

Senate Calendar

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ACTION CALENDAR

NEW BUSINESS

Third Reading

H. 927.

An act relating to technical corrections for the 2026 legislative session.

House Proposal of Amendment

S. 163.

An act relating to the role of advanced practice registered nurses in hospital care.

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. § 1851 is amended to read:

§ 1851. DEFINITIONS

As used in this subchapter:

(1) “Advanced practice registered nurse” or “APRN” means an individual licensed under 26 V.S.A. chapter 28, subchapter 2.

(2) “Hospital” means a hospital required to be licensed under chapter 43 of this title.

~~(2)~~(3) “Patient” means a person an individual admitted to a hospital on an inpatient basis.

(4) “Physician” means an individual licensed under 26 V.S.A. chapter 23 or 33.

(5) “Physician assistant” means an individual licensed under 26 V.S.A. chapter 31.

Sec. 2. 18 V.S.A. § 1852 is amended to read:

§ 1852. PATIENTS’ BILL OF RIGHTS; ADOPTION

(a) The General Assembly hereby adopts the “Bill of Rights for Hospital Patients” as follows:

(1) The patient has the right to considerate and respectful care at all times and under all circumstances with recognition of ~~his or her~~ the patient's personal dignity.

(2) The patient shall have an attending physician, physician assistant, or APRN who is responsible for coordinating a the patient's care.

(3) The patient has the right to obtain, from the physician, physician assistant, or APRN coordinating ~~his or her~~ the patient's care, complete and current information concerning diagnosis, treatment, and any known prognosis in terms the patient can reasonably be expected to understand. If the patient consents or if the patient is incompetent or unable to understand, immediate family members or a guardian may also obtain this information. The patient has the right to know by name the attending physician, physician assistant, or APRN primarily responsible for coordinating ~~his or her~~ the patient's care.

(4) Except in emergencies, the patient has the right to receive from the patient's physician, physician assistant, or APRN information necessary to give informed consent prior to the start of any procedure or treatment, or both. Such information for informed consent should include the specific procedure or treatment, or both; the medically significant risks involved; and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures or treatment, or both.

* * *

(7) The patient has the right to expect that all communications and records pertaining to ~~his or her~~ the patient's care shall be treated as confidential. Only medical personnel, or individuals under the supervision of medical personnel, directly treating the patient, or those persons monitoring the quality of that treatment, or researching the effectiveness of that treatment, shall have access to the patient's medical records. Others may have access to those records only with the patient's written authorization.

* * *

(9) The patient has the right to know the identity and professional status of individuals providing service to ~~him or her~~ the patient and to know which physician, physician assistant, APRN, or other practitioner is primarily responsible for ~~his or her~~ the patient's care. This includes the patient's right to know of the existence of any professional relationship among individuals who

are treating ~~him or her~~ the patient, as well as the relationship to any other health care or educational institutions involved in ~~his or her~~ the patient's care.

* * *

(11) The patient has the right to expect reasonable continuity of care. The patient has the right to be informed by the attending physician, physician assistant, or APRN of any continuing health care requirements following discharge.

* * *

(13) The patient has the right to know what hospital rules and regulations apply to ~~his or her~~ the patient's conduct as a patient.

* * *

(b) Failure to comply with any provision of this section may constitute a basis for disciplinary action against a physician under 26 V.S.A. chapter 23 or 33, against a physician assistant under 26 V.S.A. chapter 31, or against an APRN under 26 V.S.A. chapter 28. A complaint may be filed with the Board of Medical Practice or the Office of Professional Regulation as applicable based on the license held by the practitioner.

(c) A summary of the hospital's obligations under this section, written in clear language and in easily readable print, shall be distributed to patients upon admission and posted conspicuously at each nurse's station. Such notice shall also indicate that as an alternative or in addition to the hospital's complaint procedures, the patient may directly contact the licensing agency, the Office of Professional Regulation, or the Board of Medical Practice, as applicable. The address and telephone number of the licensing agency, the Office of Professional Regulation, and the Board of Medical Practice shall be included in the notice.

Sec. 3. 18 V.S.A. § 1905 is amended to read:

§ 1905. LICENSE REQUIREMENTS

Upon receipt of an application for a license and the license fee, the licensing agency shall issue a license when it determines that the applicant and hospital facilities meet the following minimum standards:

* * *

(5) All patients admitted to the hospital shall be under the care of a ~~State registered and licensed practicing physician as defined by the laws of the State of Vermont~~ physician licensed pursuant to 26 V.S.A. chapter 23 or 33, a physician assistant licensed pursuant to 26 V.S.A. chapter 31, or an advanced

practice registered nurse licensed pursuant to 26 V.S.A. chapter 28, subchapter 2. All hospitals shall use the uniform credentialing application form described in subsection 9408a(b) of this title.

* * *

(8) Professional case records shall be compiled for all patients and signed by the attending physician, physician assistant, or advanced practice registered nurse. These records shall be kept on file for a minimum of 10 years.

* * *

Sec. 4. EFFECTIVE DATE

This act shall take effect on passage.

and that after passage the title of the bill be amended to read: “An act relating to the role of advanced practice providers in hospital care”

NOTICE CALENDAR

Second Reading

Favorable

H. 519.

An act relating to Vermont State Employees' Retirement System Group G membership.

Reported favorably by Senator Collamore for the Committee on Government Operations.

(Committee vote: 5-0-0)

(For House amendments, see House Journal of March 18, 2026, pages 3339-3344)

Reported favorably by Senator Hardy for the Committee on Finance.

(Committee vote: 7-0-0)

Reported favorably by Senator Westman for the Committee on Appropriations.

(Committee vote: 7-0-0)

Proposal of amendment to H. 519 to be offered by Senators Collamore, Clarkson, Morley, Vyhovsky and White

Senators Collamore, Clarkson, Morley, Vyhovsky and White move that the Senate propose to the House to amend the bill by striking out Sec. 1, 3 V.S.A.

§ 455, in its entirety and inserting in lieu thereof a new Sec. 1 to read as follows:

Sec. 1. 3 V.S.A. § 455 is amended to read:

§ 455. DEFINITIONS

(a) As used in this subchapter:

* * *

(11) “Member” means any employee included in the membership of the Retirement System under section 457 of this title.

* * *

(F) “Group G member” means:

(i) the following employees who are first employed in the positions listed in this subdivision (F)(i) on or after July 1, 2023, or who are members of the System as of June 30, 2022 ~~2023~~, and make an irrevocable election to prospectively join Group G on or before June 30, 2023, pursuant to the terms set by the Board: facility employees of the Department of Corrections, as Department of Corrections employees who provide direct security and treatment services to offenders under supervision in the community, employees of a facility for justice-involved youth, and employees of the Vermont Psychiatric Care Hospital or its successor in interest, who provide direct patient care; ~~and~~

(ii) the following employees who are first employed in the positions listed in this subdivision (F)(ii) or first included in the membership of the System on or after January 1, 2025, or who are members of the System as of December 31, 2024, and make an irrevocable election to join Group G on or before December 31, 2024, pursuant to the terms set by the Board:

(I) all sheriffs; and

(II) deputy sheriffs who:

(aa) are employed by county sheriff’s departments that participate in the Vermont Employees’ Retirement System;

(bb) have attained Level II or Level III law enforcement officer certification from the Vermont Criminal Justice Council;

(cc) are required to perform law enforcement duties as the primary function of their employment; and

(dd) are not full-time deputy sheriffs compensated by the State of Vermont whose primary function is transports as defined in 24 V.S.A.

§ 290(b) and eligible for Group C pursuant to subdivision (9)(B) of this subsection (a); and

(iii) the following employees who are first employed in the positions listed in this subdivision (F)(iii) or first included in the membership of the System on or after January 1, 2027, or who are members of the System as of December 31, 2026, and make an irrevocable election to join Group G on or before December 31, 2026, pursuant to the terms set by the Board and who:

(I) are employed by a municipal employer that participates in the Vermont Employees' Retirement System;

(II) have attained Level II or Level III law enforcement officer certification from the Vermont Criminal Justice Council; and

(III) are required to perform law enforcement duties as the primary function of their employment.

* * *

(13) "Normal retirement date" means:

* * *

(E) with respect to a Group G member:

(i) for facility employees of the Department of Corrections, Department of Corrections employees who provide direct security and treatment services to offenders under supervision in the community, employees of a facility for justice-involved youth, or employees of the Vermont Psychiatric Care Hospital or its predecessor or successor in interest, who provide direct patient care, who were first included in the membership of the System on or before June 30, 2008, who were employed as of June 30, 2022 2023, and who made an irrevocable election to prospectively join Group G on or before July 1, 2023, pursuant to the terms set by the Board, the first day of the calendar month next following the earlier of:

(I) 62 years of age and following completion of five years of creditable service;

(II) completion of 30 years of creditable service; or

(III) 55 years of age and following completion of 20 years of creditable service;

(ii) for facility employees of the Department of Corrections, Department of Corrections employees who provide direct security and treatment services to offenders under supervision in the community, as employees of a facility for justice-involved youth, or employees of the

Vermont Psychiatric Care Hospital or its predecessor or successor in interest, who provide direct patient care, who were first included in the membership of the System on or after July 1, 2008, who were employed as of June 30, 2022 2023, and who made an irrevocable election to prospectively join Group G on or before July 1, 2023, pursuant to the terms set by the Board, the first day of the calendar month next following the earlier of:

(I) 65 years of age and following completion of five years of creditable service;

(II) attainment of 87 points reflecting a combination of the age of the member and number of years of service; or

(III) 55 years of age and following completion of 20 years of creditable service;

(iii) for facility employees of the Department of Corrections, Department of Corrections employees who provide direct security and treatment services to offenders under supervision in the community, employees of a facility for justice-involved youth, or employees of the Vermont Psychiatric Care Hospital or its predecessor or successor in interest, who provide direct patient care, who first become a Group G member on or after July 1, 2023, the first day of the calendar month next following the earlier of:

(I) attainment of 55 years of age and following completion of 20 years of creditable service; or

(II) 65 years of age and following completion of five years of creditable service;

(iv) for all sheriffs and those deputy sheriffs who meet the requirements pursuant to subdivision (11)(F)(ii) of this subsection (a), who were first included in the membership of the System on or before June 30, 2008, who were employed as of December 31, 2024, and who made an irrevocable election to prospectively join Group G on or before January 1, 2025, pursuant to the terms set by the Board, the first day of the calendar month next following the earlier of:

(I) 62 years of age and following completion of five years of creditable service;

(II) completion of 30 years of creditable service; or

(III) 55 years of age and following completion of 20 years of creditable service;

(v) for all sheriffs and those deputy sheriffs who meet the requirements pursuant to subdivision (11)(F)(ii) of this subsection (a), who

were first included in the membership of the System on or after July 1, 2008, who were employed as of December 31, 2024, and who made an irrevocable election to prospectively join Group G on or before January 1, 2025, pursuant to the terms set by the Board, the first day of the calendar month next following the earlier of:

(I) 65 years of age and following completion of five years of creditable service;

(II) attainment of 87 points reflecting a combination of the age of the member and number of years of service; or

(III) 55 years of age and following completion of 20 years of creditable service; or

(vi) for all sheriffs and those deputy sheriffs who meet the requirements pursuant to subdivision (11)(F)(ii) of this subsection (a), who first become a Group G member on or after January 1, 2025, the first day of the calendar month next following the earlier of:

(I) attainment of 55 years of age and following completion of 20 years of creditable service; or

(II) 65 years of age and following completion of five years of creditable service;

(vii) for all municipal law enforcement officers who meet the requirements pursuant to subdivision (11)(F)(iii) of this subsection (a), who were first included in the membership of the System on or before June 30, 2008, who were employed as of December 31, 2026, and who made an irrevocable election to prospectively join Group G on or before January 1, 2027, pursuant to the terms set by the Board, the first day of the calendar month next following the earlier of:

(I) 62 years of age and following completion of five years of creditable service;

(II) completion of 30 years of creditable service; or

(III) 55 years of age and following completion of 20 years of creditable service;

(viii) for all municipal law enforcement officers who meet the requirements pursuant to subdivision (11)(F)(iii) of this subsection (a), who were first included in the membership of the System on or after July 1, 2008, who were employed as of December 31, 2026, and who made an irrevocable election to prospectively join Group G on or before January 1, 2027, pursuant

to the terms set by the Board, the first day of the calendar month next following the earlier of:

(I) 65 years of age and following completion of five years of creditable service;

(II) attainment of 87 points reflecting a combination of the age of the member and number of years of service; or

(III) 55 years of age and following completion of 20 years of creditable service; or

(ix) for all municipal law enforcement officers who meet the requirements pursuant to subdivision (11)(F)(iii) of this subsection (a) who first become a Group G member on or after January 1, 2027, the first day of the calendar month next following the earlier of:

(I) attainment of 55 years of age and following completion of 20 years of creditable service; or

(II) 65 years of age and following completion of five years of creditable service.

* * *

Favorable with Proposal of Amendment

H. 46.

An act relating to the Rare Disease Advisory Council.

Reported favorably with recommendation of proposal of amendment by Senator Morley 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. FINDINGS

The General Assembly finds that:

(1) lack of awareness contributes to common and harmful obstacles that rare disease patients face, such as delays in diagnosis, misdiagnosis, lack of treatment options, high out-of-pocket costs, and limited access to medical specialists; and

(2) with the support of the National Organization for Rare Disorders, various patient organizations, and stakeholders in the rare disease community, rare disease advisory councils are enabling states to strategically identify and

address barriers that prevent individuals living with rare disease from accessing adequate and effective treatment and care for their condition.

Sec. 2. 18 V.S.A. chapter 19 is added to read:

CHAPTER 19. RARE DISEASES

§ 981. RARE DISEASE ADVISORY COUNCIL

(a) Creation. There is created the Rare Disease Advisory Council within the Department of Health to provide guidance and recommendations to the public, General Assembly, and other government agencies and departments, as necessary, regarding the needs of individuals living with rare diseases in Vermont.

(b) Membership.

(1) The Advisory Council shall be composed of the following members:

(A) two individuals living with a rare disease, at least one of whom is an older Vermonter, appointed by the Commissioner of Health;

(B) a parent or guardian of a person living with a rare disease, appointed by the Commissioner of Health;

(C) the Commissioner of Health or designee;

(D) the Commissioner of Disabilities, Aging, and Independent Living or designee;

(E) a representative of the Heath Equity Advisory Commission established pursuant to section 252 of this title;

(F) an academic researcher who conducts rare disease research, appointed by the Commissioner of Health;

(G) a physician practicing in Vermont with experience treating a rare disease, appointed by the Vermont Medical Society;

(H) a nurse practicing in Vermont with experience treating a rare disease, appointed by the Vermont chapter of the American Nurses Association;

(I) a pharmacist practicing in Vermont, appointed by the Vermont Pharmacists Association;

(J) a geneticist or genetic counselor, appointed by the Commissioner of Health; and

(K) any other persons deemed necessary by the Commissioner of Health.

(2) Members of the Advisory Council shall be appointed for staggered five-year terms. Any midterm vacancy shall be filled by the appointing authority for the remainder of the unexpired term. Terms shall begin on January 1 of the year of appointment and conclude on December 31 of the last year of the member's term. Members of the Advisory Council may serve multiple terms, either consecutively or intermittently.

(3) The Advisory Council may collaborate with any other relevant stakeholders it deems appropriate, including the National Organization for Rare Disorders.

(c) Powers and duties. The Advisory Council may conduct the following activities for the benefit of individuals impacted by rare diseases in Vermont:

(1) convene public hearings and solicit comments from individuals impacted by rare diseases to assist the Advisory Council with creating a needs assessment identifying gaps in services for individuals with a rare disease in Vermont and the needs of their caregivers and providers;

(2) provide testimony and comments on pending legislation and rules that impact Vermont's rare disease community before the General Assembly and other State agencies;

(3) in consultation with experts on rare diseases, develop and provide policy recommendations that:

(A) identify conditions for the Department of Health to consider as part of appropriate screening guidance and recommendations; and

(B) support timely patient access to diagnostic services and treatment and enhance quality of services provided by rare disease specialists; and

(4) any other activities identified by a majority of the Advisory Council.

(d) Assistance. The Advisory Council shall have the administrative, technical, and legal assistance of the Department of Health. The Department shall maintain a web page on its website that contains notices of upcoming meetings, meeting minutes, public comments, and reports.

(e) Report. As needed, the Advisory Council may submit any recommendations for legislative action to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare.

(f) Meetings.

(1) The Commissioner of Health or designee shall call the first meeting of the Advisory Council.

(2) Annually, the Advisory Council shall elect a member to serve as the Chair.

(3) The Advisory Council shall meet quarterly. Meetings may be held in person or remotely on an electronic platform in accordance with the Vermont Open Meeting Law set forth in 1 V.S.A. §§ 310–314.

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

(g) Compensation and reimbursement. The members of the Advisory Council not otherwise compensated for their participation shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than four meetings annually.

Sec. 3. LONG COVID RESOURCES FOR PRIMARY CARE PROVIDERS AND PATIENTS

(a) On or before January 1, 2027, the Department of Health shall collaborate with the University of Vermont Medical Center, the Vermont Medical Society, and patients with lived experience of long COVID to:

(1) identify existing evidence-informed standards, best practices, and training for primary care providers regarding long COVID and distribute these resources through the Department’s website and to primary care providers; and

(2) in collaboration with the Department of Disabilities, Aging, and Independent Living, identify support services or other resources for long COVID that include a range of peer and community-based programs, such as long COVID support groups through the University of Vermont Medical Center, the Vermont Center for Independent Living, or another entity, and strategies to support patients who are homebound or at risk of becoming homebound.

(b) On or before February 1, 2027, the Department of Health, in collaboration with the Department of Disabilities, Aging, and Independent Living, shall present recommendations to the House Committee on Human Services and the Senate Committee on Health and Welfare on providing long-term disability supports to individuals experiencing long COVID.

(c) As used in this section, “long COVID” means postacute sequelae of SARS-CoV-2 infection.

Sec. 4. EFFECTIVE DATE

This act shall take effect on July 1, 2026.

(Committee vote: 5-0-0)

(For House amendments, see House Journal of May 13, 2025, pages 1531-1534)

H. 648.

An act relating to banking, insurance, and securities.

Reported favorably with recommendation of proposal of amendment by Senator Hardy for the Committee on Finance.

The Committee recommends that the Senate propose to the House to amend the bill as follows:

First: In Sec. 1, 8 V.S.A. § 2102, in subdivision (b)(9), by striking the first instance of “registration” and inserting in lieu thereof “registration license”

Second: By striking out Sec. 22, 8 V.S.A. § 10301, community reinvestment reports, in its entirety and inserting in lieu thereof the following:
Sec. 22. [Deleted]

Third: By adding a Sec. 14a to read as follows:

Sec. 14a. 8 V.S.A. § 2577(f) is amended to read:

(f) Moratorium. To protect the public safety and welfare and safeguard the rights of consumers, virtual-currency kiosks shall not be permitted to operate in Vermont prior to July 1, ~~2026~~ 2027. This moratorium shall not apply to a virtual-currency kiosk that was duly licensed and operational in Vermont on or before June 30, 2024.

Fourth: In Sec. 48, 9 V.S.A. § 5202, in subdivision (14)(B), by striking section “5302” and inserting in lieu thereof subsection “5302(c)”

(Committee vote: 7-0-0)

(For House amendments, see House Journal of January 29, 2026, pages 2899-2949, and January 30, 2026 page 2958)

H. 762.

An act relating to the County and Regional Governance Study Committee.

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

The Committee recommends that the Senate propose to the House to amend the bill as follows:

First: In Sec. 1, 2024 Acts and Resolves No. 118, Sec. 1, by striking out subsection (e) in its entirety and inserting in lieu thereof a new subsection (e) to read:

(e) Report. On or before November 1, ~~2025~~ 2027, the Committee shall report to the House Committee on Government Operations and Military Affairs and the Senate Committee on Government Operations with its findings and any recommendations for legislative action.

Second: In Sec. 1, 2024 Acts and Resolves No. 118, Sec. 1, by striking out subsection (f) in its entirety and inserting in lieu thereof a new subsection (f) to read:

(f) Meetings.

* * *

~~(2) The Committee shall be co-chaired by the Chair of the House Committee on Government Operations and Military Affairs and the Chair of the Senate Committee on Government Operations. [Repealed.]~~

* * *

~~(4) The Committee shall cease to exist on July 1, 2026~~ November 2, 2027.

* * *

(Committee vote: 5-0-0)

(For House amendments, see House Journal of March 13, 2026, pages 3243-3245)

Reported favorably by Senator Norris 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 Government Operations.

(Committee vote: 7-0-0)

H. 778.

An act relating to dam safety.

Reported favorably with recommendation of proposal of amendment by Senator Williams 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. 20 V.S.A. § 10 is amended to read:

§ 10. REQUEST TO GOVERNOR BY MUNICIPAL AUTHORITIES

The all-hazards event provisions of this chapter shall not be brought into action unless the municipal director of emergency management, a member of the legislative body of the municipality, the city or town manager, or the mayor of a city that is within the area affected by an all-hazards event shall declare an emergency and request the Governor to find that a state of emergency exists and the Governor so finds, or unless the Governor declares a state of emergency under section 9 of this title. This section shall not be construed to prevent the Governor or the Director of Emergency Management without municipal approval from requiring the evacuation of an area subject to inundation from a dam failure when there is a dam failure or an imminent risk of failure.

Sec. 2. STATE OF VERMONT EMERGENCY OPERATIONS PLANNING PILOT PROJECT; REPORT

(a)(1) The Division of Emergency Management, in coordination with the Department of Environmental Conservation, shall conduct a pilot project under which the Division shall develop a set of emergency operations plans (EOPs) for two State-owned dams that have been classified as high-hazard potential. One of the dams shall have a population at risk of 1,000 or more persons and the other shall have a population at risk of 100 or more but fewer than 1,000 persons.

(2) The set of EOPs for each dam shall include actions for each municipality in the inundation zone of the dam.

(b)(1) In preparing the EOPs required under subsection (a) of this section and in order to ensure the sufficiency of the EOPs to protect public lives and property, the Division shall coordinate with and collect input from the Whole Community that would be inundated if the dam were to fail. The Division also shall coordinate with any owner or operator of a hydroelectric generation facility located at a State-owned dam. As used in this section, "Whole Community" shall have the same meaning as provided in the Federal Emergency Management Administration guidance on A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action FDOC 104-008-1, December 2011.

(2) The Division of Emergency Management may hire a contractor, including a regional planning commission, to complete the requirements of this section, including one or both of the EOPs required under subsection (a) of this section.

(c) Each EOP required to be completed under subsection (a) of this section shall:

(1) be coordinated with each dam's emergency action plan and shall utilize each dam's emergency action plan inundation maps;

(2) identify planned evacuations and evacuation routes based on possible inundation scenarios, including how to evacuate vulnerable populations such as medically vulnerable individuals who need access to electricity or specialized medical equipment;

(3) identify where individuals shall evacuate to, such as a shelter, higher ground, or reunification location;

(4) engage managers and administrators of facilities that house vulnerable populations within the Whole Community in the plan development;

(5) plan for the use of mutual aid and State resources, and coordinate such use between municipalities downstream of the dam;

(6) address how to implement the use of pre-event communication and early warning systems to alert persons in the inundation areas, including the use of the VT-Alert system; and

(7) include any additional provisions deemed useful by the Division in developing the EOP or for inclusion in the EOP.

(d) On or before July 1, 2028, the Division of Emergency Management shall submit to the House Committee on Environment and the Senate Committee on Natural Resources and Energy the results of the pilot project required under subsection (a) of this section, including:

(1) copies of the EOPs for the two dams;

(2) a summary of the process of developing the EOPs, including whether the Division completed the EOPs with Division staff, contracted with regional planning commissions, or hired other contractors to complete the EOPs;

(3) a summary of who in the area of potential inundation for each dam that the Division or the Division contractor coordinated with in the development of the EOP;

(4) the cost of the EOPs completed under the pilot project;

(5) a summary of early warning and communications systems municipalities may use to communicate recommendations or requests for evacuation, including the best use of the State's VT-Alert system; and

(6) a scope, timeline, and budget for the Division to develop an EOP template or templates and a training on EOP development for municipalities.

(e) As part of the report required under subsection (d) of this section, the Division of Emergency Management shall, based on the results of the pilot project EOPs:

(1) recommend how EOPs should be completed for municipalities downstream of all State or federal dams in Vermont that are high-hazard potential dams and that have a population at risk of 100 or more persons, including:

(A) whether and how to prioritize completion of the EOPs for municipalities downstream of all high-hazard dams with a population at risk of 100 or more persons;

(B) whether the Division of Emergency Management can complete or contract for completion of the EOPs for municipalities downstream of all State or federal dams with a population at risk of 100 or more persons by 2035;

(C) whether the Division of Emergency Management can complete an EOP for municipalities downstream of federal dam or whether the Division may only assist those local entities authorized to complete an EOP under federal law; and

(D) what it would cost for the Division of Emergency Management to complete the EOPs for municipalities downstream of dams with a population at risk of 100 or more persons or what it would cost for the Division to contract with a qualified consultant to complete the EOPs;

(2) recommend how EOPs should be completed for municipalities downstream of high-hazard dams with a population at risk of fewer than 100 persons;

(3) recommend organizations that may assist municipalities in accessing potential funding sources assist in the completion or compliance with an EOP;

(4) recommend how to best educate municipalities and emergency service providers about the need for and importance of EOPs for dams;

(5) recommend whether and how an EOP should identify structures that persons would reasonably be expected to occupy and how to geotag these structures for purposes of inclusion in the VT-Alert system; and

(6) recommend how often exercises should be conducted to validate the EOPs required under subsection (a) of this section and ultimately for all EOPs prepared for dams in the State.

Sec. 3. APPROPRIATIONS

(a) In addition to other funds appropriated to the Department of Public Safety for the Division of Emergency Management in fiscal year 2027, \$250,000.00 is appropriated from the General Fund to the Department for completion by the Division of Emergency Management of the emergency operations plan pilot project required under Sec. 2 of this act.

(b) In addition to other funds appropriated to the Department of Environmental Conservation in fiscal year 2027, \$125,000.00 is appropriated from the General Fund to the Department of Environmental Conservation for the Department's assistance in completing the emergency operations plan pilot project required under Sec. 2 of this act.

Sec. 4. EFFECTIVE DATE

This act shall take effect on passage.

(Committee vote: 5-0-0)

(For House amendments, see House Journal of March 24, 2026, pages 3517-3521)

H. 951.

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 22, 2026)

(Committee vote: 7-0-0)

(For House amendments, see House Journal for March 26, 2026, pages 3581-3600, and March 27, 2026, page 3629)

ORDERED TO LIE

S. 26.

An act relating to prohibiting certain artificial dyes in foods and beverages served or sold at school.

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 #3276: Twelve (12) limited-service positions to the Agency of Human Services, various departments, to staff the Rural Health Transformation Initiative. The Rural Health Transformation grant, JFO #3272 was approved at the Joint Fiscal Committee meeting on February 6, 2026. All limited-service positions are expected to be funded through 9/30/2031.

[Received March 31, 2026]

JFO #3277: \$36,000.00 to the Vermont Legislature, Sergeant at Arms office from the National Conference of State Legislatures. The grant will extend up to \$500.00 to each member of the General Assembly to secure their homes. Funds would be available once as a reimbursement during the lawmaker's service for expenses incurred after June 1, 2026.

[Received April 14, 2026]

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).