

Senate Calendar

WEDNESDAY, MARCH 12, 2025

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ACTION CALENDAR

UNFINISHED BUSINESS OF TUESDAY, MARCH 11, 2025

Second Reading

Favorable with Recommendation of Amendment

S. 69.

An act relating to an age-appropriate design code.

Reported favorably with recommendation of amendment by Senator Harrison for the Committee on Institutions.

The Committee recommends that the bill be amended as follows:

First: In Sec. 1, 9 V.S.A. chapter 62, subchapter 6, in section 2449a, by striking out subdivision (5) in its entirety and inserting in lieu thereof a new subdivision (5) to read as follows:

(5) “Business associate” has the same meaning as in the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 (HIPAA).

Second: In Sec. 1, 9 V.S.A. chapter 62, subchapter 6, in section 2449a, by striking out subdivision (11) in its entirety and inserting in lieu thereof a new subdivision (11) to read as follows:

(11) “Covered business” means a sole proprietorship, partnership, limited liability company, corporation, association, other legal entity, or an affiliate thereof:

(A) that conducts business in this State;

(B) that generates a majority of its annual revenue from online services;

(C) whose online products, services, or features are reasonably likely to be accessed by a minor;

(D) that collects consumers’ personal data or has consumers’ personal data collected on its behalf by a processor; and

(E) that alone or jointly with others determines the purposes and means of the processing of consumers personal data.

Third: In Sec. 1, 9 V.S.A. chapter 62, subchapter 6, by striking out section 2449b in its entirety and inserting in lieu thereof a new section 2449b to read as follows:

§ 2449b. EXCLUSIONS

This subchapter does not apply to:

(1) a federal, state, tribal, or local government entity in the ordinary course of its operation;

(2) protected health information that a covered entity or business associate processes in accordance with, or documents that a covered entity or business associate creates for the purpose of complying with, HIPAA;

(3) information used only for public health activities and purposes described in 45 C.F.R. § 164.512;

(4) information that identifies a consumer in connection with:

(A) activities that are subject to the Federal Policy for the Protection of Human Subjects as set forth in 45 C.F.R. Part 46;

(B) research on human subjects undertaken in accordance with good clinical practice guidelines issued by the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use;

(C) activities that are subject to the protections provided in 21 C.F.R. Part 50 and 21 C.F.R. Part 56; or

(D) research conducted in accordance with the requirements set forth in subdivisions (A)–(C) of this subdivision (4) or otherwise in accordance with State or federal law;

(5) an entity whose primary purpose is journalism as defined in 12 V.S.A. § 1615(a)(2) and that has a majority of its workforce consisting of individuals engaging in journalism;

(6) a person who controlled or processed the personal data of not more than:

(A) 25,000 consumers in the previous calendar year, excluding personal data controlled or processed solely for the purpose of completing a payment transaction; or

(B) 50,000 consumers in the previous calendar year, excluding personal data controlled or processed solely for the purpose of completing a

payment transaction and had an annual gross revenue of not more than \$1,000,000.00 in the previous calendar year; and

(7) a financial institution or data subject to Title V of the Gramm-Leach-Bliley Act, Pub. L. No. 106-102, and regulations adopted to implement that act.

(Committee vote: 3-2-0)

NEW BUSINESS

Second Reading

Favorable

S. 50.

An act relating to increasing the size of solar net metering projects that qualify for expedited registration.

Reported favorably by Senator Williams for the Committee on Natural Resources and Energy.

(Committee vote: 5-0-0)

Favorable with Recommendation of Amendment

S. 28.

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

Reported favorably with recommendation of amendment by Senator Lyons for the Committee on Health and Welfare.

The Committee recommends 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. § 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. 2. 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 any combination of 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. 3. 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 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.~~

§ 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. 4. 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. 5. 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. 6. 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 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. 7. 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 any combination of 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 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. 8. 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 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. 9. 26 V.S.A. § 1658 is amended to read:

§ 1658. UNPROFESSIONAL CONDUCT

(a) The following conduct and the conduct described in section 1354 of this title by a certified anesthesiologist assistant constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of certification:

* * *

(17) delegating professional responsibilities to a person whom the certified professional knows, or has reason to know, is not qualified by any combination of training, experience, education, or licensing credentials to perform;

* * *

Sec. 10. 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. 11. 26 V.S.A. § 2024 is added to read:

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

(a) As used in this section, “gender-affirming health care services” and “reproductive health care services” have the same meanings as in 1 V.S.A. § 150.

(b) Upon the request of a prescribing practitioner and to the extent not expressly prohibited under federal law, a pharmacist shall not list the practitioner’s name on a fulfilled prescription for medication for gender-affirming health care services or reproductive health care services but shall instead list the name of the facility at which the practitioner is employed or is a contract employee.

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

Sec. 12. 26 V.S.A. § 2858 is amended to read:

§ 2858. UNPROFESSIONAL CONDUCT

(a) The following conduct and the conduct described in section 1354 of this title by a certified radiologist assistant constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of certification:

* * *

(17) delegating professional responsibilities to a person whom the certified professional knows or has reason to know is not qualified by any combination of training, experience, education, or licensing credentials to perform;

* * *

Sec. 13. EFFECTIVE DATE

This act shall take effect on passage.

(Committee vote: 4-1-0)

NOTICE CALENDAR

Second Reading

Favorable with Recommendation of Amendment

S. 44.

An act relating to requiring legislative approval prior to entering into certain immigration agreements.

Reported favorably with recommendation of amendment by Senator Baruth for the Committee on Judiciary.

The Committee recommends 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. § 4652 is amended to read:

§ 4652. AUTHORIZATION TO ENTER INTO AGREEMENTS

PURSUANT TO 8 U.S.C. § 1357(g) AND 19 U.S.C. § 1401(i)

(a) Notwithstanding any other provision of law, only the Governor, in consultation with the Vermont Attorney General, is authorized to enter into, modify, or extend an agreement pursuant to 8 U.S.C. § 1357(g) or 19 U.S.C. § 1401(i).

(b) ~~Notwithstanding subsection (a) of this section, a State, county, or municipal law enforcement agency is authorized to enter into an agreement pursuant to 8 U.S.C. § 1357(g) or 19 U.S.C. § 1401(i) when necessary to address threats to the public safety or welfare of Vermont residents arising out of a declaration of a State or national emergency~~ No public agency, as that term is defined in 1 V.S.A. § 317, or an officer, employee, agent, or independent contractor of a public agency, shall enter into an agreement pursuant to 8 U.S.C. § 1357(g) or 19 U.S.C. § 1401(i) unless the Governor has authorized the agreement as set forth in subsection (a) of this section.

Sec. 2. EFFECTIVE DATE

This act shall take effect on passage.

and that after passage the title of the bill be amended to read: “An act relating to authorization to enter into certain immigration agreements”

(Committee vote: 4-1-0)

Proposed Amendments to the Vermont Constitution

Pursuant to Rule 83 of the Senate Rules, notice is hereby given that proposed amendments to the Constitution, set forth below, will be read the third time and acted upon, on the seventh legislative day commencing March 11, 2025. At that time, the following question shall be presented: “Shall the Senate concur in the proposal and request the concurrence of the House?”

PROPOSAL 3

(Second day on Notice Calendar pursuant to Rule 83)

Subject: Declaration of Rights; right to collectively bargain

PENDING ACTION: Third reading of the proposal (second biennium)

PROPOSAL 3

Sec. 1. PURPOSE

This proposal would amend the Constitution of the State of Vermont to provide that the citizens of the State have a right to collectively bargain.

Sec. 2. Article 23 of Chapter I of the Vermont Constitution is added to read:

Article 23. [Right to collectively bargain]

That employees have a right to organize or join a labor organization for the purpose of collectively bargaining with their employer through an exclusive representative of their choosing for the purpose of negotiating wages, hours, and working conditions and to protect their economic welfare and safety in the workplace. Therefore, no law shall be adopted that interferes with, negates, or diminishes the right of employees to collectively bargain with respect to wages, hours, and other terms and conditions of employment and workplace safety, or that prohibits the application or execution of an agreement between an employer and a labor organization representing the employer’s employees that requires membership in the labor organization as a condition of employment.

Sec. 3. EFFECTIVE DATE

The amendment set forth in this proposal shall become a part of the Constitution of the State of Vermont on the first Tuesday after the first Monday of November 2026 when ratified and adopted by the people of this State in accordance with the provisions of 17 V.S.A. chapter 32.

CONFIRMATIONS

The following appointments will be considered by the Senate, as a group, under suspension of the Rules, as moved by the President *pro tempore*, for confirmation together and without debate, by consent thereby given by the Senate. However, upon request of any senator, any appointment may be singled out and acted upon separately by the Senate, with consideration given to the report of the Committee to which the appointment was referred, and with full debate; and further, all appointments for the positions of Secretaries of Agencies, Commissioners of Departments, Judges, Magistrates, and members of the Public Utility Commission, underlined below, shall be fully and separately acted upon.

Andrew Collier of Westford - Commissioner of the Department of Motor Vehicles - By Senator Brennan for the Committee on Transportation (February 19, 2025)

Anson Tebbetts of Cabot - Secretary of Agriculture - By Senator Collamore for the Committee on Agriculture (March 13, 2025)

Zoie Saunders of Shrewsbury - Secretary of Education - By Senator Bongartz for the Committee on Education (March 13, 2025)

FOR INFORMATION ONLY

CROSSOVER DATES

The Joint Rules Committee established the following crossover deadlines:

(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.

Note: The Senate will not act on bills that do not meet these crossover deadlines, without the consent of the Senate Rules Committee.

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)

CONSTITUTIONAL AMENDMENT

The 2025-2026 Biennium is the Third Reading of a proposal of amendment. They were read the second time during the 2023-2024 Biennium.

The proposal is on the Notice Calendar for six (6) days and will be up for action for Third Reading on the seventh day.

Each proposal is acted upon separately. Senate Rule 83.

At Third Reading:

1. The vote on any constitutional proposal is by roll call. Senate Rule 83.
2. The questions is: “Shall the Senate concur in Proposal 3, and request the concurrence of the House? Senate Rule 83.
3. For this question to pass, 16 members of the Senate must vote in the affirmative. The Vermont Constitution requires an affirmative vote of a majority of the members of the Senate. Vermont Constitution §72.

There are no amendments at Third Reading of a constitutional amendment.