

Senate Calendar

TUESDAY, APRIL 27, 2021

SENATE CONVENES AT: 9:30 A.M.

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ACTION CALENDAR

UNFINISHED BUSINESS OF WEDNESDAY, APRIL 21, 2021

House Proposal of Amendment

S. 88

An act relating to insurance, banking, and securities.

The House proposes to the Senate to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 8 V.S.A. § 2760b is amended to read:

§ 2760b. PROHIBITED ACTIVITIES

* * *

(c) No person or any other entity, other than a licensee, shall use the ~~title~~ titles “debt adjuster,” “budget planner,” “licensed debt adjuster,” or “licensed budget planner” or the ~~term terms~~ “debt adjuster,” “debt reduction,” or “budget planning.” or, in each case, words of similar import in any public advertisement, business card, or letterhead.

* * *

Sec. 2. 8 V.S.A. § 2102 is amended to read:

§ 2102. APPLICATION FOR LICENSE

* * *

(b) At the time of making an application, the applicant shall pay to the Commissioner a fee for investigating the application and a license or registration fee for a period terminating on the last day of the current calendar year. The following fees are imposed on applicants:

* * *

(8) ~~For an application for any combination of lender license under chapter 73 of this title, mortgage broker license under chapter 73 of this title, loan solicitation license under chapter 73 of this title, or loan servicer license under chapter 85 of this title, \$1,500.00 as a license fee and \$1,500.00 as an application and investigation fee. [Repealed.]~~

* * *

Sec. 3. 8 V.S.A. § 2109 is amended to read:

§ 2109. ANNUAL RENEWAL OF LICENSE

(a) On or before December 1 of each year, every licensee shall renew its license or registration for the next succeeding calendar year and shall pay to the Commissioner the applicable renewal of license or registration fee. At a minimum, the licensee or registree shall continue to meet the applicable standards for licensure or registration. At the same time, the licensee or registree shall maintain with the Commissioner any required bond in the amount and of the character as required by the applicable chapter. The annual license or registration renewal fee shall be:

* * *

~~(8) For any combination of lender license under chapter 73 of this title, mortgage broker license under chapter 73 of this title, loan solicitation license under chapter 73 of this title, or loan servicer license under chapter 85 of this title, \$1,700.00. [Repealed.]~~

* * *

Sec. 4. 8 V.S.A. § 2120(a)(4) is amended to read:

(4) If a licensee does not file its annual report on or before April 1, or within any extension of time granted by the Commissioner, the licensee shall pay to the Department ~~\$100.00~~ \$1,000.00 for each month or part of a month that the report is past due, beginning on the date that is five business days after April 1 or the last date of such extension, as applicable.

Sec. 5. 8 V.S.A. § 2405(a) is amended to read:

~~(a) Each independent trust company shall annually file a report on its financial condition with the Commissioner on or before February 15 for the preceding year ending December 31. The Commissioner may require reports from any independent trust company doing a trust business in this State, containing such information, including on its financial condition, at such times and in such format as the Commissioner may prescribe. The Commissioner may require additional reports from any independent trust company that is doing a trust business in this State. The Commissioner may accept a copy of any report from the primary regulator of the independent trust company if the Commissioner determines that the report is substantially similar to a report required under this section.~~

Sec. 6. 8 V.S.A. § 2105 is amended to read:

§ 2105. CONTENTS OF LICENSE; NONTRANSFERABLE

(a) A license shall state the address at which a licensee will conduct its business, shall state fully the name of the licensee, and, if the licensee is not an individual, shall state the date and place of its organization or incorporation.

(b) A mortgage loan originator license shall state fully the name of the individual, his or her sponsoring company, and the licensed location ~~at~~ to which he or she is ~~employed~~ assigned.

* * *

Sec. 7. 8 V.S.A. § 2122 is amended to read:

§ 2122. USE OF OTHER NAMES OR BUSINESS PLACES

(a) A licensee shall not conduct business or make a loan subject to regulation under this part under any other name or at any other place of business than as specified in its license.

(b) Mortgage loan originators and employees of licensees may work remotely through a licensed location without being physically present at such location, provided the mortgage loan originator or employee is assigned to a licensed location, is adequately supervised by the licensee, and the licensee and the mortgage loan originator or employee meet such additional conditions as the Commissioner may require.

(c) This section does not apply to a commercial loan made to a borrower located outside Vermont for use outside Vermont.

Sec. 8. 8 V.S.A. § 2201 is amended to read:

§ 2201. LICENSES REQUIRED

* * *

(b) A licensed mortgage loan originator shall register and maintain a valid unique identifier with the Nationwide Multistate Licensing System and Registry and shall be either:

(1) An employee actively employed at or assigned to a licensed location of, and supervised and sponsored by, only one licensed lender or licensed mortgage broker operating in this State.

(2) An individual sole proprietor who is also a licensed lender or licensed mortgage broker.

(3) An employee engaged in loan modifications employed at or assigned to a licensed location of, and supervised and sponsored by, only one third-party loan servicer licensed to operate in this State pursuant to chapter 85 of this title. As used in this subsection, “loan modification” means an adjustment or compromise of an existing residential mortgage loan. The term “loan modification” does not include a refinancing transaction.

* * *

Sec. 9. 8 V.S.A. § 4806 is amended to read:

§ 4806. ~~SURRENDER OF LICENSE; LOSS OR DESTRUCTION~~
~~SUSPENSION, REVOCATION, OR TERMINATION OF~~
LICENSE

* * *

~~(c) Upon suspension, revocation, or termination of a license, the licensee shall forthwith deliver it to the Commissioner by personal delivery or by mail. [Repealed.]~~

~~(d) Any licensee who ceases to maintain his or her residency in this State as defined in subdivision 4800(3) of this title, shall deliver his or her insurance license or licenses to the Commissioner by personal delivery or by mail within 30 days after terminating his or her residency. [Repealed.]~~

~~(e) The Commissioner may issue a duplicate license for any lost, stolen, or destroyed license issued pursuant to this subchapter upon an affidavit of the licensee prescribed by the Commissioner concerning the facts of the loss, theft, or destruction. [Repealed.]~~

Sec. 10. 8 V.S.A. § 23(a) is amended to read:

(a) This section shall apply to all persons licensed, authorized, or registered, or required to be licensed, authorized, or registered, under ~~Parts 2 and 4~~ of this title.

Sec. 11. 8 V.S.A. § 8301 is amended to read:

§ 8301. DEFINITIONS

As used in this chapter:

(1) “Adjusted risk based capital report” means a risk based capital report ~~which~~ that has been adjusted by the Commissioner in accordance with subsection 8302(e) of this title.

(2) “Commissioner” means the Commissioner of Financial Regulation.

(3) “Corrective order” means an order issued by the Commissioner specifying corrective actions ~~which~~ that the Commissioner has determined are required under this chapter.

(4) “Domestic insurer” means any insurance company organized in this State under subchapter 1 of chapter 101 of this title, any fraternal benefit society organized in this State under chapter 121 of this title, any health maintenance organization organized in this State under chapter 139 of this title, and any entity organized in this State under chapter 123 or 125 of this title.

(5) “Fraternal benefit society” means any insurance company licensed under chapter 121 of this title.

(6) “Foreign insurer” means any entity licensed to transact business in this State that is required to file a risk based capital statement in the state where the entity is domiciled.

(7) “Health maintenance organization” means any entity organized in the State under chapter 139 of this title.

~~(8)~~ “Life or health insurer” means ~~any an~~ an insurance company ~~who that~~ that insures lives or health as defined in subdivisions 3301(a)(1) and (2) of this title, ~~any health maintenance organization organized in this State under chapter 139 of this title, any an~~ an entity organized in this State under chapter 123 or 125 of this title, or a licensed property and casualty insurer writing only accident and health insurance.

~~(8)(9)~~ “NAIC” means the National Association of Insurance Commissioners.

~~(9)(10)~~ “Negative trend” means, with respect to a life or health insurer or fraternal benefit society, negative trend over a period of time as determined in accordance with the trend test calculation included in the life or fraternal risk based capital instructions.

~~(10)(11)~~ “Property and casualty insurer” means any insurance company ~~who that~~ that insures property or casualty as defined in subdivisions 3301(a)(3) and (7) of this title, but shall not include monoline mortgage guaranty insurers, financial guaranty insurers, ~~and or~~ or title insurers.

~~(11)(12)~~ “Risk based capital instructions” means the risk based capital report form and the related instructions adopted by the NAIC and approved by the Commissioner.

~~(12)~~(13) “Risk based capital level” means one of the following four levels: company action level risk based capital, regulatory action level risk based capital, authorized control level risk based capital, or mandatory control level risk based capital.

(A) “Company action level risk based capital” means, with respect to any insurer, the product of 2.0 and its authorized control level risk based capital.

(B) “Regulatory action level risk based capital” means, with respect to any insurer, the product of 1.5 and its authorized control level risk based capital.

(C) “Authorized control level risk based capital” means the number determined under the risk based capital formula in accordance with the risk based capital instructions.

(D) “Mandatory control level risk based capital” means, with respect to any insurer, the product of 0.70 and its authorized control level risk based capital.

~~(13)~~(14) “Risk based capital plan” means a comprehensive financial plan containing the elements specified in subsection 8303(b) of this title. If the Commissioner rejects the risk based capital plan and it is revised by the insurer, with or without the Commissioner’s recommendation, the plan shall be called the “revised risk based capital plan.”

~~(14)~~(15) “Risk based capital report” means the report required in section 8302 of this title.

~~(15)~~(16) “Total adjusted capital” means the sum of:

(A) the insurer’s statutory capital and surplus reported in the insurer’s annual statement under section 3561 of this title; and

(B) such other items, if any, as the risk based capital instructions may provide.

Sec. 12. 8 V.S.A. § 8302 is amended to read:

§ 8302. RISK BASED CAPITAL REPORT

* * *

(d) A property and casualty insurer’s or health maintenance organization’s risk based capital shall be determined in accordance with the formula set forth in the risk based capital instructions. The formula shall take into account and may adjust for the covariance between the following factors determined in each case by applying the factors in the manner set forth in the risk based capital instructions:

- (1) asset risk;
- (2) credit risk;
- (3) underwriting risk; and
- (4) all other business risks and such other relevant risks as are set forth in the risk based capital instructions.

(e) If a domestic insurer files a risk based capital report ~~which~~ that in the judgment of the Commissioner is inaccurate, then the Commissioner shall adjust the risk based capital report to correct the inaccuracy and shall notify the insurer of the adjustment. The notice shall contain a statement of the reason for the adjustment. A risk based capital report adjusted by the Commissioner under this subsection shall be referred to as an “adjusted risk based capital report.”

Sec. 13. 8 V.S.A. § 8303 is amended to read:

§ 8303. COMPANY ACTION LEVEL EVENT

(a) “Company action level event” means any of the following events:

(1) The filing of a risk based capital report by an insurer ~~which~~ that indicates that:

(A) the insurer’s total adjusted capital is greater than or equal to its regulatory action level risk based capital but less than its company action level risk based capital;

(B) if in the case of a life or health insurer or a fraternal benefit society, the insurer or society has total adjusted capital ~~which~~ that is greater than or equal to its company action level risk based capital but less than the product of its authorized control level risk based capital and 3.0 and has a negative trend; ~~or~~

(C) if in the case of a property and casualty insurer, the insurer has total adjusted capital ~~which~~ that is greater than or equal to its company action level risk based capital but less than the product of its authorized control level risk based capital and 3.0 and triggers the trend test determined in accordance with the trend test calculation included in the property and casualty risk based capital instructions; or

(D) in the case of a health maintenance organization, the insurer has total adjusted capital that is greater than or equal to its company action level risk based capital but less than the product of its authorized control level risk based capital and 3.0 and triggers the trend test determined in accordance with the trend test calculation included in the health risk based capital instructions.

(2) The notification by the Commissioner to the insurer of an adjusted risk based capital report that indicates an event in subdivision (1) of this subsection, provided the insurer does not challenge the adjusted risk based capital report under section 8307 of this title.

(3) If, under section 8307 of this title, an insurer challenges an adjusted risk based capital report that indicates the event in subdivision (1) of this subsection, the notification by the Commissioner to the insurer that the Commissioner has, after a hearing, rejected the insurer's challenge.

(b) An insurer shall prepare and submit to the Commissioner a risk based capital plan within 45 days of filing a risk based capital report or within 45 days of a final adjusted risk based capital report showing a company action level event. The risk based capital plan shall be a comprehensive financial plan and shall:

(1) ~~identify~~ Identify the conditions in the insurer ~~which~~ that contribute to the company action level event;

(2) ~~contain~~ Contain proposals of corrective actions ~~which~~ that the insurer intends to take that would result in the elimination of the company action level event;

(3) ~~provide~~ Provide projections of the insurer's financial results in the current year and at least the four succeeding years, both in the absence of proposed corrective actions and giving effect to the proposed corrective actions, including projections of statutory operating income, net income, capital, and surplus. The projections for both new and renewal business should include separate projections for each major line of business and separately identify each significant income, expense, and benefit component;

(4) ~~identify~~ Identify the key assumptions impacting the insurer's projections and the sensitivity of the projections to the assumptions; ~~and~~.

(5) ~~identify~~ Identify the quality of, and problems associated with, the insurer's business, including its assets, anticipated business growth and associated surplus strain, extraordinary exposure to risk, mix of business, and use of reinsurance.

(c) The Commissioner shall notify the insurer whether the proposed risk based capital plan is approved within 60 days of its submission. If the Commissioner disapproves the plan, the notice shall set forth the reasons for the disapproval and may notify the insurer of revisions ~~which~~ that will render the risk based capital plan satisfactory to the Commissioner. Upon notice that a proposed plan is disapproved, the insurer shall prepare and submit a revised risk based capital plan within 45 days of the Commissioner's notice of

disapproval or, if the Commissioner's notice of disapproval is appealed under section 8307 of this title, within 45 days of a Commissioner's determination adverse to the insurer.

(d) In the event of a notification by the Commissioner to an insurer that the insurer's risk based capital plan or revised risk based capital plan is unsatisfactory, the Commissioner may at the Commissioner's discretion, subject to the insurer's right to a hearing under section 8307 of this title, specify in the notification that the notification constitutes a regulatory action level event.

(e) Each domestic insurer required to file a risk based capital plan or revised risk based capital plan under this section shall file a copy of the plan with the insurance commissioner in any state in which the insurer is authorized to do business if:

(1) such state has a provision that is substantially similar to section 8308 of this title; ~~and~~ or

(2) the insurance commissioner of that state has notified the insurer of its request for the filing in writing. Plans required to be filed under this subdivision shall be filed ~~no~~ not later than the later of:

(A) 15 days after notice to file a copy of its risk based capital plan or revised risk based capital plan with the state; or

(B) the date on which the risk based capital plan or revised risk based capital plan is required to be filed under section 8304 of this title.

Sec. 14. 8 V.S.A. § 8307 is amended to read:

§ 8307. HEARINGS

Upon receipt of any notice required under ~~subsections~~ subsection 8302(e), 8303(c) ~~and~~ or (d), ~~and subdivisions~~ subdivision 8304(a)(4) ~~and~~ or (5), ~~and~~ or subsection 8304(c) of this title, any insurer aggrieved by any action taken under those sections may appeal to the Commissioner within five days of receipt of notice of the action. The hearing shall be subject to 3 V.S.A. chapter 25. Upon receipt of the insurer's request for a hearing, the Commissioner shall set a date for the hearing, which date shall be ~~no~~ not less than 10 nor more than 30 days after the date of the insurer's request.

Sec. 15. 8 V.S.A. § 8308(a) is amended to read:

(a) All risk based capital reports, to the extent the information therein is not required to be set forth in a publicly available annual statement schedule, and risk based capital plans, including the results or report of any examination or analysis of an insurer performed pursuant hereto and any corrective order

issued by the Commissioner pursuant to examination or analysis, with respect to any domestic insurer or foreign insurer ~~which~~ that are filed with the Commissioner, constitute information that might be damaging to the insurer if made available to its competitors, and therefore shall be kept confidential and privileged by the Commissioner. This information shall not be made available for public inspection and copying under the Public Records Act, shall not be subject to subpoena, shall not be subject to discovery, and shall not be admissible in evidence in any private civil action. However, the Commissioner is authorized to use the documents, materials, or other information for the purpose of enforcement actions taken by the Commissioner under this chapter or any other provision of the insurance laws of this State.

Sec. 16. 8 V.S.A. § 8312 is amended to read:

§ 8312. CONFIDENTIALITY OF RISK BASED CAPITAL REPORTS

All risk based capital reports concerning insurance companies that are not included in section 8308 of this title that are submitted to the Department by the ~~National Association of Insurance Commissioners~~ NAIC or by other states are confidential and ~~may~~ shall not be disclosed by the Department.

Sec. 17. 8 V.S.A. § 15a is amended to read:

§ 15a. INSURANCE REGULATORY SANDBOX; INNOVATION
WAIVER; SUNSET.

* * *

(o) No new waivers or extensions shall be granted after July 1, ~~2021~~ 2023.

(p) This section shall be repealed on July 1, ~~2023~~ 2025.

Sec. 18. 9 V.S.A. § 5410 is amended to read:

§ 5410. FILING FEES

(a) A person shall pay a fee of \$300.00 when initially filing an application for registration as a broker-dealer and a fee of \$300.00 when filing a renewal of registration as a broker-dealer. A separate application in writing for branch office registration or renewal, accompanied by a filing fee of \$120.00 per branch office, shall be filed in the Office of the Commissioner in such form as the Commissioner may prescribe by any broker-dealer who transacts business in this State from any place of business located within this State. ~~If the filing results in a denial or withdrawal, the Commissioner shall retain the fee~~ The fee is nonrefundable.

(b) The fee for an individual is \$120.00 when filing an application for registration as an agent, \$120.00 when filing a renewal of registration as an agent, and \$120.00 when filing for a change of registration as an agent. ~~If the filing results in a denial or withdrawal, the Commissioner shall retain the fee~~ The fee is nonrefundable.

(c) A person shall pay a fee of \$300.00 when filing an application for registration as an investment adviser and a fee of \$300.00 when filing a renewal of registration as an investment adviser. A separate application in writing for branch office registration or renewal, accompanied by a filing fee of \$120.00 per branch office, shall be filed in the Office of the Commissioner in such form as the Commissioner may prescribe by any investment adviser who transacts business in this State from any place of business located within the State. ~~If the filing results in a denial or withdrawal, the Commissioner shall retain the fee~~ The fee is nonrefundable.

(d) The fee for an individual is \$80.00 when filing an application for registration as an investment adviser representative, \$80.00 when filing a renewal of registration as an investment adviser representative, and \$80.00 when filing a change of registration as an investment adviser representative. ~~If the filing results in a denial or withdrawal, the Commissioner shall retain the fee~~ The fee is nonrefundable.

(e) A federal covered investment adviser required to file a notice under section 5405 of this title shall pay an initial fee of \$300.00 and an annual notice fee of \$300.00. A notice filing may be terminated by filing notice of such termination with the Commissioner. ~~If a notice filing results in a denial or withdrawal, the Commissioner shall retain the fee~~ The fee is nonrefundable.

Sec. 19. 8 V.S.A. § 4077 is added to read:

§ 4077. TERMINATION; COMPREHENSIVE MAJOR MEDICAL POLICIES; GRACE PERIOD

(a) A comprehensive major medical insurance policy issued by a health insurance company, nonprofit hospital or medical service corporation, or health maintenance organization that insures employees, members, or subscribers for hospital and medical insurance on an expense-incurred, service, or prepaid basis shall:

(1) provide notice to the policyholder or other responsible party of any premium payment due on a policy at least 21 days before the due date; and

(2) provide a grace period of at least one month for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force and the issuer of the policy shall be liable for valid claims for covered losses incurred prior to the end of the grace period.

(b) If the issuer of a policy described in subsection (a) of this section does not receive payment by the due date, the issuer shall send a termination notice to the policyholder at least 21 days prior to termination notifying the policyholder that the issuer may terminate the policy if payment is not received by the termination date.

(c) The termination date of a policy described in subsection (a) of this section shall not be earlier than the day following the last day of the grace period set forth in subdivision (a)(1) of this section.

Sec. 20. 8 V.S.A. § 4089h is amended to read:

§ 4089h. CANCELLATION OR NONRENEWAL OF HEALTH
INSURANCE COVERAGE

(a) A Except as otherwise provided for comprehensive major medical insurance coverage in section 4077 of this chapter, a health insurer shall notify a policyholder of any premium payment due on a policy at least 21 days before the due date. If an insurer does not receive payment by the due date, an insurer shall send a termination notice to the policyholder notifying the policyholder that the insurer will terminate the policy effective on the due date if payment is not received within 14 days from the date of mailing of the termination notice. If an insurer does not receive payment within 14 days from the date of mailing of the termination notice an insurer may cancel coverage effective on the due date.

(b) As used in this section, “health insurer” means a health insurance company, a hospital or medical service corporation, or a health maintenance organization which that issues or renews any individual policy, service contract, or benefit plan in this State.

Sec. 21. 8 V.S.A. § 6002 is amended to read:

§ 6002. LICENSING; AUTHORITY

* * *

(b) No captive insurance company shall do any insurance business in this State unless:

(1) it first obtains from the Commissioner a license authorizing it to do insurance business in this State;

(2) its board of directors or committee of managers or, in the case of a reciprocal insurer, its subscribers' advisory committee holds at least one meeting each year in this State;

(3) it maintains its principal place of business in this State; and

(4) it appoints a registered agent to accept service of process and to otherwise act on its behalf in this State; provided that whenever such registered agent cannot with reasonable diligence be found at the registered office of the captive insurance company, the ~~Secretary of State~~ Commissioner shall be an agent of such captive insurance company upon whom any process, notice, or demand may be served.

(c)(1) Before receiving a license, a captive insurance company shall:

(A) File with the Commissioner a ~~certified~~ copy of its organizational documents, ~~a statement under oath of its president and secretary showing its financial condition,~~ and any other statements or documents required by the Commissioner.

(B) Submit to the Commissioner for approval a description of the coverages, deductibles, coverage limits, and rates, together with such additional information as the Commissioner may reasonably require. In the event of any subsequent material change in any item in such description, the captive insurance company shall submit to the Commissioner for approval an appropriate revision and shall not offer any additional kinds of insurance until a revision of such description is approved by the Commissioner. The captive insurance company shall inform the Commissioner of any material change in rates within 30 days of the adoption of such change.

(2) Each applicant captive insurance company shall also file with the Commissioner evidence of the following:

(A) the amount and liquidity of its assets relative to the risks to be assumed;

(B) the adequacy of the expertise, experience, and character of the person or persons who will manage it;

(C) the overall soundness of its plan of operation;

(D) the adequacy of the loss prevention programs of its insureds; and

(E) such other factors deemed relevant by the Commissioner in ascertaining whether the proposed captive insurance company will be able to meet its policy obligations.

(3) Information submitted pursuant to this subsection shall be and remain confidential, and may not be made public by the Commissioner or an employee or agent of the Commissioner without the written consent of the company, except that:

(A) such information may be discoverable by a party in a civil action or contested case to which the captive insurance company that submitted such information is a party, upon a showing by the party seeking to discover such information that:

(i) the information sought is relevant to and necessary for the furtherance of such action or case;

(ii) the information sought is unavailable from other nonconfidential sources; and

(iii) a subpoena issued by a judicial or administrative officer of competent jurisdiction has been submitted to the Commissioner; provided, however, that the provisions of this subdivision (3) shall not apply to any risk retention group; and

(B) the Commissioner may, in the Commissioner's discretion, disclose such information to a public officer having jurisdiction over the regulation of insurance in another state, provided that:

(i) such public official shall agree in writing to maintain the confidentiality of such information; and

(ii) the laws of the state in which such public official serves require such information to be and to remain confidential.

* * *

(e) If the Commissioner is satisfied that the documents and statements that such captive insurance company has filed comply with the provisions of this chapter, and that such captive insurance company has been duly organized, the Commissioner may grant a license authorizing it to do insurance business in this State until April 1 thereafter, which license may be renewed.

Sec. 22. 8 V.S.A. § 6004 is amended to read:

§ 6004. MINIMUM CAPITAL AND SURPLUS; LETTER OF CREDIT

(a) ~~No captive insurance company shall be issued a license unless it~~ Prior to issuing any policies of insurance or entering into any contracts of reinsurance, each captive insurance company shall possess and thereafter maintain unimpaired paid-in capital and surplus of:

(1) in the case of a pure captive insurance company, not less than \$250,000.00;

(2) in the case of an association captive insurance company, not less than \$500,000.00;

(3) in the case of an industrial insured captive insurance company, not less than \$500,000.00;

(4) in the case of an agency captive insurance company, not less than \$500,000.00;

(5) in the case of a risk retention group, not less than \$1,000,000.00; and

(6) in the case of a sponsored captive insurance company, not less than \$100,000.00.

(b) The Commissioner may prescribe additional capital and surplus based upon the type, volume, and nature of insurance business transacted.

(c) Capital and surplus may be in the form of cash, marketable securities, a trust approved by the Commissioner and of which the Commissioner is the sole beneficiary, or an irrevocable letter of credit issued by a bank approved by the Commissioner. The Commissioner may reduce or waive the capital and surplus amounts required by this section pursuant to a plan of dissolution for the company approved by the Commissioner.

(d) Within 30 days after commencing business, each captive insurance company shall file with the Commissioner a statement under oath of its president and secretary certifying that the captive insurance company possessed the requisite unimpaired paid-in capital and surplus prior to commencing business.

Sec. 23. 8 V.S.A. § 6007 is amended to read:

§ 6007. REPORTS AND STATEMENTS

(a) Captive insurance companies shall not be required to make any annual report except as provided in this chapter.

(b) Prior to March 1 of each year, and prior to March 15 of each year in the case of pure captive insurance companies, association captive insurance companies, sponsored captive insurance companies, ~~or~~ industrial insured captive insurance companies, or agency captive insurance companies, each captive insurance company shall submit to the Commissioner a report of its financial condition, verified by oath of two of its executive officers. Each captive insurance company shall report using generally accepted accounting

principles, statutory accounting principles, or international financial reporting standards unless the Commissioner requires, approves, or accepts the use of any other comprehensive basis of accounting, in each case with any appropriate or necessary modifications or adaptations thereof required or approved or accepted by the Commissioner for the type of insurance and kinds of insurers to be reported upon, and as supplemented by additional information required by the Commissioner. As used in this section, statutory accounting principles shall mean the accounting principles codified in the NAIC Accounting Practices and Procedures Manual. Upon application for admission, a captive insurance company shall select, with explanation, an accounting method for reporting. Any change in a captive insurance company's accounting method shall require prior approval. Except as otherwise provided, each risk retention group shall file its report in the form required by subsection 3561(a) of this title, and each risk retention group shall comply with the requirements set forth in section 3569 of this title. The Commissioner shall by rule propose the forms in which pure captive insurance companies, association captive insurance companies, sponsored captive insurance companies, and industrial insured captive insurance companies shall report. Subdivision 6002(c)(3) of this title shall apply to each report filed pursuant to this section, except that such subdivision shall not apply to reports filed by risk retention groups.

(c) Any pure captive insurance company, association captive insurance company, sponsored captive insurance company, ~~or industrial insured captive insurance company~~, or agency captive insurance company may make written application for filing the required report on a fiscal year-end. If an alternative reporting date is granted:

(1) the annual report is due 75 days after the fiscal year-end; and

(2) in order to provide sufficient detail to support the premium tax return, the pure captive insurance company, association captive insurance company, sponsored captive insurance company, or industrial insured captive insurance company shall file prior to March 15 of each year for each calendar year-end, pages 1, 2, 3, and 5 of the "Vermont Captive Insurance Company Annual Report - Short Form" verified by oath of two of its executive officers.

Sec. 24. 8 V.S.A. § 6034c is amended to read:

§ 6034c. ~~PROTECTED CELL CONVERSION INTO AN INCORPORATED
PROTECTED CELL~~

(a)(1) Subject to the prior written approval of the Commissioner, on application of the sponsor and with the prior consent of each participant of the affected protected ~~cell~~ cells or as otherwise permitted pursuant to a

participation agreement and the consent of each affected incorporated protected cell, a sponsored captive insurance company or a sponsored captive insurance company licensed as a special purpose financial insurance company may convert a protected cell into an incorporated protected cell pursuant to the provisions of section 6034a of this title, without affecting the protected cell's assets, rights, benefits, obligations, and liabilities one or more protected cells or incorporated protected cells into a:

(A) single protected cell or incorporated protected cell;

(B) new sponsored captive insurance company;

(C) new sponsored captive insurance company licensed as a special purpose financial insurance company;

(D) new special purpose financial insurance company;

(E) new pure captive insurance company;

(F) new risk retention group;

(G) new agency captive insurance company;

(H) new industrial insured captive insurance company; or

(I) new association captive insurance company.

(2) Any such conversion shall be subject to section 6031 and subchapters 1 and 4 of this chapter, as applicable, as well as to a plan or plans of operation approved by the Commissioner, without affecting any protected cell's or incorporated protected cell's assets, rights, benefits, obligations, and liabilities.

(b) Any such conversion shall be deemed for all purposes to be a continuation of ~~the~~ each such protected cell's or incorporated protected cell's existence together with all of its assets, rights, benefits, obligations, and liabilities, as ~~an~~ a new protected cell or incorporated protected cell of the, a licensed sponsored captive insurance company or, a sponsored captive insurance company licensed as a special purpose financial insurance company, a pure captive insurance company, a risk retention group, an industrial insured captive insurance company, or an association captive insurance company, as applicable. Any such conversion shall be deemed to occur without any transfer or assignment of any such assets, rights, benefits, obligations, or liabilities and without the creation of any reversionary interest in, or impairment of, any such assets, rights, benefits, obligations, and liabilities.

(c) Any such conversion shall not be construed to limit any rights or protections applicable to any converted protected cell or incorporated protected cell and such sponsored captive insurance company or sponsored captive insurance company licensed as a special purpose financial insurance company under this subchapter or under subchapter 4 of this chapter, as applicable, that existed immediately prior to the date of any such conversion.

(d)(1) Any protected cell converting into an incorporated protected cell pursuant to this section, or converting into a new captive insurance company or risk retention group pursuant to this section, shall perform such conversion in accordance with:

(A) the provisions of 11A V.S.A. chapter 11 if the converted entity is to be a corporation;

(B) the provisions of 11 V.S.A. chapter 25, subchapter 10 if the converted entity is to be a limited liability company; or

(C) the provisions applicable to any other type of entity permissible under Vermont law if the converted entity is to be such an entity.

(2) As used in this subdivision, a protected cell that is not an incorporated protected cell shall be considered an “organization” as that term is defined in 11A V.S.A. § 11.01 and 11 V.S.A. § 4141; an “other insurer” as that term is defined in 8 V.S.A. § 6020; and an “entity” as that term is defined in 11C V.S.A. § 102.

Sec. 25. REPEAL

8 V.S.A. § 6034e is repealed.

Sec. 26. 8 V.S.A. § 6006(j) is amended to read:

(j) The provisions of chapter 101, subchapters 3 and 3A of this title, pertaining to mergers, consolidations, conversions, mutualizations, redomestications, and mutual holding companies, shall apply in determining the procedures to be followed by captive insurance companies in carrying out any of the transactions described therein, except that:

(1) If the shareholders, members, or policyholders of the captive insurance company have unanimously approved of the merger, the procedures set forth in section 6006a of this title shall apply.

(2) The Commissioner may, upon request of an insurer party to a merger authorized under this subsection, waive the requirement of subdivision 3424(6) of this title.

~~(2)~~(3) The Commissioner may waive the requirements for public notice and hearing or, in accordance with rules ~~which~~ that the Commissioner may adopt addressing categories of transactions, modify the requirements for public notice and hearing. If a notice of public hearing is required, but no one requests a hearing ten days before the day set for the hearing, then the Commissioner may cancel the hearing.

~~(3)~~(4) The provisions of subsections 3423(f) and (h) of this title shall not apply, and the Commissioner may waive or modify the requirement of subdivision 3423(b)(4) of this title, with respect to market value of a converted company as necessary or desirable to reflect applicable restrictions on ownership of companies formed under this chapter.

~~(4)~~(5) An alien insurer may be a party to a merger authorized under this subsection; provided that the requirements for a merger between a captive insurance company and a foreign insurer under section 3431 of this title shall apply to a merger between a captive insurance company and an alien insurer under this subsection. Such alien insurer shall be treated as a foreign insurer under section 3431 and such other jurisdictions shall be the equivalent of a state for purposes of section 3431.

~~(5)~~(6) The Commissioner may issue a certificate of general good to permit the formation of a captive insurance company that is established for the purpose of consolidating or merging with or assuming existing insurance or reinsurance business from an existing licensed captive insurance company. The Commissioner may, upon request of such newly formed captive insurance company, waive or modify the requirements of subdivisions 6002(c)(1)(B) and (2) of this title.

~~(6)~~(7) The Commissioner may waive or modify application of the provisions of chapter 132 and chapter 101, subchapters 3 and 3A of this title and the provisions of Titles 11, 11A, and 11B in order to permit mergers of a non-insurer subsidiary of a captive insurance company with and into the captive insurance company or another of its subsidiaries without approval of the shareholders, members, or subscribers of such captive insurance company and without making available to the shareholders, members, or subscribers dissenters' rights otherwise made available in such a merger; provided, however, that the board of directors, managers, or subscribers' advisory committee of each of the merging entities shall approve such merger. The Commissioner may condition any such waiver or modification upon a good faith effort by the captive insurance company to provide notice of the merger to its shareholders, members, or subscribers.

Sec. 27. 8 V.S.A. § 6006a is added to read:

§ 6006a. MERGERS

(a) Any captive insurance company meeting the qualifications set forth in subdivision 6006(j)(1) of this title may merge with any other insurer, whether licensed in this State or elsewhere, in the following manner:

(1) The board of directors of each insurer shall, by a resolution adopted by a majority vote of the members of such board, approve a joint agreement of merger setting forth:

(A) the names of the insurers proposed to merge, and the name of the insurer into which they propose to merge, which is hereafter designated as the surviving company;

(B) the terms and conditions of the proposed merger and the mode of carrying the same into effect;

(C) the manner and basis of converting the ownership interests, if applicable, in other than the surviving insurer into ownership interests or other consideration, securities, or obligations of the surviving insurer;

(D) a restatement of such provisions of the articles of incorporation of the surviving insurer as may be deemed necessary or advisable to give effect to the proposed merger; and

(E) any other provisions with respect to the proposed merger as are deemed necessary or desirable.

(2) The resolution of the board of directors of each insurer approving the agreement shall direct that the agreement be submitted to a vote of the shareholders, members, or policyholders, as the case may be, of each insurer entitled to vote in respect thereof at a designated meeting thereof, or via unanimous written consent of such shareholders, members, or policyholders in lieu of a meeting. Notice of the meeting shall be given as provided in the bylaws, charter, or articles of association, or other governance document, as the case may be, of each insurer and shall specifically reflect the agreement as a matter to be considered at the meeting.

(3) The agreement of merger so approved shall be submitted to a vote of the shareholders, members, or policyholders, as the case may be, of each insurer entitled to vote in respect thereof at the meeting directed by the resolution of the board of directors of such company approving the agreement, and the agreement shall be unanimously adopted by the shareholders, members, or policyholders, as the case may be.

(4) Following the adoption of the agreement by any insurer, articles of merger shall be adopted in the following manner:

(A) Upon the execution of the agreement of merger by all of the insurers parties thereto, there shall be executed and filed, in the manner hereafter provided, articles of merger setting forth the agreement of merger, the signatures of the several insurers parties thereto, the manner of its adoption, and the vote by which adopted by each insurer.

(B) The articles of merger shall be signed on behalf of each insurer by a duly authorized officer, in such multiple copies as shall be required to enable the insurers to comply with the provisions of this subchapter with respect to filing and recording the articles of merger, and shall then be presented to the Commissioner.

(C) The Commissioner shall approve the articles of merger if he or she finds that the merger will promote the general good of the State in conformity with those standards set forth in section 3305 of this title. If he or she approves the articles of merger, he or she shall issue a certificate of approval of merger.

(5) The insurer shall file the articles of merger, accompanied by the agreement of merger and the certificate of approval of merger, with the Secretary of State and pay all fees as required by law. If the Secretary of State finds that they conform to law, he or she shall issue a certificate of merger and return it to the surviving insurer or its representatives. The merger shall take effect upon the filing of articles of merger with the Secretary of State, unless a later effective date is specified therein.

(6) The surviving insurer shall file a copy of the certificate of merger from the Secretary of State with the Commissioner.

(b) When such merger or consolidation has been effected as provided in this section:

(1) The several insurers parties to the agreement of merger shall be a single captive insurance company that shall be the surviving insurer a party to the agreement of merger into which it has been agreed the other insurers parties to the agreement shall be merged, which surviving insurer shall survive the merger.

(2) The separate existence of all of the insurers parties to the agreement of merger, except the surviving captive insurance company, shall cease.

(3) The single captive insurance company shall have all of the rights, privileges, immunities, and powers and shall be subject to all of the duties and liabilities of a captive insurance company organized under this chapter.

(4) The single captive insurance company shall possess all the rights, privileges, immunities, powers, and franchises of a public as well as of a private nature of each of the insurers so merged; and all property, real, personal, and mixed, and all debts due on whatever account, including subscriptions to shares of capital stock, and all other choses in action and all and every other interest, of or belonging to or due to each of the insurers so merged shall be taken and deemed to be transferred to and vested in such single captive insurance company without further act or deed; and the title to any real estate, or any interest therein, under the laws of this State vested in any such insurers shall not revert or be in any way impaired by reason of the merger.

(5) The single captive insurance company shall be responsible and liable for all the liabilities and obligations of each of the insurers so merged in the same manner and to the same extent as if the single insurer had itself incurred the same or contracted therefor; and any claim existing or action or proceeding pending by or against any of the insurers may be prosecuted to judgment as if the merger had not taken place. Neither the rights of creditors nor any liens upon the property of any insurers shall be impaired by the merger, but such liens shall be limited to the property upon which they were liens immediately prior to the time of the merger unless otherwise provided in the agreement of merger.

(6) The articles of association or other governing document of the surviving captive insurance company shall be supplanted and superseded to the extent, if any, that any provision or provisions of the articles are restated in the agreement of merger as provided in subsection (a) of this section, and such articles of association or other governing document shall be deemed to be thereby and to that extent amended.

(c)(1) In the case of a merger between a domestic and a foreign or alien insurer, the articles of merger shall be regarded as executed by the proper officers of said foreign or alien insurer when such officers are duly authorized to execute same through such action on the part of the directors, shareholders, members, or policyholders, as the case may be, of said foreign or alien insurer as may be required by the laws of the state where the same is incorporated, and upon execution, the articles of merger shall be submitted to the Insurance Commissioner or other officer at the head of the insurance department of the jurisdiction where such foreign or alien insurer is domiciled. No merger shall take effect until it has been approved by the insurance official of the jurisdiction where the foreign or alien insurer is domiciled nor until a certificate of his or her approval has been filed with the Commissioner, provided that such submission to and approval by the proper official of the

other jurisdiction shall not be required unless the same are required by the laws of the foreign or alien jurisdiction. Provided, further, that the domestic captive insurance company involved in the merger shall not through anything contained in this section be relieved of any of the procedural requirements enumerated elsewhere in this section.

(2) A merger between a domestic and a foreign or alien captive insurance company shall not take effect unless and until the surviving captive insurance company, if such is a foreign or alien insurer, files with the Commissioner a power of attorney appointing the Commissioner the attorney for service of the foreign or alien insurer, upon whom all lawful process against the insurers may be served. Said power of attorney shall be irrevocable if the foreign or alien insurer has outstanding in this State any contract of insurance, or other obligation whatsoever, and shall by its terms so provide. Service upon the Commissioner shall be deemed sufficient service upon the insurer.

Sec. 28. 8 V.S.A. § 6006b is added to read:

§ 6006b. REDOMESTICATION

(a) Any foreign or alien insurer that qualifies for licensure as a captive insurance company in this State may redomesticate to this State by complying with all of the requirements of law relative to the organization and licensing of a captive insurance company and by filing with the Secretary of State its articles of association, charter, or other organization document, together with appropriate amendments thereto adopted in accordance with the laws of this State bringing such articles of association, charter, or other organizational document into compliance with the laws of this State, along with a certificate of general good issued by the Commissioner and a filing fee per section 3440 of this title. An insurer becoming a domestic captive insurance company through this redomestication process shall pay to the Commissioner such fees as would otherwise be payable by a captive insurance company organizing and becoming licensed or transacting business in this State. The Commissioner may issue a conditional license prior to the effective date of the redomestication in order to facilitate the transaction and provide notice of approval of the transaction to the outgoing jurisdiction. The domestic insurer shall be entitled to the necessary or appropriate certificates and licenses to continue its business and to transact business in this State and shall be subject to the authority and jurisdiction of this State. No insurer redomesticating into this State as a captive insurance company need merge, consolidate, transfer assets, or otherwise engage in any other reorganization, other than as specified in this section.

(b) Upon the approval of and compliance with such conditions as may be imposed by the Commissioner, any captive insurance company may transfer its domicile, in accordance with the laws thereof, to any other state or jurisdiction and upon such a transfer shall cease to be a domestic captive insurance company, and its corporate or other legal existence in this State shall cease upon the filing of articles of redomestication with the Secretary of State, or upon such later date if a delayed effective date is specified in the articles of redomestication, accompanied by a certificate of approval of redomestication issued by the Commissioner and proof of acceptance of the insurer by the Secretary of State or analogous officer of the jurisdiction to which the captive insurance company is redomesticating, and upon payment to the Secretary of State of a filing fee per section 3438 of this title. Said articles of redomestication shall contain, at a minimum, the following information:

(1) the name, organizational form, date of formation, and jurisdiction of formation of the redomesticating entity;

(2) the jurisdiction to which the redomesticating entity will be transferring its domicile and its name following the redomestication date;

(3) the registered office and agent of the redomesticating entity following the redomestication date; and

(4) a statement that the redomestication has been approved by the appropriate vote of the shareholders or other owners of the redomesticating entity.

(c) Upon redomestication in accordance with this section, the foreign or alien insurer shall become a captive insurance company organized under the laws of this State and have all the rights, privileges, immunities, and powers, and be subject to all applicable laws, duties, and liabilities, of domestic insurers of the same type. Such captive insurance company shall possess all rights that obtained prior to the redomestication to the extent permitted by the laws of this State and shall be responsible and liable for all the liabilities and obligations that obtained prior to the redomestication. The certificate of authority, agents, appointments and licenses, rates, and other items that the Commissioner allows, in his or her discretion, that are in existence at the time any insurer transfers its corporate domicile to this or any other state or jurisdiction by redomestication pursuant to this section shall continue in full force and effect upon such transfer. All outstanding policies of any transferring insurer shall remain in full force and effect.

Sec. 29. 8 V.S.A. § 6053(1) is amended to read:

(1) Notice of operations and designation of ~~Secretary of State~~ Commissioner as agent. Before offering insurance in this State, a risk retention group shall submit to the Commissioner:

(A) a statement identifying the state or states in which the risk retention group is chartered and licensed as a liability insurance company, charter date, its principal place of business, and such other information, including information on its membership, as the Commissioner of this State may require to verify that the risk retention group is qualified under subdivision 6051(11) of this title;

(B) a copy of its plan of operations and feasibility study and revisions of such plan or study submitted to the state in which the risk retention group is chartered and licensed; provided, however, that the provision relating to the submission of a plan of operation or feasibility study shall not apply with respect to any line or classification of liability insurance which:

(i) was defined in the Product Liability Risk Retention Act of 1981 before October 27, 1986; and

(ii) was offered before such date by any risk retention group which had been chartered and operating for not less than three years before such date; and

(iii) the risk retention group shall submit a copy of any revision to its plan of operation or feasibility study required by subsection 6052(b) of this title at the time that such revision has become effective in its chartering state; and

(C) a statement of registration, for which a filing fee shall be determined by the Commissioner, which designates the ~~Secretary of State~~ Commissioner as its agent for the purpose of receiving service of legal documents or process.

* * *

Sec. 30. 8 V.S.A. § 6056(b) is amended to read:

(b) The purchasing group shall register with and designate the ~~Secretary of State~~ Commissioner as its agent solely for the purpose of receiving service of legal documents or process, except for any groups exempted under 15 U.S.C. § 3903(e). Service shall be effected in the manner provided in section 3383 of this title.

Sec. 31. 8 V.S.A. chapter 110 is added to read:

CHAPTER 110. DENTAL INSURANCE

§ 4121. DEFINITIONS

As used in this chapter:

(1) “Covered individual” means an individual covered under a dental insurance plan or a health insurance plan.

(2) “Covered service” means a dental service for which reimbursement is available under a covered individual’s dental insurance plan or health insurance plan or for which reimbursement would be available but for the application of contractual limitations such as deductibles, co-payments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or other limitations.

(3) “Dental insurance plan” means a stand-alone dental plan or policy that provides coverage for dental services separately from a health insurance plan.

(4) “Dental insurer” means any health or dental insurance company, including a nonprofit dental service corporation, that offers a dental insurance plan for sale.

(5) “Dentist” means an individual licensed to practice dentistry under 26 V.S.A. chapter 12.

(6) “Health insurance plan” means any individual or group health insurance policy, any hospital or medical service corporation or health maintenance organization subscriber contract, or any other health benefit plan offered, issued, or renewed for any person in this State by a health insurer. The term does not include benefit plans providing coverage for a specific disease or other limited benefit coverage.

(7) “Health insurer” has the same meaning as in 18 V.S.A. § 9402.

§ 4122. FEES FOR COVERED DENTAL SERVICES

(a) No dental insurer, health insurer, or other similar entity that covers dental services and is subject to regulation by the Department of Financial Regulation, and no contract or participating provider agreement with a dentist, shall require, directly or indirectly, that a dentist who is a participating provider provide dental services to a covered individual at a fee set by, or subject to the approval of, the insurer or other regulated entity unless the dental services are covered services.

(b) No person providing third-party administrator services shall make available to any customers a plan that sets dental fees for providers in its provider network for any dental services other than covered services.

(c) Fees for covered services shall be set in good faith and shall not be nominal.

(d) The Commissioner of Financial Regulation shall enforce the provisions of this section pursuant to the Commissioner's authority under this title.

Sec. 32. 18 V.S.A. § 9422 is added to read:

§ 9422. CREDIT CARD PAYMENTS OPTIONAL FOR PROVIDERS

(a) As used in this section:

(1) "Credit card payment" means a type of electronic funds transfer in which a health insurer or its contracted vendor issues a single-use series of numbers associated with payment for health care services delivered by a health care provider and chargeable for a predetermined dollar amount and in which the health care provider is responsible for processing the payment using a credit card terminal or Internet portal. The term includes virtual or online credit card payments in which no physical credit card is presented to the health care provider and the single-use credit card number expires upon payment processing.

(2) "Health care provider" has the same meaning as in section 9402 of this title.

(3) "Health insurer" means an insurance company that provides health insurance as defined in 8 V.S.A. § 3301(a)(2), a nonprofit hospital or medical service corporation, a managed care organization, a health maintenance organization, and, to the extent permitted under federal law, any administrator of an insured, self-insured, or publicly funded health care benefit plan offered by a public or private entity, as well as any entity offering a policy for specific disease, accident, injury, hospital indemnity, dental care, disability income, long-term care, or other limited benefit coverage.

(b) A health insurer or its contracted vendor shall not require a health care provider, including a dentist or ambulance service provider, to accept reimbursement by credit card payment unless the health care provider has affirmatively elected to receive payments in this manner. If a health care provider, including a dentist or ambulance service provider, does not affirmatively elect to receive reimbursement by credit card payment, the health insurer or its contracted vendor shall make payments to the provider in another manner.

Sec. 33. 8 V.S.A. § 3750(d)(1)(C)(iii) is amended to read:

(iii) Where the resulting interest rate is not less than ~~one~~ 0.15 percent.

Sec. 33a. REPORT; MINIMUM NONFORFEITURE INTEREST RATE

On or before January 15, 2022, the Commissioner of Financial Regulation shall submit to the House Committee on Commerce and Economic Development and the Senate Committee on Finance a report containing his or her findings and recommendations regarding Sec. 33 of this act, which decreases the current statutory minimum nonforfeiture interest rate applicable to individual deferred annuities from 1 percent to 0.15 percent.

Sec. 34. SEPARATING THE INDIVIDUAL AND SMALL GROUP HEALTH INSURANCE MARKETS FOR PLAN YEAR 2022

(a) Purpose. The purpose of this section is to allow for separate individual and small group health insurance markets for plan year 2022 in light of the increased opportunities for federal premium assistance available through the American Rescue Plan Act of 2021, Pub. L. No. 117-2, to eligible households purchasing qualified health benefit plans in the individual market.

(b) Definitions. As used in this section, “health benefit plan,” “registered carrier,” and “small employer” have the same meanings as in 33 V.S.A. § 1811.

(c) Separate plans and community rating. Notwithstanding any provision of 33 V.S.A. § 1811 to the contrary, for plan year 2022, a registered carrier shall:

(1) offer separate health benefit plans to individuals and families in the individual market and to small employers in the small group market;

(2) apply community rating in accordance with 33 V.S.A. § 1811(f) to determine the premiums for the carrier’s plan year 2022 individual market plans separately from the premiums for its small group market plans; and

(3) file premium rates with the Green Mountain Care Board pursuant to 8 V.S.A. § 4062 separately for the carrier’s individual market and small group market plans.

Sec. 35. EFFECTIVE DATES; APPLICATION

This act shall take effect on passage, except that:

(1) Sec. 31 (8 V.S.A. chapter 110; dental insurance) shall take effect on January 1, 2022 and shall apply to all contracts and participating provider agreements between a dental insurer or third-party administrator and a dentist

that are entered into on or after that date and to all dental insurance plans issued on and after January 1, 2022 on such date as a dental insurer offers, issues, or renews the plan, but in no event later than January 1, 2023;

(2) Sec. 32 (18 V.S.A. § 9422; credit card payments optional for providers) shall take effect on January 1, 2022; and

(3) Sec. 33 (8 V.S.A. § 3750(d)(1)(C)(iii); minimum nonforfeiture interest rate for individual deferred annuities) shall take effect on July 1, 2022.

NEW BUSINESS

Third Reading

H. 18.

An act relating to sexual exploitation of children.

NOTICE CALENDAR

Second Reading

Favorable

H. 89.

An act relating to limiting liability for agritourism.

Reported favorably by Senator White for the Committee on Judiciary.

(Committee vote: 5-0-0)

(For House amendments, see House Journal of February 19, 2021, page 232.)

Favorable with Proposal of Amendment

H. 46.

An act relating to miscellaneous provisions of mental health law.

Reported favorably with recommendation of proposal of amendment by Senator Lyons for the Committee on Health and Welfare.

The Committee recommends that the Senate propose to the House to amend the bill by striking out Sec. 1, 18 V.S.A. § 7503, in its entirety and inserting a new Sec. 1 in lieu thereof to read as follows:

Sec. 1. 18 V.S.A. § 7503 is amended to read:

§ 7503. APPLICATION FOR VOLUNTARY ADMISSION

* * *

(b) Before the person may be admitted as a voluntary patient, ~~he or she~~ the person shall give ~~his or her~~ consent in writing on a form adopted by the Department. The consent shall include a representation that:

(1) ~~the person~~ understands that ~~his or her~~ treatment will involve inpatient status;

(2) ~~that he or she~~ the person desires to be admitted to the hospital, ~~and;~~

(3) ~~that he or she~~ the person consents to admission voluntarily, without any coercion or duress; and

(4) the person understands that inpatient treatment may be on a locked unit and a requested discharge may be deferred if the treating physician determines that the person is a person in need of treatment pursuant to section 7101 of this title.

* * *

(Committee vote: 5-0-0)

(For House amendments, see House Journal for March 16, 2021, pages 321-323.)

H. 104.

An act relating to considerations in facilitating the interstate practice of health care professionals using telehealth.

Reported favorably with recommendation of proposal of amendment by Senator Terenzini for the Committee on Health and Welfare.

The Committee recommends that the Senate propose to the House to amend the bill in Sec. 1, Facilitation of Interstate Practice Using Telehealth Working Group; report, in subsection (b), by inserting a new subdivision to be subdivision (5) to read as follows:

(5) the Commissioner of Mental Health or designee;

And by renumbering the remaining subdivisions to be numerically correct.

(Committee vote: 5-0-0)

(For House amendments, see House Journal for March 16, 2021, pages 323-325.)

H. 108.

An act relating to Vermont standards for issuing a Clean Water Act section 401 certification.

Reported favorably with recommendation of proposal of amendment by Senator Bray for the Committee on Natural Resources and Energy.

The Committee recommends that the Senate propose to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 10 V.S.A. § 1253(h) is added to read:

(h)(1) The Secretary shall administer a Clean Water Act Section 401 certification program to review activities that require a federal license or permit to ensure that a proposed activity complies with the Vermont Water Quality Standards, as well as with any other appropriate requirement of State law, including:

(A) 10 V.S.A. chapter 37 (wetlands protection and water resources management);

(B) 10 V.S.A. chapter 41 (regulation of stream flow);

(C) 10 V.S.A. § 1264 (stormwater management);

(D) 29 V.S.A. chapter 11 (management of lakes and ponds); and

(E) the Agency of Natural Resources Rules for Water Withdrawals for Snowmaking.

(2) The Secretary of Natural Resources shall not grant an application for certification under Section 401 of the Clean Water Act unless the applicant demonstrates all of the following:

(A) there is no practicable alternative to the proposed activity that would have a less adverse impact on waters and wetlands of the State and provided that any proposed alternative shall not have other significant adverse human health, safety, or environmental consequences;

(B) the proposed activity will not result in the violation of any applicable water quality criteria established in the Vermont Water Quality Standards; and

(C) the proposed activity will not result in a violation of the State's antidegradation policy.

(3)(A) An alternative is considered practicable under subdivision (2)(A) of this subsection (h) if it is available and capable of being completed after taking into consideration cost, existing technology, and logistics in light of overall purposes of the proposed activity.

(B) Failure to comply with the requirements of subdivision (2)(A) of this subsection (h) shall not be the basis for denial of an application for a certification under Section 401 of the Clean Water Act if the proposed activity is exempt from those requirements under a rule adopted by the Secretary.

(4) The Secretary may issue a certification required by this subsection to any general permit or authorization issued by a federal agency. An applicant's compliance with that federal permit or authorization shall be presumed to be in compliance with the certification unless the Secretary determines that an individual review of the applicant's activity is necessary to assure compliance with the Vermont Water Quality Standards and other appropriate State laws.

Sec. 2. AGENCY OF NATURAL RESOURCES; VERMONT WATER QUALITY STANDARDS; RULEMAKING

The Secretary of Natural Resources shall amend the Vermont Water Quality Standards (VWQS) to include the following:

(1) An amendment to the Classification of State Waters to clarify that with regard to all Class I and II wetlands, as defined in 10 V.S.A. § 902, the uses to be protected include the functions and values of the wetland as described in Section 5 of the Vermont Wetland Rules.

(2) An amendment to the antidegradation policy to clarify that wetlands and their functions and values shall be protected as described by the Vermont Wetland Rules.

(3) Any additional provisions that the Secretary of Natural Resources determines are necessary to implement the requirements of 10 V.S.A. § 1253(h), including any exemptions to the requirements of 10 V.S.A. § 1253(h)(2)(A) for projects that are not likely to have significant impacts on water quality or wetland functions or values. Railroad projects or State or municipal road or highway projects shall be exempt from the requirements of 10 V.S.A. § 1253(h)(2)(A).

Sec. 3. RULEMAKING IMPLEMENTATION; TIMING

(a) The Secretary of Natural Resources shall file with the Secretary of State under 3 V.S.A. § 838 a copy of the proposed rules required by Sec. 2 of this act within 90 days following the effective date of this act.

(b) On or before January 15, 2022, the Secretary of Natural Resources shall submit to the House Committee on Natural Resources, Fish, and Wildlife and the Senate Committee on Natural Resources and Energy a report regarding the status of the rulemaking required by Sec. 2 of this act. The report shall include a draft of the rules.

(c) On or before March 1, 2022, the Secretary of Natural Resources shall file with the Secretary of State under 3 V.S.A. § 841 a final proposal of the rules required by Sec. 2 of this act.

Sec. 4. EFFECTIVE DATES

(a) This section and Secs. 2 and 3, VWQS rulemaking, shall take effect on passage.

(b) Sec. 1, certification program, shall take effect on the effective date of the rules required to be adopted under Sec. 2.

(Committee vote: 5-0-0)

(For House amendments, see House Journal for March 9, 2021, pages 283-285.)

H. 210.

An act relating to addressing disparities and promoting equity in the health care system.

Reported favorably with recommendation of proposal of amendment by Senator Hardy for the Committee on Health and Welfare.

The Committee recommends that the Senate propose to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. FINDINGS

The General Assembly finds that:

(1) The Department of Health's 2018 State Health Assessment indicates that Vermont residents experience barriers to the equal enjoyment of good health based on race and ethnicity, sexual orientation, gender identity, and disability status.

(2) According to the 2018 Department of Health's Behavioral Risk Factor Surveillance System report, non-White Vermonters are:

(A) statistically less likely to have a personal doctor;

(B) statistically more likely to report poor mental health;

(C) more than twice as likely to report rarely or never getting the necessary emotional support;

(D) significantly more likely to have depression;

(E) significantly more likely to have been worried about having enough food in the past year; and

(F) significantly more likely to report no physical activity during leisure time.

(3) According to the Department of Mental Health’s analysis entitled “Race Data VPCH Admissions,” which reviewed patients admitted from May 1, 2019 to April 30, 2020, Non-White Vermonters are disproportionately represented in the highest level of involuntary hospitalization. At the Vermont Psychiatric Care Hospital, 15 percent of the patients are non-White.

(4)(A) Non-White Vermonters have also been disproportionately affected by COVID-19. According to a data brief published on the Department of Health’s website in December 2020, entitled “COVID-19 among Vermonters who are Black, Indigenous, and People of Color (BIPOC),” nearly one in every five COVID-19 cases in Vermont are among Black, Indigenous, and Persons of Color even though these Vermonters make up approximately six percent of Vermont’s population. According to that same data brief, the incidence rate for non-White Vermonters is 74.2 versus 26.2 for White Vermonters. The incidence rate for Black Vermonters is 225.7; the incidence rate for Asian Vermonters is 61; the incidence rate for Hispanic Vermonters is 41.7; and the incidence rate for other races is 20.5. Non-White Vermonters are also at a higher risk for more serious outcomes, such as hospitalization.

(B) According to the Department of Health’s December 2020 data brief, COVID-19 cases among non-White Vermonters tend to be younger than for White Vermonters. The average age of persons testing positive for COVID-19 is 33 among non-White Vermonters, whereas the average age is 46 among White Vermonters.

(C) While, according to the Department of Health’s 2018 Behavior Risk Factor Surveillance System, there are not statistically significant differences in the rates of preexisting conditions, such as diabetes, lung disease, and cardiovascular disease, among White and non-White Vermonters, the Vermont Department of Health’s December 2020 data brief indicates that there are disparities in the rates of preexisting conditions among Vermonters testing positive for COVID-19. As stated in that data brief, the preexisting conditions rate among COVID-19 cases is 19.4 percent for non-White

Vermonters and 12.1 percent for White Vermonters. According to the same December 2020 data brief, this suggests that non-White Vermonters are at higher risk of exposure to COVID-19 due to their type of employment and living arrangements. Thirty-six percent of non-White Vermonters had household contact with a confirmed case of COVID-19, as compared to only 20 percent of White Vermonters as stated in the Department of Health's December 2020 data brief.

(5) According to the 2018 Vermont Behavioral Risk Factor Surveillance System Report, adults with a disability are:

(A) five times as likely to consider suicide than adults with no disability;

(B) eight times more likely to report fair or poor health than adults with no disability;

(C) statistically more likely to delay care due to cost than adults with no disability;

(D) seven times more likely to report poor physical health than adults with no disability;

(E) statistically more likely to report poor mental health in the past month than adults with no disability;

(F) more than twice as likely to report rarely or never getting the necessary emotional support as compared to White adults with no disability;

(G) statistically more likely to report having arthritis than adults with no disability;

(H) statistically more likely to have asthma than adults with no disability;

(I) nearly twice as likely to have ever had cancer than adults without a disability;

(J) statistically more likely to have had skin cancer than adults with no disability;

(K) three times more likely to report having cardiovascular disease than adults with no disability;

(L) five times more likely to report having chronic obstructive pulmonary disease than Vermonters with no disability;

(M) significantly more likely to have depression than adults with no disability;

(N) three times as likely to report having diabetes than those with no disability;

(O) significantly more likely to report having hypertension than those with no disability;

(P) statistically more likely to report having kidney disease than adults with no disability;

(Q) significantly more likely to have been worried about having enough food in the past year when compared to adults with no disability;

(R) more than three times as likely to report housing insecurity in the past year than adults with no disability; and

(S) significantly more likely to report no physical activity during leisure time than adults with no disability.

(6) According to the 2018 Vermont Behavior Risk Factor Surveillance System Report, adults who are LGBTQ are:

(A) three times as likely to report seriously considering suicide compared to non-LGBTQ adults;

(B) statistically more likely to delay care due to cost than non-LGBTQ adults;

(C) statistically more likely to report poor mental health in the past month than non-LGBTQ adults;

(D) statistically more likely to report a disability than non-LGBTQ adults;

(E) statistically more likely to have asthma than non-LGBTQ adults;

(F) significantly more likely to have depression than non-LGBTQ adults; and

(G) significantly more likely to have been worried about having enough food in the past year when compared to non-LGBTQ adults.

(7) LGBTQ youths, according to Vermont's 2019 Youth Risk Behavior Survey, are:

(A) four times more likely to purposefully hurt themselves in the preceding 12 months and four times more likely to make a suicide plan in the preceding 12 months than cisgender, heterosexual peers;

(B) five times more likely to have attempted suicide in the preceding 12 months than cisgender, heterosexual peers;

(C) over three times more likely to experience unwanted sexual contact as compared to cisgender, heterosexual peers;

(D) twice as likely to experience bullying during the preceding month and significantly more likely to skip school due to safety concerns at or on their way to or from school as compared to cisgender, heterosexual peers;

(E) nearly three times more likely to experience housing insecurity as compared to cisgender, heterosexual peers;

(F) twice as likely to face food insecurity as compared to cisgender, heterosexual peers; and

(G) twice as likely to report having a physical disability, long-term health problem, emotional problem, or learning disability as compared to cisgender, heterosexual peers.

(8) According to Preliminary Data from the 2018 State Health Assessment presented to the House Committee on Health Care by the Department of Health in January 2018, Vermonters who experience health inequities report that they:

(A) face discrimination, prejudice, and racism that is often invisible to others;

(B) do not trust and feel misunderstood by “the system”;

(C) do not feel valued, included, or safe;

(D) feel like services are not designed to support them;

(E) feel a lack of agency over their health and their own lives; and

(F) believe this takes place because our society has been structured to maintain a status quo that provides them with unequal opportunities.

(9) Vermont’s 2018 State Health Assessment indicates that social determinants of health are underlying, contributing factors of the foregoing health inequities. That is, disparities in social determinants of health contribute to health inequities. Disparities in the social determinants of health exist in Vermont. For example:

(A) According to the Vermont Housing Finance Agency, just 21 percent of Black Vermonters own their own homes, whereas 72 percent of White Vermonters own their own home. Nationally, 41 percent of Black Americans own their own home.

(B) According to the Vermont Housing Finance Agency, the median household income of Black Vermonters is \$41,533.00, while the median household income of White Vermonters is \$58,244.00.

(C) According to the U.S. Census Bureau, in 2018, 23.8 percent of Black Vermonters were living in poverty, while 10.7 percent of White Vermonters lived in poverty. In addition, according to the Vermont Housing Finance Agency, 57 percent of Black Vermonters earned less than 80 percent of Vermont's median income, while 43 percent of White Vermonters earned less than 80 percent of Vermont's median income.

(D) According to the Vermont Housing Finance Agency, about one in two non-White Vermonters experience "housing problems," which is defined by the U.S. Department of Housing and Urban Development as homes that lack complete kitchen facilities or plumbing; overcrowded homes; or households paying more than 30 percent of income towards rent, mortgage payments, and utilities. One in three Vermonters experience "housing problems."

(E) According to the Vermont Coalition to End Homelessness and Chittenden County Homeless Alliance's 2020 Point-in-Time Count, Black Vermonters are overrepresented among Vermonters experiencing homelessness. While Black Vermonters make up about one percent of Vermont's population, they make up six percent of Vermonters experiencing homelessness.

(10) According to the Indian Health Service, "[t]he American Indian and Alaska Native people have long experienced lower health status when compared with other Americans," including a life expectancy among American Indian and Alaska Native people born today that is 5.5 years less than the U.S. all races population.

(11) As outlined in 2021 J.R.H. 2, Vermont's "State-sanctioned eugenics policies targeted Vermonters of Native American Indian heritage, including French-Indian and Abenaki families, and persons of mixed ethnicity and of French-Canadian heritage, as well as the poor and persons with disabilities, among others." These policies, including the State's 1931 sterilization law, are examples of past injustices in the health care system that continue to impact members of these communities in present day.

Sec. 2. LEGISLATIVE INTENT AND PURPOSE

(a) It is the intent of the General Assembly to promote health and achieve health equity by eliminating avoidable and unjust disparities in health through a systemic and comprehensive approach that addresses social, economic, and environmental factors that influence health. To this end, the General Assembly believes that:

(1) Equal opportunity is a fundamental principle of American democracy.

(2) Equal enjoyment of the highest attainable standard of health is a human right and a priority of the State.

(3) Structural racism, defined as the laws, policies, institutional practices, cultural representations, and other societal norms that often work together to deny equal opportunity, has resulted in health disparities among Vermonters. Great social costs arise from these inequities, including threats to economic development, democracy, and the social health of the State of Vermont.

(4) Health disparities are a function of not only access to health care, but also social determinants of health, including the environment, the physical structure of communities, nutrition and food options, educational attainment, employment, race, ethnicity, sex, geography, language preferences, immigrant or citizen status, sexual orientation, gender identity, and socioeconomic status, that directly and indirectly affect the health, health care, and wellness of individuals and communities.

(5) Efforts to improve health in the United States have traditionally looked to the health care system as the key driver of health and health outcomes. However, there has been increased recognition that improving health and achieving health equity will require broader approaches that address factors that influence health.

(6) Health equity is the attainment of the highest level of health for all people. Health equity can be achieved only by eliminating the preventable differences in the health of one group over another as the result of factors such as race, sexual orientation, gender, disability, age, socioeconomic status, or geographic location.

(7) Definitions of racial categories and identities can be difficult to agree upon, as they often create hierarchies and comparisons that center whiteness, prioritize one group or identity over another, or fail to recognize historical inequities and oppression. Definitions also shift over time as broader cultural norms change. While potentially problematic, in order to align with

data collection standards and create consistency, this bill does use the term “non-White” as defined in 18 V.S.A. § 251 and also seeks to create new definitions that better reflect racial and ethnic identities and categories pursuant to Sec. 6 of this act.

(b) The purpose of this act is to eliminate disparities in health status based on race, ethnicity, disability, and LGBTQ status by:

(1) establishing better and more consistent collection and access to data;

(2) enhancing the full range of available and accessible culturally appropriate health care and public services across Vermont;

(3) ensuring the early and equitable inclusion of Vermonters who experience health inequities because of race, ethnicity, disability, and LGBTQ status in efforts to eliminate such inequities; and

(4) addressing social determinants of health, particularly social, economic, and environmental factors that influence health.

Sec. 3. 18 V.S.A. chapter 6 is added to read:

CHAPTER 6. HEALTH EQUITY

§ 251. DEFINITIONS

As used in this chapter:

(1) “Cultural competency” means a set of integrated attitudes, knowledge, and skills that enables a health care professional to care effectively for patients from cultures, groups, and communities other than that of the health care professional. At a minimum, cultural competency should include the following:

(A) awareness and acknowledgement of the health care professional’s own culture;

(B) utilization of cultural information to establish therapeutic relationships;

(C) eliciting and incorporating pertinent cultural data in diagnosis and treatment;

(D) understanding and applying cultural and ethnic data to the process of clinical care; and

(E) the ability to recognize the importance of communication, language fluency, and interpretation in the provision of health care services and assist with access to interpretation and appropriate communication services.

(2) “Cultural humility” means the ability to maintain an interpersonal stance that is other-oriented, or open to the other, in relation to aspects of cultural identity that are most important to the client or patient.

(3) “Health disparity” means differences that exist among specific population groups in the United States in attaining individuals’ full health potential that can be measured by differences in incidence, prevalence, mortality, burden of disease, and other adverse health conditions.

(4) “Health equity” means all people have a fair and just opportunity to be healthy, especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with the social categories of race, gender, ethnicity, social position, sexual orientation, and disability.

(5) “Health equity data” means demographic data, including, but not limited to, race, ethnicity, primary language, age, gender, socioeconomic position, sexual orientation, disability, homelessness, or geographic data that can be used to track health equity.

(6) “LGBTQ” means Vermonters who identify as lesbian, gay, bisexual, transgender, queer, or questioning.

(7) “Non-White” means Black, Indigenous, and Persons of Color. It is not intended to reflect self-identity, but rather how people are categorized in the racial system on which discrimination has been historically based in the United States and how Vermont typically disaggregates data solely by White and non-White.

(8) “Race and ethnicity” mean the categories for classifying individuals that have been created by prevailing social perceptions, historical policies, and practices. Race and ethnicity include how individuals perceive themselves and how individuals are perceived by others.

(9) “Social determinants of health” are the conditions in the environments where people are born, live, learn, work, play, worship, and age, such as poverty, income and wealth inequality, racism, and sex discrimination, that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They can be grouped into five domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; and social and community context. Social determinants of health are systematic, interconnected, cumulative, and intergenerational conditions that are associated with lower capacity to fully participate in society.

§ 252. HEALTH EQUITY ADVISORY COMMISSION

(a) Creation. There is created the Health Equity Advisory Commission to promote health equity and eradicate health disparities among Vermonters, including particularly those who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities. The Advisory Commission shall amplify the voices of impacted communities regarding decisions made by the State that impact health equity, whether in the provision of health care services or as the result of social determinants of health. The Advisory Commission shall also provide strategic guidance on the development of the Office of Health Equity, including recommendations on the structure, responsibilities, and jurisdiction of such an office.

(b)(1) Membership. The Advisory Commission shall be composed of the following members:

(A) the Executive Director of Racial Equity established pursuant to 3 V.S.A. § 5001 or designee;

(B) the Commissioner of Health or designee;

(C) the Commissioner of Mental Health or designee;

(D) the Commissioner of Disabilities, Aging, and Independent Living or designee;

(E) the Commissioner of Vermont Health Access or designee;

(F) the Commissioner for Children and Families or designee;

(G) the Commissioner of Housing and Community Development or designee;

(H) the Commissioner of Economic Development or designee;

(I) the Chief Performance Officer or designee;

(J) the Chief Prevention Officer or designee;

(K) a member, appointed by the Racial Justice Alliance;

(L) a member, appointed by the Rutland Area NAACP;

(M) a member, appointed by the Association of Africans Living in Vermont;

(N) a member, appointed by the Windham County Vermont NAACP;

(O) a member, appointed by the Pride Center of Vermont;

(P) a member, appointed by Outright Vermont;

(Q) a member, appointed by Migrant Justice;
(R) a member, appointed by Out in the Open;
(S) a member, appointed by Another Way Community Center;
(T) a member, appointed by Vermont Psychiatric Survivors;
(U) a member, appointed by the Vermont Center for Independent Living;
(V) a member, appointed by the Elnu Abenaki Tribe;
(W) a member, appointed by the Nulhegan Abenaki Tribe;
(X) a member, appointed by the Koasek Traditional Nation of Missiquoi;
(Y) a member, appointed by the Abenaki Nation of Missiquoi;
(Z) a member, appointed by the Vermont Commission on Native American Affairs;
(AA) a member, appointed by Green Mountain Self-Advocates;
(BB) a member, appointed by the Vermont Developmental Disabilities Council;
(CC) a member, appointed by Vermont Federation of Families for Children's Mental Health; and
(DD) any other members at large that the Advisory Commission deems necessary to appoint to carry out the functions of this section, including ensuring equitable representation and a balance between impacted communities, and that health care provider perspectives are represented, based on a majority vote of the members.

(2) The term of office of each appointed member shall be three years, with the exception that members at large shall each have a term of one year. Of the members first appointed, who are not designated as at-large members, ten shall be appointed for a term of one year, ten shall be appointed for a term of two years, and nine shall be appointed for a term of three years. Members shall hold office for the term of their appointments and until their successors have been appointed. All vacancies shall be filled for the balance of the unexpired term in the same manner as the original appointment. Members are eligible for reappointment.

(c) Powers and duties. The Advisory Commission shall:

(1) provide guidance on the development of the Office of Health Equity, which shall be established based on the Advisory Commission's recommendations not later than January 1, 2023, including on:

(A) the structure, responsibilities, and jurisdiction of the Office;

(B) whether the Office shall be independent and, if not, in which State agency or department it shall be situated;

(C) how the Office shall be staffed;

(D) the populations served and specific issues addressed by the Office;

(E) the duties of the Office, including how grant funds shall be managed and distributed; and

(F) the time frame and necessary steps to establish the Office;

(2) provide advice and make recommendations to the Office of Health Equity once established, including input on:

(A) any rules or policies proposed by the Office;

(B) the awarding of grants and the development of programs and services;

(C) the needs, priorities, programs, and policies relating to the health of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities; and

(D) any other issue on which the Office of Health Equity requests assistance from the Advisory Commission;

(3) review, monitor, and advise all State agencies regarding the impact of current and emerging State policies, procedures, practices, laws, and rules on the health of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities;

(4) identify and examine the limitations and problems associated with existing laws, rules, programs, and services related to the health status of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities;

(5) advise the Department of Health and General Assembly on any funding decisions relating to eliminating health disparities and promoting health equity, including the distribution of federal monies related to COVID-19;

(6) to the extent funds are available for the purpose, distribute grants that stimulate the development of community-based and neighborhood-based projects that will improve the health outcomes of individuals who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities; and

(7) advise the General Assembly on efforts to improve cultural competency, cultural humility, and antiracism in the health care system through training and continuing education requirements for health care providers and other clinical professionals.

(d) Assistance. The Advisory Commission shall have the administrative, legal, and technical assistance of the Agency of Administration at the request of the Executive Director of Racial Equity.

(e) Report. Annually, on or before January 15, the Advisory Commission shall submit a written report to the Senate Committee on Health and Welfare and to the House Committees on Health Care and on Human Services with its findings and any recommendations for legislative action. The Advisory Commission is encouraged to base recommendations on the data collected and analysis completed pursuant to section 253 of this title.

(f) Meetings.

(1) The Executive Director of Racial Equity or designee shall call the first meeting of the Advisory Commission to occur on or before September 1, 2021.

(2) The Advisory Commission shall select a chair and vice chair at its first meeting and annually thereafter.

(3) The Advisory Commission shall adopt procedures to govern its proceedings, including voting procedures and how the staggered terms shall be apportioned among members.

(4) All meetings of the Advisory Commission and any subcommittees of the Advisory Commission shall be open to the public with opportunities for public comment provided on a regular basis.

(g) Acceptance of grants and other contributions. The Advisory Commission may accept from any governmental department or agency, public or private body, or any other source grants or contributions to be used in carrying out its responsibilities under this chapter.

(h) Compensation and reimbursement. Appointed members of the Advisory Commission shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for meetings as deemed appropriate by the Advisory Commission within the appropriation provided. These payments shall be made from monies appropriated to the Agency of Administration.

§ 253. DATA RESPONSIVE TO HEALTH EQUITY INQUIRIES

(a) Each State agency, department, board, or commission that collects health-related, individual data shall include in its data collection health equity data disaggregated by race, ethnicity, gender identity, age, primary language, socioeconomic status, disability, and sexual orientation. Data related to race and ethnicity shall use separate collection categories and tabulations, disaggregated beyond non-White and White, in accordance with the recommendation made by the Executive Director of Racial Equity, in consultation with the Advisory Commission.

(b)(1) The Department of Health shall systematically analyze such health equity data using the smallest appropriate units of analysis feasible to detect racial and ethnic disparities, as well as disparities along the lines of primary language, sex, disability status, sexual orientation, gender identity, and socioeconomic status, and report the results of such analysis on the Department's website periodically, but not less than biannually. The Department's analysis shall be used to measure over time the impact of actions taken to reduce health disparities in Vermont. The data informing the Department's analysis shall be made available to the public in accordance with State and federal law.

(2) Annually, on or before January 15, the Department shall submit a report containing the results of the analysis conducted pursuant to subdivision (1) of this subsection to the Senate Committee on Health and Welfare and to the House Committees on Health Care and on Human Services.

Sec. 4. 3 V.S.A. § 5003 is amended to read:

§ 5003. DUTIES OF EXECUTIVE DIRECTOR OF RACIAL EQUITY

(a) The Executive Director of Racial Equity (Director) shall work with the agencies and departments to implement a program of continuing coordination and improvement of activities in State government in order to combat systemic racial disparities and measure progress toward fair and impartial governance, including:

(1) overseeing a comprehensive organizational review to identify systemic racism in each of the three branches of State government and inventory systems in place that engender racial disparities;

(2) managing and overseeing the statewide collection of race-based data to determine the nature and scope of racial discrimination within all systems of State government; and

(3) developing a model fairness and diversity policy and reviewing and making recommendations regarding the fairness and diversity policies held by all State government systems; and

(4) temporarily overseeing the establishment of the Health Equity Advisory Commission established pursuant to 18 V.S.A. § 252 until the Office of Health Equity is established.

* * *

Sec. 5. REPORT; CONTINUING EDUCATION

On or before October 1, 2022, the Health Equity Advisory Commission established pursuant to 18 V.S.A. § 252, in consultation with licensing boards, professional organizations, and providers of all health care and clinical professions, shall submit a written report to the House Committee on Health Care and to the Senate Committee on Health and Welfare with its recommendations for improving cultural competency and cultural humility and antiracism in Vermont's health care system through initial training, continuing education requirements, and investments.

Sec. 6. REPORT; FISCAL YEAR 2023 BUDGET RECOMMENDATIONS; INCLUSIVE DEFINITIONS; AMERICAN RESCUE PLAN ACT FUNDING

As part of the annual report that shall be submitted by the Health Equity Advisory Commission pursuant to 18 V.S.A. § 252(e), the Advisory Commission shall include:

(1) budget recommendations for continuation of its work in fiscal year 2023, if necessary, and for the funding of the Office of Health Equity;

(2) recommendations on:

(A) appropriate and inclusive terms to replace the term "non-White" in 18 V.S.A. chapter 6; and

(B) disaggregating data categories and tabulations beyond non-White and White in accordance with 18 V.S.A. § 233(a); and

(3) recommendations for most effectively utilizing funding received by the State pursuant to the American Rescue Plan Act of 2021, Pub. L. No. 117-2 in a manner that promotes health and achieves health equity by eliminating avoidable and unjust disparities in health on the basis of race, ethnicity, disability, or LGBTQ status.

Sec. 7. EFFECTIVE DATE

This act shall take effect on July 1, 2021.

(Committee vote: 5-0-0)

(For House amendments, see House Journal for March 24, 2021, pages 482-496 and March 26, 2021, page 508.)

H. 426.

An act relating to addressing the needs and conditions of public school facilities in the State.

Reported favorably with recommendation of proposal of amendment by Senator Perchlik for the Committee on Education.

The Committee recommends that the Senate propose to the House to amend the bill as follows:

First: In Sec. 1, findings; intent, in the section heading, by inserting ; Purpose after “Intent” and by adding a subsection (e) to read as follows:

(e) The purpose of the funding appropriated in this act is to enable supervisory unions and supervisory districts to utilize their Elementary and Secondary School Emergency Relief Fund allocations to improve the conditions for health and safety of students and staff, to address other eligible facilities needs, and to position the State in addressing the backlog of school facilities needs in an efficient and equitable manner.

Second: In Sec. 2, school construction; facilities standards; Capital Outlay Financing Formula; Agency of Education; State Board of Education; update, in subsection (c), by striking out “State Board” and inserting in lieu thereof Agency of Education and by inserting to the State Board after “technical assistance”

Third: By striking out Sec. 3, school facilities conditions assessment; Agency of Education; Department of Buildings and General Services, in its entirety and inserting in lieu thereof the following:

Sec. 3. SCHOOL FACILITIES INVENTORY AND CONDITIONS
ASSESSMENT; AGENCY OF EDUCATION; DEPARTMENT OF
BUILDINGS AND GENERAL SERVICES; REPORT

(a) On or before September 1, 2021, the Secretary of Education, in coordination with the Commissioner of Buildings and General Services, shall issue a request for proposal for a school facilities inventory and conditions assessment to ascertain the extent of need for additional support to school

districts as a result of the COVID-19 pandemic and to inform the Agency of Education of the statewide school facilities needs and costs.

(b) The Secretary of Education shall contract with an independent third party to conduct the inventory and assessment described in subsection (a) of this section. The inventory shall be completed on or before January 15, 2022, and the assessment shall be completed on or before October 1, 2022.

(c) The independent third party hired pursuant to subsection (b) of this section shall conduct the inventory and assessment in two phases.

(1) the inventory phase of the contract shall include collecting information about the current state of school facilities and immediate plans to invest in school facilities, including:

(A) general information about facilities, age of buildings, and major mechanical systems;

(B) a review of school facility conditions, space utilization, and suitability of the facility and its spaces to deliver educational and support services; and

(C) building systems' condition and performance to address the health and safety of students and employees, including energy efficiency improvements and indoor air quality, accessibility to and within buildings, and condition of technology systems.

(2) the assessment phase of the contract shall include:

(A) A planning phase that utilizes the expertise of the consultant and other stakeholders to finalize the evaluation criteria and methodology for the collection of data.

(B) Sufficient information to assist the General Assembly to establish a ranking system based on categories to prioritize schools with the highest needs for future school construction funding. The categories shall include:

(i) capacity and utilization;

(ii) safety and security infrastructure;

(iii) accessibility;

(iv) technology infrastructure;

(v) capacity to deliver STEAM (science, technology, engineering, arts, and math) programming; and

(vi) building systems' condition and performance, including energy efficiency improvements and indoor air quality to address the health and safety of students and employees.

(d) The Secretary is authorized to use not more than \$2,500,000.00 from the amount allocated to the Agency of Education from the Elementary and Secondary School Emergency Relief Fund pursuant to Section 2001(c) of the American Rescue Plan Act of 2021, Pub. L. No. 117-2 to conduct the inventory and assessment described in this section.

(e) The Agency of Education shall create a database to enter the information from the assessment described in subsection (a) of this section. This information shall include a school's physical address and GIS coordinates.

(f) On or before January 15, 2022, the Secretary of Education shall submit a report to the House and Senate Committees on Education presenting the findings of the inventory described in subsection (a) of this section and a progress update on the assessment phase.

(g) As used in this section, "school" means a public school as defined in 16 V.S.A. § 11.

Fourth: By striking out Sec. 8, effective dates, in its entirety and inserting in lieu thereof the following:

Sec. 8. 16 V.S.A. § 559 is amended to read:

§ 559. PUBLIC BIDS

(a) Cost threshold. When the cost exceeds ~~\$15,000.00~~ \$40,000.00, a school board or supervisory union board shall publicly advertise or invite three or more bids from persons deemed capable of providing items or services if costs are in excess of ~~\$15,000.00~~ \$40,000.00 for any of the following:

(1) the construction, purchase, lease, or improvement of any school building;

(2) the purchase or lease of any item or items required for supply, equipment, maintenance, repair, or transportation of students; or

(3) a contract for transportation, maintenance, or repair services.

* * *

Sec. 9. SCHOOL FACILITIES; HEALTH AND SAFETY PROJECTS;
COVID-19

(a) On or before September 30, 2023, the Agency of Education shall contract with an independent third party to assist any school district using funds allocated to it from the Elementary and Secondary School Emergency Relief Fund pursuant to Section 2001(d) of the American Rescue Plan Act of 2021, Pub. L. No. 117-2 and any other federal sources, to improve the overall health and safety of any of the district's school facilities as a result of the COVID-19 pandemic. The contractor's responsibilities shall include:

(1) project coordination;

(2) serving as a liaison:

(A) between the school district, the Agency of Education, the Department of Health, and any other relevant entities in the State that may be leveraged to support the work, including to coordinate the use of federal funding programs and maximize funding, labor, and equipment resources;

(B) between the school district and the Agency of Education to:

(i) facilitate the district prioritization of school safety and health issues;

(ii) support a school district, in coordination with the Agency of Education, in defining their investment strategies for the improvement of school facilities in a manner consistent with the intent and purpose of any funding source; and

(iii) develop communications to support the prioritization of projects; and

(iv) provide status updates and a final report on project work to the school district and the Agency of Education, including recommendations on how to maintain the facility after the performance period of the grant funds.

(b)(1) The Agency of Education is authorized to allocate not more than \$500,000.00 of the amount allocated to the Agency of Education from the Elementary and Secondary School Emergency Relief Fund pursuant to Section 2001(c) of the American Rescue Plan Act of 2021, Pub. L. No. 117-2 for the purpose described in subsection (a) of this section.

(2) The Agency of Education shall reserve not more than \$1,000,000.00 from the amount allocated to the Agency of Education from the Elementary and Secondary School Emergency Relief Fund pursuant to Section 2001(c) of the American Rescue Plan Act of 2021, Pub. L. No. 117-2 if a school district has used all of the funds allocated to it from the Elementary and Secondary

School Emergency Relief Fund pursuant to Section 2001(d) of the American Rescue Plan Act of 2021, Pub. L. No. 117-2 and needs additional funding to plan and implement improvements to its facilities pursuant to this section.

Sec. 10. MUNICIPAL ENERGY LOAN PILOT PROGRAM; FINANCING FOR SCHOOLS

On or before January 15, 2023, the Agency of Education, in coordination with the Department of Buildings and General Services, shall submit a report to the House Committees on Corrections and Institutions and on Education and the Senate Committees on Education and on Institutions to determine how the State Energy Management Program, established in 29 V.S.A. § 168, shall support schools to implement needed energy efficiency and conservation measures, including those identified in the inventory and assessment required by Sec. 3 of this act.

Sec. 11. SCHOOL INDOOR AIR QUALITY GRANT PROGRAM; GRANTS FOR RENEWABLE AND EFFICIENT HEATING SYSTEMS IN SCHOOLS; APPROPRIATION

(a) Appropriation. In fiscal year 2022, \$6,000,000.00 is appropriated from the amount provided to the State by the American Rescue Plan Act of 2021 in the State and Local Coronavirus Fiscal Recovery Fund to expand the School Indoor Air Quality Grant Program established in 2020 Acts and Resolves No. 120, Sec. A.51 to award grants for renewable and efficient heating systems in schools. Renewable and efficient heating systems grants shall be used to make necessary improvements to address building systems in covered schools to improve health, safety, and efficiency in response to the COVID-19 emergency.

(b) Definition. As used in this section, “covered school” means public schools and approved independent schools as defined under 16 V.S.A. § 11.

(c) Grant awards established. There is created within the School Indoor Air Quality Grant Program, established in 2020 Acts and Resolves No. 120, Sec. A.51, the Renewable and Efficiency Heating Systems Grant Program (the Program) to make necessary improvements to address thermal enclosure and building systems in covered schools.

(d) Administration; implementation.

(1) Efficiency Vermont shall administer the Program and is authorized to use the amount appropriated in subsection (a) of this section for the following:

(A) provide consulting services to covered schools;

(B) award grant funds to covered schools of not more than 50 percent of the total cost for the improvement or repair of existing heating systems, with a focus on energy efficiency and providing appropriate space conditioning; and

(C) award grant funds to covered schools for the installation of renewable or efficiency electric space heating and conditioning systems.

(2) Grant program design. Efficiency Vermont, in consultation with the Agency of Education, the Vermont Superintendents Association, and experts in the field of thermal enclosure, energy efficiency, and renewable building space systems, shall design the Program. The Program design shall establish:

(A) an outreach and education plan, including specific tactics to reach and support all covered schools;

(B) an equitable system for distributing grants statewide based on geographic location, school size, grant dollar amount, and assessed need, with an emphasis on schools that may not have administrative support to apply for grants; and

(C) guidelines for thermal enclosure and renewable and energy efficiency buildings systems resilience, durability, health, and efficiency measures and costs that will be eligible for grant funding.

(e) Costs and fees.

(1) Efficiency Vermont is authorized to use up to \$150,000.00 of the amount appropriated in subsection (a) of this section for direct labor costs.

(2) As the entity appointed to serve as Efficiency Vermont, the Vermont Energy Investment Corp. (VEIC) is also authorized to collect their federal approved indirect rate of 9.3 percent on the funds expended in this section.

(3) Nothing shall prohibit Efficiency Vermont from supplementing total project costs completed under this section with a portion of its Public Utility Commission-approved budget for the purpose of achieving higher levels of efficiency and claiming efficiency savings toward completing of performance targets pursuant to 30 V.S.A. § 209(d).

(f) Coordination. Efficiency Vermont shall coordinate with the Agency of Education and any other State entities and agencies working with covered schools to provide grants for the Program.

(g) Reporting. On or before January 15, 2022, the Agency of Education shall report to the House and Senate Committees on Appropriations on the specific uses of the funds appropriated in subsection (a) of this section, the

costs of any projects funded through the Program, and a description of the projects.

(h) Disclosures. Efficiency Vermont shall require that any school that receives a grant through the Program shall authorize Efficiency Vermont to release the school name and grant amount in any report requested by the General Assembly.

(i) Use of funds. The amount appropriated in this section shall only be used for the Program and shall not be used to carry out the duties of the School Indoor Air Quality Grant Program as described in 2020 Acts and Resolves No. 120, Sec. A.51 and 2021 Acts and Resolves No. 9, Sec. 15.

Sec. 12. EFFECTIVE DATE

This act shall take effect on passage.

(Committee vote: 6-0-0)

(For House amendments, see House Journal for March 18, 2021, page 392.)

H. 430.

An act relating to expanding eligibility for Dr. Dynasaur to all income-eligible children and pregnant individuals regardless of immigration status.

Reported favorably with recommendation of proposal of amendment by Senator Hooker for the Committee on Health and Welfare.

The Committee recommends that the Senate propose to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 33 V.S.A. chapter 19, subchapter 9 is added to read:

Subchapter 9. Coverage for Additional Populations

§ 2091. DR. DYNASAUR-LIKE COVERAGE; LEGISLATIVE INTENT

In establishing Dr. Dynasaur-like coverage for children and pregnant individuals who are not eligible for the Dr. Dynasaur program because of their immigration status, it is the intent of the General Assembly that the hospital, medical, dental, and prescription drug benefits and eligibility criteria for the coverage set forth in section 2092 of this chapter should align to the greatest extent practicable with the benefits and eligibility criteria of the Dr. Dynasaur program.

§ 2092. DR. DYNASAUR-LIKE COVERAGE FOR CERTAIN VERMONT RESIDENTS

(a) As used in this section, the term “Vermont residents who have an immigration status for which Medicaid coverage is not available” includes migrant workers who are employed in seasonal occupations in this State.

(b) The Agency of Human Services shall provide hospital, medical, dental, and prescription drug coverage equivalent to coverage in the Vermont Medicaid State Plan to the following categories of Vermont residents who have an immigration status for which Medicaid coverage is not available and who are otherwise uninsured:

(1) children under 19 years of age whose household income does not exceed the income threshold for eligibility under the Vermont Medicaid State Plan; and

(2) pregnant individuals whose household income does not exceed the income threshold for eligibility under the Vermont Medicaid State Plan, for coverage during their pregnancy and for postpartum coverage equivalent to that available under the Vermont Medicaid State Plan.

(c) The confidentiality provisions set forth in section 1902a of this chapter shall apply to all applications submitted and records created pursuant to this section, except that the Agency of Human Services shall not make any information regarding applicants or enrollees available to the United States government.

(d) The Agency of Human Services may adopt rules in accordance with 3 V.S.A. chapter 25 to carry out the purposes of this section.

Sec. 2. AGENCY OF HUMAN SERVICES; OUTREACH AND PROVIDER GRANTS; IMPLEMENTATION; APPROPRIATION

The sum of \$1,400,000.00 in one-time funds is appropriated to the Agency of Human Services in fiscal year 2022 to be used for the following purposes:

(1) Grants or reimbursements, or both, to health care providers for delivering health care services during fiscal year 2022 to children and pregnant individuals who have an immigration status for which Medicaid coverage is not available.

(2) Grants to Vermont organizations that work with members of Vermont’s undocumented immigrant community or with members of the health care provider community to provide culturally and linguistically appropriate outreach and information regarding opportunities for children and pregnant individuals in Vermont who have an immigration status for which

Medicaid coverage is not available to access health care services at low or no cost in fiscal year 2022 and thereafter. The outreach and information shall include information on the confidentiality of records pertaining to applicants and enrollees.

(3) Implementing the technological and operational processes necessary for the Department of Vermont Health Access to administer the coverage for Vermont residents who have an immigration status for which Medicaid coverage is not available as set forth in 33 V.S.A. § 2092 beginning on July 1, 2022.

Sec. 3. AGENCY OF HUMAN SERVICES; DR. DYNASAUR-LIKE
COVERAGE; FISCAL YEAR 2023 ESTIMATE

The Agency of Human Services shall provide information on the estimated fiscal year 2023 costs of providing coverage to Vermont residents who have an immigration status for which Medicaid coverage is not available pursuant to 33 V.S.A. § 2092 beginning on July 1, 2022 as part of the Agency's fiscal year 2023 budget presentation to the House Committees on Appropriations and on Health Care and the Senate Committees on Appropriations and on Health and Welfare.

Sec. 4. EFFECTIVE DATES

(a) Sec. 2 (Agency of Human Services; outreach and provider grants; implementation; appropriation) shall take effect on July 1, 2021.

(b) The remaining sections shall take effect on passage, with the Agency of Human Services making coverage available to Vermont residents who have an immigration status for which Medicaid coverage is not available in accordance with Sec. 1 (33 V.S.A. § 2092) beginning on July 1, 2022, subject to fiscal year 2023 appropriations for this purpose.

And that after passage the title of the bill be amended to read:

An act relating to eligibility for Dr. Dinosaur-like coverage for all income-eligible children and pregnant individuals regardless of immigration status.

(Committee vote: 5-0-0)

(For House amendments, see House Journal for March 23, 2021, page 411.)

H. 438.

An act relating to capital construction and State bonding.

Reported favorably with recommendation of proposal of amendment by Senator Benning for the Committee on Institutions.

The Committee recommends that the Senate propose to the House to amend the bill as follows:

First: In Sec. 2, State Buildings, in subdivision (b)(10), by striking out “\$2,800,000.00” and inserting in lieu thereof \$2,750,000.00, and by striking out all after subdivision (c)(18) and inserting in lieu thereof the following:

<u>Appropriation – FY 2022</u>	<u>\$19,316,774.00</u>
<u>Appropriation – FY 2023</u>	<u>\$24,800,442.00</u>
<u>Total Appropriation – Section 2</u>	<u>\$44,117,216.00</u>

Second: In Sec. 4, Commerce and Community Development, by striking out subsection (c) in its entirety and by relettering the remaining subsection to be alphabetically correct.

Third: In Sec. 9, Natural Resources, by striking out subsection (c) in its entirety and inserting in lieu thereof the following:

(c) The following amounts are appropriated in FY 2022 to the Agency of Natural Resources for the Department of Fish and Wildlife for the projects described in this subsection:

(1) General infrastructure projects, including small-scale maintenance and rehabilitation of infrastructure: \$1,264,500.00

(2) Lake Champlain Walleye Association, Inc., to upgrade and repair the Walleye rearing, restoration, and stocking infrastructure: \$25,000.00

and by striking out all after subdivision (f)(2) and inserting in lieu thereof the following:

(g) The following amounts are appropriated in FY 2023 to the Agency of Natural Resources for the projects described in this subsection:

(1) General infrastructure projects, including small-scale maintenance and rehabilitation of infrastructure: \$1,083,500.00

<u>(2) Lake Champlain Walleye Association, Inc., to upgrade and repair the Walleye rearing, restoration, and stocking infrastructure:</u>	<u>\$25,000.00</u>
<u>Appropriation – FY 2022</u>	<u>\$11,455,214.00</u>
<u>Appropriation – FY 2023</u>	<u>\$9,853,264.00</u>
<u>Total Appropriation – Section 9</u>	<u>\$21,308,478.00</u>

Fourth: By striking out Sec. 26, Federal Funds; Capital Projects, in its entirety and inserting in lieu thereof the following:

Sec. 26. FEDERAL FUNDS; CAPITAL PROJECTS

(a) Intent. It is the intent of the General Assembly, to the extent permitted by federal law and guidance, to use federal funds provided to the State by the American Rescue Plan Act of 2021, Pub. L. 117-2, in the Coronavirus Capital Projects Fund to carry out critical capital projects for the Executive, Legislative, and Judicial Branches to directly enable work, education, and health monitoring, including remote options, in response to the public health emergency with respect to the Coronavirus Disease (COVID-19).

(b) Prioritized uses. The federal funds provided to the State by the American Rescue Plan Act of 2021, Pub. L. 117-2, in the Coronavirus Capital Projects Fund shall be prioritized for critical capital projects proposed by the Executive, Legislative, and Judicial Branches in response to the COVID-19 pandemic and the entire amount provided to the State shall not be for the exclusive use of any single branch of State government.

(c) Recommendation.

(1) On or before December 15, 2021, the Commissioner of Finance and Management shall recommend a list of priority projects for the use of federal funds by the Executive Branch from the Coronavirus Capital Projects Fund for FY 2023 to the Governor for the FY 2022–2023 capital budget adjustment report. Consistent with federal guidance as it becomes available, Executive Branch recommendations may include infrastructure that provides the greatest economic benefit in and among our communities. Any recommendations shall take into consideration the capital needs of all three branches.

(2) On or before December 15, 2021, the Joint Legislative Management Committee shall recommend a list of priority projects for the use of federal funds from the Coronavirus Capital Projects Fund for capital projects in the Legislative Branch and the Court Administrator shall submit a list of priority projects for the use of federal funds from the Coronavirus Capital Projects Fund for capital projects in the Judicial Branch to the House Committee on Corrections and Institutions and the Senate Committee on Institutions for

allocation in the FY 2022–2023 Capital Budget Adjustment Act. Any recommendations shall take into consideration the capital needs of all three branches.

Fifth: By striking out Sec. 31, effective date, and its reader assistance heading in their entirety and inserting in lieu thereof the following:

Sec. 31. 29 V.S.A. § 410 is amended to read:

§ 410. RULEMAKING; ENCROACHMENTS ON PUBLIC WATERS

(a) The Department may adopt rules to implement the requirements of this chapter.

(b) The Department shall adopt rules establishing criteria for issuing an encroachment permit under this chapter for the creation of artificial reefs or sinking of vessels within the waters under the jurisdiction of the Department, including the requirement that any creation of an artificial reef or sinking of a vessel complies with federal rules or guidance for such activities.

Sec. 32. ANR ENCROACHMENT RULES; IMPLEMENTATION

(a) On or before January 1, 2022, the Department of Environmental Conservation shall initiate the rulemaking required under 29 V.S.A. § 410.

(b) On or before July 1, 2022, the Department of Environmental Conservation shall file a final proposal of the rules required under 29 V.S.A. § 410 with the Secretary of State under 3 V.S.A. § 841.

* * * Public Safety * * *

Sec. 33. WILLISTON PUBLIC SAFETY BARRACKS; SALE

The Commissioner of Buildings and General Services is authorized to sell the property known as the Williston Public Safety Barracks (State Office Building) located at 2777 St. George Road in Williston, Vermont pursuant to the requirements of 29 V.S.A. § 166. The proceeds from the sale shall be appropriated to future capital construction projects.

* * * Effective Date * * *

Sec. 34. EFFECTIVE DATE

This act shall take effect on passage.

(Committee vote: 5-0-0)

(For House amendments, see House Journal for March 25, 2021, page 505.)

Reported favorably with recommendation of proposal of amendment by Senator Baruth for the Committee on Appropriations.

The Committee recommends that the Senate propose to the House to amend the bill by striking out Sec. 25, process for use of federal funds; FY 2022 and FY 2023; water and sewer infrastructure, in its entirety and by renumbering the remaining sections to be numerically correct.

(Committee vote: 7-0-0)

House Proposals of Amendment

S. 45

An act relating to earned discharge from probation.

The House proposes to the Senate to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 28 V.S.A. § 200 is added to read:

§ 200. PURPOSE OF PROBATION

It is the policy of this State that the purpose of probation is to rehabilitate offenders, reduce the risk that they will commit a subsequent offense, and protect the safety of the victim and the community.

Sec. 2. 28 V.S.A. § 205(b) is amended to read:

(b)(1) At or before the sentencing hearing, the prosecutor's office shall inform the victim of the mid-point review process for probationers, and that the defendant may be eligible for early discharge from probation pursuant to sections 251 and 252 of this title.

(2) The victim of a listed crime as defined in 13 V.S.A. § 5301(7) for which the offender has been placed on probation shall have the right to request and receive from the Department of Corrections information regarding the offender's general compliance with the specific conditions of probation. Nothing in this section shall require the Department of Corrections to disclose any confidential information revealed by the offender in connection with participation in a treatment program.

Sec. 3. 28 V.S.A. § 251 is amended to read:

§ 251. DURATION OF PROBATION

(a) The court placing a person on probation may terminate the period of probation and discharge the person at any time if such termination is warranted by the conduct of the offender and the ends of justice.

(b)(1) Upon the Commissioner's motion to discharge pursuant to subsection 252(d) of this title, the sentencing court shall terminate the period of probation and discharge the person at the midpoint of the probation term unless the prosecutor seeks a continuation of probation within 21 days of receipt of notice of the Commissioner's motion; and

(A) the court finds by a preponderance of the evidence that termination and discharge will present a risk of danger to the victim of the offense or to the community; or

(B) the court finds by clear and convincing evidence that the probationer is not substantially in compliance with the conditions of probation that are related to the probationer's rehabilitation or to victim or community safety.

(2) If the court grants the prosecutor's motion to continue probation, it may continue probation for the full term or any portion thereof. The court shall also review the conditions of probation and remove any conditions that are no longer necessary for the remainder of the term.

(c) A probationer shall not be deemed ineligible for discharge or term reduction due to unpaid restitution, fees, or surcharges.

Sec. 4. 28 V.S.A. § 252 is amended to read:

§ 252. CONDITIONS OF PROBATION AND MIDPOINT REVIEW

(a) Conditions, generally. The conditions of probation shall be such as the court in its discretion deems reasonably necessary to ensure that the offender will lead a law-abiding life or to assist the offender to do so. The court shall provide as an explicit condition of every sentence to probation that if the offender is convicted of another offense during the period for which the sentence remains subject to revocation, then the court may impose revocation of the offender's probation.

(b) Probation conditions. When imposing a sentence of probation, the court may, as a condition of probation, require that the offender:

* * *

(c) Certificate. When an offender is placed on probation, he or she shall be given a certificate explicitly setting forth the conditions upon which he or she is being released.

(d) Review and recommendation for discharge.

(1) The Commissioner shall review the record of each probationer serving a specified term during the month prior to the midpoint of that probationer's specified term and ~~may~~ shall file a motion requesting the sentencing court to dismiss the probationer from probation ~~or deduct a portion of the specified term from the period of probation~~ if the offender:

(A) has successfully completed a program or has attained a goal or goals specified by the conditions of probation not been found by the court to have violated the conditions of probation in the six months prior to the review;

(B) is not serving a sentence for committing a crime specified in 13 V.S.A. chapter 19, subchapters 6 and 7; 13 V.S.A. chapter 72, subchapter 1; or 13 V.S.A. § 2602; and

(C) has completed those rehabilitative or risk reduction services required as a condition of probation which have a duration that is set and knowable at the outset of probation.

~~The Commissioner may include in the motion a request that the court deduct a portion of the specified term for each condition completed or goal attained. Any motion under this section shall be made pursuant to a rule adopted by the Commissioner under 3 V.S.A. chapter 25 that shall provide that the decision to make or refrain from making a motion shall be made at the sole discretion of the Commissioner and shall not be subject to appeal.~~

(2) If the probationer does not meet the criteria set forth in subdivision (1) of this subsection, or if the court denies the Commissioner's motion to discharge, the Commissioner shall file a motion requesting the sentencing court to discharge the probation term once the probationer meets the criteria set forth in subdivision (1) of this subsection.

(3) The prosecutor shall make a reasonable effort to notify any victim of record of a motion filed to reduce a probationer's term pursuant to this subsection. "Reasonable effort" means attempting to contact the victim by first-class mail at the victim's last known address and by telephone at the victim's last known phone number.

Sec. 5. DEPARTMENT OF CORRECTIONS; PROBATION MIDPOINT REVIEW; REPORT

(a) Beginning on July 1, 2021, the Department of Corrections shall collect the following data regarding the probation midpoint review process:

(1) the number of probation discharge or probation term reduction motions filed by the Department;

(2) the number of probation terms that were reduced or terminated pursuant to this Act; and

(3) the amount of time reduced from probation terms as a result of probation term reduction motions granted by the court.

(b) On or before August 1, 2022 and August 1, 2023, the Department shall report to the Joint Legislative Justice Oversight Committee with the data collected pursuant to this section and any recommendations for further legislative action to improve the probation midpoint review process.

Sec. 6. SENTENCING COMMISSION; PROBATION TERMS FOR MISDEMEANORS

During the 2021 legislative interim, the Vermont Sentencing Commission shall review 28 V.S.A. § 205 and the December 3, 2020 report of the Pew Charitable Trusts, “States Can Shorten Probation and Protect Public Safety,” and consider whether Vermont should limit the duration of probation terms for misdemeanor offenses to two years. On or before October 1, 2021, the Commission shall issue its recommendation pursuant to this section to the Joint Legislative Justice Oversight Committee.

Sec. 7. EFFECTIVE DATE

This act shall take effect on July 1, 2021.

S. 114

An act relating to improving prekindergarten through grade 12 literacy within the State.

The House proposes to the Senate to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

* * * Purpose * * *

Sec. 1. PURPOSE

(a) The purpose of this act is to continue the ongoing work to improve literacy for all students in the State while recognizing that achieving this goal will require a multiyear and multidimensional effort requiring continued focus by the General Assembly, the Administration, and school leaders.

(b) The State has been awarded Elementary and Secondary School Emergency Relief (ESSER) funding under the American Rescue Plan Act of 2021 Section 2001(f) to carry out, directly or through grants or contracts, activities to address learning loss by supporting the implementation of evidence-based interventions, such as summer learning or summer enrichment programs, extended day programs, comprehensive afterschool programs, or

extended school year programs, and ensure that such interventions respond to students' academic, social, and emotional needs and address the disproportionate impact of the coronavirus on at-risk student populations, students experiencing homelessness, and children and youths in foster care, including by providing additional support to local educational agencies to fully address such impacts.

(c) The purpose of the technical support for supervisory unions under Sec. 3 of this act and the contractor support for the Agency of Education under Sec. 4 of this act is to carry out activities to address learning loss and improve literacy outcomes.

* * * Findings * * *

Sec. 2. FINDINGS

(a) Addressing literacy outcomes is a key strategy for the successful implementation of 2018 Acts and Resolves No. 173. The following findings from the report entitled "Expanding and Strengthening Best-Practice Supports for Students who Struggle" issued by the District Management Group in November 2017, which informed the development of Act 173, support the urgency to improve Vermont's literacy outcomes relative to special education reform:

(1) "Investing in the effectiveness of core reading instruction is critical for students in general education and students with disabilities."

(2) "Students with mild-to-moderate disabilities who struggle with reading may not be supported by teachers skilled in the teaching of reading."

(3) "While some special education teachers across the supervisory unions had a strong background in the teaching of reading, others indicated that they did not have the training or background to be effective supporting students struggling in reading."

(b) The following data indicate Vermont needs to improve its literacy outcomes at the early grades:

(1) Smarter Balanced Assessment Consortium results from 2016 to 2018 indicate that only about 50 percent of students in grade three were proficient in English Language Arts in each of these years.

(2) From 2015 to 2019, Vermont's average scale in grade four reading on the National Assessment of Educational Progress dropped every year from a high of 230 to a low score of 222.

(c) The COVID-19 emergency has adversely affected student academic and developmental progress. Failure to address literacy outcomes now could significantly impact student development for many years to come, since literacy is foundational to the success of each student.

(d) The General Assembly recognizes that improving literacy outcomes is a significant challenge for school systems and their constituencies, and that they will require time and assistance in making necessary changes.

* * * Assistance to Support Improved Literacy Outcomes * * *

Sec. 3. ASSISTANCE TO SUPPORT IMPROVED LITERACY OUTCOMES

(a) In recognition that literacy proficiency is a foundational learning skill, the technical support provided in this section is designed to assist supervisory unions improve literacy outcomes as part of their implementation of 2018 Acts and Resolves No. 173.

(b)(1) The Agency of Education shall use the funding under Sec. 4(b) of this act to:

(A) provide professional development learning modules for teachers in methods of teaching literacy in the five key areas of literacy instruction as identified by the National Reading Panel, which are phonics, phonemic awareness, vocabulary, fluency, and reading comprehension; and

(B) assist supervisory unions in implementing evidence-based systems-wide literacy approaches that address learning loss due to the COVID-19 pandemic.

(2) The Agency of Education shall, in accordance with the assurances required to be given by the Secretary of Education to the U.S. Department of Education under the American Rescue Plan Act of 2021, direct this funding to:

(A) address learning loss through the implementation of evidence-based interventions that respond to students' academic, social, and emotional needs and address the disproportionate impact of COVID-19 on student groups most impacted by the pandemic and for whom the pandemic exacerbated pre-existing inequities; and

(B) school districts that need additional support as evidenced by their needs assessment priorities in their COVID-19 recovery plans.

(c) The Agency of Education shall use the funding under Sec. 4(a) of this act to retain one or more contractors to provide the following technical assistance to supervisory unions:

(1) recommend how federal funds can be used to implement 2018 Acts and Resolves No. 173 in the context of improving literacy outcomes;

(2) recommend evidence-based best practices in teaching literacy instruction to students in prekindergarten through grade 3;

(3) recommend how to provide professional development for teachers and school leaders in methods of teaching literacy; and

(4) recommend policies, procedures, and other methods to ensure that improvements in literacy outcomes are sustained.

* * * Agency of Education; Literacy Staffing; Appropriations * * *

Sec. 4. AGENCY OF EDUCATION; CONTRACTOR; APPROPRIATIONS

(a) There is appropriated to the Agency of Education from the American Rescue Plan Act of 2021 pursuant to Section 2001(f)(4), Pub. L. No. 117-2 in fiscal year 2022 the amount of \$450,000.00 for the costs of the contractor or contractors under Sec. 3 of this act for fiscal years 2022, 2023, and 2024. The Agency may shift the use of this funding from the contractor or contractors to a limited service position that would expire at the end of fiscal year 2024 within the Agency focused on coordinating the Statewide literacy efforts.

(b) The sum of \$3,060,000.00 is appropriated from the American Rescue Plan Act of 2021 pursuant to Section 2001(f)(1), Pub. L. No. 117-2 to the Agency of Education in fiscal year 2022 for providing professional development learning modules for teachers in methods of teaching literacy and assisting supervisory unions in implementing evidence-based systems-wide literacy approaches that address learning loss for fiscal years 2022, 2023, and 2024. The Agency of Education may set aside not more than two percent of the funds appropriated under this subsection to cover the costs of retaining and overseeing the work of the contractor.

* * * Advisory Council on Literacy * * *

Sec. 5. 16 V.S.A. § 2903a is added to read:

§ 2903a. ADVISORY COUNCIL ON LITERACY

(a) Creation. There is created the Advisory Council on Literacy. The Council shall advise the Agency of Education, the State Board of Education, and the General Assembly on how to improve proficiency outcomes in literacy for students in prekindergarten through grade 12 and how to sustain those outcomes.

(b) Membership. The Council shall be composed of the following 16 members:

(1) eight members who shall serve as ex officio members:

(A) the Secretary of Education or designee;

(B) a member of the Standards Board for Professional Educators who is knowledgeable in licensing requirements for teaching literacy, appointed by the Standards Board;

(C) the Executive Director of the Vermont Superintendents Association or designee;

(D) the Executive Director of the Vermont School Boards Association or designee;

(E) the Executive Director of the Vermont Council of Special Education Administrators or designee;

(F) the Executive Director of the Vermont Principals' Association or designee;

(G) the Executive Director of the Vermont Independent Schools Association or designee; and

(H) the Executive Director of the Vermont-National Education Association or designee; and

(2) eight members who shall serve two-year terms:

(A) a representative appointed by the Vermont Curriculum Leaders Association;

(B) three teachers appointed by the Vermont-National Education Association who teach literacy, one of whom shall be a special education literacy teacher and two of whom shall teach literacy to students in prekindergarten through grade three;

(C) three community members who have struggled with literacy proficiency or supported others who have struggled with literacy proficiency, one of whom shall be a high school student, appointed by the Agency of Education in consultation with the Vermont Family Network; and

(D) one member appointed by the Agency of Education who has expertise in working with students with dyslexia.

(c) Members with two-year terms.

(1) A member with a term limit shall serve a term of two years and until a successor is appointed. A term shall begin on January 1 of the year of appointment and run through December 31 of the last year of the term. Terms of these members shall be staggered so that not all terms expire at the same time.

(2) A vacancy created before the expiration of a term shall be filled in the same manner as the original appointment for the unexpired portion of the term.

(3) A member with a term limit shall not serve more than two consecutive terms. A member appointed to fill a vacancy created before the expiration of a term shall not be deemed to have served a term for the purpose of this subdivision.

(d) Powers and duties. The Council shall advise the Agency of Education, the State Board of Education, and the General Assembly on how to improve proficiency outcomes in literacy for students in prekindergarten through grade 12 and how to sustain those outcomes and shall:

(1) advise the Agency of Education on how to:

(A) update section 2903 of this title;

(B) implement the statewide literacy plan required by section 2903 of this title and whether, based on its implementation, changes should be made to the plan; and

(C) maintain the statewide literacy plan;

(2) advise the Agency of Education on what services the Agency should provide to school districts to support implementation of the plan and on staffing levels and resources needed at the Agency to support the statewide effort to improve literacy;

(3) develop a plan for collecting literacy-related data that informs:

(A) literacy instructional practices;

(B) teacher professional development in the field of literacy;

(C) what proficiencies and other skills should be measured through literacy assessments and how those literacy assessments are incorporated into local assessment plans; and

(D) how to identify school progress in achieving literacy outcomes, including closing literacy gaps for students from historically underserved populations;

(4) recommend best practices for Tier 1, Tier 2, and Tier 3 literacy instruction within the multitiered system of supports required under section 2902 of this title to best improve and sustain literacy proficiency; and

(5) review literacy assessments and outcomes and provide ongoing advice as to how to continuously improve those outcomes and sustain that improvement.

(e) Report. Notwithstanding 2 V.S.A. § 20(d), annually on or before December 15, the Council shall submit a written report to the House and Senate Committees on Education with its findings, any recommendations for legislative action, and progress toward outcomes identified in this section. The report shall contain an executive summary, which shall not exceed two pages.

(f) Meetings.

(1) The Secretary of Education shall call the first meeting of the Council to occur on or before August 1, 2021.

(2) The Council shall select a chair from among its members.

(3) A majority of the membership shall constitute a quorum.

(4) The Council shall meet not more than eight times per year.

(g) Assistance. The Council shall have the administrative, technical, and legal assistance of the Agency of Education.

(h) Compensation and reimbursement. Members of the Council shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than eight meetings of the Council per year.

Sec. 6. APPROPRIATION; ADVISORY COUNCIL ON LITERACY

The sum of \$24,000.00 is appropriated from the American Rescue Plan Act of 2021 pursuant to Section 2001(f)(4), Pub. L. No. 117-2 in fiscal year 2022 to the Agency of Education for per diem and reimbursement of expenses for members of the Advisory Council on Literacy created under Sec. 5 of this act for fiscal years 2022, 2023, and 2024.

Sec. 7. REPEAL; ADVISORY COUNCIL ON LITERACY

16 V.S.A. § 2903a (Advisory Council on Literacy) as added by this act is repealed on June 30, 2024.

Sec. 8. IMPLEMENTATION OF THE ADVISORY COUNCIL ON LITERACY

(a) The Advisory Council on Literacy, created in Sec. 5 of this act, is established on August 1, 2021.

(b) Members of the Council shall be appointed on or before August 1, 2021 and, for members with a term limit, their service on the Council from the date of appointment through December 31, 2021 shall not be counted toward their term limit.

(c)(1) In order to stagger the terms of the members of the Council, the initial terms of the following members shall be for one year:

(A) two of the teachers appointed under subdivision (b)(2)(B) of Sec. 5 of this act; and

(B) two of the community members appointed under subdivision (b)(2)(C) of Sec. 5 of this act.

(2) After the expiration of the initial term set forth in subdivision (1) of this subsection, Council member terms shall be as set forth in 16 V.S.A. § 2903a(c) in Sec. 5 of this act.

* * * Review of Teacher Preparation Programs * * *

Sec. 9. TEACHER PREPARATION PROGRAMS; REVIEW

(a) On or before October 1, 2022, the Agency of Education, in collaboration with the Standards Board for Professional Educators, shall review:

(1) teacher preparation programs to assess to what extent these programs prepare teacher candidates to use “evidence-based literacy instruction”; and

(2) licensing and re-licensing criteria as it pertains to literacy instruction.

(b) As used in this section, “evidence-based literacy instruction” means reading, writing, and spelling instruction that is supported by high-quality research that meets rigorous standards and is proven to translate effectively to classroom practices.

* * * Agency of Education Reports * * *

Sec. 10. AGENCY OF EDUCATION; REPORTS

On or before December 15 of each of 2021, 2022, and 2023, the Agency of Education shall report to the General Assembly the statewide progress in achieving the purpose of this act, which is to improve literacy outcomes for all students in the State.

* * * Census-based Funding Advisory Group * * *

Sec. 11. 2018 Acts and Resolves No. 173, Sec. 9 (Census-based Funding Advisory Group), as amended by 2020 Acts and Resolves No. 112, Sec. 4 is further amended to read:

Sec. 9. CENSUS-BASED FUNDING ADVISORY GROUP

* * *

(e) Meetings.

* * *

(4) The Advisory Group shall cease to exist on June 30, 2023.

(f) Reports. On or before January 15, 2019, the Advisory Group shall submit a written report to the House and Senate Committees on Education and the State Board of Education with its findings and recommendations on the development of proposed rules to implement this act and any recommendations for legislation. On or before January 15 of 2020, 2021, ~~and 2022,~~ and 2023, the Advisory Group shall submit a supplemental written report to the House and Senate Committees on Education and the State Board of Education with a status of implementation under this act and any recommendations for legislation.

(g) Reimbursement. Members of the Advisory Group who are not employees of the State of Vermont and who are not otherwise compensated or reimbursed for their attendance shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than eight meetings per year in fiscal years 2019 and 2020 and not more than 12 meetings per year in each of fiscal years 2021, 2022, and 2023.

(h) Appropriation. The sum of \$5,376.00 is appropriated for fiscal year 2018 from the General Fund to the Agency of Education to provide funding for per diem compensation and reimbursement under subsection (g) of this section. The sum of \$9,018.00 is appropriated for fiscal year 2021 from the General Fund to the Agency of Education to provide funding for per diem compensation and reimbursement under subsection (g) of this section. ~~The~~

~~Agency shall include in its budget request to the General Assembly for each of fiscal years 2022 and 2023 the amount of \$9,018.00 to provide funding for per diem compensation and reimbursement under subsection (g) of this section.~~

* * * Effective Date * * *

Sec. 12. EFFECTIVE DATE

This act shall take effect on passage.

ORDERED TO LIE

S. 100.

An act relating to universal school breakfast and lunch for all public school students and to creating incentives for schools to purchase locally produced foods.

CONFIRMATIONS

The following appointments will be considered by the Senate, as a group, under suspension of the Rules, as moved by the President *pro tempore*, for confirmation together and without debate, by consent thereby given by the Senate. However, upon request of any senator, any appointment may be singled out and acted upon separately by the Senate, with consideration given to the report of the Committee to which the appointment was referred, and with full debate; and further, all appointments for the positions of Secretaries of Agencies, Commissioners of Departments, Judges, Magistrates, and members of the Public Utility Commission shall be fully and separately acted upon.

Cory G. Gustafson of Montpelier – Commissioner, Department of Vermont Health Access – By Sen. Cummings for the Committee on Health and Welfare. (4/6/21)

Dr. Jessica Holmes of Cornwall – Member, Green Mountain Care Board – By Sen. Hardy for the Committee on Health and Welfare. (4/7/21)

Mark A. Levine, MD of Shelburne – Commissioner, Department of Health – By Sen. Hardy for the Committee on Health and Welfare. (4/7/21)

John J. Quinn III of Berlin – Secretary, Agency of Digital Services – By Sen. Ram for the Committee on Government Operations. (4/14/21)

June Tierney of Randolph – Commissioner, Department of Public Service – By Sen. Cummings for the Committee on Finance. (4/14/21)

Michael Pieciak of Winooski – Commissioner, Department of Financial Regulation – By Sen. Sirotkin for the Committee on Finance. (4/15/21)

Craig Bolio of Essex Junction – Commissioner, Department of Taxes – By Sen. MacDonald for the Committee on Finance. (4/20/21)

Julia S. Moore of Middlesex – Secretary, Agency of Natural Resources – By Sen. Bray for the Committee on Natural Resources and Energy. (4/21/21)

Julie Hulburt of Colchester – Member, Cannabis Control Board – By Sen. Ram for the Committee on Government Operations. (4/22/21)

James Pepper of Montpelier – Chair, Cannabis Control Board – By Sen. White for the Committee on Government Operations. (4/22/21)

Kyle Harris of Montpelier – Member, Cannabis Control Board – By Sen. Collamore for the Committee on Government Operations. (4/27/21)

Louis Porter of Adamant – Commissioner, Department of Fish and Wildlife – By Sen. Westman for the Committee on Natural Resources and Energy. (4/27/21)

Diane Snelling of Hinesburg – Chair, Natural Resources Board – By Sen. McCormack for the Committee on Natural Resources and Energy. (4/27/21)

Michael C. Snyder of Stowe – Commissioner, Department of Forests, Parks and Recreation – By Sen. Westman for the Committee on natural Resources and Energy. (4/27/21)

David Coen of Shelburne – Chair, Transportation Board – By Sen. Ingalls for the Committee on Transportation. (4/27/21)

Tim Hayward of Middlesex – Member, Transportation Board – By Sen. Mazza for the Committee on Transportation. (4/27/21)

PUBLIC HEARINGS

Joint public hearing to hear Vermont's unemployment insurance issues for employees and employers during the COVID pandemic

On Tuesday, May 4, 2021 from 5:00 p.m. to 7:00 p.m. the House Committee on Commerce and Economic Development and the House Committee on Government Operations will hold a joint public hearing to listen to employees and employers in Vermont about the issues faced with unemployment insurance during the COVID pandemic. The public is invited to register to speak at the hearing or submit written testimony.

To register as a speaker at the hearing, please sign up here: <https://legislature.vermont.gov/links/public-hearing-unemployment>

Registrations will be accepted on a first-come, first-served basis, and testimony time will be limited to two minutes per person.

To submit written testimony, please email an MS Word or PDF file to testimony@leg.state.vt.us

The hearing will be live streamed on the Legislature's Joint Committees YouTube channel here:

<https://legislature.vermont.gov/committee/streaming/shared-joint-committees>

JFO NOTICE

Grants and Positions that have been submitted to the Joint Fiscal Committee by the Administration, under 32 V.S.A. §5(b)(3):

JFO #3043 - \$4,284,369 from the US Dept of Education to the VT Agency of Education for assistance to VT's approved and recognized non-profit independent schools to address educational disruptions caused by COVID-19. Funds will be managed by the VT Agency of Education. *[NOTE: Funds will be used with the GEER EANS program: Governor's Emergency Education Relief (GEER) Emergency Assistance to Non-public Schools (EANS). This program is replacing Equitable Services in ESSER II and III. Please see this overview of how the funds will be used by the AOE to support independent schools.]*

[JFO received 4/5/2021]

JFO #3044 – One (1) limited service position to the VT Dept. of Disabilities, Aging and Independent Living to develop a Northeast Network of mental health counselors familiar with farmer related stressors. Total first year amount of \$146,766 from the U.S. Department of Agriculture. Position has been approved for 1 year and is expected to be approved for 2 additional years.

[JFO received 4/5/2021]

JFO #3045 - 48 (forty-eight) limited-service positions to carry out the ongoing work for an effective public health response to COVID-19. *[NOTE: Positions to be funded through ongoing CDC grants #2254 (Immunization) and #2478 (Epidemiology and Laboratory Capacity) previously approved in 2006 and 2010, respectively.]*

[JFO received 4/13/2021]

FOR INFORMATION ONLY

CROSSOVER DATES

The Joint Rules Committee established the following Crossover deadlines:

(1) All **Senate/House** bills must be reported out of the last committee of reference (including the Committees on Appropriations and Finance/Ways and Means, except as provided below in (2) and the exceptions listed below) on or before **Friday, March 12, 2021**, and filed with the Secretary/Clerk so they may be placed on the Calendar for Notice the next legislative day – Committee bills must be voted out of Committee by Friday March 12, 2021.

(2) All **Senate/House** bills referred pursuant to Senate Rule 31 or House Rule 35(a) to the Committees on Appropriations and Finance/Ways and Means must be reported out by the last of those committees on or before **Friday, March 19, 2021**, and filed with the Secretary/Clerk so they may be placed on the Calendar for Notice the next legislative day.

Note: The Senate will not act on bills that do not meet these crossover deadlines, without the consent of the Senate Rules Committee.

Exceptions to the foregoing deadlines include the major money bills (the general Appropriations bill (“The Big Bill”), the Transportation Capital bill, the Capital Construction bill and the Fee/Revenue bills).