

House Calendar

Friday, February 6, 2026

32nd DAY OF THE ADJOURNED SESSION

House Convenes at 9:30 A.M.

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ORDERS OF THE DAY

ACTION CALENDAR

Action Postponed Until Friday, February 6, 2026

Favorable with Amendment

H. 611

An act relating to miscellaneous provisions affecting the Department of Vermont Health Access

Rep. Powers of Waterford, for the Committee on Health Care, recommends 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. § 4635 is amended to read:

§ 4635. PRESCRIPTION DRUG COST TRANSPARENCY

(a) As used in this section:

(1) “Health insurer” means a health insurer, as defined in section 9402 of this title, with more than 5,000 covered lives in this State for major medical health insurance, as defined in 8 V.S.A. § 4011. The term does not include Vermont Medicaid.

(2) “Manufacturer” shall have has the same meaning as “pharmaceutical manufacturer” in section 4631a of this title.

~~(2)~~(3) “Prescription drug” means a drug as defined in 21 U.S.C. § 321.

~~(b)(1)(A) The Department of Vermont Health Access shall create annually a list of 10 prescription drugs on which the State spends significant health care dollars and for which the wholesale acquisition cost has increased by 50 percent or more over the past five years or by 15 percent or more during the previous calendar year, creating a substantial public interest in understanding the development of the drugs’ pricing. The list shall include at least one generic and one brand-name drug and shall indicate each of the drugs on the list that the Department considers to be specialty drugs. The Department shall include the percentage of the wholesale acquisition cost increase for each drug on the list; rank the drugs on the list from those with the largest increase in wholesale acquisition cost to those with the smallest increase; indicate whether each drug was included on the list based on its cost increase over the past five years or during the previous calendar year, or both; and provide the Department’s total expenditure for each drug on the list during the most recent calendar year.~~

~~(B) The Department of Vermont Health Access shall create annually a list of 10 prescription drugs on which the State spends significant health care dollars and for which the cost to the Department of Vermont Health Access, net of rebates and other price concessions, has increased by 50 percent or more over the past five years or by 15 percent or more during the previous calendar year, creating a substantial public interest in understanding the development of the drugs' pricing. The list shall include at least one generic and one brand-name drug and shall indicate each of the drugs on the list that the Department considers to be specialty drugs. The Department shall rank the drugs on the list from those with the greatest increase in net cost to those with the smallest increase and indicate whether each drug was included on the list based on its cost increase over the past five years or during the previous calendar year, or both.~~

~~(C)(i) Each health insurer with more than 5,000 covered lives in this State for major medical health insurance shall create annually a list of 10 prescription drugs on which its health insurance plans spend significant amounts of their premium dollars and for which the cost to the plans, net of rebates and other price concessions, has increased by 50 percent or more over the past five years or by 15 percent or more during the previous calendar year, or both, creating a substantial public interest in understanding the development of the drugs' pricing. The list shall include at least one generic and one brand-name drug and shall indicate each of the drugs on the list that the health insurer considers to be specialty drugs. The health insurer shall rank the drugs on the list from those with the greatest increase in net cost to those with the smallest increase and indicate whether each drug was included on the list based on its cost increase over the past five years or during the previous calendar year, or both.~~

~~(ii)(B) Each health insurer creating a list pursuant to subdivision (i)(A) of this subdivision (b)(1)(C) shall provide to the Office of the Attorney General the percentage by which the net cost to its plans increased over the applicable period or periods for each drug on the list, as well as the insurer's total expenditure, net of rebates and other price concessions, for each drug on the list during the most recent calendar year. Information provided to the Office of the Attorney General pursuant to this subdivision (b)(1)(C)(ii)(B) is exempt from public inspection and copying under the Public Records Act and shall not be released.~~

~~(2) The Department of Vermont Health Access and the health insurers shall provide to the Office of the Attorney General and the Green Mountain Care Board the lists of prescription drugs developed pursuant to subdivisions (1)(A), (B), and (C)(i) subdivision (1) of this subsection annually on or before~~

June 1. The Office of the Attorney General and the Green Mountain Care Board shall make all of the information available to the public on their respective websites.

(c)(1)(A) Of the prescription drugs listed by the ~~Department of Vermont Health Access~~ and the health insurers pursuant to subdivisions ~~(b)(1)(B)~~ and ~~(C)~~ subdivision (b)(1) of this section, the Office of the Attorney General shall identify 15 drugs as follows:

(i) of the drugs appearing on more than one payer's list, the Office of the Attorney General shall identify the top 15 drugs on which the greatest amount of money was spent across all payers during the previous calendar year, to the extent information is available; and

(ii) if fewer than 15 drugs appear on more than one payer's list, the Office of the Attorney General shall rank the remaining drugs based on the amount of money spent by any one payer during the previous calendar year, in descending order, and select as many of the drugs at the top of the list as necessary to reach a total of 15 drugs.

(B) For the 15 drugs identified by the Office of the Attorney General pursuant to subdivision (A) of this subdivision (c)(1), the Office of the Attorney General shall require the manufacturer of each such drug to provide all of the following:

(i) Justification for the increase in the net cost of the drug to ~~the Department of Vermont Health Access~~, to one or more health insurers, or both, which shall be provided to the Office of the Attorney General in a format that the Office of the Attorney General determines to be understandable and appropriate and shall be provided in accordance with a timeline specified by the Office of the Attorney General. The manufacturer shall submit to the Office of the Attorney General all relevant information and supporting documentation necessary to justify the manufacturer's net cost increase to ~~the Department of Vermont Health Access~~, to one or more health insurers, or both during the identified period of time, including:

(I) each factor that specifically caused the net cost increase to ~~the Department of Vermont Health Access~~, to one or more health insurers, or both during the specified period of time;

* * *

Sec. 2. 18 V.S.A. § 4682 is amended to read:

§ 4682. DISCRIMINATION AGAINST 340B ENTITIES PROHIBITED

* * *

~~(d) A manufacturer or its agent shall offer or otherwise make available 340B drug pricing to a 340B covered entity or 340B contract pharmacy in the form of a discount at the time of purchase and shall not offer or otherwise make available 340B drug pricing in the form of a rebate. [Repealed.]~~

Sec. 3. 33 V.S.A. § 402 is amended to read:

§ 402. MEDICAID AND EXCHANGE ADVISORY COMMITTEE

(a) A The Medicaid and Exchange Advisory Committee is created for the purpose of advising the Commissioner of Vermont Health Access with respect to policy development and program administration for the Vermont Health Benefit Exchange, Medicaid, and Medicaid-funded programs, consistent with the requirements of federal law.

(b)(1) The Commissioner of Vermont Health Access shall appoint members of the Advisory Committee established by this section, who shall serve staggered three-year terms. The total membership of the Advisory Committee shall be at least 22 members and shall include individuals who are also members of the Beneficiary Advisory Committee, as required by 42 C.F.R. § 431.12. The Commissioner may remove members of the Committee who fail to attend three consecutive meetings and may appoint replacements. ~~The Commissioner may reappoint members to serve more than one term.~~

(2)(A) The Commissioner of Vermont Health Access shall appoint one representative of health insurers licensed to do business in Vermont to serve on the Advisory Committee. The Commissioner of Health shall also serve on the Advisory Committee.

(B) Of the remaining members of the Advisory Committee, one-quarter of the members shall be from each of the following constituencies:

(i) beneficiaries of Medicaid or Medicaid-funded programs;

(ii) representatives of those eligible for or enrolled in qualified health plans, such as individuals, self-employed individuals, health insurance brokers and agents, ~~and representatives of businesses eligible for or enrolled in the Vermont Health Benefit Exchange~~ small business owners and employees;

(iii) advocates for consumer organizations; and

(iv) health care professionals and representatives from a broad range of health care professionals.

* * *

Sec. 4. 33 V.S.A. § 1813 is amended to read:

§ 1813. REFLECTIVE HEALTH BENEFIT PLANS

(a)(1) In the event that federal cost-sharing reduction payments to insurers are suspended or discontinued, registered carriers may offer to individuals ~~and employees of small employers~~ nonqualified reflective health benefit plans that do not include funding to offset the loss of the federal cost-sharing reduction payments. These plans shall be similar to, but contain at least one variation from, qualified health benefit plans offered through the Vermont Health Benefit Exchange that include funding to offset the loss of the federal cost-sharing reduction payments.

* * *

Sec. 5. 33 V.S.A. § 2031 is amended to read:

§ 2031. CREATION OF CLINICAL UTILIZATION REVIEW BOARD

(a) ~~No later than June 15, 2010, the~~ The Department of Vermont Health Access shall ~~create a~~ maintain the Clinical Utilization Review Board to examine existing medical services, emerging technologies, and relevant evidence-based clinical practice guidelines and make recommendations to the Department regarding coverage, unit limitations, place of service, and appropriate medical necessity of services in the State's Medicaid programs.

(b) The Board shall comprise a minimum of 10 members with diverse medical experience, to be appointed by the Governor upon recommendation of the Commissioner of Vermont Health Access. The Board shall solicit additional input as needed from individuals with expertise in areas of relevance to the Board's deliberations. The Chief Medical Director ~~Officer~~ of the Department of Vermont Health Access shall serve as the State's liaison to the Board. Board member terms shall may be staggered, ~~but in no event longer than three years from the date of appointment.~~ The and the Board shall meet at least quarterly, ~~provided that the Board shall meet no less frequently than once per month for the first six months following its formation.~~

* * *

Sec. 6. 33 V.S.A. § 2072 is amended to read:

§ 2072. GENERAL ELIGIBILITY

(a) An individual shall be eligible for assistance under this subchapter if the individual:

(1) is a resident of Vermont at the time of application for benefits;

(2) is at least 65 years of age or is an individual with disabilities as defined in subdivision 2071(1) of this title; and

(3) has a household income, ~~when calculated using modified adjusted gross income as defined in 26 U.S.C. § 36B(d)(2)(B), no~~ not greater than 225 percent of the federal poverty level.

* * *

Sec. 7. INCREASE TO PREPAID BURIAL ARRANGEMENTS FOR
MEDICAID ELIGIBILITY PURPOSES; RULEMAKING

(a) Subject to approval from the Centers for Medicare and Medicaid Services, the Agency of Human Services shall amend its rules and procedures allowing Medicaid applicants and recipients to preserve monies for funeral and burial expenses to increase from \$10,000.00 to \$15,000.00 the limit on the amount that may be preserved through an irrevocable prepaid funeral arrangement, as described in 26 V.S.A. § 1271, provided that:

(1) the written contract for the arrangement, as described in 26 V.S.A. § 1273, includes a provision specifying that Vermont Medicaid shall receive all amounts remaining after payment of the deceased individual's expenses up to an amount equal to the total Medicaid amount paid on behalf of the deceased individual; and

(2) in the event that the person responsible for making the funeral arrangements for the deceased individual fails to have funeral services provided, after the retention of assets by the funeral director as set forth in 26 V.S.A. § 1274(c), Vermont Medicaid shall receive all amounts remaining up to an amount equal to the total Medicaid amount paid on behalf of the deceased individual.

(b) Subject to approval from the Centers for Medicare and Medicaid Services, the Agency's amended rules and procedures shall apply to prepaid funeral arrangements entered into on or after July 1, 2027.

Sec. 8. 2025 Acts and Resolves No. 50, Sec. 7 is amended to read:

Sec. 7. STATE PLAN AMENDMENT

Not later than July 1, ~~2026~~ 2027, the Department of Vermont Health Access shall seek a state plan amendment from the Centers for Medicare and Medicaid Services to allow Vermont's Medicaid program to provide coverage for doula services in accordance with 33 V.S.A. § 1901n, as added by this act.

Sec. 9. 2025 Acts and Resolves No. 50, Sec. 8 is amended to read:

Sec. 8. EFFECTIVE DATES

(a) Secs. 1–4 (establishing certification program for community-based perinatal doulas) shall take effect on July 1, 2026, provided that the Director of

the Office of Professional Regulation shall commence the rulemaking process prior to that date in order to ensure that the rules will be in effect on July 1, 2026.

(b) Sec. 5 (33 V.S.A. § 1901n; Medicaid coverage for doula services) shall take effect on the later of July 1, ~~2026~~ 2027, or approval of the state plan amendment requested pursuant to Sec. 7 of this act.

(c) The remaining sections shall take effect on passage.

Sec. 10. EFFECTIVE DATE

This act shall take effect on July 1, 2026.

(Committee Vote: 11-0-0)

Rep. Yacovone of Morristown, for the Committee on Appropriations, recommends that the bill ought to pass when amended as recommended by the Committee on Health Care.

(Committee Vote: 9-0-2)

New Business

Third Reading

H. 540

An act relating to the recommendations of the Post-Adjudication Reporative Program Working Group

Senate Proposal of Amendment

H. 50

An act relating to identifying underutilized State buildings and land

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. 29 V.S.A. § 165 is amended to read:

§ 165. SPACE ALLOCATION, INVENTORY, AND USE; LEASING
PROPERTY; COMMISSIONER'S PREAPPROVAL REQUIRED

* * *

(e) The Commissioner of Buildings and General Services shall maintain an inventory of all State-owned or State-leased buildings and land and shall biannually compile and update the information received under subsection (g) of this section, which shall be considered once available in making spacing allocations and designating uses under subsection (c) of this section.

* * *

(g) The head of each agency shall prepare and forward to the Commissioner of Buildings and General Services ~~when requested by the Commissioner~~ annually in a format prescribed by the Commissioner an inventory of: square footage available for use; square footage in actual use; square footage not in use; square footage used for storage; square footage that is unfinished; cost per square foot for rent; cost per square foot for operation and maintenance; and the source of funds for rent, operation, and maintenance, including the act and section numbers of a legislative directive if applicable. The head of each agency shall additionally indicate in its inventory in a format prescribed by the Commissioner whether any building is vacant and whether any land is unnecessary for the statutory purpose of the agency.

* * *

(j) On or before January 15 of each new legislative biennium, the Commissioner shall submit to the House Committee on Corrections and Institutions and the Senate Committee on Institutions the inventory maintained under subsection (e) of this section.

Sec. 2. EFFECTIVE DATE

This act shall take effect on passage.

Rep. Gregoire of Fairfield, for the Committee on Corrections and Institutions, recommends that the House concur in the Senate proposal of amendment with further proposal of amendment thereto by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 29 V.S.A. § 165 is amended to read:

§ 165. SPACE ALLOCATION, INVENTORY, AND USE; LEASING

PROPERTY; COMMISSIONER'S PREAPPROVAL REQUIRED

* * *

(e) The Commissioner of Buildings and General Services shall maintain an inventory of all State-owned buildings and land and shall ~~biannually~~ annually compile and update the information received under subsection (g) of this section, which shall be considered once available in making spacing allocations and designating uses under subsection (c) of this section.

* * *

(g) The head of each agency shall prepare and forward to the Commissioner of Buildings and General Services ~~when requested by the~~

~~Commissioner annually~~ in a format prescribed by the Commissioner an inventory of: square footage available for use; square footage in actual use; square footage not in use; square footage used for storage; square footage that is unfinished; cost per square foot for rent; cost per square foot for operation and maintenance; and the source of funds for rent, operation, and maintenance, including the act and section numbers of a legislative directive if applicable. The head of each agency shall additionally indicate in its inventory in a format prescribed by the Commissioner whether any building is vacant and whether any land is unnecessary for State purposes.

* * *

(j) On or before January 15 of each new legislative biennium, the Commissioner shall submit to the House Committee on Corrections and Institutions and the Senate Committee on Institutions the inventory maintained under subsection (e) of this section.

Sec. 2. INVENTORY OF PARCELS FOR HOUSING DEVELOPMENT;
2026–2030; REPORT

(a) As part of the inventory that a head of an agency conducts pursuant to 29 V.S.A. § 165(g) through calendar year 2030, the head of the agency shall identify and report to the Department of Housing and Community Development each parcel under its ownership that meets all of the screening criteria developed by the Department for Executive Order No. 06-25 (3 App. V.S.A. ch. 10, § 51).

(b) On or before January 15 of each legislative session through calendar year 2031, the Commissioner of Housing and Community Development shall provide to the House Committee on Corrections and Institutions and the Senate Committee on Institutions the inventory of properties identified pursuant to subsection (a) of this section, a list of those inventoried properties the Commissioner determines may be suitable for housing development, and an explanation of the Commissioner’s determination.

Sec. 3. EFFECTIVE DATE

This act shall take effect on passage.

(Committee Vote: 9-0-2)

NOTICE CALENDAR
Favorable with Amendment
H. 548

An act relating to adding a mediator position to the office of the Vermont Labor Relations Board

Rep. Krasnow of South Burlington, for the Committee on General and Housing, recommends that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 3 V.S.A. § 922 is amended to read:

§ 922. OFFICE SPACE; EMPLOYEES; MEDIATOR

(a) The Secretary of Administration shall, upon request by the State Labor Relations Board, allow the Board the responsible use of public buildings under ~~his or her~~ the Secretary's control and furnish heat, light, and furniture for any meeting or hearing called by the Board.

(b) The Board may employ such employees and agents as it deems necessary, and may employ a reporter for taking and transcribing testimony in hearing before it.

(c)(1) The Board may employ a mediator to provide free mediation services to public and private sector collective bargaining units and employers upon reaching an impasse during collective bargaining.

(2) If the mediator has capacity, the mediator may provide free mediation services to public and private sector collective bargaining units and employers on grievances and unfair labor practice charges.

(3) The Board shall develop policies and procedures to ensure that all confidential mediation information is maintained separately and insulated from access by members of the Board or other employees of the State Labor Relations Board so as to protect the integrity of the mediation process.

Sec. 2. VERMONT LABOR RELATIONS BOARD; POSITIONS;

APPROPRIATION

(a) The position of a full-time, permanent, classified mediator is created in the office of the Vermont Labor Relations Board.

(b) The position of a full-time, permanent, classified staff attorney is created in the office of the Vermont Labor Relations Board.

(c) In fiscal year 2027, the amount of \$250,000.00 is appropriated from the General Fund to the Vermont Labor Relations Board for salary and benefits for the positions of mediator and staff attorney.

Sec. 3. EFFECTIVE DATE

This act shall take effect on July 1, 2026.

(Committee Vote: 9-1-1)

H. 577

An act relating to establishing the Vermont Prescription Drug Discount Card Program

Rep. Critchlow of Colchester, for the Committee on Health Care, recommends 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 91, subchapter 7 is added to read:

Subchapter 7. Vermont Prescription Drug Discount Card Program

§ 4691. VERMONT PRESCRIPTION DRUG DISCOUNT CARD

PROGRAM

(a) There is established the Vermont Prescription Drug Discount Card Program, administered by the Office of the State Treasurer, for the purpose of pooling prescription drug purchasing power with other U.S. states and territories and nongovernmental organizations. The Program shall be made available to all Vermont residents.

(b)(1) To further the purposes of the Program, the State Treasurer may cooperate with other U.S. states and territories, regional consortia, or nongovernmental organizations, or a combination of these, to pool prescription drug purchasing power to:

- (A) reduce prescription drug costs;
- (B) negotiate discounts with prescription drug manufacturers;
- (C) centralize prescription drug purchasing; and
- (D) establish volume discount contracting.

(2) As used in subdivision (1)(D) of this subsection, "volume discount contracting" means the negotiated purchase of a large quantity of a prescription drug at a decreased cost.

(c) The Treasurer may require that reasonable fees be charged to defray Program costs. Notwithstanding any provision of 32 V.S.A. § 603 to the

contrary, the amount and method of collection of any fee shall be determined by the Treasurer based on actual costs.

(d) The amount paid for a prescription drug after application of the Vermont Prescription Drug Discount Card by an individual who is covered by a health insurance plan, as defined in 8 V.S.A. § 4011, shall be attributed toward the covered individual's deductible and out-of-pocket responsibilities in accordance with 8 V.S.A. § 4093 and section 3612 of this title.

(e) On or before January 15, 2028, and annually thereafter, the State Treasurer shall submit a report to the House Committee on Health Care, the Senate Committee on Health and Welfare, and the Governor detailing the activities of the Program during the previous calendar year, including the number of Vermont residents and pharmacies participating in the Program, the amount of savings on prescription drug costs achieved, and the balance in the Vermont Prescription Drug Discount Card Program Fund.

§ 4692. VERMONT PRESCRIPTION DRUG DISCOUNT CARD

PROGRAM FUND

(a) The Vermont Prescription Drug Discount Card Program Fund is established as a special fund to be administered by the State Treasurer to support the Vermont Prescription Drug Discount Card Program established in this subchapter.

(b) The Fund shall consist of:

(1) any monies appropriated to the Fund by the General Assembly;

(2) any monies transferred to the Fund from the federal government, other State agencies, or other government source;

(3) any monies from the payment of fees or other monies due to the Program; and

(4) any gifts, grants, or donations made to the Fund and any gifts, grants, donations, or investments received by the Treasurer for the Program.

(c) The Treasurer shall credit to the Fund all interest earned on Fund balances and any other income derived from the deposit and investment of monies in the Fund.

(d) Any unexpended and unencumbered monies in the Fund at the end of a fiscal year shall remain in the Fund.

Sec. 2. 8 V.S.A. § 4093 is amended to read:

§ 4093. RETAIL PHARMACIES; FILLING OF PRESCRIPTIONS

* * *

(c)(1) A health insurer or pharmacy benefit manager shall permit a participating network pharmacy to perform all pharmacy services within the lawful scope of the profession of pharmacy as set forth in 26 V.S.A. chapter 36.

(2) A health insurer or pharmacy benefit manager shall not do any of the following:

* * *

(F)(i) Exclude any amount paid by or on behalf of a covered individual, including any third-party payment, financial assistance, discount, discount card, coupon, or other reduction, regardless of whether the individual purchased the drug with or without using coverage for the drug under any health insurance plan, when calculating a covered individual's contribution toward:

(I) the out-of-pocket limits for prescription drug costs under section 4092 of this title;

(II) the covered individual's deductible, if any; or

(III) to the extent not inconsistent with Sec. 2707 of the Public Health Service Act, 42 U.S.C. § 300gg-6, the annual out-of-pocket maximums applicable to the covered individual's health benefit plan.

(ii) The provisions of subdivision (i) of this subdivision (F) relating to a third-party payment, financial assistance, discount, coupon, or other reduction in out-of-pocket expenses made on behalf of a covered individual shall only apply to a prescription drug:

(I) for which there is no generic drug or interchangeable biological product, as those terms are defined in 18 V.S.A. § 4601; or

(II) for which there is a generic drug or interchangeable biological product, as those terms are defined in 18 V.S.A. § 4601, but for which the covered individual has obtained access through prior authorization, a step therapy protocol, or the pharmacy benefit manager's or health insurer's exceptions and appeals process.

(iii) The provisions of subdivision (i) of this subdivision (F) shall apply to a high-deductible health plan only to the extent that it would not disqualify the plan from eligibility for a health savings account pursuant to 26 U.S.C. § 223.

(iv) In order to facilitate the appropriate attribution of amounts paid by or on behalf of a covered individual pursuant to subdivision (i) of this subdivision (F) for a covered individual who purchases a prescription drug without using the prescription drug coverage available for the drug under the covered individual's health insurance plan, the health insurer or pharmacy benefit manager, or both, shall:

(I) make readily available on its website a downloadable proof of payment form for a covered individual to use to submit proof of the actual amount that the covered individual paid for the drug; and

(II) provide notice to all covered individuals at least annually that they are responsible for providing proof of payment using the downloadable proof of payment form or another mechanism, if the health insurer or pharmacy benefit elects to make another mechanism available for submitting proof of payment in addition to the downloadable form, in order to have their spending properly attributed to their out-of-pocket limits, deductible, and out-of-pocket maximums as set forth in subdivision (i) of this subdivision (F).

* * *

Sec. 3. 18 V.S.A. § 3612 is amended to read:

§ 3612. PROHIBITED PRACTICES

* * *

(e)(1) A pharmacy benefit manager shall not require a covered person purchasing a covered prescription drug to pay an amount greater than the lesser of:

(A) the cost-sharing amount under the terms of the health benefit plan, ~~as determined in accordance with subdivision (2) of this subsection (e);~~

(B) the maximum allowable cost for the drug; or

(C) the amount the covered person would pay for the drug if the covered person were to pay the pharmacy's usual and customary cash price, after application of any known discounts, if the covered person were paying the cash price instead of using the drug benefit; provided, however, that as used in this subdivision (C), the term "discount" does not include a prescription drug discount card or other third-party prescription drug benefit program.

(2)(A) A pharmacy benefit manager shall attribute any amount paid by or on behalf of a covered person ~~under subdivision (1) of this subsection (e),~~ including any third-party payment, financial assistance, discount, discount

card, coupon, or any other reduction in out-of-pocket expenses made by or on behalf of a covered person for prescription drugs, regardless of whether the person purchased the drug with or without using coverage for the drug under any health benefit plan, toward:

(i) the out-of-pocket limits for prescription drug costs under 8 V.S.A. § 4092;

(ii) the covered person's deductible, if any; and

(iii) to the extent not inconsistent with Sec. 2707 of the Public Health Service Act, 42 U.S.C. § 300gg-6, the annual out-of-pocket maximums applicable to the covered person's health benefit plan.

(B) The provisions of subdivision (A) of this subdivision (2) relating to a third-party payment, financial assistance, discount, coupon, or other reduction in out-of-pocket expenses made on behalf of a covered person shall only apply to a prescription drug:

(i) for which there is no generic drug or interchangeable biological product, as those terms are defined in section 4601 of this title; or

(ii) for which there is a generic drug or interchangeable biological product, as those terms are defined in section 4601 of this title, but for which the covered person has obtained access through prior authorization, a step therapy protocol, or the pharmacy benefit manager's or health benefit plan's exceptions and appeals process.

(C) The provisions of subdivision (A) of this subdivision (2) shall apply to a high-deductible health plan only to the extent that it would not disqualify the plan from eligibility for a health savings account pursuant to 26 U.S.C. § 223.

(D) In order to facilitate the appropriate attribution of amounts paid by or on behalf of a covered person pursuant to subdivision (A) of this subdivision (2) for a covered person who purchases a prescription drug without using the prescription drug coverage available for the drug under the covered person's health benefit plan, the pharmacy benefit manager shall:

(i) make readily available on its website a downloadable proof of payment form for a covered person to use to submit proof of the actual amount that the covered person paid for the drug; and

(ii) provide notice to all covered person at least annually that they are responsible for providing proof of payment using a downloadable proof of payment form or another mechanism, if the pharmacy benefit manager elects to make another mechanism available for submitting proof of payment in

addition to the downloadable form, in order to have their spending properly attributed to their out-of-pocket limits, deductible, and out-of-pocket maximums as set forth in subdivision (A) of this subdivision (2).

* * *

Sec. 4. VERMONT PRESCRIPTION DRUG DISCOUNT CARD
PROGRAM; IMPLEMENTATION REPORT

On or before January 15, 2027, the State Treasurer shall report to the General Assembly regarding implementation of the Vermont Prescription Drug Discount Card Program established in 18 V.S.A. chapter 91, subchapter 7, as added by Sec. 1 of this act, as of that date, including any recommendations for improving the administration of the Program, any fees to be charged to participants, and an estimate of the projected costs to the State in the event that additional financial support is determined to be necessary to administer the Program.

Sec. 5. VERMONT PRESCRIPTION DRUG DISCOUNT CARD
PROGRAM; EVALUATION AND START-UP FUNDING

In fiscal year 2027, the sum of \$50,000.00 is appropriated from the General Fund to the Office of the State Treasurer for the costs of developing and implementing the Vermont Prescription Drug Discount Card Program as set forth in this act.

Sec. 6. EFFECTIVE DATE

This act shall take effect on July 1, 2026.

(Committee Vote: 11-0-0)

Favorable

H. 567

An act relating to unclaimed property, State retirement systems, and capital debt

Rep. Birong of Vergennes, for the Committee on Government Operations and Military Affairs, recommends that the bill ought to pass.

(Committee Vote: 11-0-0)

CONSENT CALENDAR FOR ACTION

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

The following concurrent resolutions have been introduced for approval by the Senate and House and will be adopted automatically unless a Senator or Representative requests floor consideration in that member's chamber before today's adjournment. Requests for floor consideration in either chamber should be communicated to the Senate Secretary's Office or the House Clerk's Office, as applicable. For text of resolutions, see Addendum to House Calendar of January 5, 2026.

H.C.R. 185

House concurrent resolution congratulating the 2025 Colchester Majors' Division I championship Little League Baseball team

H.C.R. 186

House concurrent resolution congratulating the 2025 Colchester Little League Minors on winning the 8–10 age bracket State Little League Baseball championship

H.C.R. 187

House concurrent resolution congratulating Village Garage Distillery of Bennington on winning a silver medal at the 2025 San Francisco World Spirits Competition for Bonfire, its debut spirit, a smoked maple bourbon

H.C.R. 188

House concurrent resolution commemorating the 50th anniversary of the Bennington College Visual and Performing Arts Center

H.C.R. 189

House concurrent resolution designating February 11, 2026, as Disability Advocacy Day at the State House

H.C.R. 190

House concurrent resolution congratulating the Thetford Academy Panthers boys' indoor track and field team on winning a second consecutive Division II championship

H.C.R. 191

House concurrent resolution congratulating Doris G. Dexter on her centennial birthday

H.C.R. 192

House concurrent resolution recognizing February 11, 2026, as National 211 Day in Vermont and celebrating the outstanding community contributions of Vermont 211

For Informational Purposes

NOTICE OF JOINT ASSEMBLY

Thursday, February 19, 2026 - 10:30 A.M. – House Chamber – Election of an Adjutant and Inspector General, and of two (2) trustees for the Vermont State Colleges Corporation.

Candidates for the positions of Adjutant and Inspector General, and legislative candidates for Vermont State Colleges Corporation trustees must notify the Secretary of State **in writing** of their candidacies not later than Thursday, February 12, 2026, by 4:00 P.M., pursuant to the provisions of 2 V.S.A. §12(b). Otherwise their names will not appear on the ballots for these positions.

The following rules shall apply to the conduct of these elections:

First: All nominations for these offices will be presented in alphabetical order prior to voting.

Second: There will be only one nominating speech of not more than three (3) minutes and not more than two seconding speeches of not more than one (1) minute each for each nominee.

ANNOUNCEMENT: JOINT PUBLIC HEARING ON THE GOVERNOR'S RECOMMENDED FY 2027 BUDGET

The Vermont House and Senate Committees on Appropriations will hold two **joint public hearings on Thursday, February 12, 2026, at 1:45 p.m. and Thursday, February 19, 2026, at 5:00 p.m.** in Room 11 of the State House. Interested parties may attend the hearing in person or virtually.

The Committees will take testimony on the Governor's recommended budget at the above dates and times. **Anyone interested in testifying must sign up in advance of the hearings through the following online form not later than 10:00 a.m. on February 12, 2026, for the first hearing, and 10:00 a.m. on February 19, 2026, for the second hearing.** Registration will be first-come, first-served and will be limited to 40 people on each date. 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 sign-up form: <https://legislature.vermont.gov/links/public-hearing-on-fy27-budget>

For those not planning to testify, the hearings will be available to watch live on YouTube at the following link:

<https://legislature.vermont.gov/committee/streaming/house-appropriations>

Written testimony is encouraged and can be submitted electronically through email at testimony@vtleg.gov or mailed to the House Committee on Appropriations, c/o Autumn Crabtree, 115 State Street, Montpelier, VT 05633. For more information about the format of these events, contact Autumn Crabtree at Autumn.Crabtree@vtleg.gov or Elle Oille-Stanforth at Elle.Oille-Stanforth@vtleg.gov

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 13, 2026**, 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 13, 2026**.

(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 20, 2026**, 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 or email 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 communicate 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 sign-out sheet will also be included.
4. Please submit a final sponsor list (with all sponsors listed) to Counselor Chernick by paper *or* electronically, but not both.
5. The final list of sponsors needs to be submitted, by email *or* on a paper sign-out sheet, to Counselor Chernick **not later than 1:00 p.m. the Wednesday 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, meaning it must have been adopted through the House Consent Calendar not later than the week prior to your requested ceremonial reading date. Contact Second Assistant Clerk Courtney Reckord to confirm your requested ceremonial reading date.
9. A Note: If there is a **specific date, week, or month that your resolution must be read** (e.g. to designate a specified period of time or to recognize a group on a certain day), please inform Second Assistant Clerk Courtney Reckord as soon as possible, so she can reserve that date in advance. You do not need to have the resolution drafted by then.

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 #3271: \$218,385.00 to the Vermont Center for Crime Victim Services from the U.S. Department of Justice. Funds will be used to consolidate data into one case management system. *[Received January 27, 2026]*

JFO #3272: \$195,053,740.00 to the Vermont Agency of Human Services, Central Office from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Participation in the Rural Health Transformation Plan (RHTP) will help to ensure long-term health care system sustainability in Vermont. This grant includes two (2) limited-service positions (LSP): one (1) Health Care Reform Integration Manager to the Office of Health Care Reform and one (1) Financial Manager II to the Agency of Human Services Central Office. Both limited positions are expected to last through 9/30/2031. *[Received January 27, 2026]*