

House Calendar

Tuesday, April 15, 2025

98th DAY OF THE BIENNIAL SESSION

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ACTION CALENDAR

Third Reading

H. 293

An act relating to health equity data reporting and registry disclosure requirements

Favorable with Amendment

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)

Rep. Nigro of Bennington, for the Committee on Appropriations, recommends that the House propose to the Senate that the bill be amended as recommended by the Committee on Health Care.

(Committee Vote: 10-0-1)

Amendment to be offered by Reps. Black of Essex, Berbeco of Winooski, Cina of Burlington, Cordes of Bristol, Critchlow of Colchester, Demar of Enosburgh, Goldman of Rockingham, Houghton of Essex Junction, McFaun of Barre Town, Page of Newport City and Powers of Waterford to the report of the Committee on Health Care on S. 27

That the report of the Committee on Health Care be amended in Sec. 3, 9 V.S.A. § 2466d, in subsection (b), by striking out subdivision (1) in its entirety and inserting in lieu thereof a new subdivision (1) to read as follows:

(1) “Health care services” means all supplies, care, and services of a medical, dental, behavioral health, mental health, substance use disorder treatment, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, or supportive nature, including medication.

Senate Proposal of Amendment

H. 80

An act relating to the Office of the Health Care Advocate

The Senate proposes to the House 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. § 4062 is amended to read:

§ 4062. FILING AND APPROVAL OF POLICY FORMS AND PREMIUMS

* * *

(c)(1) The Board shall provide information to the public on the Board’s website about the public availability of the filings and summaries required under this section.

* * *

(3)(A) In addition to the public comment provisions set forth in this subsection (c), the Office of the Health Care Advocate established in 18 V.S.A. chapter 229, acting on behalf of health insurance consumers in this State, may, within 30 calendar days after the Board receives an insurer’s rate request pursuant to this section, submit to the Board, in writing, suggested questions regarding with a substantial relationship to the rate filing for and review criteria that the Board to provide to shall ask the insurer, either directly or through its contracting actuary, if any.

(B) The Office of the Health Care Advocate may also submit to the Board written comments on an insurer’s rate request. The Board shall post the comments on its website and shall consider the comments prior to issuing its decision.

~~(d)(1) No later than 60 calendar days after receiving an insurer’s rate request pursuant to this section, the Green Mountain Care Board shall make available to the public the insurer’s rate filing, the Department’s analysis and opinion of the effect of the proposed rate on the insurer’s solvency, and the analysis and opinion of the rate filing by the Board’s contracting actuary, if any.~~

~~(2) The Board shall post on its website, after redacting any confidential or proprietary information relating to the insurer or to the insurer’s rate filing:~~

~~(A) all questions the Board poses to its contracting actuary, if any, and the actuary's responses to the Board's questions; and~~

~~(B) all questions the Board, the Board's contracting actuary, if any, or the Department poses to the insurer and the insurer's responses to those questions~~ The Green Mountain Care Board shall post on its website or otherwise make available to the public through a file-sharing platform all materials in the record of a rate review proceeding after redacting any information or other material that the Board determines to be confidential or otherwise subject to protection from disclosure by law.

* * *

Sec. 2. 18 V.S.A. § 9440(c) is amended to read:

(c) The application process shall be as follows:

* * *

(9)(A) The Office of the Health Care Advocate established under chapter 229 of this title or, in the case of nursing homes, the Long-Term Care Ombudsman's Office established under 33 V.S.A. § 7502, is authorized but not required to participate in any administrative or judicial review of an application under this subchapter and shall be considered an interested party in such proceedings upon filing a notice of intervention with the Board.

~~(B) Once either office files a notice of intervention pursuant to this subchapter, the Board shall provide that office with the information necessary to participate in the review process, including information about procedures, copies of all written correspondence, and copies of all entries in the application record for all certificate of need proceedings, regardless of whether expedited status has been granted~~ that office shall have the right to receive copies of all materials related to the certificate of need application review and may:

(i) submit written questions to the Board that the Board will ask of the applicant in advance of any hearing held in conjunction with the Board's review of the certificate of need application;

(ii) submit written comments for the Board's consideration; and

(iii) ask questions and provide testimony in any hearing held in conjunction with the Board's review of the certificate of need application.

(C) The Office of the Health Care Advocate and the Long-Term Care Ombudsman's Office shall not further disclose any confidential or proprietary information provided to their respective offices pursuant to this subdivision (9).

Sec. 3. 18 V.S.A. chapter 229 is amended to read:

CHAPTER 229. OFFICE OF THE HEALTH CARE ADVOCATE

* * *

§ 9602. OFFICE OF THE HEALTH CARE ADVOCATE; COMPOSITION

(a) The Office of the Health Care Advocate is established as an independent voice for Vermonters that is dedicated to promoting access to high-quality, affordable health care for all.

(b) The Agency of Human Services shall maintain the Office of the Health Care Advocate by contract with any nonprofit organization.

~~(b)~~(c) The Office shall be administered by one or more directors, one of whom shall be the Chief Health Care Advocate, who shall be an individual with expertise and experience in the fields of health care and advocacy. The Advocate director or directors may employ legal counsel, administrative staff, and other employees and contractors as needed to carry out the duties of the Office.

§ 9603. DUTIES AND AUTHORITY

(a) The Office of the Health Care Advocate shall:

(1) Assist ~~health insurance consumers~~ Vermonters with health insurance plan selection by providing information, referrals, and assistance to individuals about means of obtaining and paying for health insurance coverage and services. The Office shall accept referrals from the Vermont Health Benefit Exchange and Exchange navigators created pursuant to 33 V.S.A. chapter 18, subchapter 1, to assist ~~consumers~~ individuals experiencing problems related to the Exchange.

(2) Assist ~~health insurance consumers~~ Vermonters to understand their rights and responsibilities under health insurance plans.

(3) Provide information to the public, agencies, members of the General Assembly, and others ~~regarding about Vermonters' problems and concerns of regarding~~ health insurance consumers and access to health care, as well as recommendations for resolving those problems and concerns.

(4) Identify, investigate, and resolve complaints, questions, and inquiries on behalf of individual Vermonters with respect to issues regarding health insurance consumers or access to health care, and assist those ~~consumers~~ Vermonters with filing and ~~pursuit of~~ pursuing complaints and appeals.

(5) Provide ~~information to individuals~~ consumer education to Vermonters regarding their ~~obligations~~ rights and responsibilities under ~~the~~

Patient Protection and Affordable Care Act (Pub. L. No. 111-148) State and federal laws, rules, and regulations.

(6) Analyze and monitor the development and implementation of federal, State, and local laws, rules, and policies relating to ~~patients and health insurance consumers~~ health insurance and health care, with a special focus on patients' rights and eligibility for State and federal health care programs.

(7) ~~Facilitate~~ Ensure policymakers hear directly from Vermonters by facilitating public comment on health care-related laws, rules, processes, and policies, including policies and actions of health insurers.

(8) ~~Suggest to the Green Mountain Care Board, the Department of Financial Regulation, and other entities in State government policies, procedures, or rules to the Green Mountain Care Board in order to~~ that protect patients' and consumers' and promote the interests of Vermonters in matters related to health insurance and access to health care.

(9) ~~Promote the development of~~ Collaborate with other health care- and health policy-related citizen and consumer organizations to promote affordable and accessible health care for Vermonters.

(10) ~~Ensure that patients and health insurance consumers~~ all Vermonters have timely access to the services provided by the Office.

(11) Submit to the Governor; the House Committees on Health Care, on Ways and Means, and on Appropriations; and the Senate Committees on Health and Welfare, on Finance, and on Appropriations, on or before January 15 of each year, a report on the activities, performance, and fiscal accounts of the Office during the preceding calendar year.

(b) The Office of the Health Care Advocate may:

(1) ~~Review the health insurance records of a consumer who has provided written consent. Based on the written consent of the consumer or his or her guardian or legal representative, a health insurer shall provide the Office with access to records relating to that consumer. [Repealed.]~~

(2) Pursue administrative, judicial, and other remedies on behalf of any individual ~~health insurance consumer~~ or group of consumers individuals experiencing problems with health insurance or access to health care.

(3) Represent the interests of the people of the State ~~in cases requiring a hearing before of Vermont in matters involving health care and health insurance at the Green Mountain Care Board established in chapter 220 of this title, the Department of Financial Regulation, or other State agencies.~~

(4) Adopt policies and procedures necessary to carry out the provisions of this chapter.

(5) Take any other action necessary to fulfill the purposes of this chapter.

(c) The Office of the Health Care Advocate shall be able to speak to Vermonters and on behalf of the interests of Vermonters in health care and health insurance-consumers insurance-related matters and to carry out all duties prescribed in this chapter without being subject to any retaliatory action; provided, however, that nothing in this subsection shall limit the authority of the Agency of Human Services to enforce the terms of the contract.

(d) Health care providers and health insurers shall cooperate with the Office of the Health Care Advocate by providing relevant records and information when an individual or the individual's guardian or legal representative has authorized the Office to act on the individual's behalf. A health care provider or health insurer may require the written consent of the individual or the individual's guardian or legal representative prior to providing the records or information to the Office.

§ 9604. DUTIES OF STATE AGENCIES

(a) It is the intent of the General Assembly that State agencies shall seek input from the Office of the Health Care Advocate when developing or revising significant matters of State policy affecting health care access and affordability in order to ensure that Vermonters' perspectives are heard and considered through the voice of their independent advocate.

(b) All State agencies shall ~~comply~~ facilitate the Office's meaningful participation in health care policymaking by complying with reasonable requests from the Office of the Health Care Advocate for information and, assistance, and access. A request shall be considered reasonable if it relates to the Office's statutory duties and authority.

(1) When appropriate, State agencies shall allow the Office to access confidential or proprietary information that is otherwise exempt from public inspection and copying under the Public Records Act and to participate in meetings, deliberations, and proceedings in which confidential or proprietary information is discussed; provided, however, that nothing in this section shall require a State agency to provide or disclose information that is prohibited from disclosure by State or federal law or that would cause the provider or discloser to violate any statutory or common law privilege.

(2) The Office shall not further disclose any confidential or proprietary information provided to the Office.

(c) The Agency of Human Services may adopt rules necessary to ensure the cooperation of State agencies under this section.

§ 9605. CONFIDENTIALITY

~~In the absence of written consent by a complainant or an individual using the services of the Office or by his or her guardian or legal representative or the absence of a court order, the Office of the Health Care Advocate, its employees, and its contractors shall not disclose the identity of the complainant or individual~~ The Office of the Health Care Advocate shall maintain the confidentiality of information related to individuals using its services in accordance with all applicable State and federal laws, rules, regulations, and policies.

§ 9606. CONFLICTS OF INTEREST

(a) The Office of the Health Care Advocate, its employees, and its contractors shall not have any conflict of interest relating to the performance of their responsibilities under this chapter. For the purposes of this chapter, a conflict of interest exists whenever the Office of the Health Care Advocate, its employees, or its contractors or a person affiliated with the Office, its employees, or its contractors:

(1) has a direct involvement in the licensing, certification, or accreditation of a health care facility, health insurer, or health care provider;

(2) has a direct ownership interest or investment interest in a health care facility, health insurer, or health care provider;

(3) is employed by or participating in the management of a health care facility, health insurer, or health care provider; or

(4) receives or has the right to receive, directly or indirectly, remuneration under a compensation arrangement with a health care facility, health insurer, or health care provider.

(b) The Office shall report any potential conflicts of interest to the Agency of Human Services.

(c) It shall not constitute a conflict of interest per se for an employee or contractor of the Office to serve without compensation on the board of directors of a nonprofit health care entity whose primary regulator is not an agency of the State of Vermont.

* * *

Sec. 4. EFFECTIVE DATE

This act shall take effect on July 1, 2025.

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)

Rep. Branagan of Georgia, for the Committee on Ways and Means, recommends that the House propose to the Senate that the bill be amended as recommended by the Committee on Health Care.

(Committee Vote: 10-1-0)

Rep. Yacovone of Morristown, for the Committee on Appropriations, recommends that the House propose to the Senate that the bill be amended as recommended by the Committee on Health Care.

(Committee Vote: 9-0-2)

S. 28

An act relating to access to certain legally protected health care services

Rep. Berbeco of Winooski, 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. 1 V.S.A. § 150 is amended to read:

§ 150. LEGALLY PROTECTED HEALTH CARE ACTIVITY

* * *

(b)(1) “Legally protected health care activity” means:

* * *

(4) The protections applicable to persons who engage in “legally protected health care activity” shall also apply to a person who has previously undertaken one or more acts or omissions while in another U.S. jurisdiction to aid or encourage, or attempt to aid or encourage, any person in the exercise and enjoyment, or attempted exercise and enjoyment, of rights to reproductive health care services or gender-affirming health care services that would have been protected by this State if they had been undertaken in this State, provided that the acts or omissions were permissible under the laws of the jurisdiction in which the person was located at the time they were undertaken.

* * *

Sec. 2. 1 V.S.A. § 317(c) is amended to read:

(c) The following public records are exempt from public inspection and copying:

* * *

(44) Records held by the Office of Professional Regulation, Board of Medical Practice, or another public agency that issues one or more licenses, certificates, or registrations to engage in a State-regulated profession or occupation if the records contain the telephone number, email address, physical address, or mailing address, or a combination of these, of an individual who has applied for or has been granted a license, certificate, or registration to practice a profession or occupation in this State, except that the public agency shall disclose any address that the individual has designated as a public address in the record.

Sec. 3. 3 V.S.A. § 129a is amended to read:

§ 129a. UNPROFESSIONAL CONDUCT

(a) In addition to any other provision of law, the following conduct by a licensee constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of a license or other disciplinary action. Any one of the following items or any combination of items, whether the conduct at issue was committed within or outside the State, shall constitute unprofessional conduct:

(1) Fraudulent or deceptive procurement or use of a license.

(2) Advertising, including advertising about health care services, that is intended or has a tendency to deceive or mislead.

* * *

(6) Delegating professional responsibilities, including the delivery of health care services, to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education, or licensing credentials to perform them, or knowingly providing professional supervision or serving as a preceptor to a person who has not been licensed or registered as required by the laws of that person's profession.

* * *

(21) Permitting one's name or license to be used by a person, group, or corporation when not actually in charge of ~~or~~ responsible for, or actively overseeing the professional services provided.

* * *

(f)(1) Health care providers. Notwithstanding subsection (e) of this section or any other law to the contrary, no health care provider who is certified, registered, or licensed in Vermont shall be subject to professional disciplinary action by a board or the Director, nor shall a board or the Director take adverse

action on an application for certification, registration, or licensure of a qualified health care provider, based solely on:

* * *

(2) Definitions. As used in this subsection:

* * *

(B) “Health care services” means services for the diagnosis, prevention, treatment, cure, or relief of a physical or mental health condition, including counseling, procedures, products, devices, and medications.

* * *

Sec. 4. 9 V.S.A. chapter 63, subchapter 11 is amended to read:

Subchapter 11. ~~Pregnancy Services Centers~~ Health Care Services

§ 2491. FINDINGS; LEGISLATIVE INTENT

(a) ~~Findings.~~ The General Assembly finds that:

(1) ~~Centers that seek to counsel clients against abortion, often referred to as crisis pregnancy centers or limited-services pregnancy centers, have become common across the country, including in Vermont. Accurate information about the services that a limited-services pregnancy center performs, in addition to forthright acknowledgement of its limitations, is essential to enable individuals in this State to make informed decisions about their care. This includes individuals being informed of whether they are receiving services from a licensed and qualified health care provider at a limited-services pregnancy center, as this allows individuals to determine if they need to seek medical care elsewhere in order to continue or terminate a pregnancy.~~

(2) ~~Although some limited-services pregnancy centers openly acknowledge in their advertising, on their websites, and at their facilities that they neither provide abortions nor refer clients to other providers of abortion services, others provide confusing and misleading information to pregnant individuals contemplating abortion by leading those individuals to believe that their facilities offer abortion services and unbiased counseling. Some limited-services pregnancy centers have promoted patently false or biased medical claims about abortion, pregnancy, contraception, and reproductive health care providers.~~

(3) ~~False and misleading advertising by centers that do not offer or refer clients for abortion is of special concern to the State because of the time-sensitive and constitutionally protected nature of the decision to continue or~~

~~terminate a pregnancy. When a pregnant individual is misled into believing that a center offers services that it does not in fact offer or receives false or misleading information regarding health care options, the individual loses time crucial to the decision whether to terminate a pregnancy and may lose the option to choose a particular method or to terminate a pregnancy at all.~~

(4) Telling the truth is how trained health care providers demonstrate respect for patients, foster trust, promote self-determination, and cultivate an environment where best practices in shared decision-making can flourish. Without veracity in information and communication, it is difficult for individuals to make informed, voluntary choices that are essential to one's sense of personal agency and autonomy.

~~(5)~~(2) Advertising strategies and educational information about health care options that lack transparency, use misleading or ambiguous terminology, misrepresent or obfuscate services provided, or provide factually inaccurate information are a form of manipulation that disrespects individuals, undermines trust, broadens health disparity, and can result in patient harm.

~~(b) Intent.~~

~~(1) It is the intent of the General Assembly to ensure that the public is provided with accurate, factual information about the types of health care services that are available to pregnant individuals in this State. The General Assembly respects the constitutionally protected right of each individual to personal reproductive autonomy, which includes the right to receive clear, honest, and nonmisleading information about the individual's options and to make informed, voluntary choices after considering all relevant information.~~

~~(2) The General Assembly respects the right of limited-services pregnancy centers to counsel individuals against abortion, and nothing in this subchapter should be construed to regulate, limit, or curtail such advocacy.~~

§ 2492. DEFINITIONS DEFINITION

As used in this subchapter:

(1) "Abortion" means ~~any medical treatment intended to induce the termination of, or to terminate, a clinically diagnosable pregnancy except for the purpose of producing a live birth.~~

(2) "Client" means ~~an individual who is inquiring about or seeking services at a pregnancy services center.~~

(3) "Emergency contraception" means ~~any drug approved by the U.S. Food and Drug Administration as a contraceptive method for use after sexual intercourse, whether provided over the counter or by prescription.~~

~~(4) “Health information” means any oral or written information in any form or medium that relates to health insurance or the past, present, or future physical or mental health or condition of a client.~~

~~(5) “Limited-services pregnancy center” means a pregnancy services center that does not directly provide, or provide referrals to clients for, abortions or emergency contraception.~~

~~(6) “Pregnancy services center” means a facility, including a mobile facility, where the primary purpose is to provide services to individuals who are or may be pregnant and that either offers obstetric ultrasounds, obstetric sonograms, or prenatal care to pregnant individuals or has the appearance of a medical facility. A pregnancy services center has the appearance of a medical facility if two or more of the following factors are present:~~

~~(A) The center offers pregnancy testing or pregnancy diagnosis, or both.~~

~~(B) The center has staff or volunteers who wear medical attire or uniforms.~~

~~(C) The center contains one or more examination tables.~~

~~(D) The center contains a private or semiprivate room or area containing medical supplies or medical instruments.~~

~~(E) The center has staff or volunteers who collect health information from clients.~~

~~(F) The center is located on the same premises as a State-licensed medical facility or provider or shares facility space with a State-licensed medical provider.~~

~~(7) “Premises” means land and improvements or appurtenances or any part thereof “health care services” means all supplies, care, and services of a medical, dental, behavioral health, mental health, substance use disorder treatment, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, or supportive nature, including medication.~~

§ 2493. UNFAIR AND DECEPTIVE ACT

(a) It is an unfair and deceptive act and practice in commerce and a violation of section 2453 of this title for any ~~limited-services pregnancy center person~~ to disseminate or cause to be disseminated to the public any advertising about the health care services or proposed services performed at that center in this State that is untrue or clearly designed to mislead the public about the nature of the services provided. Advertising includes representations made directly to consumers; marketing practices; communication in any print

medium, such as newspapers, magazines, mailers, or handouts; and any broadcast medium, such as television or radio, telephone marketing, or advertising over the ~~Internet~~ internet such as through websites and, web ads advertisements, and social media. For purposes of this chapter, advertising ~~or the provision of services by a limited-services pregnancy center~~ about health care services is an act in commerce.

~~(b) Health care providers certified, registered, or licensed under Title 26 of the Vermont Statutes Annotated who are employed by, contracted to provide services for or on behalf of, or volunteer to provide services at a limited-services pregnancy center shall be responsible for conducting and providing health care services, information, and counseling at the center. The failure of a health care professional certified, registered, or licensed under Title 26 of the Vermont Statutes Annotated to conduct or to ensure that health care services, information, and counseling at the limited-services pregnancy services center are conducted in accordance with State law and professional standards of practice may constitute unprofessional conduct under 3 V.S.A. § 129a and 26 V.S.A. § 1354. [Repealed.]~~

~~(c) The Attorney General has the same authority to make rules, conduct civil investigations, and bring civil actions with respect to violations of subsection (a) of this section as provided under subchapter 1 of this chapter.~~

Sec. 5. 12 V.S.A. § 7306 is amended to read:

§ 7306. NONCOOPERATION

(a) No public agency or employee, appointee, officer or official, or any other ~~person~~ individual acting on behalf of a public agency may knowingly provide any information or expend or use time, money, facilities, property, equipment, personnel, or other resources in furtherance of any interstate or federal investigation or proceeding seeking to impose civil or criminal liability upon ~~a person~~ an individual or entity for:

(1) the provision, seeking or receipt of, or inquiring about legally protected health care activity that is legal in this State; or

(2) assisting any ~~person~~ individual or entity providing, seeking, receiving, or responding to an inquiry about legally protected health care activity that is legal in this State.

(b) This section shall not apply to:

(1) any investigation or proceeding where the conduct subject to potential liability under the investigation or proceeding would be subject to liability under the laws of this State if committed in this State;

(2) any action taken by the Judicial Branch in judicial proceedings order issued by a Vermont State court or a federal court; or

(3) a public agency or employee, appointee, officer or official, or any other individual acting on behalf of a public agency who, in the course of normal business, is responding to a warrant or extradition demand on the good faith belief that the warrant or demand is valid in this State.

Sec. 6. 18 V.S.A. § 1881 is amended to read:

§ 1881. DISCLOSURE OF PROTECTED HEALTH INFORMATION

PROHIBITED

(a) As used in this section:

(1) “Business associate” has the same meaning as in 45 C.F.R. § 160.103.

(2) “Covered entity” has the same meaning as in 45 C.F.R. § 160.103.

(3) “Legally protected health care activity” has the same meaning as in 1 V.S.A. § 150.

(4) “Protected health information” has the same meaning as in 45 C.F.R. § 160.103.

(5) “Telehealth” has the same meaning as in 26 V.S.A. § 3052.

(b) A covered entity or business associate shall not disclose protected health information unless the disclosure is permitted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

(c)(1) ~~In~~ Notwithstanding any provision of subsection (b) of this section to the contrary, in order to protect patients and providers who engage in legally protected health care activity and except as set forth in in subdivision (2) of this subsection, a covered entity or business associate shall not disclose protected health information that is identifiable or susceptible to reidentification and is related to a legally protected health care activity:

(A) to any government entity other than the State of Vermont or its political subdivisions or instrumentalities if the covered entity or business associate has reason to believe that the information will be used:

(i) to conduct a criminal, civil, administrative, or professional disciplinary investigation into any individual for the mere act of seeking, obtaining, providing, or facilitating a legally protected health care activity;

(ii) to impose criminal, civil, or administrative liability or professional disciplinary action on any individual for the mere act of seeking, obtaining, providing, or facilitating a legally protected health care activity; or

(iii) to identify any individual for any of the activities described in subdivision (i) or (ii) of this subdivision (A); or

(B) for use in a civil or criminal action; a proceeding preliminary to a civil or criminal action; or a probate, legislative, or administrative proceeding unless.

(2) Notwithstanding any provision of subdivision (1) of this subsection to the contrary, a covered entity or business associate may disclose protected health information that is identifiable or susceptible to reidentification and is related to a legally protected health care activity if the disclosure meets one or more of the following conditions:

~~(1)(A)~~ The disclosure is authorized by the patient or the patient's conservator, guardian, or other authorized legal representative.

~~(2)~~ The disclosure is specifically required by federal law, Vermont law, or rules adopted by the Vermont Supreme Court.

~~(3)(B)~~ The disclosure is ordered by a court of competent jurisdiction pursuant to federal law, Vermont law, or rules adopted by the Vermont Supreme Court. An order compelling disclosure under this subdivision ~~(B)~~ shall include the court's determination that ~~good cause exists to require disclosure of the information related to~~ the information will not be used to impose criminal, civil, or administrative liability or professional disciplinary action on any individual based solely on the fact that the person sought, obtained, provided, or facilitated a legally protected health care activity.

~~(4)(C)~~ The disclosure is to be made to a ~~person~~ business associate designated by the covered entity or the covered entity's business associate and will be used solely in the defense of the covered entity or the covered entity's business associate against a claim that has been made, or there is a reasonable belief will be made, against the covered entity or the covered entity's business associate in a civil or criminal action; a proceeding preliminary to a civil or criminal action; or a probate, legislative, or administrative proceeding.

~~(5)(D)~~ The disclosure is to Vermont's Board of Medical Practice or Office of Professional Regulation, as applicable, in connection with a bona fide investigation in Vermont of a licensed, certified, or registered health care provider or a bona fide investigation of whether an individual who is not licensed, certified, or registered to practice a health care profession in Vermont

engaged in unauthorized practice in this State, whether in person or through telehealth.

~~(6)~~(E) The disclosure is to the Vermont Department of Health or the Vermont Department of Disabilities, Aging, and Independent Living, or both, in connection with a bona fide investigation of a licensed health care facility in Vermont.

(F) Subject to the limitations set forth in 12 V.S.A. § 7306, the disclosure is required in the ordinary course of business of Vermont's Medicaid program.

(d) A covered entity or business associate shall not be subject to any civil, criminal, or administrative liability or professional disciplinary action for refusing to disclose protected health information that is identifiable or susceptible to reidentification and is related to a legally protected health care activity, in accordance with subsection (c) of this section.

Sec. 7. 18 V.S.A. § 4999 is amended to read:

§ 4999. DEFINITIONS

As used in this part:

* * *

(2) ~~“Licensed health care professional,” as used in 18 V.S.A. chapter 107,~~ means a physician, a physician assistant, ~~a naturopathic physician,~~ or an advanced practice registered nurse. As used in chapter 107 of this part only, the term also includes a naturopathic physician.

* * *

Sec. 8. 18 V.S.A. § 5200 is amended to read:

§ 5200. DEFINITIONS

As used in this chapter:

* * *

(4) “Licensed health care professional” means a physician, a physician assistant, a naturopathic physician, or an advanced practice registered nurse.

(5) “Natural organic reduction” has the same meaning as in section 5302 of this title.

Sec. 9. 18 V.S.A. § 5222 is amended to read:

§ 5222. REPORTS

(a)(1) The following fetal deaths shall be reported by the hospital, ~~physician licensed health care professional~~, or funeral director directly to the Commissioner within seven days after delivery on forms prescribed by the Department:

(1)(A) All fetal deaths of 20 or more weeks of gestation or, if gestational age is unknown, of 400 or more grams, 15 or more ounces, fetal weight shall be reported.

(2)(B) All therapeutic or induced abortions, as legally authorized to be performed, of any length gestation or weight shall be reported.

(3)(2) Spontaneous abortions and ectopic pregnancies of less than 20 weeks gestation are not required to be reported.

(b) The ~~physician licensed health care professional~~ who treats a ~~woman patient~~ as a result of a miscarriage or abortion shall report the fetal death if it is not known to be previously reported under subsection (a) of this section. If there is evidence of violence or other unusual or suspicious circumstances, the medical examiner shall be immediately notified, and ~~he or she~~ the medical examiner shall complete at least the medical items on the report. If a funeral director is to be involved, the ~~physician licensed health care professional~~ may delegate to the funeral director the responsibility for completing items other than those of a medical nature. Similarly, the ~~physician licensed health care professional~~ may delegate the responsibility for completion of nonmedical items to appropriate personnel having access to records containing the information.

(c) If a fetal death occurs on a moving conveyance, the place of occurrence shall be given as the town or city where removal from the vehicle took place.

(d) ~~Fetal death reports~~ Reports made pursuant to this section are for statistical purposes only and are not public records. They shall be kept confidential; shall not be disclosed or discoverable in any civil, criminal, administrative, or other proceeding; and shall be destroyed after five two years.

Sec. 10. 26 V.S.A. § 1354 is amended to read:

§ 1354. UNPROFESSIONAL CONDUCT

(a) Prohibited conduct. The Board shall find that any one of the following, or any combination of the following, whether the conduct at issue was committed within or outside the State, constitutes unprofessional conduct:

* * *

(2) all advertising of about health care services or a medical business that is intended or has a tendency to mislead or deceive the public or impose upon credulous or ignorant persons and so be harmful or injurious to public morals or safety;

* * *

(21) permitting one's name or license to be used by a person, group, or corporation when not actually in charge of, or responsible for, or actively overseeing the treatment given or other health care services provided;

* * *

(29) delegation of professional responsibilities, including delivery of any health care services, to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education, or licensing credentials to perform them;

* * *

(33)(A) providing, prescribing, dispensing, or furnishing medical services or prescription medication or prescription-only devices to a person in response to any communication transmitted or received by computer or other electronic means, when the licensee fails to take the following actions to establish and maintain a proper physician-patient relationship:

(i) a reasonable effort to verify that the person requesting medication is in fact the patient, and is in fact who the person claims to be;

(ii) establishment of documented diagnosis through the use of accepted medical practices; and

(iii) maintenance of a current medical record;

(B) for the purposes of this subdivision (33), an electronic, ~~on-line~~ online, or telephonic evaluation by questionnaire is inadequate for the initial evaluation of the patient, except as otherwise provided in subdivision (C)(iv) of this subdivision (33);

(C) the following would not be in violation of this subdivision (33) if transmitted or received by computer or other electronic means:

(i) initial admission orders for newly hospitalized patients;

(ii) prescribing for a patient of another physician for whom the prescriber has taken the call;

(iii) prescribing for a patient examined by a licensed advanced practice registered nurse, physician assistant, or other advanced practitioner authorized by law and supported by the physician;

(iv) in furtherance of 18 V.S.A. chapter 223, prescribing medication for an individual to terminate the individual's pregnancy based on an adaptive questionnaire developed by or in consultation with health care providers with clinically appropriate expertise that allows the licensee to obtain additional medical history and ask follow-up questions as needed;

(v) continuing medication on a short-term basis for a new patient, prior to the patient's first appointment; or

~~(v)~~(vi) emergency situations where life or health of the patient is in imminent danger;

* * *

(b) Failure to practice competently. The Board may also find that failure to practice competently by reason of any cause on a single occasion or on multiple occasions constitutes unprofessional conduct. Failure to practice competently includes, as determined by the Board:

(1) performance of unsafe or unacceptable patient care; or

(2) failure to conform to the essential standards of acceptable and prevailing practice.

(c) Burden of proof. The burden of proof in a disciplinary action shall be on the State to show by a preponderance of the evidence that the person has engaged in unprofessional conduct.

~~(d)~~(1) Health care providers. Notwithstanding any other law to the contrary, no health care provider who is certified, registered, or licensed in Vermont shall be subject to professional disciplinary action by the Board, nor shall the Board take adverse action on an application for certification, registration, or licensure of a qualified health care provider, based solely on:

~~(A)~~(1) the health care provider providing or assisting in the provision of legally protected health care activity; or

~~(B)~~(2) a criminal, civil, or disciplinary action in another state against the health care provider that is based solely on the provider providing or assisting in the provision of legally protected health care activity.

~~(2)~~(e) Definitions. As used in this ~~subsection~~ section:

~~(A)~~(1) “Health care provider” means a person who provides professional health care services to an individual during that individual’s medical care, treatment, or confinement.

~~(B)~~(2) “Health care services” means services for the diagnosis, prevention, treatment, cure, or relief of a physical or mental health condition, including counseling, procedures, products, devices, and medications.

~~(C)~~(3) “Legally protected health care activity” has the same meaning as in 1 V.S.A. § 150.

Sec. 11. 26 V.S.A. § 1615 is amended to read:

§ 1615. ADVANCED PRACTICE REGISTERED NURSES;

REGULATORY AUTHORITY; UNPROFESSIONAL CONDUCT

(a) In addition to the provisions of 3 V.S.A. § 129a and section 1582 of this chapter, the Board may deny an application for licensure, renewal, or reinstatement or may revoke, suspend, or otherwise discipline an advanced practice registered nurse upon due notice and opportunity for hearing if the person engages in the following conduct:

* * *

(6) Providing Except as otherwise provided in subsection (b) of this section, providing, prescribing, dispensing, or furnishing medical services or prescription medication or prescription-only devices to a person in response to any communication transmitted or received by computer or other electronic means when the licensee fails to take the following actions to establish and maintain a proper provider-patient relationship:

(A) a reasonable effort to verify that the person requesting medication is in fact the patient and is in fact who the person claims to be;

(B) establishment of documented diagnosis through the use of accepted medical practices; and

(C) maintenance of a current medical record.

* * *

(b)(1) For the purposes of subdivision (a)(6) of this section, an electronic, online, or telephonic evaluation by questionnaire is inadequate for the initial evaluation of the patient, except as otherwise provided in subdivision (2)(D) of this subsection.

(2) The following would not be in violation of subdivision (a)(6) of this section:

- (A) initial admission orders for newly hospitalized patients;
- (B) prescribing for a patient of another provider for whom the prescriber has taken call;
- (C) prescribing for a patient examined by a licensed APRN, physician assistant, or other practitioner authorized by law and supported by the APRN;
- (D) in furtherance of 18 V.S.A. chapter 223, prescribing medication for an individual to terminate the individual's pregnancy based on an adaptive questionnaire developed by or in consultation with health care providers with clinically appropriate expertise that allows the licensee to obtain additional medical history and ask follow-up questions as needed;
- (E) continuing medication on a short-term basis for a new patient prior to the patient's first appointment; or
- ~~(E)~~(F) emergency situations where the life or health of the patient is in imminent danger.

* * *

Sec. 12. 26 V.S.A. § 1736 is amended to read:

§ 1736. UNPROFESSIONAL CONDUCT

(a) The following conduct and the conduct described in section 1354 of this title by a licensed physician assistant shall constitute unprofessional conduct; when that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of licensure:

* * *

(2) occupational advertising or advertising about health care services that is intended or has a tendency to mislead or deceive the public;

(3) exercising undue influence on or taking improper advantage of a person using the individual's services, or promoting the sale of professional goods or services in a manner that exploits a person for the financial gain of the practitioner or of a third party;

(4) failing to comply with provisions of federal or state statutes or rules governing the profession;

(5) conviction of a crime related to the profession; and

(6) conduct that evidences unfitness to practice in the profession.

* * *

(d) As used in this section, “health care services” means services for the diagnosis, prevention, treatment, cure, or relief of a physical or mental health condition, including counseling, procedures, products, devices, and medications.

Sec. 13. 26 V.S.A. § 2024 is added to read:

§ 2024. CONFIDENTIALITY OF PRESCRIBER AND PHARMACIST
INFORMATION ON MEDICATIONS FOR LEGALLY
PROTECTED HEALTH CARE ACTIVITY

(a) As used in this section:

(1) “Gender-affirming health care services” and “reproductive health care services” have the same meanings as in 1 V.S.A. § 150.

(2) “Noncontrolled medication” means a medication that is not a controlled substance as defined in 21 U.S.C. § 802.

(b)(1) Upon the request of a prescribing practitioner and to the extent not expressly required under federal law, a pharmacist or other licensed member of the pharmacy staff shall redact or otherwise remove the practitioner’s name or initials from a fulfilled prescription for a noncontrolled medication for gender-affirming health care services or reproductive health care services, and from any accompanying printed materials.

(2) A pharmacist may, or, upon the pharmacist’s request, another licensed member of the pharmacy staff shall, redact or otherwise remove the pharmacist’s name or initials from a fulfilled prescription for a noncontrolled medication for gender-affirming health care services or reproductive health care services, and from any accompanying printed materials.

(3) If a prescribing practitioner dispenses medication directly to patients for gender-affirming health care services or reproductive health care services, or both, the practitioner may redact or otherwise remove the practitioner’s own name or initials from a fulfilled prescription for a noncontrolled medication for gender-affirming health care services or reproductive health care services, and from any accompanying printed materials.

(c) Nothing in this chapter or the rules governing the pharmacy profession shall be construed to require a pharmacist or other licensed member of a pharmacy’s staff to list the prescribing practitioner’s or pharmacist’s name or initials on a fulfilled prescription for noncontrolled medication for gender-affirming health care services or reproductive health care services.

(d) A pharmacist or other licensed member of a pharmacy's staff shall be immune from civil, administrative, and criminal liability for failing to redact or remove the name of a prescriber or pharmacist when requested to do so pursuant to subdivision (b)(1) or (2) of this section; provided, however, that this immunity shall not apply to gross negligence, recklessness, or intentional misconduct by a pharmacist or other licensed member of the pharmacy staff.

Sec. 14. EFFECTIVE DATE

This act shall take effect on passage.

(Committee vote: 8-3-0)

For Informational Purposes

NOTICE OF PUBIC HEARING

The Vermont Senate Committee on Government Operations and the Vermont House Committee on Government Operations and Military Affairs will hold a public hearing on Veteran's Affairs on **Wednesday, April 30, 2025 from 4:00 P.M. to 5:30 P.M. in Room 11 at the State House.**

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]*