

Senate Calendar

THURSDAY, APRIL 24, 2025

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ACTION CALENDAR

UNFINISHED BUSINESS OF WEDNESDAY, APRIL 23, 2025

House Proposal of Amendment

S. 18.

An act relating to licensure of freestanding birth centers.

The House proposes to the Senate to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 18 V.S.A. chapter 53 is added to read:

CHAPTER 53. BIRTH CENTER LICENSING

§ 2351. DEFINITIONS

As used in this chapter:

(1) “Birth center” means a facility the primary purposes of which are to provide midwifery care, low-risk deliveries, and newborn care immediately after delivery, for a stay of generally less than 24 hours. The term does not include a facility that is a hospital, is part of a hospital, or is owned by a hospital; a facility that is an ambulatory surgical center; or the residence of the individual giving birth. A birth center may be located on the grounds of a hospital.

(2) “Certified nurse midwife” means an advanced practice registered nurse licensed in accordance with 26 V.S.A. chapter 28, subchapter 2 who has specialized training in childbirth, newborn care, and reproductive health care services.

(3) “Change of ownership” means a change in the majority or controlling interest in an established birth center to another person.

(4) “Corrective action plan” means a written strategy for correcting an issue of partial compliance, deficiency, or violation of this chapter or rules adopted pursuant to this chapter.

(5) “Licensed maternity care provider” means a licensed provider whose professional scope of practice, as established under Vermont law, includes preconception, prenatal, labor, birth, and postpartum care and early care of a newborn and who may be the primary attendant during the perinatal period.

(6) “Licensed midwife” means a professional licensed in accordance with 26 V.S.A. chapter 85.

(7) “Licensed provider” means an individual licensed or certified in Vermont to provide specific health care-related services within a scope of practice defined by licensing statutes and rules, and may include advanced practice registered nurses, including certified nurse midwives; licensed midwives; physician assistants; naturopathic physicians with a childbirth endorsement in accordance with 26 V.S.A. §§ 4122(b) and 4125(b); and physicians.

§ 2352. LICENSE; PROHIBITIONS

(a) No person shall establish, maintain, or operate a birth center in this State without first obtaining a license for the birth center in accordance with this chapter.

(b) A birth center may be independently owned and operated by a licensed maternity care provider or any other person who complies with the requirements of this chapter.

(c) A birth center shall not offer or provide epidural anesthesia or a cesarean delivery.

(d) No person shall represent itself as a “birth center” or use the term “birth center” in its title or in its advertising, publications, or other form of communication unless the person has been licensed as a birth center in accordance with the provisions of this chapter.

(e) A license is not transferable or assignable and shall be issued only for the premises and persons named in the application.

§ 2353. APPLICATION; FEE

(a) An application for licensure of a birth center shall be made to the Department of Health in the manner specified by the Department and shall include all information required by the Department.

(b)(1) Each application for an initial license, renewal of a license, or a change of ownership shall be accompanied by a fee of \$250.00.

(2) Fees collected under this section shall be credited to the Hospital Licensing Fees Special Fund and shall be available to the Department of Health to offset the costs of licensing birth centers.

§ 2354. LICENSE REQUIREMENTS

Upon receipt of an application for a license and the licensing fee, the Department of Health shall issue a license if it determines, after an inspection conducted by the Department or its designee, that the applicant is able to operate a birth center in accordance with rules adopted by the Department.

§ 2355. REVOCATION OF LICENSE; HEARING

The Department of Health, after notice and opportunity for hearing to the applicant or licensee, is authorized to condition, deny, suspend, or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under this chapter. Such notice shall be served by registered mail or by personal service, shall set forth the reasons for the proposed action, and shall set a date not less than 60 days from the date of the mailing or service on which the applicant or licensee shall be given opportunity for a hearing. After the hearing, or upon default of the applicant or licensee, the Department shall file its findings of fact and conclusions of law. A copy of the findings and decision shall be sent by registered mail or served personally upon the applicant or licensee. The procedure governing hearings authorized by this section shall be set forth in the rules adopted pursuant to section 2359 of this chapter and shall not be subject to the contested case provisions of 3 V.S.A. chapter 25, subchapter 2.

§ 2356. APPEAL

Any applicant or licensee, or the State acting through the Attorney General, aggrieved by the decision of the Department of Health after a hearing may appeal the decision in accordance with section 128 of this title. Pursuant to section 129 of this title, an appeal pursuant to this section shall not stay the effectiveness of an order entered in accordance with section 2355 of this chapter, but any party is permitted to seek a stay order in the Superior Court in which the appeal is being heard.

§ 2357. INSPECTIONS

(a) The Department of Health or its designee shall make or cause to be made such inspections and investigations as the Department or its designee deems necessary.

(b) A birth center, including its building and grounds and, in accordance with applicable law, its records, shall be subject to inspection by the Department and its designee at all times.

(c) If a birth center is found to be out of compliance with any requirement of this chapter or rules adopted pursuant to this chapter, the Department may condition, deny, suspend, revoke, or refuse to renew the birth center's license or may ask the birth center to develop and implement a corrective action plan.

(d) If the Department finds a violation as the result of an inspection or investigation, the Department shall post a report on the Department's website summarizing the violation and any corrective action required.

§ 2358. RECORDS

(a) Information received by the Department of Health through filed reports, inspections, or as otherwise authorized by law shall:

(1) not be disclosed publicly in a manner that identifies or may lead to the identification of one or more individuals or birth centers;

(2) be exempt from public inspection and copying under the Public Records Act; and

(3) be kept confidential except as it relates to a proceeding regarding licensure of a birth center.

(b) The provisions of subsection (a) of this section shall not apply to the summary reports of violations required to be posted on the Department's website pursuant to section 2357 of this chapter.

§ 2359. RULES

The Department of Health shall adopt rules in accordance with 3 V.S.A. chapter 25 as needed to carry out the purposes of this chapter. The rules shall be based on the national birth center standards published by the American Association of Birth Centers and shall, at a minimum, include provisions regarding:

(1) requirements for operating a birth center, including requirements for safety, sanitation, and health;

(2) obtaining, storing, and dispensing pharmaceuticals consistent with State and federal laws;

(3) requirements for notice to the Department of Health when there is a change in ownership of a birth center and any additional licensing requirements related to a change in ownership;

(4) the scope of services that may be provided at a birth center, including risk factors that preclude a patient from receiving labor and delivery services at a birth center;

(5) appropriate staffing for a birth center, including the types of licensed providers who may practice at a birth center;

(6) birth center complaint processes;

(7) birth center facility, equipment, and supply requirements, including requirements for the maintenance of safety, sanitation, and health;

(8) record retention and confidentiality;

(9) quality assurance and improvement;

(10) processes for the development, submission, approval, and implementation of corrective action plans;

(11) a requirement for written practice guidelines and policies that include procedures for transferring a patient to a hospital if circumstances warrant; and

(12)(A) requirements for written policies and procedures for collaboration with hospitals, other agencies and facilities, and individuals to provide services to patients as appropriate, including:

(i) laboratory and diagnostic services;

(ii) childbirth education and parenting education support services;

(iii) obstetric consultation services;

(iv) pediatric consultation services;

(v) transport services;

(vi) obstetric and newborn acute care in licensed hospitals; and

(vii) home health care services;

(B) a requirement that the policies and procedures established pursuant to subdivision (A) of this subdivision (12) are provided to the relevant service providers upon request; and

(C) a requirement that the birth center provide the health record of the patient or the newborn, or both, to the receiving service provider upon referral or transfer, in accordance with applicable privacy laws.

§ 2360. NO EFFECT ON SCOPE OF SERVICES

(a) Nothing in this chapter or in rules adopted pursuant to this chapter shall be construed to expand or limit the scope of the services that a licensed midwife, certified nurse midwife, or other provider may offer at a birth center or perform in a space that is shared with or adjacent to a birth center.

(b) A birth center may serve as a location for additional services offered in shared or adjacent spaces, including outpatient gynecologic care, primary care, and education and support services, provided that any licensed provider providing services in those spaces shall only provide those services that are within the licensed provider's authorized scope of practice.

Sec. 2. 8 V.S.A. § 4099d is amended to read:

§ 4099d. MIDWIFERY COVERAGE; ~~HOME BIRTHS~~

(a) A health insurance plan or health benefit plan providing maternity benefits shall also provide coverage for services rendered by a midwife licensed pursuant to 26 V.S.A. chapter 85 or an advanced practice registered nurse licensed pursuant to 26 V.S.A. chapter 28 who is certified as a nurse midwife for services within the licensed midwife's or certified nurse midwife's scope of practice and provided in a hospital, birth center, or other health care facility or at home.

* * *

Sec. 3. 18 V.S.A. § 9435 is amended to read:

§ 9435. EXCLUSIONS

* * *

(i) Excluded from this subchapter are birth centers that are licensed pursuant to chapter 53 of this title or are proposed to be established and licensed pursuant to chapter 53 of this title.

Sec. 4. AGENCY OF HUMAN SERVICES; MEDICAID; REQUEST FOR FEDERAL APPROVAL

The Agency of Human Services shall seek approval from the Centers for Medicare and Medicaid Services to allow Vermont Medicaid to cover prenatal, maternity, postpartum, and newborn services provided at a licensed birth center and to allow Vermont Medicaid to reimburse separately for birth center services, including birth center facility fees, and for professional services.

Sec. 5. EFFECTIVE DATES

(a) Sec. 1 (birth center licensing) shall take effect on January 1, 2027 or the effective date of the birth center rules adopted by the Department of Health, whichever comes first.

(b) Sec. 2 (8 V.S.A. § 4099d) shall take effect on January 1, 2027.

(c) Sec. 3 (18 V.S.A. § 9435) shall take effect on July 1, 2025.

(d) Sec. 4 (Agency of Human Services; Medicaid; request for federal approval) shall take effect on passage, and the Medicaid coverage shall begin on the later of the date of approval or the effective date of the birth center rules adopted by the Department of Health.

(e) This section shall take effect on passage.

NEW BUSINESS

Third Reading

H. 17.

An act relating to approval of the adoption of the charter of the Town of Morristown.

Second Reading

Favorable

H. 218.

An act relating to fiscal year 2026 appropriations from the Opioid Abatement Special Fund.

Reported favorably by Senator Lyons for the Committee on Health and Welfare.

(Committee vote: 4-1-0)

(For House amendments, see House Journal of March 27, 2025, pages 751-762)

Reported favorably by Senator Lyons for the Committee on Appropriations.

(Committee vote: 7-0-0)

Favorable with Recommendation of Amendment

S. 131.

An act relating to approval of an amendment to the charter of the City of Burlington relating to the possession of firearms.

Reported favorably with recommendation of amendment by Senator Vyhovsky for the Committee on Government Operations.

Sec. 1. CHARTER AMENDMENT APPROVAL

The General Assembly approves the amendment to the charter of the City of Burlington as set forth in this act. Voters approved the proposal of amendment on March 4, 2025.

Sec. 2. 24 App. V.S.A. chapter 3 is amended to read:

CHAPTER 3. CITY OF BURLINGTON

* * *

§ 510. BAN ON FIREARMS IN PREMISES LICENSED TO SERVE

ALCOHOLIC BEVERAGES

(a) Statutes superseded. This section expressly supersedes 24 V.S.A. §§ 2291(8) and 2295 and authorizes the City to regulate the possession and carrying of firearms pursuant to this section.

(b) Ban. Within the City of Burlington, no person may knowingly possess a firearm, as defined by 13 V.S.A. § 4016(a)(3), in any premises licensed to serve alcoholic beverages.

(c) Exceptions. This provision shall not apply to:

(1)(A) a second-class licensed premises, including premises used for a retail alcoholic beverage tasting permit;

(B) sidewalks or public highways that pass through an outside premises for which a licensee holds an outside consumption permit;

(C) the premises for which a licensee holds a limited event permit, special event permit, or special event serving permit; or

(D) a dining car for which a licensee holds a promotional railroad tasting permit; or

(2) a firearm possessed by:

(A) any federal, State, or local law enforcement officer acting within the scope of that officer's official duties;

(B) any member of the armed forces of the United States or the Vermont National Guard acting within the scope of that person's military duties;

(C) any government officer, agent, or employee authorized to carry a weapon and acting within the scope of that person's duties; or

(D) the holder of the license for the premises, provided that person is not prohibited from possessing or carrying that weapon under any other federal, State, or local law.

(d) Penalties. The penalty for any violation of this section shall be as follows:

(1) Criminal offense. Any violation of this section may be considered a criminal offense, which shall be punishable by a fine of not more than \$1,000.00 or imprisonment for not more than 90 days.

(2) Civil offense. Any violation of this section may also be considered a civil ordinance violation punishable by a civil penalty of not less than \$200.00 and not more than \$500.00.

Sec. 3. EFFECTIVE DATE

This act shall take effect on passage.

(Committee vote: 3-2-0)

House Proposal of Amendment

S. 28.

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

The House proposes to the Senate to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 1 V.S.A. § 150 is amended to read:

§ 150. LEGALLY PROTECTED HEALTH CARE ACTIVITY

* * *

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

* * *

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

* * *

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

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

* * *

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

public agency shall disclose any address that the individual has designated as a public address in the record.

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

§ 129a. UNPROFESSIONAL CONDUCT

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

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

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

* * *

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

* * *

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

* * *

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

* * *

(2) Definitions. As used in this subsection:

* * *

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

* * *

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

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

§ 2491. FINDINGS; LEGISLATIVE INTENT

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

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

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

~~(3) False and misleading advertising by centers that do not offer or refer clients for abortion is of special concern to the State because of the time-sensitive and constitutionally protected nature of the decision to continue or terminate a pregnancy. When a pregnant individual is misled into believing that a center offers services that it does not in fact offer or receives false or misleading information regarding health care options, the individual loses time crucial to the decision whether to terminate a pregnancy and may lose the option to choose a particular method or to terminate a pregnancy at all.~~

~~(4) Telling the truth is how trained health care providers demonstrate respect for patients, foster trust, promote self-determination, and cultivate an~~

environment where best practices in shared decision-making can flourish. Without veracity in information and communication, it is difficult for individuals to make informed, voluntary choices that are essential to one's sense of personal agency and autonomy.

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

~~(b) Intent.~~

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

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

§ 2492. DEFINITIONS DEFINITION

As used in this subchapter:

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 2493. UNFAIR AND DECEPTIVE ACT

(a) It is an unfair and deceptive act and practice in commerce and a violation of section 2453 of this title for any ~~limited-services pregnancy center person~~ to disseminate or cause to be disseminated to the public any advertising about the health care services or proposed services performed at that center in this State that is untrue or clearly designed to mislead the public about the nature of the services provided. Advertising includes representations made directly to consumers; marketing practices; communication in any print medium, such as newspapers, magazines, mailers, or handouts; and any broadcast medium, such as television or radio, telephone marketing, or advertising over the ~~Internet~~ internet such as through websites and web ads advertisements, and social media. For purposes of this chapter, advertising ~~or the provision of services by a limited-services pregnancy center~~ about health care services is an act in commerce.

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

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

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

§ 7306. NONCOOPERATION

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

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

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

(b) This section shall not apply to:

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

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

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

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

§ 1881. DISCLOSURE OF PROTECTED HEALTH INFORMATION
PROHIBITED

(a) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 4999. DEFINITIONS

As used in this part:

* * *

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

* * *

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

§ 5200. DEFINITIONS

As used in this chapter:

* * *

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

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

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

§ 5222. REPORTS

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

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

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

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

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

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

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

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

§ 1354. UNPROFESSIONAL CONDUCT

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

* * *

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

* * *

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

* * *

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

* * *

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

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

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

(iii) maintenance of a current medical record;

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

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

(i) initial admission orders for newly hospitalized patients;

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

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

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

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

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

* * *

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

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

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

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

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

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

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

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

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

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

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

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

§ 1615. ADVANCED PRACTICE REGISTERED NURSES;
REGULATORY AUTHORITY; UNPROFESSIONAL CONDUCT

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

* * *

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

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

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

(C) maintenance of a current medical record.

* * *

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

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

(A) initial admission orders for newly hospitalized patients;

(B) prescribing for a patient of another provider for whom the prescriber has taken call;

(C) prescribing for a patient examined by a licensed APRN, physician assistant, or other practitioner authorized by law and supported by the APRN;

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

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

(E)(F) emergency situations where the life or health of the patient is in imminent danger.

* * *

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

§ 1736. UNPROFESSIONAL CONDUCT

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

* * *

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

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

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

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

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

* * *

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

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

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

(a) As used in this section:

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

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

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

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

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

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

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

Sec. 14. EFFECTIVE DATE

This act shall take effect on passage.

NOTICE CALENDAR

Second Reading

Favorable

H. 219.

An act relating to establishing the Department of Corrections' Family Support Program.

Reported favorably by Senator Plunkett for the Committee on Institutions.

(Committee vote: 5-0-0)

(For House amendments, see House Journal of March 19, 2025, pages 603-606)

Favorable with Proposal of Amendment

H. 96.

An act relating to increasing the monetary thresholds for certificates of need.

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

The Committee recommends that the Senate propose to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 18 V.S.A. § 9434 is amended to read:

§ 9434. CERTIFICATE OF NEED; GENERAL RULES

(a) A health care facility ~~other than a hospital~~ shall not develop or have developed on its behalf a new health care project without issuance of a certificate of need by the Board. For purposes of this subsection, a "new health care project" ~~includes~~ means any of the following:

(1) The construction, development, purchase, renovation, or other establishment of a health care facility, or any capital expenditure by or on behalf of a health care facility, for which the capital cost exceeds ~~\$1,500,000.00~~ \$10,000,000.00.

(2) A change from one licensing period to the next in the number of licensed beds of a health care facility through addition or conversion, or through relocation from one physical facility or site to another.

(3) The offering of any home health service, or the transfer or conveyance of more than a 50 percent ownership interest in a health care facility other than a hospital or nursing home.

(4) The purchase, lease, or other comparable arrangement of a single piece of diagnostic and therapeutic equipment for which the cost, or in the case of a donation the value, is in excess of ~~\$1,000,000.00~~ \$5,000,000.00. For purposes of this subdivision, the purchase or lease of one or more articles of diagnostic or therapeutic equipment that are necessarily interdependent in the performance of their ordinary functions or that would constitute any health care facility included under subdivision 9432(8)(B) of this title, as determined by the Board, shall be considered together in calculating the amount of an expenditure. The Board's determination of functional interdependence of items of equipment under this subdivision shall have the effect of a final decision and is subject to appeal under section 9381 of this title.

(5) The offering of a health care service or technology having an annual operating expense that exceeds ~~\$500,000.00~~ \$3,000,000.00 for either of the next two budgeted fiscal years, if the service or technology was not offered or employed, either on a fixed or a mobile basis, by the health care facility within the previous three fiscal years.

~~(6) The construction, development, purchase, lease, or other establishment of an ambulatory surgical center. [Repealed.]~~

~~(b) A hospital shall not develop or have developed on its behalf a new health care project without issuance of a certificate of need by the Board. For purposes of this subsection, a "new health care project" includes the following:~~

~~(1) The construction, development, purchase, renovation, or other establishment of a health care facility, or any capital expenditure by or on behalf of a hospital, for which the capital cost exceeds \$3,000,000.00.~~

~~(2) The purchase, lease, or other comparable arrangement of a single piece of diagnostic and therapeutic equipment for which the cost, or in the case of a donation the value, is in excess of \$1,500,000.00. For purposes of this subdivision, the purchase or lease of one or more articles of diagnostic or therapeutic equipment that are necessarily interdependent in the performance of their ordinary functions or that would constitute any health care facility included under subdivision 9432(8)(B) of this title, as determined by the Board, shall be considered together in calculating the amount of an expenditure. The Board's determination of functional interdependence of items of equipment under this subdivision shall have the effect of a final decision and is subject to appeal under section 9381 of this title.~~

~~(3) The offering of a health care service or technology having an annual operating expense that exceeds \$1,000,000.00 for either of the next two budgeted fiscal years, if the service or technology was not offered or employed, either on a fixed or a mobile basis, by the hospital within the previous three fiscal years.~~

~~(4) A change from one licensing period to the next in the number of licensed beds of a health care facility through addition or conversion, or through relocation from one physical facility or site to another.~~

~~(5) The offering of any home health service. [Repealed.]~~

(c) In the case of a project that requires a certificate of need under this section, expenditures for which are anticipated to be in excess of ~~\$30,000,000.00~~ \$50,000,000.00, the applicant first shall secure a conceptual development phase certificate of need, in accordance with the standards and procedures established in this subchapter, that permits the applicant to make expenditures for architectural services, engineering design services, or any other planning services, as defined by the Board, needed in connection with the project. Upon completion of the conceptual development phase of the project, and before offering or further developing the project, the applicant shall secure a final certificate of need in accordance with the standards and procedures established in this subchapter. Applicants shall not be subject to sanctions for failure to comply with the provisions of this subsection if such failure is solely the result of good faith reliance on verified project cost estimates issued by qualified persons, which cost estimates would have led a reasonable person to conclude the project was not anticipated to be in excess of ~~\$30,000,000.00~~ \$50,000,000.00 and therefore not subject to this subsection. The provisions of this subsection notwithstanding, expenditures may be made in preparation for obtaining a conceptual development phase certificate of need, which expenditures shall not exceed ~~\$1,500,000.00 for non-hospitals or \$3,000,000.00 for hospitals~~ \$10,000,000.00.

(d) If the Board determines that a person required to obtain a certificate of need under this subchapter has separated a single project into components in order to avoid cost thresholds or other requirements under this subchapter, the person shall be required to submit an application for a certificate of need for the entire project, and the Board may proceed under section 9445 of this title. The Board's determination under this subsection shall have the effect of a final decision and is subject to appeal under section 9381 of this title.

(e) The Board may periodically adjust the monetary jurisdictional thresholds contained in this section. In doing so, the Board shall reflect the same categories of health care facilities, services, and programs recognized in

this section. Any adjustment by the Board shall not exceed an amount calculated using the cumulative Consumer Price Index rate of inflation.

Sec. 2. 18 V.S.A. § 9435 is amended to read:

§ 9435. EXCLUSIONS

* * *

(f)(1) Excluded from this subchapter are routine replacements of:

(A) medical equipment that is fully depreciated; and

(B) nonmedical equipment and fixtures, including furnaces, boilers, refrigeration units, kitchen equipment, heating and cooling units, and similar items, regardless of their remaining useful life.

(2) These The replacements described in subdivision (1) of this subsection and purchased by a hospital shall be included in the hospital's budget and may be reviewed in the budget process set forth in subchapter 7 of this chapter.

* * *

(i) Excluded from this subchapter are emergency and nonemergency ground ambulance services, affiliated agencies, and equipment and supplies used by emergency medical personnel, as those terms are defined in 24 V.S.A. § 2651.

(j) Excluded from this subchapter are the offering of a health care service, or the construction, development, purchase, renovation, or other establishment of a health care facility, that is owned or operated by the State of Vermont or is funded in whole or in substantial part by a contract or grant awarded by the State of Vermont; provided, however, that the State agency sponsoring the project or awarding the contract or grant shall inform the Green Mountain Care Board prior to commencing the project or within 30 days following the execution of the contract or grant.

Sec. 3. EFFECTIVE DATE

This act shall take effect on passage and shall apply to all new health care projects initiated on or after that date. For applications for a certificate of need that are already in process on the date of passage of this act for which one or more persons have been granted interested party status, the jurisdictional thresholds and exclusions in place at the time the application was filed shall continue to apply until a final decision is made on the application. For applications for a certificate of need that are already in process on the date of passage of this act for which no person has been granted interested party

status, the applicant may withdraw the application in accordance with Board rules.

(Committee vote: 5-0-0)

(No House Amendments)

Reported favorably by Senator Gulick for the Committee on Finance.

The Committee recommends that the bill ought to pass in concurrence with proposal of amendment as recommended by the Committee on Health and Welfare.

(Committee vote: 7-0-0)

H. 481.

An act relating to stormwater management.

Reported favorably with recommendation of proposal of amendment by Senator Watson for the Committee on Natural Resources and Energy.

The Committee recommends that the Senate propose to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 10 V.S.A. § 1264 is amended to read:

§ 1264. STORMWATER MANAGEMENT

* * *

(c) Prohibitions.

* * *

(7) In accordance with the schedule established under subdivision (g)(3) of this section, a person shall not discharge stormwater from impervious surface of three or more acres in size without first obtaining an individual permit or coverage under a general permit issued under this section if the discharge was never previously permitted or was permitted under an individual permit or general permit that did not incorporate the requirements of the 2002 Stormwater Management Manual or any subsequently adopted Stormwater Management Manual. The Secretary shall provide notice to all owners of property subject to the permit required under this subdivision.

(d) Exemptions.

* * *

(2) No permit is required under subdivision (c)(1), (5), or (7) of this section and for which a municipality has assumed full legal responsibility as

part of a permit issued to the municipality by the Secretary. As used in this subdivision, “full legal responsibility” means legal control of the stormwater system, including a legal right to access the stormwater system, a legal duty to properly maintain the stormwater system, and a legal duty to repair and replace the stormwater system when it no longer adequately protects waters of the State. Notwithstanding the provisions of 24 V.S.A. § 3254 to the contrary, when a municipality assumes or has assumed full legal responsibility for a stormwater system, the municipality may assess municipal special assessment fees on users of the stormwater system provided that a majority of the property owners subject to the special assessment fee consented and the impact fee assessed is a fair apportionment to the user of the cost of the improvement in accordance with the benefits the user received.

* * *

(g) General permits.

* * *

(3) Within 120 days after the adoption by the Secretary of the rules required under subsection (f) of this section, the Secretary shall issue a general permit under this section for discharges of stormwater from impervious surface of three or more acres in size, when the stormwater discharge previously was not permitted or was permitted under an individual permit or general permit that did not incorporate the requirements of the 2002 Stormwater Management Manual or any subsequently adopted Stormwater Management Manual. Under the general permit, the Secretary shall:

(A) Establish a schedule for implementation of the general permit by geographic area of the State. The schedule shall establish the date by which an owner of impervious surface shall apply for coverage under this subdivision (3). The schedule established by the Secretary shall require an owner of impervious surface subject to permitting under this subdivision to obtain coverage by the following dates:

(i) for impervious surface located within the Lake Champlain watershed, the Lake Memphremagog watershed, or the watershed of a stormwater-impaired water on or before October 1, ~~2023~~ 2028; and

(ii) for impervious surface located within all other watersheds of the State, ~~no~~ not later than October 1, 2033 2038 or not later than five years after a binding stormwater-specific waste-load allocation has been established for that watershed, whichever occurs first.

(B) Establish criteria and technical standards, such as best management practices, for implementation of stormwater improvements for

the retrofitting of impervious surface subject to permitting under this subdivision (3).

(C) Require that a discharge of stormwater from impervious surface subject to the requirements of this section comply with the standards of subsection (h) of this section for redevelopment of or renewal of a permit for existing impervious surface.

(D) Allow the use of stormwater impact fees, offsets, and phosphorus credit trading within the watershed of the water to which the stormwater discharges or runs off.

* * *

Sec. 2. REPEALS; SUNSET OF PROPERTY TRANSFER TAX CLEAN WATER SURCHARGE

(a) 2017 Acts and Resolves No. 85, Sec. I.10 (sunset of clean water surcharge), as amended by 2024 Acts and Resolves No. 181, is repealed.

(b) 2017 Acts and Resolves No. 85, Sec. I.11(a)(5) (effective date of sunset of clean water surcharge) is repealed.

Sec. 3. 2017 Acts and Resolves No. 85, Sec. I.1(b) is amended to read:

(b) Purpose and intent.

(1) The purpose of Secs. I.1–I.12 of this act is to promote the development and improvement of housing for Vermonters.

(2) It is the intent of the General Assembly:

(A) to extend the clean water surcharge to provide ~~an interim~~ a source of revenue for addressing water quality issues throughout the State; and

(B) to continue its work on identifying a long-term funding source or sources that are sufficient in scope and targeted in design to address these water quality issues; ~~and~~

~~(C) once one or more long-term funding sources are identified and enacted, but not later than July 1, 2027, to reduce the amount of the clean water surcharge to 0.04 percent.~~

Sec. 4. 2017 Acts and Resolves No. 85, Sec. I.12 is amended to read:

Sec. I.12. EFFECTIVE DATES

(a) Secs. I.1–I.12 shall take effect on July 1, 2017, ~~except that Sec. I.10 (allocating clean water surcharge revenue to Vermont Housing and Conservation Trust Fund) shall take effect on July 1, 2027.~~

Sec. 5. 2017 Acts and Resolves No. 85, Sec. I.7(d) is amended to read:

(d) To compensate for this reduction of available property transfer tax revenue, it is the intent of the General Assembly through this act to provide for the transfer of \$2,500,000.00 to the Vermont Housing and Conservation Trust Fund, as follows:

(1) Sec. D.100 of this act appropriates \$11,304,840.00 in fiscal year 2018 from the Vermont Housing and Conservation Trust Fund to the Vermont Housing and Conservation Board. Upon the effective date of this act, \$1,500,000.00 shall revert to the Fund, resulting in a fiscal year 2018 total appropriation to the Board of \$9,804,840.00. In fiscal year 2018 only, the amount of \$1,500,000.00 from the Vermont Housing and Conservation Trust Fund shall be transferred to the General Fund.

(2) As provided in Sec. I.9 of this act, ~~from July 1, 2017 until July 1, 2027~~, pursuant to 32 V.S.A. § 9602a, the first \$1,000,000.00 in revenue generated by the clean water surcharge of ~~0.2~~ 0.22 percent shall be transferred to the Vermont Housing and Conservation Trust Fund. In fiscal year 2018 only, the Commissioner shall transfer the amount of \$1,000,000.00 from the Vermont Housing and Conservation Trust Fund to the General Fund.

(3) ~~After July 1, 2027, pursuant to 32 V.S.A. § 9602a as amended in Sec. I.10 of this act, \$1,000,000.00 in total revenue generated by the clean water surcharge of 0.04 percent shall be transferred to the Vermont Housing and Conservation Trust Fund. [Repealed.]~~

(4) ~~As provided in Sec. I.11 of this act, the clean water surcharge will be repealed in its entirety on July 1, 2039. [Repealed.]~~

Sec. 6. 10 V.S.A. §§ 927 and 928 are amended to read:

§ 927. DEVELOPED LANDS IMPLEMENTATION GRANT PROGRAM

The Secretary shall administer a Developed Lands Implementation ~~Grant~~ Program to provide ~~grants or financing~~ financial assistance to persons who are required to obtain a permit to implement regulatory requirements that are necessary to achieve water quality standards. ~~The grant or financing program shall only be available in basins where a clean water service provider has met its annual goals or is making sufficient progress, as determined by the Secretary, towards those goals. This grant program shall fund or provide financing for projects related to the permitting of impervious surface of three acres or more under subdivision 1264(g)(3) of this title and for a permit renewal under subdivision 1264(h)(2) of this title for a discharge to a stormwater-impaired water that was permitted under an individual permit or a general permit that did not incorporate the requirements of the 2002~~

Stormwater Management Manual or any subsequently adopted Stormwater Management Manual. Not more than 15 percent of the total grant amount awarded shall be used for administrative costs.

§ 928. MUNICIPAL STORMWATER IMPLEMENTATION ~~GRANT~~
PROGRAM

The Secretary shall administer a Municipal Stormwater Implementation Grant Program to provide ~~grants~~ financial assistance to any municipality required under section 1264 of this title to obtain or seek coverage under the municipal roads general permit, the municipal separate storm sewer systems permit, a permit for impervious surface of three acres or more, or a permit required by the Secretary to reduce the adverse impacts to water quality of a discharge or stormwater runoff. ~~The grant program shall only be available in basins where a clean water service provider has met its annual goals or is making sufficient progress, as determined by the Secretary, towards those goals.~~ Not more than 15 percent of the total grant amount awarded shall be used for administrative costs. This program also shall be available to a municipality to comply with a permit for impervious surface of three acres or more for a residential subdivision when the municipality assumes or has assumed full legal responsibility for the stormwater system of the residential subdivision under subdivision 1264(c)(7) of this title.

Sec. 7. 10 V.S.A. § 1389(e) is amended to read:

(e) Priorities. In making recommendations under subsection (d) of this section regarding the appropriate allocation of funds from the Clean Water Fund, the Board shall prioritize as follows:

(1) As a first priority, make recommendations regarding funding for the following grants and programs, which shall each be given equal priority:

(A) grants to clean water service providers to fund the reasonable costs associated with the inspection, verification, operation, and maintenance of clean water projects in a basin;

(B) the Water Quality Restoration Formula Grant under section 925 of this title;

(C) the Agency of Agriculture, Food and Markets' agricultural water quality programs; and

(D) the Water Quality Enhancement Grants under section 926 of this title at a funding level of at least 20 percent of the annual balance of the Clean Water Fund, provided that the maximum amount recommended under this subdivision (D) in any year shall not exceed \$5,000,000.00; and

(E) funding to partners for basin planning, basin water quality council participation, education, and outreach as provided in subdivision 1253(d)(3) of this title, provided funding shall be at least \$500,000.00.

(2) As the next priority after reviewing funding requests for programs identified under subdivision (1) of this subsection:

(A) funding to programs or projects that address or repair riparian conditions that increase the risk of flooding or pose a threat to life or property;

(B) funding for education and outreach regarding the implementation of water quality requirements, including funding for education, outreach, demonstration, and access to tools for the implementation of the Acceptable Management Practices for Maintaining Water Quality on Logging Jobs in Vermont, as adopted by the Commissioner of Forests, Parks and Recreation;

(C) funding for the Municipal Stormwater Implementation Grant Program as provided in section 928 of this title, including at least \$1,000,000.00 annually for costs of complying with permitting requirements under subdivision 1264(c)(7) of this title;

(D) funding for innovative or alternative technologies or practices designed to improve water quality or reduce sources of pollution to surface waters, including funding for innovative nutrient removal technologies and community-based methane digesters that utilize manure, wastewater, and food residuals to produce energy; and

(E) funding to purchase agricultural land in order to take that land out of practice when the State water quality requirements cannot be remediated through agricultural Best Management Practices.

(3) As the next priority after reviewing funding requests under subdivisions (1) and (2) of this subsection, funding for the Developed Lands Implementation Grant Program as provided in section 927 of this title.

Sec. 8. RECOMMENDED APPROPRIATION; PRIORITIES

(a) Notwithstanding any other provision of law, the Clean Water Board shall recommend \$5,000,000.00 from the Clean Water Fund in fiscal year 2027 to the Municipal Stormwater Implementation Program in 10 V.S.A. § 928 for costs of complying with permitting requirements under 10 V.S.A. § 1264(c)(7), including for residential subdivisions when the municipality assumes full legal responsibility for the stormwater system.

(b) Before January 1, 2032, the Secretary of Natural Resources shall provide properties subject to the three-acre stormwater permit under 10 V.S.A. § 1264(c)(7) additional priority points when awarding financing under the

Municipal Stormwater Implementation Program and under the Developed Lands Implementation Program when residential housing used as primary residences are located on the relevant properties.

Sec. 9. STORMWATER MANAGEMENT PUBLIC RESOURCE GUIDE

(a) On or before January 1, 2027, the Secretary of Natural Resources shall publish a Public Resource Guide to Stormwater Management that informs persons subject to stormwater operating permits under 10 V.S.A. § 1264 with information and resources related to complying with and paying for stormwater permitting requirements. The Resource Guide shall be user friendly and designed to encourage the public to engage with the Agency of Natural Resources in finding solutions to stormwater permitting needs.

(b) The Resource Guide shall:

(1) summarize the statutory requirements for stormwater permits, with specific emphasis on the three-acre stormwater permit required under 10 V.S.A. § 1264(c)(7), including why the permits are required;

(2) recommend available, practical, cost-effective measures for how persons subject to stormwater permit requirements can address parcel-based issues, including:

(A) the lack of a homeowner's association to assume permitting responsibility;

(B) lack of available property to implement stormwater management, including whether and how a person subject to stormwater permits can implement an off-site offset project to comply with permitting requirements; and

(C) how to address or manage stormwater runoff from other stormwater systems entering stormwater systems subject to permitting;

(3) recommend resources where funding for compliance with stormwater permitting requirements may be accessed or applied for, including how to apply for financial assistance from the Agency of Natural Resources; and

(4) provide a contact at the Agency of Natural Resources that can assist persons subject to stormwater permitting by answering questions, providing referrals to creative or alternative solutions for achieving permit compliance, and recommending available financial resources.

(c) The Secretary of Natural Resources shall submit a copy of the Resource Guide to the Senate Committee on Natural Resources and Energy and the

House Committee on Environment. The Secretary shall also make the Resources available free of cost to the public from the Agency's website.

Sec. 10. 10 V.S.A. § 1389(e)(2)(C) is amended to read:

(C) funding for the Municipal Stormwater Implementation Program as provided in section 928 of this title, ~~including at least \$1,000,000.00 annually for costs of complying with permitting requirements under subdivision 1264(e)(7) of this title;~~

Sec. 11. 24 V.S.A. § 3616 is amended to read:

§ 3616. RENTS; RATES

(a) A municipal corporation, through its board may establish rates, rents, or charges to be paid as the board may prescribe. The board may establish annual charges separately for bond repayment, fixed operations and maintenance costs and variable operations and maintenance costs dependent on flow.

(b) The rates, rents, or charges may be based upon:

(1) the metered consumption of water on premises connected with the sewer system, however, the board may determine no user will be billed for fixed operations and maintenance costs and bond payment less than the average single-family charge;

(2) the number of equivalent units connected with or served by the sewage system based upon their estimated flows compared to the estimated flows from a single-family dwelling, however, the board may determine no user will be billed less than the minimum charge determined for the single-family dwelling charge for fixed operations and maintenance costs and bond payment;

* * *

(6) for groundwater, surface, or stormwater an equivalent residential unit based on an average or median of the area of impervious surface on residential property within the municipality; or

(7) any combination of these bases, provided the combination is equitable.

* * *

Sec. 12. STUDY COMMITTEE ON STORMWATER MANAGEMENT
AND CREATION OF REGIONAL STORMWATER UTILITY
DISTRICTS

(a) Creation. There is created the Study Committee on the Creation of Regional Stormwater Utility Districts to review the feasibility and benefit of creating regional stormwater utility districts to facilitate implementation and compliance with the water quality laws of the State.

(b) Membership. The Study Committee shall be composed of the following members:

(1) the Commissioner of Environmental Conservation or designee;

(2) a representative of the Vermont League of Cities and Towns, appointed by the Speaker of the House;

(3) a representative of a municipality subject to the municipal separate storm sewer system (MS4) permit, appointed by the Committee on Committees;

(4) a representative of a municipality with a population under 2,500 persons, appointed by the Speaker of the House;

(5) a representative of the Green Mountain Water Environment Association, appointed by the Speaker of the House;

(6) a commercial or industrial business owner subject to the three-acre stormwater permit or other stormwater requirements, appointed by the Committee on Committees;

(7) a representative of an environmental advocacy organization, appointed by the Speaker of the House; and

(8) a representative of a regional planning commission, appointed by the Committee on Committees.

(c) Powers and duties. The Study Committee shall review the feasibility of establishing regional stormwater utility districts in the State. The Study Committee shall:

(1) review current statutory authority for the development of regional stormwater utility districts comprised of multiple municipalities, including identifying any potential disincentives or obstacles to utility formation;

(2) propose an approach the State could use for implementing a regional stormwater utility that would allow the utilities to assume liability and responsibility for compliance with water quality laws, including how a utility could assume responsibility for:

(A) securing the permitting of properties subject to the three-acre stormwater permit; and

(B) achieving the phosphorus reduction targets for the three-acre stormwater permitted properties within the utility district;

(3) review and recommend cost-effective and equitable approaches for regional level revenue raising and distribution of project funding for the purpose of stormwater controls to meet total maximum daily load plans (TMDLs) including:

(A) consider prior revenue-raising recommendations made in the 2017 Clean Water Report from the Office of the State Treasurer;

(B) recommend whether and how to authorize a regional stormwater utility to assess fees or charges to all landowners, residents, and businesses within the regional stormwater utility district for the purpose of stormwater controls to meet TMDLs;

(C) propose how a regional stormwater utility district could be eligible for Clean Water State Revolving Loan Fund awards and access State-level financial assistance for the design, construction, and operation and maintenance of regulatory and nonregulatory stormwater systems, including from the Clean Water State Revolving Loan Fund;

(D) recommend whether and how a regional stormwater utility can allocate resources and cost-effectively and equitably achieve pollutant reduction measures that are not fully achieved by regulated sites, as might be articulated in a regional stormwater management plan; and

(E) recommend whether and how a regional stormwater utility could improve the management of parcel-based issues in a more cost-effective and equitable manner, such as how a regional utility could address regulation of stormwater systems lacking a homeowners' association or other accountable entity or how a regional utility could improve management of upstream properties that drain into stormwater systems subject to permitting;

(4) recommend whether stormwater permitting for municipalities or others could be streamlined to improve the application process, permit renewal, or fee requirements;

(5) propose how statute should be amended to implement any of the recommendations of the Study Committee, including stormwater management planning for purposes of overall regional phosphorus pollutant reductions; and

(6) estimate a cost to operate proposed regional stormwater utility districts.

(d) Assistance. The Study Committee shall have the administrative, technical, and legal assistance of the Department of Environmental Conservation.

(e) Report. On or before January 15, 2027, the Study Committee shall submit a written report to the House Committees on Environment and on Government Operations and Military Affairs and the Senate Committees on Natural Resources and Energy and on Government Operations with its findings and any recommendations for legislative action.

(f) Meetings.

(1) The Commissioner of Environmental Conservation or designee shall call the first meeting of the Study Committee.

(2) The Commissioner of Environmental Conservation or designee shall be the Chair.

(3) A majority of the membership shall constitute a quorum.

(4) The Study Committee shall cease to exist on March 1, 2027.

(g) Compensation and reimbursement. Members of the Study Committee shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than eight meetings. These payments shall be made from monies appropriated to the Agency of Natural Resources.

Sec. 13. EFFECTIVE DATES

This act shall take effect on July 1, 2025, except that Sec. 10 (future Clean Water Fund priorities) shall take effect October 1, 2032.

(Committee vote: 5-0-0)

(No House Amendments)

H. 493.

An act relating to making appropriations for the support of the government.

Reported favorably with recommendation of proposal of amendment by Senator Perchlik for the Committee on Appropriations.

The Committee recommends that the Senate propose to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

(For text of Report of Committee on Appropriations see Addendum to Senate Calendar for April 24, 2025)

(Committee vote: 7-0-0)

(For House amendments, see House Journal of March 27, 2025, pages 768-770, and March 28, page 790)

House Proposal of Amendment

S. 27.

An act relating to medical debt relief and excluding medical debt from credit reports.

The House proposes to the Senate to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. STATE TREASURER; MEDICAL DEBT RELIEF; APPROPRIATION

(a) The sum of \$1,000,000.00 is appropriated to the State Treasurer from the General Fund in fiscal year 2026 for the purpose of contracting with a nonprofit entity to acquire and repay certain medical debts incurred by Vermont residents as set forth in this section.

(b) The State Treasurer shall ensure that the entity with which the Treasurer contracts under this section will:

(1) purchase the medical debt of eligible debtors from health care providers at fair market value;

(2) abolish the debt with no cost or tax consequences for the debtor;

(3) coordinate with the health care provider or collections agency to ensure that any adverse information resulting from the medical debt is removed from the debtor's consumer credit report following the contractor's purchase and abolition of the debt; and

(4) notify each individual whose medical debt was abolished pursuant to this section:

(A) the amount of the individual's medical debt that was abolished and the name of the health care provider or providers from whom the entity purchased the individual's debt;

(B) the estimated percentage of the federal poverty level that corresponds to the individual's household income; and

(C) that financial assistance policies are available at all Vermont hospitals in accordance with 18 V.S.A. § 9482, including the following minimum discounts:

(i) a 100 percent discount for individuals with household income at or below 250 percent of the federal poverty level; and

(ii) at least a 40 percent discount for individuals with household income between 250 and 400 percent of the federal poverty level.

(c) In order to be eligible for repayment of medical debt under this section, the following conditions must be met:

(1) the debtor shall be a Vermont resident who either has a household income that is at or below 400 percent of the federal poverty level for the applicable household size or who owes medical debt in an amount that is five percent or more of the debtor's household income; and

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

Sec. 2. 2022 Acts and Resolves No. 83, Sec. 53(b)(5)(B), as amended by 2022 Acts and Resolves No. 185, Sec. C.102 and 2023 Acts and Resolves No. 78, Sec. E.1000, is further amended to read:

(B) ~~\$20,000,000~~ \$19,000,000 shall be appropriated to the State Treasurer's Office and used for redeeming State of Vermont general obligation bonds prior to maturity.

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

§ 151. BEHAVIORAL HEALTH

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

Sec. 4. 9 V.S.A. § 2466d is added to read:

§ 2466d. REPORTING OF MEDICAL DEBT INFORMATION PROHIBITED

(a) A credit reporting agency shall not report or maintain in the file on a consumer information relating to a medical debt.

(b) As used in this section:

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

(2) “Medical debt” means debt arising from health care services, including dental services, or from health care goods, including products, devices, durable medical equipment, and prescription drugs. “Medical debt” does not include debt arising from services provided by a veterinarian; debt charged to a credit card unless the credit card is issued under an open-end or closed-end credit plan offered solely for the payment of health care services; debt charged to a home equity or general-purpose line of credit; or secured debt.

Sec. 5. 9 V.S.A. § 2480b is amended to read:

§ 2480b. DISCLOSURES TO CONSUMERS

* * *

(c) Any time a credit reporting agency is required to make a written disclosure to consumers pursuant to 15 U.S.C. § 1681g, it shall disclose, in at least 12-point type, and in bold type as indicated, the following notice:

“NOTICE TO VERMONT CONSUMERS

* * *

(2) Under Vermont law, no one may access your credit report without your permission except under the following limited circumstances:

* * *

(F) where the request for a credit report is related to a credit transaction entered into prior to January 1, 1993; or

(G) where the request for a credit report is by the Vermont Department of Taxes and is used for the purpose of collecting or investigating delinquent taxes; or

(H) where the request for a credit report is by an organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code for the purpose of determining eligibility for the abolition of medical debt.

* * *

Sec. 6. 9 V.S.A. § 2480g is amended to read:

§ 2480g. EXEMPTIONS

* * *

(e) The provisions of section 2480e of this title shall not apply to an organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code when determining eligibility for the abolition of medical debt; provided, however, that the exemption from the provisions of section 2480e of this title shall not apply to a tax-exempt organization that is a large health care facility, as defined in 18 V.S.A. § 9481.

Sec. 7. 18 V.S.A. chapter 221, subchapter 10 is amended to read:

Subchapter 10. Patient Financial Assistance and Medical Debt

* * *

§ 9485. PROHIBITION ON SALE OR REPORTING OF MEDICAL DEBT

(a)(1) No large health care facility shall sell its medical debt except as provided in subdivision (2) of this subsection.

(2) A large health care facility may sell or otherwise transfer its medical debt to an organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code for the specific purpose of the tax-exempt organization abolishing the medical debt of one or more patients by cancellation of the indebtedness.

(b) No large health care facility or medical debt collector shall report or otherwise furnish any portion of a medical debt to a credit reporting agency.

* * *

Sec. 8. EFFECTIVE DATE

This act shall take effect on July 1, 2025

Senate Resolution for Second Reading

Favorable

S.R. 12.

Senate resolution reaffirming the friendship between the State of Vermont and Taiwan and supporting enhanced Vermont-Taiwan bilateral relations and Taiwan's participation in international organizations.

Reported favorably by Senator Weeks for the Committee on Economic Development, Housing and General Affairs.

(Committee vote: 5-0-0)

CONCURRENT RESOLUTIONS FOR NOTICE

Concurrent Resolutions For Notice Under Joint Rule 16

The following joint concurrent resolutions have been introduced for approval by the Senate and House. They will be adopted by the Senate unless a Senator requests floor consideration before the end of the session of the next legislative day. Requests for floor consideration should be communicated to the Secretary's Office.

H.C.R. 109-118 (For text of Resolutions, see Addendum to House Calendar of April 24, 2025)

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.

Wanda Minoli of Montpelier - Commissioner of Building and General Services for a term from and including October 24, 2024 to and including February 28, 2025 - By Senator Harrison for the Committee on Institutions (April 2, 2025)

Wanda Minoli of Montpelier - Commissioner of Building and General Services for a term from and including March 1, 2025 to and including February 28, 2027 - By Senator Harrison for the Committee on Institutions (April 2, 2025)

Caleb Greenwood of Troy - Student Member of the State Board of Education - By Senator Williams for the Committee on Education (April 22, 2025)

PUBLIC HEARING

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

JFO NOTICE

Grants and Positions that have been submitted to the Joint Fiscal Committee by the Administration, under 32 V.S.A. §5(b)(3):

JFO #3246: 125+ acre land donation valued at \$184,830.00 from Pieter Van Schaik of Cavendish, VT to the Agency of Natural Resources, Department of Forests, Parks and Recreation. The acreage will become part of the Lord State Forest.

[Received March 24, 2025]

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

[Received April 10, 2025, expedited review requested April 10, 2025]

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

[Received April 10, 2025]

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

[Received April 10, 2025]

JFO #3250: \$391,666.00 to the Vermont Agency of Natural Resources, Department of Forests, Parks and Recreation from the Northern Border Regional Commission. Funds will support the Vermont Outdoor Recreation Economic Collaboration (VOREC) Program Director as well as VOREC initiatives.

[Received April 11, 2025]

JFO #3251: \$50,000.00 to the Agency of Human Services, Central Office from the National Governor's Association. The funds will support state-side improvements of service-to-career pathways, with a focus on emergency responders.

[Received April 11, 2025]

JFO #3252: \$10,000,000.00 to the Vermont Department of Libraries from the U.S. Department of Housing and Urban Development. The Public Facilities Preservation Initiative grant will provide smaller grants to rural libraries for the completion of necessary capital improvement projects.

[Received April 11, 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).