

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 declared state of emergency in Vermont as a result of COVID-19,  
11 the Agency of Human Services shall consider waiving or modifying existing  
12 rules, or adopting emergency rules, to protect access to health care services,  
13 long-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 rely on  
16 funding from the State, federal government, or Medicaid, or a combination of  
17 these, for a major portion of their revenue.

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

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

1 emergency, the Secretary of Human Services may modify payment of all or a  
2 prorated portion of the assessment imposed on hospitals by 33 V.S.A. § 1953,  
3 and may waive or modify payment of all or a prorated portion of the  
4 assessment imposed by 33 V.S.A. chapter 19, subchapter 2 for one or more  
5 other classes 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 Joint Fiscal  
9 Committee and the Emergency Board as set forth in subsections (b) and (c) of  
10 this section.

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

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

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

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



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

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

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

8           Sec. 5. GREEN MOUNTAIN CARE BOARD RULES; WAIVER OR  
9           VARIANCE PERMITTED

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

21           (1) hospital budget review;

- 1           (2) certificates of need;
- 2           (3) health insurance rate review; and
- 3           (4) accountable care organization certification and budget review.

4           Sec. 6. MEDICAID AND HEALTH INSURERS; PROVIDER

5                   ENROLLMENT AND CREDENTIALING

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

14           Sec. 7. INVOLUNTARY TREATMENT; DOCUMENTATION AND

15                   REPORTING REQUIREMENTS; WAIVER PERMITTED

16           (a) Notwithstanding any provision of statute or rule to the contrary, during  
17           a declared state of emergency in Vermont as a result of COVID-19, the court  
18           or the Department of Mental Health may waive any financial penalties  
19           associated with a treating health care provider's failure to comply with one or  
20           more of the documentation and reporting requirements related to involuntary

1 treatment pursuant to 18 V.S.A. chapter 181, to the extent permitted under  
2 federal law.

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

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

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

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

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

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

1           (3) expanding patients’ access to and providers’ reimbursement for  
2           health care services, including preventive services, consultation services, and  
3           services to new patients, delivered remotely through telehealth, audio-only  
4           telephone, and brief telecommunication services.

5           Sec. 9. PRESCRIPTION DRUGS; MAINTENANCE MEDICATIONS;

6                       EARLY REFILLS

7           (a) As used in this section, “health insurance plan” means any health  
8           insurance policy or health benefit plan offered by a health insurer, as defined in  
9           18 V.S.A. § 9402. The term does not include policies or plans providing  
10           coverage for a specified disease or other limited benefit coverage.

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

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

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

21                       PRESCRIPTION FOR MAINTENANCE MEDICATION







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, provided 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. 16. 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.

21 Sec. 17. OFFICE OF PROFESSIONAL REGULATION; BOARD OF

1                   MEDICAL PRACTICE; OUT-OF-STATE HEALTH CARE  
2                   PROFESSIONALS

3           (a) Notwithstanding any provision of Vermont’s professional licensure  
4 statutes or rules to the contrary, during a declared state of emergency in  
5 Vermont as a result of COVID-19, a health care professional, including a  
6 mental health professional, who holds a valid license, certificate, or registration  
7 to provide health care services in any other U.S. jurisdiction shall be deemed to  
8 be licensed, certified, or registered to provide health care services, including  
9 mental health services, to a patient located in Vermont using telehealth or as  
10 part of the staff of a licensed facility, provided the health care professional:

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

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

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

18           (b) A health care professional who plans to provide health care services in  
19 Vermont as part of the staff of a licensed facility shall submit or have  
20 submitted on the individual’s behalf the individual’s name, contact

1 information, and the location or locations at which the individual will be  
2 practicing to:

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

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

7 (c) A health care professional who delivers health care services in Vermont  
8 pursuant to subsection (a) of this section shall be subject to the imputed  
9 jurisdiction of the Board of Medical Practice or the Office of Professional  
10 Regulation, as applicable based on the health care professional's profession, in  
11 accordance with Sec. 19 of this act.

12 (d) This section shall remain in effect until the termination of the declared  
13 state of emergency in Vermont as a result of COVID-19 and provided the  
14 health care professional remains licensed, certified, or registered in good  
15 standing.

16 Sec. 18. RETIRED HEALTH CARE PROFESSIONALS; BOARD OF  
17 MEDICAL PRACTICE; OFFICE OF PROFESSIONAL  
18 REGULATION

19 (a)(1) During a declared state of emergency in Vermont as a result of  
20 COVID-19, a former health care professional, including a mental health  
21 professional, who retired not more than three years earlier with the individual's

1 Vermont license, certificate, or registration in good standing may provide  
2 health care services, including mental health services, to a patient located in  
3 Vermont using telehealth or as part of the staff of a licensed facility after  
4 submitting, or having submitted on the individual’s behalf, to the Board of  
5 Medical Practice or Office of Professional Regulation, as applicable, the  
6 individual’s name, contact information, and the location or locations at which  
7 the individual will be practicing.

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

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

1 scope of practice of returning health care professionals as the Board or Office  
2 deems appropriate.

3 Sec. 19. OFFICE OF PROFESSIONAL REGULATION; BOARD OF  
4 MEDICAL PRACTICE; IMPUTED JURISDICTION

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

12 Sec. 20. OFFICE OF PROFESSIONAL REGULATION; BOARD OF  
13 MEDICAL PRACTICE; EMERGENCY AUTHORITY TO ACT  
14 FOR REGULATORY BOARDS

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

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

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

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

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

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

17                   MEDICAL PRACTICE; EMERGENCY REGULATORY ORDERS

18          During a declared state of emergency in Vermont as a result of COVID-19,  
19          the Director of Professional Regulation and the Commissioner of Health may  
20          issue such orders governing regulated professional activities and practices as  
21          may be necessary to protect the public health, safety, and welfare. If the

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

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

13 Sec. 22. ISOLATION OR QUARANTINE FOR COVID-19 NOT

14 SECLUSION

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



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

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

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

2 § 9361. HEALTH CARE PROVIDERS DELIVERING HEALTH CARE  
3 SERVICES THROUGH TELEMEDICINE OR BY ~~STORE AND~~  
4 ~~FORWARD~~ STORE-AND-FORWARD MEANS

5 \* \* \*

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

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

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

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

20 (iii) assurance that all services the health care provider delivers to  
21 the patient through telemedicine will be delivered over a secure connection that

1 complies with the requirements of the Health Insurance Portability and  
2 Accountability Act of 1996, Pub. L. No. 104-191.

3 \* \* \*

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

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

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

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

1       Sec. 26. WAIVER OF CERTAIN TELEHEALTH REQUIREMENTS  
2                   DURING STATE OF EMERGENCY

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

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

13           (2) representing to a patient that the health care services, including  
14       dental services, will be delivered using a connection that complies with the  
15       requirements of the Health Insurance Portability and Accountability Act of  
16       1996, Pub. L. No. 104-191 in accordance with 18 V.S.A. § 9361(c), if it is not  
17       practicable to use such a connection under the circumstances; and

18           (3) obtaining and documenting a patient’s oral or written informed  
19       consent for the use of telemedicine or store-and-forward technology prior to  
20       delivering services to the patient in accordance with 18 V.S.A. § 9361(c), if

1 obtaining or documenting such consent, or both, is not practicable under the  
2 circumstances.

3 Sec. 27. TELEMEDICINE REIMBURSEMENT; SUNSET

4 8 V.S.A. § 4100k(a)(2) (telemedicine reimbursement) is repealed on  
5 January 1, 2026.

6 \* \* \* Child Care Programs; Extraordinary Financial Relief \* \* \*

7 Sec. 28. SUPPLEMENTAL CHILD CARE GRANTS; TEMPORARY  
8 SUSPENSION OF CAP

9 Notwithstanding the provision in 33 V.S.A. § 3505(a) that enables the  
10 Commissioner for Children and Families to reserve not more than one-half of  
11 one percent of the Child Care Financial Assistance Program (CCFAP)  
12 appropriation for extraordinary financial relief to assist child care programs  
13 that are at risk of closing due to financial hardship, the Commissioner may  
14 direct a greater percentage of the fiscal year 2020 CCFAP appropriation for  
15 this purpose while the state of emergency related to COVID-19 is in effect.

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

17 Sec. 29. EFFECTIVE DATES

18 This act shall take effect on passage, except that in Sec. 24, 8 V.S.A.  
19 § 4100k(e) (coverage of health care services delivered by store-and-forward  
20 means) shall take effect on January 1, 2021.

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

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

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Senator \_\_\_\_\_

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FOR THE COMMITTEE