

# House Calendar

Thursday, April 17, 2025

100th DAY OF THE BIENNIAL SESSION

House Convenes at 1:00 P.M.

## TABLE OF CONTENTS

Page No.

### ACTION CALENDAR

#### Action Postponed Until April 17, 2025

##### Favorable with Amendment

<b>S. 28</b> An act relating to access to certain legally protected health care services	
Rep. Berbeco for Health Care .....	1591
Reps. Dolan and LaLonde Amendment .....	1606

##### New Business

##### Third Reading

<b>S. 18</b> An act relating to licensure of freestanding birth centers .....	1606
---	------

##### Senate Proposal of Amendment

<b>H. 243</b> The regulation of business organizations	
Senate Proposal of Amendment .....	1606

### NOTICE CALENDAR

##### Favorable with Amendment

<b>S. 27</b> An act relating to medical debt relief and excluding medical debt from credit reports	
Rep. Page for Health Care .....	1610
Rep. Nigro for Appropriations .....	1613
Rep. Feltus for Ways and Means .....	1614
Reps. Donahue and Black Amendment .....	1614
Rep. North Amendment .....	1614
<b>S. 36</b> An act relating to the Medicaid payment model for residential substance use disorder treatment services	
Rep. Bishop for Human Services .....	1616

### CONSENT CALENDAR FOR NOTICE

<b>H.C.R. 95</b> Designating April 24, 2025 as Vermont Children's Alliance Day at the State House .....	1618
---	------

<b>H.C.R. 96</b> Congratulating the Thetford Academy Panthers Division III boys' basketball team on their second consecutive championship .....	1618
<b>H.C.R. 97</b> Congratulating the Southern State Correctional Facility's debate team on its National Prison Debate League victory over Wake Forest University .....	1618
<b>H.C.R. 98</b> Congratulating the 2025 Essex High School Hornets Division I championship girls' ice hockey team .....	1618
<b>H.C.R. 99</b> Congratulating the 2025 Mount Mansfield Union High School Cougars boys' Division I championship Nordic ski team .....	1618
<b>H.C.R. 100</b> Congratulating the 2025 Mount Mansfield Union High School Cougars Division I championship girls' Nordic ski team .....	1618
<b>H.C.R. 101</b> Congratulating Phoenix Newell on winning two consecutive Vermont State Spelling Bees .....	1619
<b>H.C.R. 102</b> Congratulating the 2024 8–10 Colchester All-Star Vermont championship Little League Baseball team .....	1619
<b>H.C.R. 103</b> Commemorating the establishment of the Austine School for the Deaf collection and exhibit at the Vermont Historical Society Library in Barre .....	1619
<b>H.C.R. 104</b> Recognizing May 2025 as National Foster Care Month in Vermont .....	1619
<b>H.C.R. 105</b> Recognizing April 19, 2025 as World Circus Day in Vermont	1619
<b>H.C.R. 106</b> Congratulating the 2025 Mount Mansfield Union High School Cougars dance program on winning a 10th consecutive hip-hop State championship .....	1619
<b>H.C.R. 107</b> Congratulating the Rice Memorial High School Green Knights boys' ice hockey team on winning a second consecutive Division I championship .....	1619
<b>H.C.R. 108</b> Congratulating the remarkable four-time State high school individual girls' golf champion Namo Seibert .....	1619

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**ORDERS OF THE DAY**

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**ACTION CALENDAR**

**Action Postponed Until April 17, 2025**

**Favorable with Amendment**

**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)**

**Amendment to be offered by Reps. Dolan of Essex Junction and LaLonde of South Burlington to the report of the Committee on Health Care on S. 28**

That the report of the Committee on Health Care be amended as follows:

First: In Sec. 6, 18 V.S.A. § 1881, in subdivision (c)(2)(B), in the second sentence, by striking out “An” and inserting in lieu thereof “An A State court”

Second: In Sec. 13, 26 V.S.A. § 2024, in subsection (d) by striking out “civil, administrative, and criminal liability” and inserting in lieu thereof “civil and administrative liability”

**New Business**

**Third Reading**

**S. 18**

An act relating to licensure of freestanding birth centers

**Senate Proposal of Amendment**

**H. 243**

An act relating to the regulation of business organizations

The Senate proposes to the House to amend the bill as follows:

First: In Sec. 4, 11 V.S.A. chapter 15, in section 1656, by striking out the section heading in its entirety and inserting in lieu thereof a new section heading to read as follows:

§ 1656. SERVICE OF PROCESS; SECRETARY OF STATE AS AGENT

Second: By adding a new section to be Sec. 4a to read as follows:

Sec. 4a. 11 V.S.A. chapter 15, subchapter 2 is amended to read:

Subchapter 2. Administrative Authority

\* \* \*

§ 1657. CERTIFICATE OF GOOD STANDING

Upon request of any person and payment of the applicable fee, the Secretary of State shall issue a certificate of good standing for a business organization that is authorized to do business in this State, and that is currently active and in good standing as of the date the certificate is issued, as reflected in the records of the Secretary.

Third: By adding a new section to be Sec. 7a to read as follows:

Sec. 7a. 11 V.S.A. § 4028 is amended to read:

§ 4028. ~~CERTIFICATE OF EXISTENCE OR AUTHORIZATION~~  
CERTIFICATE OF GOOD STANDING

~~(a) A person may request the Secretary of State to furnish a certificate of existence for a limited liability company or a certificate of authorization for a foreign limited liability company.~~

~~(b) A certificate of existence for a limited liability company shall set forth:~~

~~(1) the company's name;~~

~~(2) that it is duly organized under the laws of this State and the date of organization; and~~

~~(3) that articles of termination have not been filed.~~

~~(c) A certificate of authorization for a foreign limited liability company shall set forth:~~

~~(1) the company's name used in this State;~~

~~(2) that it is authorized to transact business in this State; and~~

~~(3) that a certificate of cancellation has not been filed.~~

~~(d) Subject to any qualification stated in the certificate, a certificate of existence or authorization issued by the Secretary of State may be relied upon as conclusive evidence that the domestic or foreign limited liability company is in existence or is authorized to transact business in this State. A person may request the Secretary of State to issue a certificate of good standing for a domestic or foreign limited liability company pursuant to section 1657 of this title.~~

Fourth: By adding a new section to be Sec. 8a to read as follows:

Sec. 8a. 11A V.S.A. § 1.28 is amended to read:

§ 1.28. CERTIFICATE OF GOOD STANDING

~~(a) Anyone may apply to the Secretary of State to furnish a certificate of good standing for a domestic corporation or a certificate of authorization for a foreign corporation.~~

~~(b) A certificate of good standing or authorization sets forth:~~

~~(1) the domestic corporation's corporate name or the foreign corporation's corporate name used in this State;~~

~~(2) that:~~

~~(A) the domestic corporation is duly incorporated under the law of this state, the date of its incorporation, and the period of its duration if less than perpetual; or~~

~~(B) the foreign corporation is authorized to transact business in this State;~~

~~(3) that all fees and penalties owed to this state under section 1.22 of this title have been paid if:~~

~~(A) payment is reflected in the records of the Secretary of State; and~~

~~(B) nonpayment affects the existence or authorization of the domestic or foreign corporations;~~

~~(4) that its most recent annual report required by section 16.22 of this title has been delivered to the Secretary of State;~~

~~(5) that articles of dissolution have not been filed; and~~

~~(6) other facts of records in the office of the Secretary of State that may be requested by the applicant.~~

~~(e) Subject to any qualification stated in the certificate, a certificate of good standing or authorization issued by the Secretary of State may be relied upon as conclusive evidence that the domestic or foreign corporation is in existence or is authorized to transact business in this State. A person may request the Secretary of State to issue a certificate of good standing for a domestic or foreign corporation pursuant to 11 V.S.A. § 1657.~~

Fifth: By adding a new section to be Sec. 15a to read as follows:

Sec. 15a. 11B V.S.A. § 1.28 is amended to read:

#### § 1.28. CERTIFICATE OF GOOD STANDING

~~(a) Any person may apply to the Secretary of State to furnish a certificate of good standing for a domestic or foreign corporation.~~

~~(b) The certificate of good standing sets forth:~~

~~(1) the domestic corporation's corporate name or the foreign corporation's corporate name used in this State;~~

~~(2) that:~~

~~(A) the domestic corporation is duly incorporated under the law of this State, the date of its incorporation, and the period of its duration if less than perpetual; or~~

~~(B) the foreign corporation is authorized to transact business in this State;~~

~~(3) that all fees and penalties owed to this State under section 1.22 of this title have been paid if:~~

~~(A) payment is reflected in the records of the Secretary of State; and~~

~~(B) nonpayment affects the good standing of the domestic or foreign corporation;~~

~~(4) that its most recent biennial report required by section 16.22 of this title has been delivered to the Secretary of State; and~~

~~(5) that articles of dissolution have not been filed.~~

~~(e) Subject to any qualification stated in the certificate, a certificate of good standing issued by the Secretary of State may be relied upon as conclusive evidence that the domestic or foreign corporation is in existence or is authorized to transact business in this State.~~

~~(d) Subject to any qualification stated in the certificate, a certificate of good standing issued by the Secretary of State may be taken as prima facie evidence of the facts stated therein. A person may request the Secretary of State to issue a certificate of good standing for a domestic or foreign corporation pursuant to 11 V.S.A. § 1657.~~

Sixth: In Sec. 23, 11C V.S.A. chapter 2, by striking out section 206 in its entirety and inserting in lieu thereof a new section 206 to read as follows:

§ 206. CERTIFICATE OF GOOD STANDING OR AUTHORIZATION

~~(a) The Secretary of State, upon request and payment of the required fee, shall furnish any person that requests it a certificate of good standing for a mutual benefit enterprise if the records filed in the Office of the Secretary of State show that the Secretary of State has filed the enterprise's articles of organization, that the enterprise is in good standing, and that the Secretary of State has not filed a statement of termination.~~

~~(b) The Secretary of State, upon request and payment of the required fee, shall furnish to any person that requests it a certificate of authority for a foreign enterprise if the records filed in the Office of the Secretary of State show that the Secretary of State has filed the foreign enterprise's certificate of authority, has not revoked nor has reason to revoke the certificate of authority, and has not filed a notice of cancellation.~~

~~(c) Subject to any exceptions stated in the certificate, a certificate of good standing or authority issued by the Secretary of State establishes conclusively~~

~~that the mutual benefit enterprise or foreign enterprise is in good standing or is authorized to transact business in this State~~ A person may request the Secretary of State to issue a certificate of good standing for a domestic or foreign enterprise pursuant to 11 V.S.A. § 1657.

Seventh: In Sec. 27, business services and business organizations; study, by striking out subsection (b) in its entirety and inserting in lieu thereof a new subsection (b) to read as follows:

(b) Reporting. The Secretary of State shall, based on the task set forth in subsection (a) of this section, submit to the House Committee on Commerce and Economic Development, the House Committee on Ways and Means, the Senate Committee on Economic Development, Housing and General Affairs, and the Senate Committee on Finance an interim report on or before November 15, 2025 and a final report on or before December 1, 2026 including its findings and any proposed legislation for the General Assembly's consideration. The interim report shall provide the General Assembly with any recommended actions to pursue in the 2026 legislative session.

## NOTICE CALENDAR

### 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)**

**Rep. Feltus of Lyndon**, 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: 11-0-0)**

**Amendment to be offered by Reps. Donahue of Northfield and Black of Essex to the report of the Committee on Health Care on S. 27**

That the report of the Committee on Health Care be amended by adding a new section to be Sec. 3 to read as follows:

Sec. 3. 1 V.S.A. § 151 is added to read:

§ 151. BEHAVIORAL HEALTH

“Behavioral health” means any behavioral condition bearing on health, including stress-linked physical symptoms, patient activation, and health behaviors that can be addressed through support, counseling, change techniques, coaching, and other interventions. As used in the Vermont Statutes Annotated, the term does not include mental health conditions or substance use disorders. The General Assembly recognizes that using the term “behavioral health” to describe mental health conditions or substance use disorders has a stigmatizing impact, which may deter individuals from seeking health care for those conditions, but also recognizes that some jurisdictions interpret the term to incorporate those conditions and that therefore it may be necessary under limited circumstances to include the term in the definition of health care services for the sole reason of avoiding any question about the intended scope of a specific statute.

and by renumbering the remaining sections to be numerically correct

**Amendment to be offered by Rep. North of Ferrisburgh to the report of the Committee on Health Care on S. 27**

That the report of the Committee on Health Care be amended as follows:

First: In Sec. 1, State Treasurer; medical debt relief; appropriation, in subdivision (b)(4)(C)(ii), by striking out “400 percent” and inserting in lieu thereof “300 percent”

Second: In Sec. 1, State Treasurer; medical debt relief; appropriation, by striking out subsection (c) in its entirety and inserting in lieu thereof a new subsection (c) to read as follows:

(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 300 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;

(2) the debtor has demonstrated a consistent, good faith effort to make payments on the medical debt; and

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

Third: In Sec. 6, 18 V.S.A. chapter 221, subchapter 10, following the first set of ellipses, by inserting the following:

§ 9482. FINANCIAL ASSISTANCE POLICIES FOR LARGE HEALTH  
CARE FACILITIES

(a) Each large health care facility in this State shall develop a written financial assistance policy that, at a minimum, complies with the provisions of this subchapter and any applicable federal requirements.

(b) The financial assistance policy shall:

(1) apply, at a minimum, to all emergency and other medically necessary health care services that the large health care facility offers;

(2) provide free or discounted care to Vermont residents and to individuals who live in Vermont at the time the services are delivered but who lack stable permanent housing, as follows:

(A) for an uninsured patient with household income at or below 250 percent of the federal poverty level (FPL), a 100 percent discount from the amount generally billed for the services received, resulting in free care;

(B) for an uninsured patient with household income between 250 and ~~400~~ 300 percent FPL, a minimum of a 40 percent discount from the amount generally billed for the services received;

(C) for a patient with health insurance or other coverage for the services delivered and with household income at or below 250 percent FPL, a waiver of all out-of-pocket costs that would otherwise be due from the patient;

(D) for a patient with health insurance or other coverage for the services delivered and with household income between 250 and ~~400~~ 300 percent FPL, a minimum of a 40 percent discount on the patient's out-of-pocket costs; and

\* \* \*

### S. 36

An act relating to the Medicaid payment model for residential substance use disorder treatment services

**Rep. Bishop of Colchester**, for the Committee on Human Services, recommends that the House propose to the Senate that the bill be amended by inserting a new Sec. 6 and a new section to be Sec. 7 to read as follows:

#### Sec. 6. REPORTS; PUBLIC INEBRIATE SERVICES AND PROGRAMMING

(a)(1) The Departments of Health and of Mental Health's existing plan to expand public inebriate services and programming shall prioritize Chittenden County.

(2) On or before February 15, 2026, the Departments of Health and of Mental Health shall jointly provide a presentation to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare describing efforts to expand public inebriate services and programming pursuant to subdivision (1) of this subsection.

(b) On or before February 15, 2026, the Department of Corrections shall provide a presentation to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare describing efforts to reinstate the practice of connecting individuals receiving public inebriate services in a correctional facility with appropriate community-based substance use recovery providers.

#### Sec. 7. REPORTS; HUMAN SERVICES BOARD PROCEEDINGS

(a) On or before December 15, 2025, the Agency of Human Services, in consultation with the Human Services Board, Office of the Attorney General, each of the Agency's departments with cases before the Human Services Board, community partners, and individuals with lived experience as appellants before the Board, shall submit a written report to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare providing the following information and recommendations regarding proceedings before the Board:

(1) a proposal that attorneys representing the Agency or departments participate in training that balances the attorney's ethical obligation to zealously represent the attorney's client with the respectful, trauma-informed treatment of appellants;

(2) an analysis of varying appeals processes specific to the Agency and each department with cases before the Board, including proposals and any legislative action necessary to improve consistency;

(3) a proposal to identify and collect currently unavailable data in a manner that ensures uniform data collection across the Agency and departments with cases before the Board, including data regarding cases resolved prior to reaching the stage of hearing officer or full Board involvement;

(4) recommendations for resolving potential appeals prior to reaching the Board; and

(5) any other recommendation requiring legislative action.

(b) On or before December 15, 2025, the Human Services Board, in collaboration with the Agency of Human Services, each of the Agency's departments with cases before the Board, the Office of the Attorney General, community partners, and individuals with lived experience as appellants before the Board, shall submit a written report to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare providing the following information and recommendations regarding proceedings before the Board:

(1) a proposal to improve understanding of Board processes and accessibility to appellants, including the use of media and graphics to explain what the Board is and how it operates;

(2) a proposal for the exchange of periodic feedback as part of a continual quality improvement process between the Board, Agency, departments appearing before the Board, Office of the Attorney General, Vermont Legal Aid, and other relevant stakeholders;

(3) an analysis of how to enable an appellant to present a personal narrative without jeopardizing the appellant's case or disrupting the legal obligations of the Board and the attorneys representing the Agency or departments appearing before the Board; and

(4) recommendations to improve the reporting and analysis of data to the General Assembly, including information related to appeal requests resolved prior to reaching the stage of hearing officer or full Board involvement.

and by renumbering the remaining section to be numerically correct

and that after passage the title of the bill be amended to read: "An act relating to the delivery and payment of certain services provided through the

Agency of Human Services, Public Inebriate Services, and Human Services Board proceedings”

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

## **CONSENT CALENDAR FOR NOTICE**

### **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 prior to adjournment of the next legislative day. 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.

#### **H.C.R. 95**

House concurrent resolution designating April 24, 2025 as Vermont Children’s Alliance Day at the State House

#### **H.C.R. 96**

House concurrent resolution congratulating the Thetford Academy Panthers Division III boys’ basketball team on their second consecutive championship

#### **H.C.R. 97**

House concurrent resolution congratulating the Southern State Correctional Facility’s debate team on its National Prison Debate League victory over Wake Forest University

#### **H.C.R. 98**

House concurrent resolution congratulating the 2025 Essex High School Hornets Division I championship girls’ ice hockey team

#### **H.C.R. 99**

House concurrent resolution congratulating the 2025 Mount Mansfield Union High School Cougars boys’ Division I championship Nordic ski team

#### **H.C.R. 100**

House concurrent resolution congratulating the 2025 Mount Mansfield Union High School Cougars Division I championship girls’ Nordic ski team

**H.C.R. 101**

House concurrent resolution congratulating Phoenix Newell on winning two consecutive Vermont State Spelling Bees

**H.C.R. 102**

House concurrent resolution congratulating the 2024 8–10 Colchester All-Star Vermont championship Little League Baseball team

**H.C.R. 103**

House concurrent resolution commemorating the establishment of the Austine School for the Deaf collection and exhibit at the Vermont Historical Society Library in Barre

**H.C.R. 104**

House concurrent resolution recognizing May 2025 as National Foster Care Month in Vermont

**H.C.R. 105**

House concurrent resolution recognizing April 19, 2025 as World Circus Day in Vermont

**H.C.R. 106**

House concurrent resolution congratulating the 2025 Mount Mansfield Union High School Cougars dance program on winning a 10th consecutive hip-hop State championship

**H.C.R. 107**

House concurrent resolution congratulating the Rice Memorial High School Green Knights boys' ice hockey team on winning a second consecutive Division I championship

**H.C.R. 108**

House concurrent resolution congratulating the remarkable four-time State high school individual girls' golf champion Namo Seibert

**For Informational Purposes**

**NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENT TO  
THE CONSTITUTION OF THE STATE OF VERMONT**

The Vermont House Committee on General and Housing will hold a public hearing on **Tuesday, April 22, 2025, at 1:00 p.m.** in Room 10 of the State House on the proposed amendment. Interested parties may attend the hearing in person or virtually.

The Committee will take testimony on Proposition 3, Declaration of Rights; right to collectively bargain. **Anyone interested in testifying must sign up in advance of the hearing through the following online form no later than 5 p.m. on Sunday, April 20, 2025.** For those planning to testify instructions on how to access and participate in the hearing will be sent once you have signed up for the hearing.

Online form: <https://legislature.vermont.gov/prop-3-form>

**For those not planning to testify, the hearing will be available to watch live on YouTube at the following link.**

YouTube livestream:

<https://legislature.vermont.gov/committee/streaming/house-general-and-housing>

Written testimony is encouraged and can be submitted electronically through email at [testimony@leg.state.vt.us](mailto:testimony@leg.state.vt.us) or mailed to the House Committee on Housing and General Affairs, c/o Magali Stowell Alemán, 115 State Street, Montpelier, VT 05633. For more information about the format of this event, contact Magali Stowell Alemán at [mstowellaleman@leg.state.vt.us](mailto:mstowellaleman@leg.state.vt.us).

**NOTICE OF PUBLIC 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.**

**The hearing will be available to watch live on YouTube at the following link.**

YouTube livestream:

<https://legislature.vermont.gov/committee/streaming/house-government-operations-and-military-affairs>



### **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 #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]*

**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 #3247:** \$2,875,419.00 to the Agency of Human Services, Department for Children and Families to support families affected by the July 2024 flood event. The request includes three (3) limited-service positions. Two (2) Emergency Management Specialists to the AHS central office and one (1) Grants and Contract Manager to the Department of Children and Families Positions funded through June 30, 2027. *[Received 04/10/2025, expedited review requested 04/10/2025]*

**JFO #3248:** \$35,603.00 to the Vermont Department of Libraries from the Vermont Community Foundation and the dissolution of the VT Public Library Foundation. The grant will provide modest grants to VT libraries with a preference for smaller libraries and for programs and projects that support children and diversity. *[Received April 10, 2025]*

**JFO #3249:** \$22,117.00 to the Agency of Human Services, Department of Corrections to ensure compliance with the Prison Rape Elimination Act (PREA). *[Received April 10, 2025]*