

House Calendar

Tuesday, April 21, 2026

106th DAY OF THE ADJOURNED SESSION

House Convenes at 10:00 A.M.

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ACTION CALENDAR

Favorable with Amendment

S. 89

An act relating to expanding survivor benefits

Rep. Burrows of West Windsor, for the Committee on General and Housing, 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. 20 V.S.A. § 3171 is amended to read:

§ 3171. DEFINITIONS

As used in this chapter:

* * *

(3) “Emergency personnel” means:

(A) firefighters as defined in subdivision 3151(3) of this title; ~~and~~

(B) emergency medical personnel and volunteer personnel as defined in 24 V.S.A. § 2651;

(C) law enforcement officers who have been certified by the Vermont Criminal Justice Council pursuant to section 2358 of this title;

(D) facility employees of the Department of Corrections and Department of Corrections employees who provide direct security and treatment services to offenders under supervision in the community;

(E) classified family services employees in the Family Services Division of the Department for Children and Families; and

(F) classified medical employees of State-operated therapeutic community residences or inpatient psychiatric hospital units.

(4) “Line of duty” means:

(A) ~~answering or returning from~~ with respect to firefighters, emergency medical personnel, and volunteer personnel:

(i) service in answer to a call of the department or service for a fire or emergency or, including going to and returning from a fire or emergency or participating in a fire or emergency training drill; or

~~(B)(ii)~~ similar service in another town or district to which the department or service has been called for firefighting or emergency purposes;

(B) with respect to law enforcement officers:

(i) service as a law enforcement officer in answer to a complaint lodged with the department or in response to a disorder, including going to, returning from, and investigating or responding to the complaint or disorder; or

(ii) service under orders from the department or in any emergency for which the law enforcement officer serves as a law enforcement officer;

(C) with respect to covered employees of the Department of Corrections, discharging their duties as employees;

(D) with respect to classified family services employees in the Family Services Division of the Department for Children and Families, discharging their duties as employees; and

(E) with respect to classified medical employees of State-operated therapeutic community residences or inpatient psychiatric hospital units, discharging their duties as employees.

* * *

Sec. 2. 20 V.S.A. § 3172 is amended to read:

§ 3172. EMERGENCY PERSONNEL SURVIVORS BENEFIT REVIEW

BOARD

(a)(1) There is created the Emergency Personnel Survivors Benefit Review Board, which shall consist of the State Treasurer or designee, the Attorney General or designee, the Chief Fire Service Training Officer of the Vermont Fire Service Training Council or designee, and one member of the public to represent the interests of emergency personnel appointed by the Governor for a term of two years.

(2) Survivors of emergency personnel, employed by or who volunteer for the State of Vermont, a county or municipality of the State, or a nonprofit entity that provides services in the State, who die in the line of duty or of an occupation-related illness may request the Board award a monetary benefit under section 3173 of this title chapter, except survivors of emergency personnel as defined in subdivisions 3171(3)(C)–(F) of this chapter may request the monetary benefit only for deaths that occur on or after July 1, 2026.

(3) The Board shall be responsible for determining whether to award monetary benefits under section 3173 of this chapter. To assist the Board with applications involving deaths from occupation-related illness, the Board may pay reasonable fees from the Emergency Personnel Survivors Benefit Special Fund for a medical expert and other services as necessary to review applications and make recommendations to the Board.

(4) A decision to award monetary benefits shall be made by unanimous vote of the Board and shall be made within 60 days after the receipt of all information necessary to enable the Board to determine eligibility.

(5) The Board may request any information necessary for the exercise of its duties under this section. Nothing in this section shall prevent the Board from initiating the investigation or determination of a claim before being requested by a survivor or employer of emergency personnel.

* * *

Sec. 3. 20 V.S.A. § 3175 is amended to read:

§ 3175. EMERGENCY PERSONNEL SURVIVORS BENEFIT SPECIAL
FUND

(a) The Emergency Personnel Survivors Benefit Special Fund is established in the Office of the State Treasurer for the purpose of the payment of claims distributed pursuant to this chapter. The Fund shall comprise appropriations transfers made by the General Assembly, amounts transferred by the Emergency Board when the General Assembly is not in session, and contributions or donations from any other source. Expenses incurred pursuant to subdivision 3172(a)(3) of this chapter shall be paid from the Fund. All balances in the Fund at the end of the fiscal year shall be carried forward. Interest earned shall remain in the Fund.

(b) In the event that the balance of the Fund is insufficient to pay monetary benefits awarded by the Board when the General Assembly is not in session, the Emergency Board may, pursuant to its authority under 32 V.S.A. § 133, transfer into the Fund additional amounts necessary to pay the monetary benefits.

Sec. 4. EFFECTIVE DATE

This act shall take effect on July 1, 2026.

(Committee vote: 10-0-1)

Rep. Dickinson of St. Albans Town, for the Committee on Appropriations, recommends that the bill ought to pass in concurrence with proposal of amendment as recommended by the Committee on General and Housing.

(Committee Vote: 11-0-0)

Senate Proposal of Amendment

H. 626

An act relating to sexual extortion, voyeurism, and disclosure of sexually explicit images without consent

The Senate proposes to the House to amend the bill in Sec. 1, 13 V.S.A. § 2605, by striking out subsection (j) and inserting in lieu thereof a new subsection (j) to read as follows:

(j) Penalties.

(1) For a first offense involving a victim who is 18 years of age or older, a person who violates subsection (b), (c), or (d), ~~or (e)~~ of this section shall be imprisoned not more than two years or fined not more than \$1,000.00, or both. For a second or subsequent offense involving a victim who is 18 years of age or older, a person who violates subsection (b), (c), or (d), ~~or (e)~~ of this section shall be imprisoned not more than three years or fined not more than \$5,000.00, or both.

(2) For a first offense involving a victim who is under 18 years of age, a person who violates subsection (b), (c), or (d) of this section shall be imprisoned not more than three years or fined not more than \$5,000.00, or both. For a second or subsequent offense involving a victim who is under 18 years of age, a person who violates subsection (b), (c), or (d) of this section shall be imprisoned not more than five years or fined not more than \$10,000.00, or both.

(3) A person who violates subsection ~~(e)~~(e) of this section shall be imprisoned not more than five years or fined not more than \$5,000.00, or both.

NOTICE CALENDAR

Favorable with Amendment

S. 142

An act relating to a pathway to licensure for internationally trained physicians and medical graduates

Rep. Taylor of Mendon, 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. PATHWAY TO LICENSURE FOR INTERNATIONALLY
TRAINED PHYSICIANS; REPORT

(a) On or before January 15, 2027, the Department of Health, in collaboration with the Board of Medical Practice, shall provide to the House Committees on Health Care and on Government Operations and Military Affairs and the Senate Committees on Health and Welfare and on Government Operations a report detailing a pathway to licensure for internationally trained physicians. The report shall include the following information:

(1) a summary of other states' processes for licensing internationally trained physicians to practice medicine and, if available, data on the outcomes of these processes and related programs;

(2) a description of the external resources needed to evaluate the education, experience, and examinations of internationally trained physicians and the availability of these resources;

(3) a proposal for licensing internationally trained physicians to practice medicine in Vermont, including potential qualifications and supervision requirements for licensure, proposed requirements for recency of practice, a summary of any additional resources and statutory authority needed, and a plan and timeline for implementing the licensing program; and

(4) any additional information that the Department deems relevant to a robust consideration of the issues related to licensing internationally trained physicians to practice medicine in Vermont.

(b) In preparing the report required by this section, the Department shall consult with other states that have implemented licensing programs for internationally trained physicians; the Windham County Branch of the NAACP; third-party credentialing services; the Vermont Medical Society; the Vermont Association of Hospitals and Health Systems; and other advocacy organizations, researchers, and other entities whose expertise is relevant to developing the report.

Sec. 2. 26 V.S.A. § 1391 is amended to read:

§ 1391. QUALIFICATIONS FOR MEDICAL LICENSURE

* * *

(g) Internationally trained physicians. The Board may issue:

(1) a provisional license to practice at a participating health care facility, as defined in section 1397 of this chapter, to an internationally trained physician who meets the requirements for provisional licensure established by the Board by rule pursuant to section 1396 of this chapter; and

(2) a full license to an internationally trained physician who has successfully completed the pathway to licensure established by the Board by rule pursuant to section 1396 of this chapter.

Sec. 3. 26 V.S.A. § 1396 is added to read:

§ 1396. PATHWAY TO LICENSURE FOR INTERNATIONALLY TRAINED PHYSICIANS; RULEMAKING

Pursuant to the authority of the Commissioner in subsection 1351(e) of this chapter, the Board shall adopt rules in accordance with 3 V.S.A. chapter 25 as needed to enable the licensure of internationally trained physicians as set forth in subsection 1391(g) of this chapter. The rules adopted by the Board shall reflect the least restrictive form of regulation necessary to protect the public interest and shall include:

(1) the qualifications necessary for an internationally trained physician to obtain a provisional license to practice at a participating health care facility, as defined in section 1397 of this chapter;

(2) the standards for participating health care facilities to use for the evaluation and assessment of the holder of a provisional license; and

(3) the additional qualifications necessary for an internationally trained physician to obtain a full license to practice medicine in this State following successful completion of the provisional licensure period.

Sec. 4. 26 V.S.A. § 1397 is added to read:

§ 1397. PARTICIPATING HEALTH CARE FACILITIES

(a) As used in this section:

(1) “Health care facility” means a hospital, federally qualified health center, or community health center.

(2) “Participating health care facility” means a health care facility that meets the requirements of this section and has the capacity to provide an assessment and evaluation program designed in accordance with rules adopted by the Board pursuant to section 1396 of this chapter to evaluate an internationally trained physician holding a provisional license issued pursuant to subdivision 1391(g)(1) of this chapter.

(b) In order to be eligible to be a participating health care facility for purposes of subdivision 1391(g)(1) and section 1396 of this chapter, a health care facility shall:

(1) agree to provide medical mentoring, evaluation, assessment, and support in navigating the U.S. health care system by one or more fully licensed physicians employed by the health care facility to a provisionally licensed physician using an evaluation and assessment system that meets the standards established by the Board by rule pursuant to section 1396 of this chapter;

(2) ensure that the mentoring, evaluation, assessment, and support of a provisionally licensed physician is provided by one or more physicians who are licensed under 26 V.S.A. chapter 33 or this chapter and who are physically located in Vermont and that the provisionally licensed physician provides services only to patients physically located in Vermont;

(3) carry medical malpractice insurance covering the provisionally licensed physician for the duration of that physician's employment by the participating health care facility; and

(4) not retaliate against or discipline a provisionally licensed physician for making a complaint or pursuing enforcement of an employment-related claim.

Sec. 5. EFFECTIVE DATES

(a) Sec. 1 (pathway to licensure for internationally trained physicians; report) and this section shall take effect on passage.

(b) Sec. 3 (26 V.S.A. § 1396; pathway to licensure for internationally trained physicians; rulemaking) shall take effect on July 1, 2027.

(c) Secs. 2 (26 V.S.A. § 1391; qualifications for medical licensure) and 4 (26 V.S.A. § 1397; participating health care facilities) shall take effect on July 1, 2028.

and that after passage the title of the bill be amended to read: "An act relating to a pathway to licensure for internationally trained physicians"

(Committee Vote: 11-0-0)

S. 157

An act relating to recovery residence certification

Rep. Bishop of Colchester, for the Committee on Human Services, recommends that the House propose to the Senate that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 18 V.S.A. § 4802 is amended to read:

§ 4802. DEFINITIONS

As used in this chapter:

* * *

(5) “Designated substance abuse counselor” means a person approved by the Secretary to evaluate and treat ~~substance abusers~~ individuals with substance use disorder, pursuant to the provisions of this chapter.

* * *

(12) “Recovery residence” means a shared living residence supporting residents recovering from a substance use disorder that provides residents with peer support, assistance accessing support services, and other community resources related to substance use disorder.

(13) “Secretary” means the Secretary of Human Services or designee.

~~(13)~~(14) “Substance abuse crisis team” means an organization approved by the Secretary to provide emergency treatment and transportation services to ~~substance abusers~~ individuals with substance use disorder pursuant to the provisions of this chapter.

~~(14)~~(15) “~~Substance abuser~~” “Individual with substance use disorder” means anyone who drinks alcohol or consumes other drugs to an extent or with a frequency that impairs or endangers ~~his or her~~ the individual’s health or the health and welfare of others.

~~(15)~~(16) “Treatment” means the broad range of medical, detoxification, residential, outpatient, aftercare, and follow-up services ~~which that~~ that are needed by ~~substance abusers~~ individuals with substance use disorder and may include a variety of other medical, social, vocational, and educational services relevant to the rehabilitation of these persons.

Sec. 2. 18 V.S.A. § 4806 is amended to read:

§ 4806. DIVISION OF SUBSTANCE USE PROGRAMS

(a) The Division of Substance Use Programs shall plan, operate, and evaluate a consistent, effective program of substance use programs. All duties, responsibilities, and authority of the Division shall be carried out and exercised by and within the Department of Health.

(b) The Division shall be responsible for the following services:

(1) prevention and intervention;

(2) [Repealed.]

- (3) project CRASH schools; ~~and~~
- (4) alcohol and drug treatment; and
- (5) recovery residences.

* * *

Sec. 3. 9 V.S.A. § 4452 is amended to read:

§ 4452. EXCLUSIONS

(a) Unless created to avoid the application of this chapter, this chapter does not apply to any of the following:

* * *

(b)(1) Notwithstanding subsections 4463(b) and 4467(b) and section 4468 of this chapter only, a recovery residence may immediately exit or transfer a resident if all of the following conditions are met:

(A) the recovery residence has developed and adopted a residential agreement:

(i) containing a written exit and transfer policy approved by the Vermont Alliance for Recovery Residences or another certifying organization approved by the Department of Health that:

(I) addresses the length of time that a bed will be held in the event of a temporary removal;

(II) establishes the criteria by which a resident can return to the recovery residence in the event of a temporary removal; and

(III) ensures a resident's possessions will be held not less than 60 days in the event of permanent removal;

(ii) explaining the recovery residence's program rules and social standards;

(iii) designating alternative housing arrangements for the resident in the event of an exit or transfer, including contingency plans when alternative housing arrangements are not available;

~~(iii)~~(iv) describing the recovery residence's substance use policy, which shall exempt the use of a resident's valid prescription medication when used as prescribed; and

~~(iv)~~(v) indicating that by signing a residential agreement, a resident acknowledges that the recovery residence may cause the resident to be immediately exited or transferred to alternative housing if for behaving in a

manner that impacts the health or safety of other individuals residing, working, or volunteering at the recovery residence, such as the resident violates violating the recovery residence's substance use policy, repeatedly refusing to engage in services or programming, being charged with a criminal offense, engaging in theft, materially interfering with the recovery of other residents, or engages engaging in acts of violence that threaten the health or safety of other residents, recovery residence staff, or volunteers;

(B) the recovery residence has obtained the resident's written consent to its residential agreement, reaffirmed after seven days;

(C) ~~the resident violated~~ behaved in a manner that impacted the health or safety of other individuals residing, working, or volunteering at the recovery residence, such as violating the recovery residence's substance use policy in the residential agreement, repeatedly refusing to engage in services or programming, being charged with a criminal offense, engaging in theft, materially interfering with the recovery of other residents, or engaged engaging in acts of violence that threatened threaten the health or safety of other residents, recovery residence staff, or volunteers; and

(D) the recovery residence has provided or arranged for a ~~stabilization~~ re-engagement bed or other alternative temporary housing;

(E) the recovery residence has provided written or electronic notice to the resident containing the date and rationale for the temporary removal or transfer and options for returning to the recovery residence; and

(F) the recovery residence has established a grievance process approved by the Vermont Alliance for Recovery Residences or another certifying organization approved by the Department of Health.

(2) Relapse of a substance use disorder resulting in exiting a recovery residence shall not be deemed a cause of the resident's own homelessness for purposes of obtaining emergency housing.

(3) Notwithstanding section 4460 of this chapter, a recovery residence employee may enter the recovery residence at reasonable times as necessary to carry out functions related to the operation of the recovery residence.

~~(4) As used in this subsection, "recovery residence" means a shared living residence supporting persons recovering from a substance use disorder. This subsection shall only apply to a recovery residence that:~~

~~(A) provides tenants with peer support and assistance accessing support services and community resources available to persons recovering from substance use disorders meets the definition of "recovery residence" in 18 V.S.A. § 4802; and~~

(B) is certified by an organization approved by the Department of Health and that is either a Vermont affiliate of the National Alliance for Recovery Residences or another approved organization.

Sec. 4. 2024 Acts and Resolves No. 163, Sec. 5 is amended to read:

Sec. 5. SUNSET; RECOVERY RESIDENCES; RESIDENTIAL AGREEMENT; REPORTING

(a) ~~9 V.S.A. § 4452(b) is repealed on July 1, 2026. [Repealed.]~~

(b) Sec. 4 (report; recovery residences' exit and transfer data) is repealed on July 1, 2026.

Sec. 5. RULEMAKING; RECOVERY RESIDENCE CERTIFICATION

(a) On or before September 1, 2027, the Department of Health shall file an initial proposed rule with the Secretary of State pursuant to 3 V.S.A. § 836(a)(2) for the purposes of establishing a voluntary recovery residence certification program. At a minimum, the rule shall:

(1) require that a recovery residence seeking certification from the State comply with the certification standards of the Vermont Alliance for Recovery Residences or another organization approved by the Department; and

(2) set forth data collection standards and reporting requirements for certified recovery residences, including data elements and frequency, exit and transfer data, and requirements for annual reporting from the Department to the General Assembly that measure the program's effectiveness.

(b) The Department shall complete the rulemaking process and adopt a permanent rule pursuant to 3 V.S.A. chapter 25 on or before December 1, 2028.

(c) If the Department identifies the need for a fee to support the voluntary recovery residence certification program described in this section, the Department shall first propose the fee to the General Assembly and, if the General Assembly chooses to enact it into law, may incorporate the fee into the required rule.

Sec. 6. EFFECTIVE DATE

This act shall take effect on July 1, 2026.

(Committee Vote: 9-0-2)

Rep. Holcombe of Norwich, for the Committee on Ways and Means, recommends that the bill ought to pass in concurrence with proposal of amendment as recommended by the Committee on Human Services.

(Committee Vote: 11-0-0)

S. 239

An act relating to the Child Abuse and Neglect Reporting Working Group

Rep. Cole of Hartford, for the Committee on Human Services, 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. CHILD ABUSE AND NEGLECT REPORTING WORKING GROUP; REPORT

(a) The General Assembly finds:

(1) According to Child Trends, a research organization focused on improving the lives of children, youth, and families, data shows that from 2022 through 2024 Vermont had a rate of referrals to child welfare services that was over three times higher than the national level, with a rate of referral of 166 per 1,000 children in Vermont compared to 50 per 1,000 children nationally. Additionally, only 17 percent of such referrals in Vermont met the criteria for further action via an assessment or investigation compared to 54 percent nationally.

(2) While the General Assembly recently reviewed and revised child abuse and neglect substantiation procedures that occur after a referral has been accepted by the Department for Children and Families, there has not been a similar review of the training and requirements for mandatory reporting of suspected child abuse or neglect to ensure they employ best practices and provide sufficient guidance and resources for mandatory reporters.

(3) Data from Child Trends further shows that post-response services such as mental health services, substance misuse treatment, family therapy, child care, parenting education, and resources to assist families living in poverty were provided to only 28 percent of victims in Vermont compared with the national average of 57 percent.

(4) The provision of services to children and families prior to, during, and after a report of suspected child abuse or neglect is an essential element in a comprehensive child protection system.

(b) There is created the Child Abuse and Neglect Reporting Working Group for the purpose of examining the existing statutes and the Department for Children and Families' rules and policies regarding mandatory reporting of abuse and neglect of a child and recommending changes to modernize them and reflect current best practices. During its examination of mandatory reporting, the Working Group shall consider what services and strategies may be employed prior to any report of suspected abuse or neglect for the purpose of providing assistance to families before a situation rises to the level of requiring a report.

(c) The Working Group shall be composed of the following members:

(1) a member with lived experience as an abused or neglected child, appointed by the Vermont Child, Youth, and Family Advisory Council;

(2) a member with lived experience as an individual who was reported for suspected child abuse or neglect and an investigation found the report to be unsubstantiated, appointed by the Vermont Parent Representation Center;

(3) the Vermont Child, Youth, and Family Advocate or Deputy Advocate;

(4) the Executive Director of the Vermont Center for Crime Victim Services or designee;

(5) a co-executive director of the Vermont Network Against Domestic and Sexual Violence or designee;

(6) a member from the Department for Children and Families' Family Services Division, appointed by the Deputy Commissioner of the Division;

(7) the Executive Director of Prevent Child Abuse Vermont or designee;

(8) the Director of the Vermont Parent Child Center Network or designee;

(9) a certified law enforcement officer who has served on a special investigative unit, appointed by the Vermont Law Enforcement Advisory Board;

(10) a physician co-chair of the Vermont Citizen's Advisory Board;

(11) a principal, appointed by the Vermont Principals' Association;

(12) a representative of a designated agency that works in children's mental health, appointed by Vermont Care Partners; and

(13) the Vermont Office of Racial Equity.

(d) In conducting its work, the Working Group shall consult with stakeholders, including:

(1) the Vermont Children’s Alliance and representation from Child Advocacy Centers;

(2) the Department of State’s Attorneys and Sheriffs;

(3) the Juvenile Division of the Office of the Defender General;

(4) KidSafe Collaborative;

(5) Voices for Vermont’s Children;

(6) the Vermont Parent Representation Center;

(7) Disability Rights Vermont;

(8) medical partners, such as the University of Vermont’s Child Safe Program;

(9) the Office of the Attorney General; and

(10) a school counselor, appointed by the Vermont School Counselor Association.

(e) On or before April 1, 2027, the Working Group shall provide an interim presentation to the House Committee on Human Services, the Senate Committee on Health and Welfare, and the House and Senate Committees on Judiciary on its work to date. On or before October 1, 2027, the Working Group shall provide a final report detailing its findings and any recommended legislative proposals to the House Committee on Human Services, the Senate Committee on Health and Welfare, and the House and Senate Committees on Judiciary.

(f)(1) In developing its recommendations, the Working Group shall prioritize issues related to:

(A) providing clarity regarding statutory definitions applicable to mandatory reporters;

(B) establishing consistency between statutory requirements and Department for Children and Families rules, guidance, and training materials;

(C) identifying practical implementation challenges faced by mandatory reporters in complying with existing law;

(D) assessing the appropriateness and efficacy of provisions in 33 V.S.A. §§ 4912 and 4913 regarding the definitions applicable to mandatory reporters, who should be a mandatory reporter, the process for mandatory

reporting, the penalties for failure to report, and any exemptions from the reporting requirement; and

(E) identifying alternatives to reporting suspected child abuse or neglect when such alternatives are in the best interests of the child.

(2) The Working Group shall avoid expanding its review into matters unrelated to mandatory reporting obligations, thresholds, or processes unless necessary to resolve an identified reporting issue.

(3) Any recommendations shall remain consistent with federal requirements under the Child Abuse Prevention and Treatment Act (CAPTA), which establishes minimum standards related to state definitions of abuse and neglect, including physical abuse, neglect, sexual abuse or exploitation, and emotional maltreatment.

(4) To promote efficiency and avoid duplicative work, the Working Group shall leverage the work of the Children's Justice Act Task Force and the Vermont Citizen's Advisory Board (VCAB), which serves as Vermont's CAPTA citizen review panel.

(5) The Working Group shall consider best practices from other states in the development of its recommendations.

(g) The Working Group shall have the administrative, technical, and legal assistance of the Department for Children and Families.

(1) The Working Group shall convene its first meeting on or before August 15, 2026.

(2) The Working Group shall elect a chair at its first meeting.

(3) Members of the Working Group who are not otherwise compensated for their attendance at meetings shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than 12 meetings. These payments shall be made from monies appropriated to the Department for Children and Families.

(4) The Department for Children and Families shall post information about the Working Group's efforts on its website, including meeting notices, agendas, procedures for public comment, and minutes of meetings.

Sec. 2. EFFECTIVE DATE

This act shall take effect on passage.

(Committee vote: 9-0-2)

Rep. Mrowicki of Putney, for the Committee on Appropriations, recommends that the report of the Committee of Human Services be amended as follows:

In Sec. 1, Child Abuse and Neglect Working Group, in subsection (d), by striking subdivisions (9) and (10) and inserting in lieu thereof the following:

(9) the Office of the Attorney General;

(10) the Vermont School Counselor's Association; and

(11) the Agency of Education.

(Committee Vote: 11-0-0)

Favorable

H. 902

An act relating to approval of amendments to the charter of the City of Barre

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

(Committee Vote: 11-0-0)

For Informational Purposes

**ANNOUNCEMENT: PUBLIC HEARING ON
PROPOSAL 4 – EQUAL RIGHTS AMENDMENT**

Room 11, Broadcast via YouTube

The House Committee on Judiciary will hold a **public hearing on April 21 from 5:00 p.m. to 7:00 p.m.** in Room 11 of the State House. Those interested in testifying may attend the hearing in person or virtually.

The Committee will take testimony on Proposal 4, a proposed amendment to the Vermont Constitution to specify that the government must not deny equal treatment under the law on account of a person's race, ethnicity, sex, religion, disability, sexual orientation, gender identity, gender expression, or national origin. **Anyone interested in testifying must sign up in advance of the hearing through the following online form no later than 5:00 p.m. on April 20.** For those planning to testify, instructions on how to access and participate in the hearing will be sent the morning of the hearing. Each participant will be given 3 minutes to testify.

Online sign-up form:

<https://legislature.vermont.gov/links/house-judiciary-public-hearing-regarding-prop-4>

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

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

Written testimony is encouraged and can be submitted through email to testimony@leg.state.vt.us or mailed to the House Committee on Judiciary, c/o Megan Cannella, 115 State Street, Montpelier, VT 05633. For more information about the format of this event, contact Megan Cannella at Megan.Cannella@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 #3274:** \$50,000.00 to the Vermont Secretary of State's office from the Vermont Community Foundation. Funds are for the Local Civic Journalism program to support the State of Vermont Local Journalism Awards. This award expands the Local Journalism grants in the FY26 Secretary of State's budget. *[Received March 16, 2026]*
- JFO #3275:** \$250,000.00 to the Vermont Police Academy, Criminal Justice Training Council from the U.S. Department of Justice, Office of Community Oriented Policing Services. Funds to support curriculum development of de-escalation of volatile and high-risk situations. *[Received March 16, 2026]*
- JFO #3276:** Twelve (12) limited-service positions to the Agency of Human Services, various departments, to staff the Rural Health Transformation Initiative. The Rural Health Transformation grant, JFO #3272 was approved at the Joint Fiscal Committee meeting on February 6, 2026. All limited-service positions are expected to be funded through 9/30/2031. *[Received March 31, 2026]*
- JFO #3277:** \$36,000.00 to the Vermont Legislature, Sergeant at Arms office from the National Conference of State Legislatures. The grant will extend up to \$500.00 to each member of the General Assembly to secure their homes. Funds would be available once as a reimbursement during the lawmaker's service for expenses incurred after June 1, 2026. *[Received April 14, 2026]*