

# House Calendar

Friday, April 4, 2025

87th DAY OF THE BIENNIAL SESSION

House Convenes at 9:30 A.M.

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**ORDERS OF THE DAY**

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**ACTION CALENDAR**

**Third Reading**

**S. 9**

An act relating to after-hours access to orders against sexual assault

**NOTICE CALENDAR**

**Favorable with Amendment**

**S. 18**

An act relating to licensure of freestanding birth centers

**Rep. Goldman of Rockingham**, for the Committee on Health Care, recommends that the House propose to the Senate that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 18 V.S.A. chapter 53 is added to read:

CHAPTER 53. BIRTH CENTER LICENSING

§ 2351. DEFINITIONS

As used in this chapter:

(1) “Birth center” means a facility the primary purposes of which are to provide midwifery care, low-risk deliveries, and newborn care immediately after delivery, for a stay of generally less than 24 hours. The term does not include a facility that is a hospital, is part of a hospital, or is owned by a hospital; a facility that is an ambulatory surgical center; or the residence of the individual giving birth. A birth center may be located on the grounds of a hospital.

(2) “Certified nurse midwife” means an advanced practice registered nurse licensed in accordance with 26 V.S.A. chapter 28, subchapter 2 who has specialized training in childbirth, newborn care, and reproductive health care services.

(3) “Change of ownership” means a change in the majority or controlling interest in an established birth center to another person.

(4) “Corrective action plan” means a written strategy for correcting an issue of partial compliance, deficiency, or violation of this chapter or rules adopted pursuant to this chapter.

(5) “Licensed maternity care provider” means a licensed provider whose professional scope of practice, as established under Vermont law, includes preconception, prenatal, labor, birth, and postpartum care and early care of a newborn and who may be the primary attendant during the perinatal period.

(6) “Licensed midwife” means a professional licensed in accordance with 26 V.S.A. chapter 85.

(7) “Licensed provider” means an individual licensed or certified in Vermont to provide specific health care-related services within a scope of practice defined by licensing statutes and rules, and may include advanced practice registered nurses, including certified nurse midwives; licensed midwives; physician assistants; naturopathic physicians with a childbirth endorsement in accordance with 26 V.S.A. §§ 4122(b) and 4125(b); and physicians.

#### § 2352. LICENSE; PROHIBITIONS

(a) No person shall establish, maintain, or operate a birth center in this State without first obtaining a license for the birth center in accordance with this chapter.

(b) A birth center may be independently owned and operated by a licensed maternity care provider or any other person who complies with the requirements of this chapter.

(c) A birth center shall not offer or provide epidural anesthesia or a cesarean delivery.

(d) No person shall represent itself as a “birth center” or use the term “birth center” in its title or in its advertising, publications, or other form of communication unless the person has been licensed as a birth center in accordance with the provisions of this chapter.

(e) A license is not transferable or assignable and shall be issued only for the premises and persons named in the application.

#### § 2353. APPLICATION; FEE

(a) An application for licensure of a birth center shall be made to the Department of Health in the manner specified by the Department and shall include all information required by the Department.

(b)(1) Each application for an initial license, renewal of a license, or a change of ownership shall be accompanied by a fee of \$250.00.

(2) Fees collected under this section shall be credited to the Hospital Licensing Fees Special Fund and shall be available to the Department of Health to offset the costs of licensing birth centers.

#### § 2354. LICENSE REQUIREMENTS

Upon receipt of an application for a license and the licensing fee, the Department of Health shall issue a license if it determines, after an inspection conducted by the Department or its designee, that the applicant is able to operate a birth center in accordance with rules adopted by the Department.

#### § 2355. REVOCATION OF LICENSE; HEARING

The Department of Health, after notice and opportunity for hearing to the applicant or licensee, is authorized to condition, deny, suspend, or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under this chapter. Such notice shall be served by registered mail or by personal service, shall set forth the reasons for the proposed action, and shall set a date not less than 60 days from the date of the mailing or service on which the applicant or licensee shall be given opportunity for a hearing. After the hearing, or upon default of the applicant or licensee, the Department shall file its findings of fact and conclusions of law. A copy of the findings and decision shall be sent by registered mail or served personally upon the applicant or licensee. The procedure governing hearings authorized by this section shall be set forth in the rules adopted pursuant to section 2359 of this chapter and shall not be subject to the contested case provisions of 3 V.S.A. chapter 25, subchapter 2.

#### § 2356. APPEAL

Any applicant or licensee, or the State acting through the Attorney General, aggrieved by the decision of the Department of Health after a hearing may appeal the decision in accordance with section 128 of this title. Pursuant to section 129 of this title, an appeal pursuant to this section shall not stay the effectiveness of an order entered in accordance with section 2355 of this chapter, but any party is permitted to seek a stay order in the Superior Court in which the appeal is being heard.

#### § 2357. INSPECTIONS

(a) The Department of Health or its designee shall make or cause to be made such inspections and investigations as the Department or its designee deems necessary.

(b) A birth center, including its building and grounds and, in accordance with applicable law, its records, shall be subject to inspection by the Department and its designee at all times.

(c) If a birth center is found to be out of compliance with any requirement of this chapter or rules adopted pursuant to this chapter, the Department may condition, deny, suspend, revoke, or refuse to renew the birth center's license or may ask the birth center to develop and implement a corrective action plan.

(d) If the Department finds a violation as the result of an inspection or investigation, the Department shall post a report on the Department's website summarizing the violation and any corrective action required.

#### § 2358. RECORDS

(a) Information received by the Department of Health through filed reports, inspections, or as otherwise authorized by law shall:

(1) not be disclosed publicly in a manner that identifies or may lead to the identification of one or more individuals or birth centers;

(2) be exempt from public inspection and copying under the Public Records Act; and

(3) be kept confidential except as it relates to a proceeding regarding licensure of a birth center.

(b) The provisions of subsection (a) of this section shall not apply to the summary reports of violations required to be posted on the Department's website pursuant to section 2357 of this chapter.

#### § 2359. RULES

The Department of Health shall adopt rules in accordance with 3 V.S.A. chapter 25 as needed to carry out the purposes of this chapter. The rules shall be based on the national birth center standards published by the American Association of Birth Centers and shall, at a minimum, include provisions regarding:

(1) requirements for operating a birth center, including requirements for safety, sanitation, and health;

(2) obtaining, storing, and dispensing pharmaceuticals consistent with State and federal laws;

(3) requirements for notice to the Department of Health when there is a change in ownership of a birth center and any additional licensing requirements related to a change in ownership;

(4) the scope of services that may be provided at a birth center, including risk factors that preclude a patient from receiving labor and delivery services at a birth center;

(5) appropriate staffing for a birth center, including the types of licensed providers who may practice at a birth center;

(6) birth center complaint processes;

(7) birth center facility, equipment, and supply requirements, including requirements for the maintenance of safety, sanitation, and health;

(8) record retention and confidentiality;

(9) quality assurance and improvement;

(10) processes for the development, submission, approval, and implementation of corrective action plans;

(11) a requirement for written practice guidelines and policies that include procedures for transferring a patient to a hospital if circumstances warrant; and

(12)(A) requirements for written policies and procedures for collaboration with hospitals, other agencies and facilities, and individuals to provide services to patients as appropriate, including:

(i) laboratory and diagnostic services;

(ii) childbirth education and parenting education support services;

(iii) obstetric consultation services;

(iv) pediatric consultation services;

(v) transport services;

(vi) obstetric and newborn acute care in licensed hospitals; and

(vii) home health care services;

(B) a requirement that the policies and procedures established pursuant to subdivision (A) of this subdivision (12) are provided to the relevant service providers upon request; and

(C) a requirement that the birth center provide the health record of the patient or the newborn, or both, to the receiving service provider upon referral or transfer, in accordance with applicable privacy laws.

#### § 2360. NO EFFECT ON SCOPE OF SERVICES

(a) Nothing in this chapter or in rules adopted pursuant to this chapter shall

be construed to expand or limit the scope of the services that a licensed midwife, certified nurse midwife, or other provider may offer at a birth center or perform in a space that is shared with or adjacent to a birth center.

(b) A birth center may serve as a location for additional services offered in shared or adjacent spaces, including outpatient gynecologic care, primary care, and education and support services, provided that any licensed provider providing services in those spaces shall only provide those services that are within the licensed provider's authorized scope of practice.

Sec. 2. 8 V.S.A. § 4099d is amended to read:

§ 4099d. MIDWIFERY COVERAGE; ~~HOME BIRTHS~~

(a) A health insurance plan or health benefit plan providing maternity benefits shall also provide coverage for services rendered by a midwife licensed pursuant to 26 V.S.A. chapter 85 or an advanced practice registered nurse licensed pursuant to 26 V.S.A. chapter 28 who is certified as a nurse midwife for services within the licensed midwife's or certified nurse midwife's scope of practice and provided in a hospital, birth center, or other health care facility or at home.

\* \* \*

Sec. 3. 18 V.S.A. § 9435 is amended to read:

§ 9435. EXCLUSIONS

\* \* \*

(i) Excluded from this subchapter are birth centers that are licensed pursuant to chapter 53 of this title or are proposed to be established and licensed pursuant to chapter 53 of this title.

Sec. 4. AGENCY OF HUMAN SERVICES; MEDICAID; REQUEST FOR  
FEDERAL APPROVAL

The Agency of Human Services shall seek approval from the Centers for Medicare and Medicaid Services to allow Vermont Medicaid to cover prenatal, maternity, postpartum, and newborn services provided at a licensed birth center and to allow Vermont Medicaid to reimburse separately for birth center services, including birth center facility fees, and for professional services.

Sec. 5. EFFECTIVE DATES

(a) Sec. 1 (birth center licensing) shall take effect on January 1, 2027 or the effective date of the birth center rules adopted by the Department of Health, whichever comes first.



(b) Sec. 2 (8 V.S.A. § 4099d) shall take effect on January 1, 2027.

(c) Sec. 3 (18 V.S.A. § 9435a) shall take effect on July 1, 2025.

(d) Sec. 4 (Agency of Human Services; Medicaid; request for federal approval) shall take effect on passage, and the Medicaid coverage shall begin on the later of the date of approval or the effective date of the birth center rules adopted by the Department of Health.

(e) This section shall take effect on passage.

**(Committee vote: 11-0-0)**

## S. 27

An act relating to medical debt relief and excluding medical debt from credit reports

**Rep. Page of Newport City**, for the Committee on Health Care, recommends that the House propose to the Senate that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. STATE TREASURER; MEDICAL DEBT RELIEF;

### APPROPRIATION

(a) The sum of \$1,000,000.00 is appropriated to the State Treasurer from the General Fund in fiscal year 2026 for the purpose of contracting with a nonprofit entity to acquire and repay certain medical debts incurred by Vermont residents as set forth in this section.

(b) The State Treasurer shall ensure that the entity with which the Treasurer contracts under this section will:

(1) purchase the medical debt of eligible debtors from health care providers at fair market value;

(2) abolish the debt with no cost or tax consequences for the debtor;

(3) coordinate with the health care provider or collections agency to ensure that any adverse information resulting from the medical debt is removed from the debtor's consumer credit report following the contractor's purchase and abolition of the debt; and

(4) notify each individual whose medical debt was abolished pursuant to this section:

(A) the amount of the individual's medical debt that was abolished and the name of the health care provider or providers from whom the entity purchased the individual's debt;

(B) the estimated percentage of the federal poverty level that corresponds to the individual's household income; and

(C) that financial assistance policies are available at all Vermont hospitals in accordance with 18 V.S.A. § 9482, including the following minimum discounts:

(i) a 100 percent discount for individuals with household income at or below 250 percent of the federal poverty level; and

(ii) at least a 40 percent discount for individuals with household income between 250 and 400 percent of the federal poverty level.

(c) In order to be eligible for repayment of medical debt under this section, the following conditions must be met:

(1) the debtor shall be a Vermont resident who either has a household income that is at or below 400 percent of the federal poverty level for the applicable household size or who owes medical debt in an amount that is five percent or more of the debtor's household income; and

(2) the debtor's patient account still maintains an outstanding balance even after the health care provider has completed its routine efforts to collect the amounts due.

Sec. 2. 2022 Acts and Resolves No. 83, Sec. 53(b)(5)(B), as amended by 2022 Acts and Resolves No. 185, Sec. C.102 and 2023 Acts and Resolves No. 78, Sec. E.1000, is further amended to read:

(B) ~~\$20,000,000~~ \$19,000,000 shall be appropriated to the State Treasurer's Office and used for redeeming State of Vermont general obligation bonds prior to maturity.

Sec. 3. 9 V.S.A. § 2466d is added to read:

§ 2466d. REPORTING OF MEDICAL DEBT INFORMATION

PROHIBITED

(a) A credit reporting agency shall not report or maintain in the file on a consumer information relating to a medical debt.

(b) As used in this section:

(1) "Health care services" means services for the diagnosis, prevention, treatment, cure, or relief of a physical, dental, behavioral, or mental health condition or substance use disorder, including counseling, procedures, products, devices, and medications.

(2) “Medical debt” means debt arising from health care services, including dental services, or from health care goods, including products, devices, durable medical equipment, and prescription drugs. “Medical debt” does not include debt arising from services provided by a veterinarian; debt charged to a credit card unless the credit card is issued under an open-end or closed-end credit plan offered solely for the payment of health care services; debt charged to a home equity or general-purpose line of credit; or secured debt.

Sec. 4. 9 V.S.A. § 2480b is amended to read:

§ 2480b. DISCLOSURES TO CONSUMERS

\* \* \*

(c) Any time a credit reporting agency is required to make a written disclosure to consumers pursuant to 15 U.S.C. § 1681g, it shall disclose, in at least 12-point type, and in bold type as indicated, the following notice:

“NOTICE TO VERMONT CONSUMERS

\* \* \*

(2) Under Vermont law, no one may access your credit report without your permission except under the following limited circumstances:

\* \* \*

(F) where the request for a credit report is related to a credit transaction entered into prior to January 1, 1993; or

(G) where the request for a credit report is by the Vermont Department of Taxes and is used for the purpose of collecting or investigating delinquent taxes; or

(H) where the request for a credit report is by an organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code for the purpose of determining eligibility for the abolition of medical debt.

\* \* \*

Sec. 5. 9 V.S.A. § 2480g is amended to read:

§ 2480g. EXEMPTIONS

\* \* \*

(e) The provisions of section 2480e of this title shall not apply to an organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code when determining eligibility for the abolition of medical debt; provided, however, that the exemption from the provisions of

section 2480e of this title shall not apply to a tax-exempt organization that is a large health care facility, as defined in 18 V.S.A. § 9481.

Sec. 6. 18 V.S.A. chapter 221, subchapter 10 is amended to read:

Subchapter 10. Patient Financial Assistance and Medical Debt

\* \* \*

§ 9485. PROHIBITION ON SALE OR REPORTING OF MEDICAL DEBT

(a)(1) No large health care facility shall sell its medical debt except as provided in subdivision (2) of this subsection.

(2) A large health care facility may sell or otherwise transfer its medical debt to an organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code for the specific purpose of the tax-exempt organization abolishing the medical debt of one or more patients by cancellation of the indebtedness.

(b) No large health care facility or medical debt collector shall report or otherwise furnish any portion of a medical debt to a credit reporting agency.

\* \* \*

Sec. 7. EFFECTIVE DATE

This act shall take effect on July 1, 2025.

**(Committee vote: 11-0-0)**

**S. 30**

An act relating to updating and reorganizing the health insurance statutes in 8 V.S.A. chapter 107

**Rep. Cina of Burlington**, for the Committee on Health Care, recommends that the House propose to the Senate that the bill be amended as follows:

First: In Sec. 2, 8 V.S.A. chapter 107, in section 4029, by striking out subdivision (2) in its entirety and inserting in lieu thereof a new subdivision (2) to read as follows:

(2) TIME LIMIT ON CERTAIN DEFENSES: (a) After three years from the date of issue of this policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy, shall be used to void the policy or to deny a claim for loss incurred or disability (as defined in the policy) commencing after the expiration of such three-year period.

(The foregoing policy provision shall not be so construed as to affect any legal requirement for avoidance of a policy or denial of a claim during such initial three-year period, nor to limit the application of subdivisions 4030(1)–(5) of this title in the event of misstatement with respect to age or occupation or other insurance.) (A policy which the insured has the right to continue in force subject to its terms by the timely payment of premium (1) until at least age 50, or (2) in the case of a policy issued after age 44, for at least five years from its date of issue, may contain in lieu of the foregoing the following provision (from which the clause in parentheses may be omitted at the insurer’s option) under the caption “INCONTESTABLE”:

After this policy has been in force for a period of three years during the lifetime of the insured (excluding any period during which the insured is disabled), it shall become incontestable as to the statements contained in the application.)

(b) No claim for loss incurred or disability (as defined in the policy) commencing after three years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of this policy.

Second: In Sec. 2, 8 V.S.A. chapter 107, in section 4030, in subdivision (3), following the first sentence, by inserting after the period, on a new line, “or, in lieu thereof.”

Third: By striking out Sec. 33, effective date, in its entirety and inserting in lieu thereof a new Sec. 33 to read as follows:

Sec. 33. EFFECTIVE DATE

This act shall take effect on September 1, 2025.

**(Committee vote: 11-0-0)**

**Favorable**

**H.R. 6**

House resolution amending House Rules relating to the House Ethics Panel

**Rep. Bartholomew of Hartland**, for the Committee on Rules, recommends the resolution ought to be adopted.

**(Committee Vote: 7-0-0)**

## **CONSENT CALENDAR FOR ACTION**

### **Concurrent Resolutions for Adoption Under Joint Rules 16a - 16d**

The following concurrent resolutions have been introduced for approval by the Senate and House and will be adopted automatically unless a Senator or Representative requests floor consideration in that member's chamber before today's adjournment. Requests for floor consideration in either chamber should be communicated to the Senate Secretary's Office or the House Clerk's Office, as applicable. For text of resolutions, see Addendum to House Calendar and Senate Calendar of April 3, 2025.

#### **H.C.R. 70**

House concurrent resolution designating April 10, 2025 as Alzheimer's Awareness Day at the State House

#### **H.C.R. 71**

House concurrent resolution celebrating the 40th anniversary of the first class at Landmark College and extending best wishes for continued academic success

#### **H.C.R. 72**

House concurrent resolution commemorating May 9, 2025 as the 250th anniversary of Ethan Allen's arrival in Castleton in association with the War for Independence

#### **H.C.R. 73**

House concurrent resolution designating April 10, 2025 as Museums and Libraries Day at the State House

#### **H.C.R. 74**

House concurrent resolution congratulating the 2025 Boys & Girls Clubs of Vermont Youth of the Year honorees

#### **H.C.R. 75**

House concurrent resolution congratulating the 2025 Essex High School Hornets girls' gymnastics team on winning a second consecutive State championship

#### **H.C.R. 76**

House concurrent resolution honoring Robin Lunge for her dedicated public service in Vermont State government

**H.C.R. 77**

House concurrent resolution recognizing April 2025 as Fair Housing Month in Vermont

**H.C.R. 78**

House concurrent resolution in memory of former Representative and Secretary of Administration Kathleen C. Hoyt of Norwich

**H.C.R. 79**

House concurrent resolution celebrating the 30th anniversary of the Vermont Arts Exchange and its collaborative artistic endeavors

**H.C.R. 80**

House concurrent resolution honoring the Italian artist Michelangelo Pistoletto for his extraordinary creativity, collaborative artistic leadership, and nomination for the 2025 Nobel Peace Prize

**S.C.R. 4**

Senate concurrent resolution recognizing the success of the American System of Conservation Funding and commemorating the 75th anniversary of the enactment of federal sport fish restoration legislation

**For Informational Purposes**

**H.C.R. REQUEST DEADLINE**

All requests for a 2025 House Concurrent Resolution should be submitted to Michael Chernick in the Office of Legislative Counsel by noon on **Friday, April 25, 2025**.

**CROSSOVER DATES**

The Joint Rules Committee established the following crossover dates:

(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 14, 2025**, 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 14, 2025**.

(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 21, 2025**, and filed with the Secretary/Clerk so they may be placed on the Calendar for Notice the next legislative day.

**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).**

### **HOUSE CONCURRENT RESOLUTION (H.C.R.) PROCESS**

Joint Rules 16a–16d provide the procedure for the General Assembly to adopt concurrent resolutions pursuant to the Consent Calendar. Here are the steps for Representatives to introduce an H.C.R. and to have it ceremonially read during a House session:

1. Meet with Legislative Counselor Michael Chernick regarding your H.C.R. draft request. Come prepared with an idea and any relevant supporting documents.
2. Have a date in mind if you want a ceremonial reading. You should meet with Counselor Chernick at least two weeks prior to the week you want your ceremonial reading to happen.
3. Counselor Chernick will draft your H.C.R., and Resolutions Editor and Coordinator Jill Pralle will edit it. Upon completion of this process, a paper or electronic copy will be released to you. If a paper copy is released to you, a sponsor signout sheet will also be included.
4. Please submit the sponsor list to Counselor Chernick by paper *or* electronically, but not both.
5. The final list of sponsors needs to be submitted to Counselor Chernick not later than 12:00 noon the Thursday of the week prior to the H.C.R.’s appearance on the Consent Calendar.
6. The Office of Legislative Counsel will then send your H.C.R. to the House Clerk’s Office for incorporation into the Consent Calendar and House Calendar Addendum for the following week.
7. The week that your H.C.R. is on the Consent Calendar, any presentation copies that you requested will be mailed or available for pickup on Friday, after the House and Senate adjourn, which is when your H.C.R. is adopted pursuant to Joint Rules.
8. Your H.C.R. can be ceremonially read during a House session once it is adopted. If you would like to schedule a ceremonial reading, contact



Second Assistant Clerk Courtney Reckord to confirm your requested ceremonial reading date.

**JOINT FISCAL COMMITTEE NOTICES**

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

**JFO #3246:** 125+ acre land donation valued at \$184,830.00 from Pieter Van Schaik of Cavendish, VT to the Agency of Natural Resources, Department of Forests, Parks and Recreation. The acreage will become part of the Lord State Forest. *[Received March 24, 2025]*

**JFO #3244:** \$2,335,401.00 to the Agency of Human Services, Department of Health from the Substance Abuse and Mental Health Services Administration. Funds support continued crisis counseling assistance and training in response to the July 2024 flood event. *[Received February 7, 2025]*

**JFO #3245:** \$250,000.00 to the Agency of Human Services, Department of Health from the National Association of State Mental Health Program Directors. Funds used to provide trainings for crisis staff and to make improvements to the State's crisis system dispatch platform. *[Received February 7, 2025]*