

1 H.742

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

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

11 Sec. 2. STATE OF EMERGENCY; LEGISLATIVE INTENT

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

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

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

5 Provider Sustainability * * *

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

7 TAX WAIVER AUTHORITY

ADJUST guardrails so that it does not require people to convene in person which may not be possible during the emergency.

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

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

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

18 (3) the Secretary has obtained the approval of the Joint Fiscal

19 Committee and the Emergency Board as set forth in subsections (b) and (c) of
20 this section.

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

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

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

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

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

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

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

ADJUST guardrails so that it does not require legislators to convene in person which may not be possible during the emergency.

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

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

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

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

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

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

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

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

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

19 provider's incurred-but-not-paid claims submitted.

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

POSSIBLE NEW SECTION WITH ADDITIONAL FINANCIAL REMEDIES:

- 1) DVHA minimize or eliminate claims suspension so payments are expedited, including suspending the home health MAP process**
- 2) Increase DSH payments to eligible providers**
- 3) Enhance federal FMAP (if passed by Congress) shall be used to enhance payment to health care and long-term care providers**
- 4) Flexibility for providers to be paid for work needed during the pandemic that is not usually reimbursable for their provider type**

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

6 The Department of Vermont Health Access shall measure the number of
7 Medicaid encounters for each federally qualified health center (FQHC) and
8 rural health clinic (RHC) in Vermont for a period of 120 days beginning on
9 March 15, 2020 and compare it to the number of Medicaid encounters for the
10 same FQHC or RHC for the same period in 2019. For any FQHC or RHC for
11 which the number of paid Medicaid encounters during the 2020 measurement
12 period is less than 98 percent of the number of paid Medicaid encounters
13 during the 2019 measurement period, the Commissioner of Vermont Health

14 Access shall propose for election by the FQHC or RHC a temporary alternative
15 payment methodology that would pay the FQHC or RHC the same revenue
16 that it would have earned from Medicaid if the number of paid Medicaid
17 encounters during the 2020 measurement period was equivalent to 98 percent
18 of the number of paid Medicaid encounters during the 2019 measurement
19 period.

20 * * * Compliance Flexibility * * *

21 Sec. 7. HEALTH CARE AND HUMAN SERVICE PROVIDER

1 REGULATION; WAIVER OR VARIANCE PERMITTED

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

13 (1) Hospital Licensing Rule;

- 14 (2) Hospital Reporting Rule;
- 15 (3) Nursing Home Licensing and Operating Rule;
- 16 (4) Home Health Agency Designation and Operation Regulations;
- 17 (5) Residential Care Home Licensing Regulations;
- 18 (6) Assisted Living Residence Licensing Regulations;
- 19 (7) Home for the Terminally Ill Licensing Regulations;
- 20 (8) Standards for Adult Day Services;
- 21 (9) Therapeutic Community Residences Licensing Regulations;
- 1 (10) Choices for Care High/Highest Manual;
- 2 (11) Designated and Specialized Service Agency designation and
3 provider rules;
- 4 (12) Child Care Licensing Regulations;
- 5 (13) Public Assistance Program Regulations;
- 6 (14) Foster Care and Residential Program Regulations; and
- 7 (15) other rules and standards for which the Agency of Human Services
8 is the adopting authority under 3 V.S.A. chapter 25.

Direct AHS to seek 1135 emergency waiver to ease burden on provider (example Florida)

NEW SUBSECTION mirroring AHS flexibility language, but applying to the GMCB so they can suspend CON regulations to build additional health care capacity, and postpone hospital and ACO budget process

9 Sec. 8. TEACHER LICENSURE; SPECIFIC LICENSING

10 ENDORSEMENTS; MODIFICATION

11 The Agency of Education and the Department for Children and Families'

12 Child Development Division shall modify existing teacher licensure

13 requirements pertaining to the need for specific endorsements as necessary to

14 accommodate teacher absences resulting from COVID-19.

15 Sec. 9. MEDICAID AND HEALTH INSURERS; PROVIDER

16 CREDENTIALING

17 During a declared state of emergency in Vermont as a result of COVID-19,

18 to the extent permitted under federal law, the Department of Vermont Health

19 access shall relax provider credentialing requirements for the Medicaid

20 program, and the Department of Financial Regulation shall direct health

21 insurers to relax provider credentialing requirements for health insurance

1 plans, in order to allow for individual health care providers to deliver **and be**
2 **reimbursed for services provided**

3 across health care settings as needed to respond to Vermonters' evolving health

4 care needs.

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

6 § 1353. POWERS AND DUTIES OF THE BOARD

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

* * *

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

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

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

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

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

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

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

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

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

13 (3) expanding patients' access to and providers' reimbursement for
14 health care services delivered remotely, such as by **audio-only** telephone and e-mail,
15 and coverage of provider consultations, including brief telecommunication services.

15 Sec. 14. PRESCRIPTION DRUGS; MAINTENANCE MEDICATIONS;

16 EARLY REFILLS

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

1 (b) During a declared state of emergency in Vermont as a result of COVID-
2 19, all health insurance plans Vermont Medicaid shall allow their members to
3 refill prescriptions for chronic maintenance medications early to enable the
4 members to maintain a 30-day supply of each prescribed maintenance
5 medication at home.

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. 15. PHARMACISTS; CLINICAL PHARMACY; EXTENSION OF
11 PRESCRIPTION FOR MAINTENANCE MEDICATION; DRUG
12 SUBSTITUTION

13 (a) During a declared state of emergency in Vermont as a result of COVID-
14 19, a pharmacist may extend a previous prescription for a maintenance
15 medication for which the patient has no refills remaining or for which the
16 authorization for refills has recently expired if it is not feasible to obtain a new
17 prescription or refill authorization from the prescriber.

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

21 (c) As used in this section, “maintenance medication” means a prescription

1 drug taken on a regular basis over an extended period of time to treat a chronic
2 or long-term condition. The term does not include a regulated drug, as defined
4 in 18 V.S.A. § 4201.

5 Sec. 16. BUPRENORPHINE; PRESCRIPTION RENEWALS

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

11 Sec. 17. NUTRITION SERVICES; EXPANDED CAPACITY

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

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

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

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

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

10 MEDICAL PRACTICE; IMPUTED JURISDICTION

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

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

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

20 QUARANTINE OF **VOLUNTARY OR** INVOLUNTARY PATIENT

FOR COVID-19

21 NOT SECLUSION

1 Notwithstanding any provision of statute or rule to the contrary, it shall not
2 be considered the involuntary procedure of seclusion for a **voluntary or** involuntary
3 patient
4 in the custody of the Commissioner of Mental Health to be placed in
5 quarantine if the patient has been exposed to COVID-19 or in isolation if the
6 patient has tested positive for COVID-19.

6 * * * Telehealth * * *

7 Sec. 23. TELEHEALTH EXPANSION; LEGISLATIVE INTENT

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

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

13 § 4100k. COVERAGE OF HEALTH CARE SERVICES DELIVERED
14 THROUGH TELEMEDICINE AND BY STORE-AND-
15 FORWARD MEANS

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

20 through in-person consultation.

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 ~~so~~ 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.

21 providing coverage for a specified disease or other limited benefit coverage.

1 * * *

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

7 * * *

8 (6) “Store and forward” means an asynchronous transmission of medical
9 information, such as one or more video clips, audio clips, still images, x-rays,
10 magnetic resonance imaging scans, electrocardiograms,
11 electroencephalograms, or laboratory results, sent over a secure connection that
12 complies with the requirements of the Health Insurance Portability and
13 Accountability Act of 1996, Public Law 104–191 to be reviewed at a later date
14 by a health care provider at a distant site who is trained in the relevant
15 specialty ~~and by which~~. In store and forward, the health care provider at the
16 distant site reviews the medical information without the patient present in real
17 time and communicates a care plan or treatment recommendation back to the
18 patient or referring provider, or both.

19 (7) “Telemedicine” means the delivery of health care services, including
20 dental services, such as diagnosis, consultation, or treatment through the use of

21 live interactive audio and video over a secure connection that **complies with**
1 **the requirements of the Health Insurance Portability and Accountability Act of**
2 **1996, Public Law 104-191.** ~~Telemedicine does not include the use of audio-~~
3 ~~only telephone, e-mail, or facsimile.~~ **[NOTE We have a federal waiver that allows**
non-compliant tools during the emergency; need to waive VT's requirement too]

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

5 § 9361. HEALTH CARE PROVIDERS DELIVERING HEALTH CARE

6 SERVICES THROUGH TELEMEDICINE OR BY ~~STORE AND~~

7 ~~FORWARD~~ STORE-AND-FORWARD MEANS

8 * * *

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

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

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

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

at the distant site and obtaining the patient's permission for the

1 participation or observation; and

2 (iii) assurance that all services the health care provider delivers to

3 the patient through telemedicine will be delivered over a secure connection that

4 complies with the requirements of the Health Insurance Portability and

5 Accountability Act of 1996, Pub. L. No. 104-191. [NOTE: need waiver, same as
above TO BE DRAFTED]

7 * * *

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

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

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

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

7 Sec. 26. ~~TELEMEDICINE REIMBURSEMENT; SUNSET~~

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

10 Sec. 27. ~~DEPARTMENT OF FINANCIAL REGULATION; STORE AND~~

11 ~~FORWARD; EMERGENCY RULEMAKING AUTHORITY~~

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

17 ~~Sec. 28. TELEHEALTH; LICENSEES IN STATES BORDERING~~

18 ~~VERMONT~~

19 ~~Notwithstanding any provision of Vermont's professional licensure laws to~~
20 ~~the contrary, during a declared state of emergency in Vermont as a result of~~

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

**NEW Sec. 28- OUT OF STATE HEALTH CARE PROVIDERS; TELEHEALTH; BOARD OF
MEDICAL PRACTICE; OFFICE OF PROFESSIONAL REGULATION**

During a declared state of emergency in Vermont as a result of COVID-19, it is not a violation of Title 26 sections related to unlawful provision of health care services for healthcare providers who are licensed, certified, or registered in good standing, and not subject to disciplinary proceedings, in any other US jurisdiction to practice under such license, certificate, or registration so they may care for patients who are located in Vermont via telehealth services. This provision remains in effect until the termination of the declared state of emergency in Vermont and as long as the provider remains in good standing. Such providers are subject to imputed jurisdiction pursuant to Section 21 of this Act.

Sec. 29. AGENCY OF HUMAN SERVICES; MEDICAID; HEALTH CARE

5 SERVICES DELIVERED BY TELEPHONE

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

13 telephone.

14 * * * Motor Vehicles * * *

15 Sec. 30. EXTENDED IN-PERSON DRIVERS' LICENSE RENEWAL

16 PERIOD

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

1 (b) Subsection (a) of this section shall continue in effect until the
2 termination of any state of emergency declared by the Governor as a result of
3 COVID-19 or, if no state of emergency was declared, 180 days following the
4 effective of this act.

5 Sec. 31. VEHICLE INSPECTION ENFORCEMENT SUSPENSION

6 (a) Notwithstanding any provision of 23 V.S.A. § 1222 to the contrary,
7 beginning on the effective date of this act, law enforcement shall not impose a
8 penalty for operation of a motor vehicle without a valid certificate of
9 inspection affixed to it.

10 (b) Subsection (a) of this section shall continue in effect until the
11 termination of any state of emergency declared by the Governor as a result of
12 COVID-19 or, if no state of emergency was declared, 180 days following the

13 effective of this act.

14 * * * Effective Dates * * *

15 Sec. 32. EFFECTIVE DATES

16 This act shall take effect on passage, except that:

17 (1) Sec. 1 (emergency medical personnel training; appropriation) shall
18 take effect on July 1, 2020; and

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