

No. 92. An act relating to the role of advanced practice providers in hospital care.

(S.163)

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

Sec. 1. 18 V.S.A. § 1851 is amended to read:

§ 1851. DEFINITIONS

As used in this subchapter:

(1) “Advanced practice registered nurse” or “APRN” means an individual licensed under 26 V.S.A. chapter 28, subchapter 2.

(2) “Hospital” means a hospital required to be licensed under chapter 43 of this title.

~~(2)~~(3) “Patient” means a person an individual admitted to a hospital on an inpatient basis.

(4) “Physician” means an individual licensed under 26 V.S.A. chapter 23 or 33.

(5) “Physician assistant” means an individual licensed under 26 V.S.A. chapter 31.

Sec. 2. 18 V.S.A. § 1852 is amended to read:

§ 1852. PATIENTS’ BILL OF RIGHTS; ADOPTION

(a) The General Assembly hereby adopts the “Bill of Rights for Hospital Patients” as follows:

(1) The patient has the right to considerate and respectful care at all times and under all circumstances with recognition of ~~his or her~~ the patient's personal dignity.

(2) The patient shall have an attending physician, physician assistant, or APRN who is responsible for coordinating a the patient's care.

(3) The patient has the right to obtain, from the physician, physician assistant, or APRN coordinating ~~his or her~~ the patient's care, complete and current information concerning diagnosis, treatment, and any known prognosis in terms the patient can reasonably be expected to understand. If the patient consents or if the patient is incompetent or unable to understand, immediate family members or a guardian may also obtain this information. The patient has the right to know by name the attending physician, physician assistant, or APRN primarily responsible for coordinating ~~his or her~~ the patient's care.

(4) Except in emergencies, the patient has the right to receive from the patient's physician, physician assistant, or APRN information necessary to give informed consent prior to the start of any procedure or treatment, or both. Such information for informed consent should include the specific procedure or treatment, or both; the medically significant risks involved; and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has

the right to know the name of the person responsible for the procedures or treatment, or both.

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(7) The patient has the right to expect that all communications and records pertaining to ~~his or her~~ the patient's care shall be treated as confidential. Only medical personnel, or individuals under the supervision of medical personnel, directly treating the patient, or those persons monitoring the quality of that treatment, or researching the effectiveness of that treatment, shall have access to the patient's medical records. Others may have access to those records only with the patient's written authorization.

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(9) The patient has the right to know the identity and professional status of individuals providing service to ~~him or her~~ the patient and to know which physician, physician assistant, APRN, or other practitioner is primarily responsible for ~~his or her~~ the patient's care. This includes the patient's right to know of the existence of any professional relationship among individuals who are treating ~~him or her~~ the patient, as well as the relationship to any other health care or educational institutions involved in ~~his or her~~ the patient's care.

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(11) The patient has the right to expect reasonable continuity of care. The patient has the right to be informed by the attending physician, physician

assistant, or APRN of any continuing health care requirements following discharge.

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(13) The patient has the right to know what hospital rules and regulations apply to ~~his or her~~ the patient's conduct as a patient.

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(b) Failure to comply with any provision of this section may constitute a basis for disciplinary action against a physician under 26 V.S.A. chapter 23 or 33, against a physician assistant under 26 V.S.A. chapter 31, or against an APRN under 26 V.S.A. chapter 28. A complaint may be filed with the Board of Medical Practice or the Office of Professional Regulation as applicable based on the license held by the practitioner.

(c) A summary of the hospital's obligations under this section, written in clear language and in easily readable print, shall be distributed to patients upon admission and posted conspicuously at each nurse's station. Such notice shall also indicate that as an alternative or in addition to the hospital's complaint procedures, the patient may directly contact the licensing agency, the Office of Professional Regulation, or the Board of Medical Practice, as applicable. The address and telephone number of the licensing agency, the Office of Professional Regulation, and the Board of Medical Practice shall be included in the notice.

Sec. 3. 18 V.S.A. § 1905 is amended to read:

§ 1905. LICENSE REQUIREMENTS

Upon receipt of an application for a license and the license fee, the licensing agency shall issue a license when it determines that the applicant and hospital facilities meet the following minimum standards:

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(5) All patients admitted to the hospital shall be under the care of a ~~State registered and licensed practicing physician as defined by the laws of the State of Vermont~~ physician licensed pursuant to 26 V.S.A. chapter 23 or 33, a physician assistant licensed pursuant to 26 V.S.A. chapter 31, or an advanced practice registered nurse licensed pursuant to 26 V.S.A. chapter 28, subchapter 2. All hospitals shall use the uniform credentialing application form described in subsection 9408a(b) of this title.

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(8) Professional case records shall be compiled for all patients and signed by the attending physician, physician assistant, or advanced practice registered nurse. These records shall be kept on file for a minimum of 10 years.

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Sec. 4. EFFECTIVE DATE

This act shall take effect on passage.

Date Governor signed bill: May 6, 2026