COMMITTEE