

1 Introduced by Committee on Health and Welfare

2 Date:

3 Subject: Health; COVID-19; health care providers; regulatory flexibility;
4 advance directives; immunization registry

5 Statement of purpose of bill as introduced: This bill proposes to extend until
6 March 31, 2022 certain provisions of 2020 Acts and Resolves Nos. 91 and 140
7 allowing for health care-related regulatory flexibility during and immediately
8 following the COVID-19 pandemic. It would authorize the Department of
9 Financial Regulation to adopt rules expanding patients' access to and
10 providers' reimbursement for health care services delivered by telephone until
11 January 1, 2024. The bill would also allow remote witnesses for advance
12 directives through June 30, 2022 and permit the Department of Health to
13 provide immunization registry information to the Vermont Health Information
14 Exchange.

15 An act relating to extending health care regulatory flexibility during and
16 after the COVID-19 pandemic

17 It is hereby enacted by the General Assembly of the State of Vermont:

18 Sec. 1. 2020 Acts and Resolves No. 91, as amended by 2020 Acts and
19 Resolves No. 140, Sec. 13, is further amended to read:

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

1 Department of Health regarding measures to address employee safety, to the
2 extent feasible.

3 * * * Compliance Flexibility * * *

4 Sec. 4. HEALTH CARE AND HUMAN SERVICE PROVIDER
5 REGULATION; WAIVER OR VARIANCE PERMITTED

6 Notwithstanding any provision of the Agency of Human Services’
7 administrative rules or standards to the contrary, through March 31, ~~2024~~
8 2022, the Secretary of Human Services may waive or permit variances from
9 the following State rules and standards governing providers of health care
10 services and human services as necessary to prioritize and maximize direct
11 patient care, support children and families who receive benefits and services
12 through the Department for Children and Families, and allow for continuation
13 of operations with a reduced workforce and with flexible staffing arrangements
14 that are responsive to evolving needs, to the extent such waivers or variances
15 are permitted under federal law:

- 16 (1) Hospital Licensing Rule;
17 (2) Hospital Reporting Rule;
18 (3) Nursing Home Licensing and Operating Rule;
19 (4) Home Health Agency Designation and Operation Regulations;
20 (5) Residential Care Home Licensing Regulations;
21 (6) Assisted Living Residence Licensing Regulations;

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

12 * * *

13 Sec. 6. MEDICAID AND HEALTH INSURERS; PROVIDER
14 ENROLLMENT AND CREDENTIALING

15 ~~(a) Until the last to terminate of a declared state of emergency in Vermont~~
16 ~~as a result of COVID-19, a declared federal public health emergency as a result~~
17 ~~of COVID-19, and a declared national emergency as a result of COVID-19~~
18 March 31, 2022, and to the extent permitted under federal law, the Department
19 of Vermont Health Access shall relax provider enrollment requirements for the
20 Medicaid program, and the Department of Financial Regulation shall direct
21 health insurers to relax provider credentialing requirements for health

1 insurance plans, in order to allow for individual health care providers to deliver
2 and be reimbursed for services provided across health care settings as needed
3 to respond to Vermonters’ evolving health care needs.

4 ~~(b) In the event that another state of emergency is declared in Vermont as a~~
5 ~~result of COVID-19 after the termination of the State and federal emergencies,~~
6 ~~the Departments shall again cause the provider enrollment and credentialing~~
7 ~~requirements to be relaxed as set forth in subsection (a) of this section.~~

8 * * *

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

10 * * *

11 Sec. 9. PRESCRIPTION DRUGS; MAINTENANCE MEDICATIONS;

12 EARLY REFILLS

13 (a) As used in this section, “health insurance plan” means any health
14 insurance policy or health benefit plan offered by a health insurer, as defined in
15 18 V.S.A. § 9402. The term does not include policies or plans providing
16 coverage for a specified disease or other limited benefit coverage.

17 (b) Through ~~June 30, 2021~~ March 31, 2022, all health insurance plans and
18 Vermont Medicaid shall allow their members to refill prescriptions for chronic
19 maintenance medications early to enable the members to maintain a 30-day
20 supply of each prescribed maintenance medication at home.

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

5 * * *

6 Sec. 12. BUPRENORPHINE; PRESCRIPTION RENEWALS

7 Through March 31, ~~2021~~ 2022, to the extent permitted under federal law, a
8 health care professional authorized to prescribe buprenorphine for treatment of
9 substance use disorder may authorize renewal of a patient’s existing
10 buprenorphine prescription without requiring an office visit.

11 Sec. 13. 24-HOUR FACILITIES AND PROGRAMS; BED-HOLD DAYS

12 Through March 31, ~~2021~~ 2022, to the extent permitted under federal law,
13 the Agency of Human Services may reimburse Medicaid-funded long-term
14 care facilities and other programs providing 24-hour per day services for their
15 bed-hold days.

16 * * * Regulation of Professions * * *

17 * * *

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

1 (a) Notwithstanding any provision of Vermont’s professional licensure
2 statutes or rules to the contrary, through March 31, ~~2021~~ 2022, a health care
3 professional, including a mental health professional, who holds a valid license,
4 certificate, or registration to provide health care services in any other U.S.
5 jurisdiction shall be deemed to be licensed, certified, or registered to provide
6 health care services, including mental health services, to a patient located in
7 Vermont using telehealth, as a volunteer member of the Medical Reserve
8 Corps, or as part of the staff of a licensed facility or federally qualified health
9 center, provided the health care professional:

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

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

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

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

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

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

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

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

12 (d)(1) This section shall remain in effect through March 31, ~~2021~~ 2022,
13 provided the health care professional remains licensed, certified, or registered
14 in good standing.

15 (2) The Board of Medical Practice and Office of Professional
16 Regulation shall provide appropriate notice of the March 31, 2022 expiration
17 date of this section to:

18 (A) health care professionals providing health care services in
19 Vermont under this section;

20 (B) the Medical Reserve Corps; and

1 (C) health care facilities and federally qualified health centers at
2 which health care professionals are providing services under this section.

3 Sec. 18. ~~RETIRED HEALTH CARE PROFESSIONALS~~ INACTIVE
4 LICENSEES; BOARD OF MEDICAL PRACTICE; OFFICE OF
5 PROFESSIONAL REGULATION

6 (a)(1) Through March 31, ~~2021~~ 2022, a former health care professional,
7 including a mental health professional, ~~who retired~~ whose Vermont license,
8 certificate, or registration became inactive not more than three years earlier
9 ~~with the individual's Vermont license, certificate, or registration~~ and was in
10 good standing at the time it became inactive may provide health care services,
11 including mental health services, to a patient located in Vermont using
12 telehealth, as a volunteer member of the Medical Reserve Corps, or as part of
13 the staff of a licensed facility or federally qualified health center after
14 submitting, or having submitted on the individual's behalf, to the Board of
15 Medical Practice or Office of Professional Regulation, as applicable, the
16 individual's name, contact information, and the location or locations at which
17 the individual will be practicing.

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

1 Sec. 20. OFFICE OF PROFESSIONAL REGULATION; BOARD OF
2 MEDICAL PRACTICE; EMERGENCY AUTHORITY TO ACT
3 FOR REGULATORY BOARDS

4 (a)(1) Through March 31, ~~2021~~ 2022, if the Director of Professional
5 Regulation finds that a regulatory body attached to the Office of Professional
6 Regulation by 3 V.S.A. § 122 cannot reasonably, safely, and expeditiously
7 convene a quorum to transact business, the Director may exercise the full
8 powers and authorities of that regulatory body, including disciplinary
9 authority.

10 (2) Through March 31, ~~2021~~ 2022, if the Executive Director of the
11 Board of Medical Practice finds that the Board cannot reasonably, safely, and
12 expeditiously convene a quorum to transact business, the Executive Director
13 may exercise the full powers and authorities of the Board, including
14 disciplinary authority.

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

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

1 **a declared state of emergency in Vermont as a result of COVID-19, a**
2 **health care provider shall not be required to obtain and document** a

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

7 * * *

8 Sec. 2. 2020 Acts and Resolves No. 140, Sec. 15 is amended to read:

9 Sec. 15. BOARD OF MEDICAL PRACTICE; TEMPORARY

10 PROVISIONS; PHYSICIANS, PHYSICIAN ASSISTANTS,

11 AND PODIATRISTS

12 (a) Notwithstanding any provision of 26 V.S.A. § 1353(11) to the contrary,
13 the Board of Medical Practice or its Executive Director may issue a temporary
14 license through March 31, ~~2021~~ 2022 to an individual who is licensed to
15 practice as a physician, physician assistant, or podiatrist in another jurisdiction,
16 whose license is in good standing, and who is not subject to disciplinary
17 proceedings in any other jurisdiction. The temporary license shall authorize
18 the holder to practice in Vermont until a date not later than April 1, ~~2021~~ 2022,
19 provided the licensee remains in good standing.

20 (b) Through March 31, ~~2021~~ 2022, the Board of Medical Practice or its
21 Executive Director may waive ~~supervision and scope of practice~~ requirements

1 for physician assistants, including scope of practice requirements and the
2 requirement for documentation of the relationship between a physician
3 assistant and a physician pursuant to 26 V.S.A. § 1735a. The Board or
4 Executive Director may impose limitations or conditions when granting a
5 waiver under this subsection.

6 Sec. 3. 2020 Acts and Resolves No. 91, Sec. 8, as amended by 2020 Acts and
7 Resolves No. 140, Sec. 13 and 2020 Acts and Resolves No. 159, Sec. 10, is
8 further amended to read:

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

11 (a) It is the intent of the General Assembly to increase Vermonters' access
12 to medically necessary health care services during and after a declared state of
13 emergency in Vermont as a result of COVID-19.

14 (b)(1) ~~Until July 1, 2021~~ April 1, 2022, and notwithstanding any provision
15 of 3 V.S.A. § 844 to the contrary, the Department of Financial Regulation shall
16 consider adopting, and shall have the authority to adopt, emergency rules to
17 address the following through ~~June 30, 2021~~ March 30, 2022:

18 ~~(A)~~ (A) expanding health insurance coverage for, and waiving or limiting
19 cost-sharing requirements directly related to, the diagnosis of COVID-19,
20 including tests for influenza, pneumonia, and other respiratory viruses
21 performed in connection with making a COVID-19 diagnosis; the treatment of

1 COVID-19 when it is the primary or a secondary diagnosis; and the prevention
2 of COVID-19; and

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

7 ~~(3) expanding patients' access to and providers' reimbursement for~~
8 ~~health care services, including preventive services, consultation services, and~~
9 ~~services to new patients, delivered remotely through telehealth, audio-only~~
10 ~~telephone, and brief telecommunication services.~~

11 (2) Any rules adopted in accordance with this subsection shall remain in
12 effect until not later than April 1, 2022.

13 Sec. 4. 8 V.S.A. chapter 107, subchapter 14 is amended to read:

14 Subchapter 14. ~~Telemedicine~~ Telehealth

15 * * *

16 § 41001. COVERAGE OF HEALTH CARE SERVICES DELIVERED BY
17 AUDIO-ONLY TELEPHONE

18 (a) As used in this section:

19 (1) "Health care provider" means a person, partnership, or corporation,
20 other than a facility or institution, that is licensed, certified, or otherwise

1 authorized by law to provide professional health care services in this State to
2 an individual during that individual’s medical care, treatment, or confinement.

3 (2) “Health insurance plan” means any health insurance policy or health
4 benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402;
5 Medicaid, to the extent permitted by the Centers for Medicare and Medicaid
6 Services; and any other public health care assistance program offered or
7 administered by the State or by any subdivision or instrumentality of the State.
8 The term does not include policies or plans providing coverage for a specified
9 disease or other limited benefit coverage.

10 (b)(1) A health insurance plan shall provide coverage for all medically
11 necessary, clinically appropriate health care services delivered remotely by
12 audio-only telephone to the same extent that the plan would cover the services
13 if they were provided through in-person consultation. Services covered under
14 this subdivision shall include services that are covered when provided in the
15 home by home health agencies.

16 (2) A health insurance plan may charge an otherwise permissible
17 deductible, co-payment, or coinsurance for a health care service delivered by
18 audio-only telephone provided that it does not exceed the deductible, co-
19 payment, or coinsurance applicable to an in-person consultation.

1 the provider’s licensing board on the appropriate use of audio-only telephone
2 in health care delivery.

3 (2) A health care provider delivering health care services using audio-
4 only telephone shall include or document in the patient’s medical record:

5 (A) the patient’s informed consent for receiving services using audio-
6 only telephone in accordance with subsection (c) of this section; and

7 (B) the reason or reasons that the provider determined that it was
8 clinically appropriate to deliver health care services to the patient by audio-
9 only telephone.

10 (3)(A) A health care provider shall not require a patient to receive health
11 care services by audio-only telephone if the patient does not wish to receive
12 services in this manner.

13 (B) A health care provider shall deliver care that is timely and
14 complies with contractual requirements and shall not delay care unnecessarily
15 if a patient elects to receive services through an in-person visit or telemedicine
16 instead of by audio-only telephone.

17 (c) A health care provider delivering health care services by audio-only
18 telephone shall obtain and document a patient’s oral or written informed
19 consent for the use of audio-only telephone prior to the appointment or at the
20 start of the appointment but prior to delivering any billable service.

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

5 (A) that the patient is entitled to choose to receive services by audio-
6 only telephone, in person, or through telemedicine, to the extent clinically
7 appropriate;

8 (B) that receiving services by audio-only telephone does not preclude
9 the patient from receiving services in person or through telemedicine at a later
10 date;

11 (C) an explanation of the opportunities and limitations of delivering
12 and receiving health care services using audio-only telephone;

13 (D) informing the patient of the presence of any other individual who
14 will be participating in or listening to the patient’s consultation with the
15 provider and obtaining the patient’s permission for the participation or
16 observation;

17 (E) whether the services will be billed to the patient’s health
18 insurance plan if delivered by audio-only telephone and what this may mean
19 for the patient’s financial responsibility for co-payments, coinsurance, and
20 deductibles; and

1 (F) informing the patient that not all audio-only health care services
2 are covered by all health plans.

3 (2) For services delivered by audio-only telephone on an ongoing basis,
4 the health care provider shall be required to obtain consent only at the first
5 episode of care.

6 (3) If the patient provides oral informed consent, the provider shall offer
7 to provide the patient with a written copy of the informed consent.

8 (4) Notwithstanding any provision of this subsection to the contrary, a
9 health care provider shall not be required to obtain a patient’s informed
10 consent for the use of audio-only telephone services in the case of a medical
11 emergency.

12 (5) A health care provider may use a single informed consent form to
13 address all telehealth modalities, including telemedicine, store and forward,
14 and audio-only telephone, as long as the form complies with the provisions of
15 section 9361 of this chapter and this section.

16 (d) Neither a health care provider nor a patient shall create or cause to be
17 created a recording of a provider’s telephone consultation with a patient.

18 (e) Audio-only telephone services shall not be used in the following
19 circumstances:

1 (1) for the second certification of an emergency examination
2 determining whether an individual is a person in need of treatment pursuant to
3 section 7508 of this title; or

4 (2) for a psychiatrist’s examination to determine whether an individual
5 is in need of inpatient hospitalization pursuant to 13 V.S.A. § 4815(g)(3).

6 Sec. 6. AUDIO-ONLY TELEPHONE; MEDICAL BILLING; DATA
7 COLLECTION; REPORT

8 (a)(1) On or before July 1, 2021, the Department of Financial Regulation,
9 in consultation with the Department of Vermont Health Access, the Green
10 Mountain Care Board, representatives of health care providers, health insurers,
11 and other interested stakeholders, shall determine the appropriate codes or
12 modifiers, or both, to be used by providers and insurers, including Vermont
13 Medicaid to the extent permitted by the Centers for Medicare and Medicaid
14 Services, in the billing of and payment for health care services delivered using
15 audio-only telephone in order to allow for consistent data collection, identify
16 appropriate codes for services that do not have in-person equivalents, and
17 minimize the administrative burden on providers. To the extent possible, the
18 use of codes or modifiers, or both, shall be done in a manner that allows data
19 on the use of audio-only telephone services to be identified using the Vermont
20 Healthcare Claims Uniform Reporting and Evaluation System (VHCURES).

1 (2) Not later than January 1, 2022, all Vermont-licensed health care
2 providers and health insurers offering major medical health insurance plans in
3 Vermont shall use the codes and modifiers determined by the Department of
4 Financial Regulation pursuant to subdivision (1) of this subsection when
5 delivering services by audio-only telephone. Vermont Medicaid shall
6 participate to the extent permitted by the Centers for Medicare and Medicaid
7 Services.

8 (b) On or before December 1, 2023, the Department of Financial
9 Regulation, the Vermont Program for Quality in Health Care, and, to the extent
10 VHCURES data are available, the Green Mountain Care Board shall present
11 information to the House Committee on Health Care and the Senate Committee
12 on Health and Welfare regarding the use of audio-only telephone services in
13 Vermont during calendar year 2022. The Department shall consult with
14 interested stakeholders in order to include in its presentation information on
15 utilization of audio-only telephone services, quality of care, patient satisfaction
16 with receiving health care services by audio-only telephone, the impacts of
17 coverage of audio-only telephone services on health care costs and on access to
18 health care services, and how best to incorporate audio-only telephone services
19 into value-based payments.

20 Sec. 7. AUDIO-ONLY TELEPHONE REIMBURSEMENT AMOUNTS

21 FOR PLAN YEARS 2022, 2023, AND 2024

1 The Department of Financial Regulation, in consultation with the
2 Department of Vermont Health Access, the Green Mountain Care Board,
3 representatives of health care providers, health insurers, and other interested
4 stakeholders, shall determine the amounts that health insurance plans shall
5 reimburse health care providers for delivering health care services by audio-
6 only telephone during plan years 2022, 2023, and 2024. **In determining the**
7 **reimbursement amounts, the Department shall seek to find a reasonable**
8 **balance between the costs to patients and the health care system and**
9 **reimbursement amounts that do not discourage health care providers**
10 **from delivering medically necessary, clinically appropriate health care**
11 **services by audio-only telephone.** The Department may determine different
12 reimbursement amounts for different types of services and may modify the
13 rates that will apply in different plan years as appropriate, but shall finalize its
14 determinations not later than April 1 for plan years after 2022.

15 Sec. 8. TELEPHONE TRIAGE SERVICES; DEPARTMENT OF

16 FINANCIAL REGULATION; EMERGENCY RULEMAKING

17 Notwithstanding any provision of 3 V.S.A. § 844 to the contrary, the
18 Department of Financial Regulation shall consider adopting, and shall have the
19 authority to adopt, emergency rules to address health insurance coverage of
20 and reimbursement for telephone calls used to determine whether an office

1 visit or other service is needed. Emergency rules adopted pursuant to this
2 section shall remain in effect until not later than April 1, 2022.

3 Sec. 9. 8 V.S.A. § 4100k(a)(2) is amended to read:

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

9 (B) The provisions of subdivision (A) of this subdivision (2) shall not
10 apply:

11 (i) to services provided pursuant to the health insurance plan's
12 contract with a third-party telemedicine vendor to provide health care or dental
13 services; or

14 (ii) in the event that a health insurer and health care provider enter
15 into a value-based contract for health care services that include care delivered
16 through telemedicine or by store-and-forward means.

17 Sec. 10. 18 V.S.A. § 9721 is amended to read:

18 § 9721. ADVANCE DIRECTIVES; COVID-19 STATE OF EMERGENCY;

19 REMOTE WITNESSES AND EXPLAINERS

20 * * *

1 Sec. 11. 18 V.S.A. § 1129 is amended to read:

2 § 1129. IMMUNIZATION REGISTRY

3 (a) A health care provider shall report to the Department all data regarding
4 immunizations of adults and of children under 18 years of age within seven
5 days of the immunization, provided that required reporting of immunizations
6 of adults shall commence within one month after the health care provider has
7 established an electronic health records system and data interface pursuant to
8 the e-health standards developed by the Vermont Information Technology
9 Leaders. A health insurer shall report to the Department all data regarding
10 immunizations of adults and of children under 18 years of age at least
11 quarterly. All data required pursuant to this subsection shall be reported in a
12 format required by the Department.

13 (b) The Department may use the data to create a registry of immunizations.
14 Registry information shall remain confidential and privileged, except as
15 provided in subsections (c) and (d) of this section. Registry information
16 regarding a particular adult shall be provided, upon request, to the adult, the
17 adult's health care provider, and the adult's health insurer. Registry
18 information regarding a particular minor child may be provided, upon request,
19 to school nurses, or in the absence of a nurse on staff, administrators, and upon
20 request and with written parental consent, to licensed day care providers, to
21 document compliance with Vermont immunization laws. Registry information

1 regarding a particular child shall be provided, upon request to the minor child's
2 parent or guardian, health insurer, and health care provider, or to the child after
3 the child reaches the age of majority.

4 (c) The Department may exchange confidential registry information with
5 the immunization registries of other states in order to obtain comprehensive
6 immunization records.

7 (d) The Department may provide confidential registry information to health
8 care provider networks serving Vermont patients, to the Vermont Health
9 Information Exchange, and, with the approval of the Commissioner, to
10 researchers who present evidence of approval from an institutional review
11 board in accordance with 45 C.F.R. § 164.512.

12 (e) Prior to releasing confidential information pursuant to subsections (c)
13 and (d) of this section, the Commissioner shall obtain from State registries,
14 health care provider networks, the Vermont Health Information Exchange, and
15 researchers a written agreement to keep any identifying information
16 confidential and privileged.

17 * * *

18 Sec. 12. EFFECTIVE DATE

19 This act shall take effect on passage.