Good morning and thank you for this opportunity to speak with you about S.37. My name is Patty Turley, and I am the General Counsel for the Vermont State Colleges System. We have three institutions with residential students at four primary locations in Castleton, Lyndon, Johnson, and Randolph, with some students also residing in Williston or Killington. These rural campuses serve nearly five thousand students, combined. Vermont State Colleges System also includes the Community College of Vermont, with a presence in at least twelve locations around the state, serving thousands more students, none of whom reside on CCV property.

The four main campuses offer a range of medical and mental health services via nurses, physician's assistants, and licensed mental health counselors. Mental health counseling is a focus of our student care. While we welcome and support all students regardless of gender identity, we do not provide gender-affirming medical care or other medical care as described by the bill on any campus. As of July 1, the residential campuses will all be part of Vermont State University, and the development of the student health sections of that new website is underway.¹

CCV serves commuting students who reside in Vermont communities. Our CCV students receive medical care from their selected providers. As such, the College does not offer health care services. If students indicate they need assistance, CCV's Working Bridges 211 Coordinator (United Way) refers them to an appropriate health care provider in their community.

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¹ Due to the extraordinary efforts to prepare for the launch of Vermont State University this summer, the existing websites for student health services at Castleton University, Northern Vermont University-Johnson, Northern Vermont University-Lyndon, and Vermont Technical College may not be as up-to-date as usual.

Because the medical services described by S.37 are not provided on site, we refer students out for these medical services. For example, we might refer a student with abortion questions to the nearest Planned Parenthood or provide students with gender-affirming care needs with names of local provider options. To our knowledge, we have not had complaints from students on these issues.

Because we do not provide these services, we do not have expertise in these areas. If we are asked to develop readiness plans that rely on protocols, patient educational materials, and training for staff, we would need to connect with outside professionals for this assistance. We would also have to rely on outside experts to update the materials to stay current.

We support approaches that ensure our students have access to all of the medical services they need. The bill does not specify what is contemplated by the readiness plan, how comprehensive it will be, or whether it will require location-specific information. The bill does not describe the resources we might need to develop or implement the readiness plan. We are mindful of our own limited resources, both internally and financially if outside assistance is needed. The rural nature of our campuses and centers will remain the same as our current status, even once we complete the Vermont State

University transformation. The specific details required to meet a readiness plan given the VSC's rural locations are unclear. As this bill undergoes further editing, we respectfully request that the details required to meet a readiness plan be outlined, and that the legislature consider the assistance that an entity with expertise in these areas could provide in developing protocols, patient educational materials, and staff training.

Respectfully submitted,

Patty Turley, VSCS General Counsel