

# Senate Calendar

THURSDAY, FEBRUARY 19, 2026

SENATE CONVENES AT: 1:00 P.M.

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**NOTICE CALENDAR**

**Second Reading**

**Favorable with Recommendation of Amendment**

**S. 206.**

An act relating to licensure of early childhood educators by the Office of Professional Regulation.

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

The Committee recommends that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 3 V.S.A. § 122 is amended to read:

§ 122. OFFICE OF PROFESSIONAL REGULATION

The Office of Professional Regulation is created within the Office of the Secretary of State. The Office shall have a director who shall be qualified by education and professional experience to perform the duties of the position. The Director of the Office of Professional Regulation shall be a classified position with the Office of the Secretary of State. The following boards or professions are attached to the Office of Professional Regulation:

(1) Board of Architects

\* \* \*

(55) Early Childhood Educators

Sec. 2. 26 V.S.A. chapter 111 is added to read:

CHAPTER 111. EARLY CHILDHOOD EDUCATORS IN PROGRAMS  
REGULATED BY THE CHILD DEVELOPMENT DIVISION

§ 6211. CREATION OF BOARD

(a) The Vermont Board of Early Childhood Educators is created.

(b) The Board shall consist of nine members appointed for five-year terms by the Governor pursuant to 3 V.S.A. §§ 129b and 2004 as follows: two public members; two each of individuals licensed as an Early Childhood Educator I, an Early Childhood Educator II, and an Early Childhood Educator III; and one Family Child Care Provider. All members shall be Vermont residents. The members who are early childhood educators shall have been in

active practice in Vermont for not less than the preceding three years and shall be in active practice during their incumbency. The public members shall be individuals who have no financial interest personally or through a spouse, parent, child, or sibling in the activities regulated under this chapter, other than as a consumer or a possible consumer of its services. Appointments shall be made without regard to political affiliation and on the basis of integrity and demonstrated ability.

(c) Vacancies shall be filled in the same manner as initial appointments.

(d) Board members shall not serve more than two consecutive terms.

#### § 6212. BOARD PROCEDURES

(a) Annually, the Board shall meet to elect a chair, vice chair, and a secretary.

(b) Meetings shall be warned and conducted in accordance with 1 V.S.A. chapter 5.

(c) A majority of the members of the Board shall constitute a quorum.

(d) All business shall be transacted by a majority vote of the members present and voting, unless otherwise provided by statute.

#### § 6213. POWERS AND DUTIES OF THE BOARD

(a) The Board shall:

(1) adopt rules, pursuant to 3 V.S.A. chapter 25, that are necessary for the performance of its duties in accordance with this chapter, including activities that must be completed by an applicant in order to fulfill the educational and experiential requirements established by this chapter;

(2) provide general information to applicants for licensure as early childhood educators;

(3) explain appeal procedures to licensees and applicants and complaint procedures to the public; and

(4) use the administrative and legal services provided by the Office of Professional Regulation under 3 V.S.A. chapter 5.

(b) The Board may conduct hearings and exercise its authority as provided in 3 V.S.A. chapter 5.

Sec. 3. 26 V.S.A. chapter 111 is amended to read:

CHAPTER 111. EARLY CHILDHOOD EDUCATORS IN PROGRAMS  
REGULATED BY THE CHILD DEVELOPMENT DIVISION

Subchapter 1. General Provisions

§ 6201. DEFINITIONS

As used in this chapter:

(1) “Board” means the Vermont Board of Early Childhood Educators.

(2) “Early childhood educator” means an individual providing care and educational instruction to children from birth through eight years of age in a program regulated by the Child Development Division, including:

(A) planning and implementing intentional, developmentally appropriate learning experiences that promote the physical health and social, emotional, linguistic, and cognitive growth of children;

(B) establishing and maintaining a safe, caring, inclusive, and healthy learning environment;

(C) observing, documenting, and assessing children’s learning and development;

(D) developing reciprocal, culturally responsive relationships with families and communities; and

(E) engaging in reflective practice and continuous learning.

(3) “Early Childhood Educator I” means an individual who practices early childhood education as an assistant educator in a program under the supervision of Early Childhood Educators II or III or a teacher who is exempt from this chapter and licensed by the Agency of Education under 16 V.S.A. chapter 51 with endorsements in early childhood education, early childhood special education, or elementary education.

(4) “Early Childhood Educator II” means an individual who practices early childhood education as the lead or primary educator in a program, supervises the practice of individuals licensed as an Early Childhood Educator I, and receives guidance from individuals licensed as an Early Childhood Educator III.

(5) “Early Childhood Educator III” means an individual who practices early childhood education as the lead or primary educator in a program, supervises the practice of individuals licensed as an Early Childhood Educator

I, and provides guidance to individuals licensed as an Early Childhood Educator II.

(6) “Family child care provider” means an individual who provides developmentally appropriate care, education, protection, and supervision of children from birth through eight years of age and is authorized by the Child Development Division to operate a family child care home as defined in 33 V.S.A. § 3511.

(7) “Guidance” means direct or indirect consultative support in which an Early Childhood Educator III provides feedback to an Early Childhood Educator II.

(8) “Program” or “program regulated by the Child Development Division” means a program or facility approved by the Department for Children and Families’ Child Development Division as a licensed or registered family child care home or a licensed center-based child care and preschool program and is not operated by a public school.

(9) “Supervision” means on-site, direct oversight in which an Early Childhood Educator II or III observes the practice of an Early Childhood Educator I and provides feedback, support, and direction to an Early Childhood Educator I.

#### § 6202. PROHIBITIONS

(a) An individual shall not hold themselves out as an early childhood educator in this State unless the individual is licensed under this chapter or exempt from this chapter pursuant to section 6203 of this chapter.

(b) An individual shall not use in connection with the individual’s name any letters, words, or insignia indicating that the individual is an early childhood educator unless the individual is licensed under this chapter or exempt from this chapter pursuant to section 6203 of this chapter.

#### § 6203. EXEMPTIONS

(a) The provisions of this chapter shall not apply to the following persons acting within the scope of their respective professional practices:

(1) a teacher actively licensed under 16 V.S.A. chapter 51 by the Agency of Education with endorsements in early childhood education, an early childhood special education, or an elementary education;

(2) an individual who provides care in an afterschool child care program that is regulated by the Child Development Division or any other child care program that is exempt from regulation by the Child Development Division; and

(3) an individual who works exclusively in a public school.

(b) This chapter shall not be construed to alter or amend the requirements of publicly funded prekindergarten education programs operated in accordance with 16 V.S.A. § 829.

(c) This chapter shall not be construed to limit or restrict in any manner the right of a practitioner of another profession or occupation from carrying on in the usual manner any of the functions incidental to that profession or occupation.

#### Subchapter 2. Board of Early Childhood Educators

##### § 6211. CREATION OF BOARD

\* \* \*

#### Subchapter 3. Licensure Requirements

##### § 6221. ELIGIBILITY AND QUALIFICATIONS

(a) To be eligible for licensure under this chapter, an applicant shall have attained the age of majority; achieved a high school diploma, a General Education Development (GED) certificate, or an approved equivalent credential; and completed field experience in early childhood education as required by rule.

(b) An applicant shall meet the following educational requirements for each of the following license types:

(1) Early Childhood Educator I shall have received a certificate from an approved credential program in early childhood education requiring a minimum of 120 hours of training and instruction.

(2) Early Childhood Educator II shall have received an associate's degree program in:

(A) early childhood education or a related field requiring a minimum of 60 college credits; or

(B) any unrelated field and a minimum of 21 approved college credits in the core early childhood education competency areas identified in rule.

(3) Early Childhood Educator III shall have received a bachelor's degree from an approved program in:

(A) early childhood education or a related field requiring a minimum of 120 college credits; or

(B) any unrelated field and a minimum of 21 approved college credits in the core early childhood education competency areas identified in rule.

(4) A Family Child Care Provider shall be qualified for licensure if authorized by the Child Development Division to operate a family child care home and is in good standing with the Division as of January 1, 2029. The Board shall not accept Family Child Care Provider applications after January 1, 2029.

(c) Approved educational programs may offer college credit based upon an assessment of the individual's competencies acquired through experience working in the profession.

(d) In addition to the requirements of subsections (a) and (b) of this section, applicants shall pass any examination that may be required by rule.

#### § 6222. LICENSE RENEWAL

(a) Licenses shall be renewed every two years upon application and payment of the required fee. Failure to comply with the provisions of this section shall result in suspension of all privileges granted by the license beginning on the expiration date of the license. A license that has lapsed shall be reinstated upon payment of the biennial renewal fee and the late renewal penalty pursuant to 3 V.S.A. § 127, except a Family Child Care Provider license shall not be renewed after a lapse of two or more years.

(b) The Board may adopt rules pursuant to 3 V.S.A. chapter 25 necessary for the protection of the public to assure the Board that an applicant whose license has lapsed for more than five years is professionally qualified before reinstatement may occur. Conditions imposed under this subsection shall be in addition to the requirements of subsection (a) of this section.

(c) In addition to the provisions of subsection (a) of this section, an applicant for renewal shall have satisfactorily completed continuing education as required by the Board. For purposes of this subsection, the Board may require, by rule, not more than 24 hours of approved continuing education as a condition of renewal.

#### § 6223. FEES

Applicants and persons regulated under this chapter shall pay the following fees:

(1) Early Childhood Educator I:

(A) Application for initial license, \$125.00.

(B) Biennial renewal, \$225.00.

(2) Early Childhood Educator II:

(A) Application for initial license, \$175.00.

(B) Biennial renewal, \$250.00.

(3) Early Childhood Educator III:

(A) Application for initial license, \$225.00.

(B) Biennial renewal, \$275.00.

(4) Family Child Care Provider:

(A) Application for initial license, \$175.00.

(B) Biennial renewal, \$250.00.

#### § 6224. UNPROFESSIONAL CONDUCT

As used in this chapter, “unprofessional conduct” means:

(1) conduct prohibited by this section, by 3 V.S.A. § 129a, or by other statutes relating to early childhood education, whether that conduct is by a licensee, an applicant, or an individual who later becomes an applicant;

(2) conduct that results in a licensee, applicant, or an individual who later becomes an applicant being placed on the Child Protection Registry pursuant to 33 V.S.A. chapter 49; or

(3) conduct that is not in accordance with the professional standards and competencies for Early Childhood Educators published by the National Association for the Education of Young Children.

#### § 6225. VARIANCES

(a)(1) The Board shall issue a transitional Early Childhood Educator II or III license to a teacher or director of a program who does not meet the educational and experiential licensure in this chapter. Transitional licenses shall be valid for a two-year period and shall be renewed by the Board for an otherwise qualified applicant for an additional two-year period with satisfactory supporting documentation of the individual’s ongoing work to obtain the required educational and experiential qualifications for licensure under this chapter.

(2) At the conclusion of three two-year transitional licensure periods, the Board, at its discretion, may issue one final two-year transitional license for an otherwise qualified applicant if the licensee can demonstrate extenuating

circumstances for not having attained the educational and experiential requirements in this chapter and ongoing work to attain these requirements.

(b) In addition to the transitional licensure available pursuant to subsection (a) of this section, the Board shall also issue an Early Childhood Educator II license for individuals who have completed the eligibility requirements set forth in subsections 6221(a) and (d) of this chapter and completed one of the following:

(1) 21 college credits in the core early childhood education competency areas identified by the Board in rule; or

(2) prior experiential learning that is assessed by an appropriately accredited institution of higher learning to be the equivalent of 21 college credits in the core early childhood education competency areas identified by the Board in rule.

#### § 6226. DISCLOSURE BY LICENSEES

An early childhood educator licensed pursuant to this chapter shall post and provide to current and prospective families the following information:

(1) all available license types regulated by the Office of Professional Regulation pursuant to this chapter;

(2) a description of the Office of Professional Regulation's regulatory authority over licensees in programs regulated by the Child Development Division and how to make complaints;

(3) a description of the Agency of Education's regulatory authority over teachers providing prekindergarten services pursuant to 16 V.S.A. § 829 and how to make complaints; and

(4) a description of the Child Development Division's regulatory authority over regulated child care programs and how to make complaints.

#### Sec. 4. REPEAL; VARIANCES

26 V.S.A. § 6225 (variances) is repealed on July 1, 2036.

#### Sec. 5. REPORT; EARLY CHILDHOOD EDUCATOR LICENSURE

On or before November 1, 2031, the Office of Professional Regulation shall submit a written report to the House Committees on Government Operations and Military Affairs and on Human Services and to the Senate Committees on Government Operations and on Health and Welfare regarding the implementation of 26 V.S.A. chapter 111, including:

(1) the number of licensees by license type;

- (2) the State resources necessary to implement the chapter;
- (3) the number and nature of any complaints or enforcement actions against a licensee;
- (4) the qualifications required for each license type; and
- (5) any other issues the Office deems appropriate.

Sec. 6. OFFICE OF PROFESSIONAL REGULATION; LICENSURE OF EARLY CHILDHOOD EDUCATORS IN PROGRAMS REGULATED BY THE CHILD DEVELOPMENT DIVISION; APPROPRIATION; POSITIONS

(a) The establishment of the following new permanent positions is authorized in the Office of Professional Regulation in fiscal year 2027:

- (1) one full-time, classified executive officer for the Vermont Board of Early Childhood Educators; and
- (2) one full-time, exempt staff attorney.

(b) In fiscal year 2027, the amount of \$262,000.00 is appropriated from the General Fund to the Office of Professional Regulation to be used for the licensure of early childhood educators in accordance with this act.

Sec. 7. EFFECTIVE DATES

(a) This section, Sec. 1 (Office of Professional Regulation), Sec. 2 (Vermont Board of Early Childhood Educators), Sec. 5 (report; early childhood educator licensure), and Sec. 6 (Office of Professional Regulation; licensure of early childhood educators; appropriation; positions) shall take effect on July 1, 2026.

(b) Sec. 3 (early childhood educators) and Sec. 4 (repeal; variances) shall take effect on July 1, 2028.

(Committee vote: 5-0-0)

**S. 210.**

An act relating to access to autopsy reports.

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

The Committee recommends that the bill be amended in Sec. 1, 18 V.S.A. § 505, in subsection (b), by striking out subdivision (2) in its entirety and inserting in lieu thereof a new subdivision (2) to read as follows:

(2)(A) An individual who is not authorized to receive the autopsy report pursuant to subdivision (1) of this subsection (b) may petition the Probate Division of the Superior Court for a copy of the autopsy report. The petition shall contain an affidavit attesting to the petitioner's relationship to the decedent and the reason the petitioner is seeking the autopsy report. The petitioner shall notify the Office of the Chief Medical Examiner and the State's Attorney of the county in which the death occurred within five days after filing the petition. The Office and the State's Attorney shall have an opportunity to respond within 14 days after notice. If the Superior Court finds that the petitioner has demonstrated good cause for the petitioner to obtain the autopsy report, and the State's Attorney does not object, it shall order the Office of the Chief Medical Examiner to provide a copy to the petitioner, in whole or in part, and may place restrictions on the petitioner's dissemination of the copy provided.

(B) In determining good cause under subdivision (A) of this subdivision (b)(2), the Superior Court shall consider:

(i) the relationship of the petitioner to the decedent and decedent's family;

(ii) whether the disclosure is necessary for the public evaluation of governmental performance;

(iii) the seriousness of intrusion into the decedent and decedent family's privacy;

(iv) whether the disclosure is by the least intrusive means available, including whether and to what degree redaction of some portions of the autopsy report is appropriate; and

(v) the availability of similar information in other public records regardless of form.

(Committee vote: 5-0-0)

#### **S. 243.**

An act relating to distributing funds to the Vermont Language Justice Project.

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

The Committee recommends that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. FINDINGS

The General Assembly finds that:

- (1) Vermont ranks sixth per capita in refugee resettlement;
- (2) the Governor has recognized the important role immigrants play in Vermont's economy;
- (3) when health information is available in only one language and only in written format, it creates barriers that lead to confusion;
- (4) the Vermont Language Justice Project's videos fill a critical gap in patient education, particularly for families with limited English proficiency;
- (5) the Vermont Language Justice Project has created and distributed videos pertaining to COVID-19 and COVID-19 testing; the importance of immunizations and how immunizations work; Mpox; preventing mosquito and tick bites; and safety during flood events, hot and cold weather, cyanobacteria outbreaks, wildfires, and more;
- (6) the Vermont Language Justice Project's videos are made in 10 to 21 of the languages commonly spoken in Vermont and in collaboration with the Vermont Department of Health;
- (7) the Vermont Language Justice Project is usually able to respond to a crisis within 24 hours with information in multiple languages and in multiple formats, such as written translations, audio files, and videos; and
- (8) in January 2025, the Vermont Language Justice Project's grant from the U.S. Centers for Disease Control and Prevention abruptly ended, leaving it to be funded solely through donations from individuals and foundations and through fee-for-service work.

## Sec. 2. APPROPRIATION; VERMONT LANGUAGE JUSTICE PROJECT

In fiscal year 2027, \$150,000.00 is appropriated from the General Fund to the Department of Health for distribution to the Vermont Language Justice Project to prepare informational materials for Vermonters who speak languages other than English in the event of a disease outbreak or other public health emergency, including ongoing personal and public health information.

## Sec. 3. EFFECTIVE DATE

This act shall take effect on July 1, 2026.

(Committee vote: 5-0-0)

## Favorable with Proposal of Amendment

### H. 545.

An act relating to issuing immunization recommendations.

#### **Reported favorably with recommendation of proposal of amendment by Senator Lyons 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:

\* \* \* Effective on Passage until July 1, 2031: Commissioner of Health's  
Immunization Recommendations \* \* \*

Sec. 1. 18 V.S.A. § 1130 is amended to read:

#### § 1130. IMMUNIZATION FUNDING

(a) As used in this section:

\* \* \*

(4) "Immunizations Recommended immunization" means ~~vaccines a vaccine or other immunizing agent that provides protection against a particular disease or pathogen and the application of the vaccines immunization as recommended by the practice guidelines for children and adults established by the Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC) Commissioner pursuant to section 1130a of this title.~~

\* \* \*

(b)(1) The Department of ~~Health~~ shall administer an immunization program with the goals of ensuring universal access to ~~vaccines recommended immunizations for all Vermonters~~ at no charge to the individual and reducing the cost at which the State may purchase ~~vaccines recommended immunizations~~. The Department shall purchase, provide for the distribution of, and monitor the use of ~~vaccines recommended immunizations~~ as provided for in this subsection and subsection (c) of this section. The cost of the ~~vaccines recommended immunizations~~ and an administrative surcharge shall be reimbursed by health insurers as provided for in subsections (e) and (f) of this section.

(2) The Department shall solicit, facilitate, and supervise the participation of health care professionals, health care facilities, and health insurers in the immunization program in order to accomplish the State's goal

of universal access to recommended immunizations at the lowest practicable cost to individuals, insurers, and State health care programs.

(3) The Department shall gather and analyze data regarding the immunization program for the purpose of ensuring its quality and maximizing protection of Vermonters against diseases preventable by ~~vaccination~~ immunization.

(c) The Department shall determine which recommended immunizations shall be purchased under the program. The immunization program shall purchase ~~vaccines~~ recommended immunizations consistent with the goals of the program from the federal Centers for Disease Control and Prevention or another vendor at the lowest available cost. ~~The Department shall determine annually which vaccines for adults shall be purchased under the program.~~

(d) The immunization program shall provide for distribution of the ~~vaccines~~ recommended immunizations to health care professionals and health care facilities for administration to patients.

(e) Health insurers shall remit to the Department the cost of ~~vaccines~~ recommended immunizations, as established by the Commissioner ~~of Health~~ based on the recommendation of the Immunization Funding Advisory Committee established in subsection (g) of this section.

(f) The Department shall charge each health insurer a surcharge for the costs and administration of the immunization program. The surcharge shall be deposited into an existing special fund and used solely for the purpose of administering the program.

(g)(1) The Immunization Funding Advisory Committee is established to provide the Commissioner ~~of Health~~ with an annual per-member per-month cost for ~~vaccines~~ recommended immunizations for the pediatric population, an annual per-member per-month cost for ~~vaccines~~ recommended immunizations for the adult population, and a recommendation for the amount of the yearly ~~vaccine~~ immunization assessment. The Committee shall comprise the following nine members:

(A) the Executive Officer of the Board of Pharmacy or designee;

(B) the Executive Director of the Green Mountain Care Board or designee;

(C) a representative, appointed by the Director of the Vermont Blueprint for Health, ~~nominated by the Director of the Blueprint and appointed by the Commissioner of Health~~;

(D) ~~three representatives of health insurers, one from each of each~~ appointed by the State's largest three private health insurers, as determined by the number of covered lives, appointed by the Commissioner of Health;

(E) ~~a representative, appointed by the Vermont chapter of the American Academy of Pediatrics, Vermont chapter, appointed by the Commissioner of Health;~~

(F) ~~a representative, appointed by the Vermont chapter of the American Academy of Family Medicine, Vermont chapter, appointed by the Commissioner of Health; and~~

(G) ~~a representative of employers that self-insure for health coverage, appointed by the Commissioner of Health.~~

(2) ~~The Committee shall select a chair from among its members at the first meeting of each calendar year. The Committee shall receive administrative and technical support from the Department of Health.~~

(3) ~~By~~ On or before January 1 of each year, the Committee shall provide to the Commissioner the annual fiscal assessment and the per-member per-month cost for ~~pediatric vaccines~~ recommended immunizations based on the total number of pediatric covered lives reported by health insurers and the per-member per-month cost for ~~adult vaccines~~ recommended immunizations based on the total number of adult covered lives reported by health insurers.

(h) ~~If federal purchase requirements do not further the goal of ensuring universal access to vaccines~~ recommended immunizations for all, the Commissioner may, following consultation with the Immunization Funding Advisory Committee, discontinue the program with six months' advance notice to all health care professionals and to all health insurers with Vermont covered lives.

(i) ~~The Department may adopt rules under 3 V.S.A. chapter 25 to implement this section.~~

Sec. 2. 18 V.S.A. § 1130a is added to read:

§ 1130a. RECOMMENDED IMMUNIZATIONS

(a) The Commissioner shall periodically issue recommendations regarding:

(1) which immunizations children and adults are recommended to receive;

(2) the age at which each immunization is recommended to be given;

(3) the number of immunization doses that are recommended to be administered;

(4) the recommended amount of time between doses of an immunization; and

(5) any other recommendations regarding immunizations necessary to promote the maintenance of public health and disease prevention in the State.

(b) Prior to issuing recommendations under subsection (a) of this section, the Commissioner shall:

(1) consult with the Vermont Immunization Advisory Council, established under section 1131 of this title; and

(2) consider recommendations for immunizations issued by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), the American College of Physicians (ACP), and any other organizations the Commissioner may deem necessary.

(c) A health care professional who prescribes, dispenses, or administers an immunization in accordance with the recommendations issued pursuant to subsection (a) of this section shall be immune from civil and administrative liability for immunization-caused adverse events, unless the health care professional’s actions regarding prescribing, dispensing, or administering an immunization constituted gross negligence, recklessness, or intentional misconduct.

(d) The Commissioner may issue a standing order authorizing health care professionals, including pharmacists, to prescribe, dispense, or administer recommended immunizations, or any combination thereof, to the extent that prescribing, dispensing, or administering recommended immunizations is within the scope of the health care professional’s practice.

(e)(1) The Department shall prominently display information pertaining to recommended immunizations and other relevant information on its website, including how to access recommended immunizations.

(2) Any documents produced by the Department about the recommended immunizations shall include a disclosure if the recommended immunizations differ from the recommendations of the Vermont Immunization Advisory Council.

(f) As used in this section, “health care professional” and “recommended immunization” have the same meanings as in section 1130 of this title.

Sec. 3. 18 V.S.A. § 1131 is amended to read:

§ 1131. VERMONT IMMUNIZATION ADVISORY COUNCIL

(a) Creation. There is created the Vermont Immunization Advisory Council for the purpose of providing education policy, medical, and epidemiological expertise and advice to the Department with regard to the safety of immunizations and immunization schedules.

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

(1) ~~a representative~~ the executive officer of the Vermont Board of Medical Practice, appointed by the Governor or designee;

(2) ~~the Secretaries~~ Secretary of Human Services and of ~~or~~ designee;

(3) ~~the Secretary of Education or their designees~~ designee;

~~(3)~~(4) a representative of public schools, appointed by the Governor;

~~(4)~~(5) the State epidemiologist Epidemiologist or designee;

(6) the Department of Health's Immunization Program Manager or designee;

(7) a practicing pediatrician, appointed by the Governor;

(8) two individuals who are professors, researchers, or physicians, or any combination of these individuals, with expertise in infectious disease and human immunizations, appointed by the Governor;

(9) a family or internal medicine physician, appointed by the Governor;

~~(5)~~(10) a representative of both public and independent schools, appointed by the Governor; and practicing advanced practice registered nurse licensed pursuant to 26 V.S.A. chapter 28, appointed by the Governor;

(11) a practicing pharmacist licensed pursuant 26 V.S.A. chapter 36, appointed by the Governor; and

~~(6)~~(12) any other persons deemed necessary by the Commissioner.

(c) ~~Powers and duties~~ Duties.

(1) The Council shall:

~~(1)~~(A) review and make recommendations regarding the State's immunization schedule for attendance in schools and child care facilities; and

~~(2)~~(B) provide any other advice and expertise requested by the Commissioner, including advice regarding recommended immunizations as defined in section 1130 of this title.

(2) The Secretary of Education or designee and representative of public schools shall not vote on advice regarding recommended immunizations as defined in section 1130 of this title.

(d) Assistance. The Council shall have the administrative, and technical, ~~and legal~~ assistance of the Department.

(e) Meetings.

(1) The Council shall convene at the call of the Commissioner, but ~~no~~ not less than once each year.

(2) The Council shall select a chair from among its members at the first meeting who shall not be the Commissioner.

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

\* \* \* Effective on Passage until July 1, 2031: Insurance Coverage for Commissioner of Health’s Recommended Immunizations \* \* \*

Sec. 4. 8 V.S.A. § 4042 is amended to read:

§ 4042. GROUP INSURANCE POLICIES; REQUIRED POLICY PROVISIONS

\* \* \*

(b) Protections for covered individuals.

\* \* \*

(4) No cost sharing for preventive services.

(A) A group insurance policy shall not impose any co-payment, coinsurance, or deductible requirements for:

\* \* \*

(ii) recommended immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved as defined in 18 V.S.A. § 1130;

\* \* \*

Sec. 5. 33 V.S.A. § 1811 is amended to read:

§ 1811. HEALTH BENEFIT PLANS FOR INDIVIDUALS AND SMALL EMPLOYERS

\* \* \*

(d)(1) Guaranteed issue.

\* \* \*

(5)(A) No cost sharing for preventive services. A health benefit plan shall not impose any co-payment, coinsurance, or deductible requirements for:

\* \* \*

(ii) recommended immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved as defined in 18 V.S.A. § 1130;

\* \* \*

\* \* \* Effective on Passage until July 1, 2031: Pharmacist and Pharmacy Technician Authority under the Commissioner of Health's Immunization Recommendations \* \* \*

Sec. 6. 26 V.S.A. § 2023 is amended to read:

§ 2023. CLINICAL PHARMACY; PRESCRIBING

\* \* \*

(b) A pharmacist may prescribe in the following contexts:

\* \* \*

(2) State protocol.

(A) A pharmacist may prescribe, order, or administer in a manner consistent with valid State protocols that are approved by the Commissioner of Health after consultation with the Director of Professional Regulation and the Board and the ability for public comment:

- (i) opioid antagonists;
- (ii) epinephrine auto-injectors;
- (iii) tobacco cessation products;
- (iv) tuberculin purified protein derivative products;
- (v) self-administered hormonal contraceptives, including subcutaneous depot medroxyprogesterone acetate;
- (vi) dietary fluoride supplements;
- (vii) recommended immunizations as defined in 18 V.S.A. § 1130 for patients 18 years of age or older, ~~vaccinations recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization~~

~~Practices (ACIP) and administered consistently with the ACIP-approved immunization schedules, as may be amended from time to time;~~

(viii) for patients five years of age or older, influenza vaccine immunization, COVID-19 vaccine immunization, and subsequent formulations or combination products thereof consistent with the recommendations established in accordance with 18 V.S.A. § 1130a;

\* \* \*

Sec. 7. 26 V.S.A. § 2042a is amended to read:

§ 2042a. PHARMACY TECHNICIANS; QUALIFICATIONS FOR  
REGISTRATION

\* \* \*

(c) Pharmacy technicians shall only administer immunizations:

(1) when a licensed pharmacist who is trained to immunize is present and able to assist with the immunization, as needed;

(2) pursuant to:

(A) a valid prescription by a practitioner;

(B) a standing order made by the Commissioner of Health; or

(C) a protocol approved by the Commissioner of Health under subdivision 2023(b)(2)(A) of this title; and

(3) to patients:

(A) 18 years of age or older, as established in subdivision 2023(b)(2)(A)(vii) and the resulting State protocol; and

(B) to patients five years of age or older, seeking an influenza vaccine immunization, COVID-19 vaccine immunization, and subsequent formulations or combination products thereof, in accordance with subdivision 2023(b)(2)(A)(viii) and the resulting State protocol;

(3) ~~pursuant to the schedules and recommendations of the Advisory Committee on Immunization Practices' recommendations for the administration of immunizations, as those recommendations may be updated from time to time; and~~

(4) ~~when a licensed pharmacist who is trained to immunize is present and able to assist with the immunization, as needed.~~

(d) ~~Pharmacy technicians shall administer only those immunizations that:~~

~~(1) — are recommended by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP); and~~

~~(2) — licensed pharmacists are permitted to administer under the State clinical pharmacy protocol, as established in subdivision 2023(b)(2) of this title.~~

(e) Pharmacy technicians performing COVID-19 tests shall do so only:

(1) when a licensed pharmacist who is trained to perform COVID-19 tests is present and able to assist with the test, as needed;

(2) in accordance with a State protocol adopted under subdivision 2023(b)(2)(A)(x) of this title; and

(3) in accordance with rules adopted by the Board.

~~(f)~~(e) The Board may adopt rules regarding the administration of immunizations and the performance of COVID-19 tests by pharmacy technicians.

\* \* \* Effective on July 1, 2031: Restoring Certain Immunization Recommendation Processes \* \* \*

Sec. 8. 18 V.S.A. § 1130 is amended to read:

§ 1130. IMMUNIZATION FUNDING

(a) As used in this section:

\* \* \*

(4) ~~“Recommended immunization~~ Immunization” means a vaccine or other immunizing agent that provides protection against a particular disease or pathogen and the application of the immunizations as recommended by the practice guidelines for children and adults established by the ~~Commissioner pursuant to section 1130a of this title~~ Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC).

\* \* \*

(b)(1) The Department of Health shall administer an immunization program with the goals of ensuring universal access to ~~recommended~~ immunizations at no charge to the individual and reducing the cost at which the State may purchase ~~recommended~~ immunizations. The Department shall purchase, provide for the distribution of, and monitor the use of ~~recommended~~ immunizations as provided for in this subsection and subsection (c) of this section. The cost of the ~~recommended~~ immunizations and an administrative

surcharge shall be reimbursed by health insurers as provided for in subsections (e) and (f) of this section.

(2) The Department shall solicit, facilitate, and supervise the participation of health care professionals, health care facilities, and health insurers in the immunization program in order to accomplish the State's goal of universal access to ~~recommended~~ immunizations at the lowest practicable cost to individuals, insurers, and State health care programs.

(3) The Department shall gather and analyze data regarding the immunization program for the purpose of ensuring its quality and maximizing protection of Vermonters against diseases preventable by immunization.

~~(c) The Department shall determine which recommended immunizations shall be purchased under the program. The immunization program shall purchase recommended immunizations consistent with the goals of the program from the federal Centers for Disease Control and Prevention or another vendor at the lowest available cost. The Department shall determine annually which immunizations for adults shall be purchased under the program.~~

(d) The immunization program shall provide for distribution of the ~~recommended~~ immunizations to health care professionals and health care facilities for administration to patients.

(e) Health insurers shall remit to the Department the cost of ~~recommended~~ immunizations, as established by the Commissioner based on the recommendation of the Immunization Funding Advisory Committee established in subsection (g) of this section.

(f) The Department shall charge each health insurer a surcharge for the costs and administration of the immunization program. The surcharge shall be deposited into an existing special fund and used solely for the purpose of administering the program.

(g)(1) The Immunization Funding Advisory Committee is established to provide the Commissioner with an annual per-member per-month cost for ~~recommended~~ immunizations for the pediatric population, an annual per-member per-month cost for ~~recommended~~ immunizations for the adult population, and a recommendation for the amount of the yearly immunization assessment. The Committee shall comprise the following nine members:

\* \* \*

(2) The Committee shall select a chair from among its members at the first meeting of each calendar year. The Committee shall receive administrative and technical support from the Department.

(3) On or before January 1 of each year, the Committee shall provide to the Commissioner the annual fiscal assessment and the per-member per-month cost for pediatric ~~recommended~~ immunizations based on the total number of pediatric covered lives reported by health insurers and the per-member per-month cost for adult ~~recommended~~ immunizations based on the total number of adult covered lives reported by health insurers.

(h) If federal purchase requirements do not further the goal of ensuring universal access to ~~recommended~~ immunizations for all, the Commissioner may, following consultation with the Immunization Funding Advisory Committee, discontinue the program with six months' advance notice to all health care professionals and to all health insurers with Vermont covered lives.

(i) The Department may adopt rules under 3 V.S.A. chapter 25 to implement this section.

Sec. 9. 18 V.S.A. § 1131 is amended to read:

§ 1131. VERMONT IMMUNIZATION ADVISORY COUNCIL

(a) Creation. There is created the Vermont Immunization Advisory Council for the purpose of providing education policy, medical, and epidemiological expertise and advice to the Department with regard to the safety of immunizations and immunization schedules.

\* \* \*

(c) Duties.

(4) The Council shall:

~~(A)(1)~~ review and make recommendations regarding the State's immunization schedule for attendance in schools and child care facilities; and

~~(B)(2)~~ provide any other advice and expertise requested by the Commissioner, ~~including advice regarding recommended immunizations as defined in section 1130 of this title.~~

~~(2) The Secretary of Education or designee and representative of public schools shall not vote on advice regarding recommended immunizations as defined in section 1130 of this title.~~

\* \* \*

(e) Meetings.

(1) The Council shall convene at the call of the Commissioner, but not less than once each year.

(2) The Council shall select a chair from among its members at the first meeting ~~who shall not be the Commissioner.~~

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

\* \* \* Effective on July 1, 2031: Restoring the Current Insurance Coverage for Immunizations in Effect Prior to Passage \* \* \*

Sec. 10. 8 V.S.A. § 4042 is amended to read:

§ 4042. GROUP INSURANCE POLICIES; REQUIRED POLICY PROVISIONS

\* \* \*

(b) Protections for covered individuals.

\* \* \*

(4) No cost sharing for preventive services.

(A) A group insurance policy shall not impose any co-payment, coinsurance, or deductible requirements for:

\* \* \*

(ii) recommended immunizations as defined in 18 V.S.A. § 1130 for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;

\* \* \*

Sec. 11. 33 V.S.A. § 1811 is amended to read:

§ 1811. HEALTH BENEFIT PLANS FOR INDIVIDUALS AND SMALL EMPLOYERS

\* \* \*

(d)(1) Guaranteed issue.

(A) A registered carrier shall guarantee acceptance of all individuals and their dependents for any health benefit plan offered by the carrier in the individual market, regardless of any outstanding premium amount a subscriber may owe to the carrier for coverage provided during the previous plan year.

\* \* \*

(5)(A) No cost sharing for preventive services. A health benefit plan shall not impose any co-payment, coinsurance, or deductible requirements for:

\* \* \*

(ii) recommended immunizations as defined in 18 V.S.A. § 1130 for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;

\* \* \*

\* \* \* Effective on July 1, 2031: Restoring Current Pharmacist and Pharmacy Technician Authority in Effect Prior to Passage \* \* \*

Sec. 12. 26 V.S.A. § 2023 is amended to read:

§ 2023. CLINICAL PHARMACY; PRESCRIBING

\* \* \*

(b) A pharmacist may prescribe in the following contexts:

\* \* \*

(2) State protocol.

(A) A pharmacist may prescribe, order, or administer in a manner consistent with valid State protocols that are approved by the Commissioner of Health after consultation with the Director of Professional Regulation and the Board and the ability for public comment:

(i) opioid antagonists;

(ii) epinephrine auto-injectors;

(iii) tobacco cessation products;

(iv) tuberculin purified protein derivative products;

(v) self-administered hormonal contraceptives, including subcutaneous depot medroxyprogesterone acetate;

(vi) dietary fluoride supplements;

(vii) ~~recommended immunizations as defined in 18 V.S.A. § 1130~~ for patients 18 years of age or older, vaccinations recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and administered consistently with the ACIP-approved immunization schedules, as may be amended from time to time;

(viii) for patients five years of age or older, influenza immunization vaccine, COVID-19 immunization vaccine, and subsequent formulations or combination products thereof consistent with the recommendations established in accordance with 18 V.S.A. § 1130a;

\* \* \*

Sec. 13. [Deleted.]

\* \* \* Effective on July 1, 2031: Repeal of Immunization Recommendations

\* \* \*

Sec. 14. REPEAL; IMMUNIZATION RECOMMENDATIONS

18 V.S.A. § 1130a (recommended immunizations) is repealed on July 1, 2031.

\* \* \* Effective Dates \* \* \*

Sec. 15. EFFECTIVE DATES

(a) This section, Secs. 1–7, and Sec. 14 shall take effect on passage.

(b) Secs. 8–13 shall take effect on July 1, 2031.

(Committee vote: 5-0-0)

(For House amendments, see House Journal of January 22, 2026, pages 2832-2846)

**Reported favorably by Senator Lyons for the Committee on Appropriations.**

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: 5-0-2)

### **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. 204-211** (For text of Resolutions, see Addendum to House Calendar for February 19, 2026)

## PUBLIC HEARINGS

### **Announcement: Joint Public Hearing on the Governor's Recommended FY 2027 Budget**

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

The Committees will take testimony on the Governor's recommended budget at the above date and time. **Anyone interested in testifying must sign up in advance of the hearing through the following online form not later than 10:00 a.m. on February 19, 2026, for the hearing.** Registration will be first-come, first-served and will be limited to 40 people. For those planning to testify, instructions on how to access and participate in the hearing will be sent once you have signed up for the hearing.

Online sign-up form: <https://legislature.vermont.gov/links/public-hearing-on-fy27-budget>

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

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

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

### **Announcement: Public Hearing on proposed changes to the Department of Motor Vehicles' Inspection Manual and S.211**

*Room 10, [Broadcast via YouTube](#)*

The Vermont Senate Committee on Transportation will hold a **public hearing on February 24 from 5:00 p.m. to 7:00 p.m.** in Room 10 of the State House. Interested parties may attend the hearing in person or virtually.

The Committee will take testimony on the proposed changes to the Department of Motor Vehicles' Inspection Manual and [S.211](#), a bill that

proposes to require that motor vehicles be inspected every two years. [Proposed changes to the Inspection Manual](#) can be reviewed on the Committee's website. **Anyone interested in testifying must sign up in advance of the hearing through the following online form no later than 5:00 p.m. on February 18.** For those planning to testify, instructions on how to access and participate in the hearing will be sent the morning of the hearing.

Online sign-up form: <https://legislature.vermont.gov/s211-public-hearing>

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

<https://legislature.vermont.gov/committee/streaming/senate-transportation>.

Written testimony is encouraged and can be submitted through email at [testimony@leg.state.vt.us](mailto:testimony@leg.state.vt.us) or mailed to the Senate Committee on Transportation, c/o Megan Cannella, 115 State Street, Montpelier, VT 05633. For more information about the format of this event, contact Megan Cannella at [Megan.Cannella@vtleg.gov](mailto:Megan.Cannella@vtleg.gov).

#### **NOTICE OF JOINT ASSEMBLY**

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

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

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

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

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

*[Received January 27, 2026]*

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

*[Received January 27, 2026]*

## **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 13, 2026**, and filed with the Secretary/Clerk so they may be placed on the Calendar for Notice the next legislative day. - Committee bills must be voted out of Committee by **Friday, March 13, 2026**.

(2) All **Senate/House** bills referred pursuant to Senate Rule 31 or House Rule 35(a) to the Committees on Appropriations and Finance/Ways and Means must be reported out by the last of those committees on or before **Friday, March 20, 2026**, and filed with the Secretary/Clerk so they may be placed on the Calendar for Notice the next legislative day.

**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).**