

Journal of the House

Thursday, April 17, 2025

At one o'clock in the afternoon, the Speaker called the House to order.

Devotional Exercises

Devotional exercises were conducted by Vegan Aharonian, Executive Director, Karne Choling, Barnet.

House Bills Introduced

House bills of the following titles were severally introduced, read the first time, and referred to committee as follows:

H. 507

By Rep. Boutin of Barre City,

House bill, entitled

An act relating to the regulation of development in wetlands

To the Committee on Environment.

H. 508

By Rep. Hooper of Burlington,

House bill, entitled

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

To the Committee on Government Operations and Military Affairs.

Bill Referred to Committee on Appropriations

S. 36

Senate bill, entitled

An act relating to the Medicaid payment model for residential substance use disorder treatment services

Appearing on the Notice Calendar, and pursuant to House Rule 35(a), carrying an appropriation, was referred to the Committee on Appropriations.

Ceremonial Reading**H.C.R. 85**

Offered by Representatives Page of Newport City, Higley of Lowell, Labor of Morgan, Marcotte of Coventry, Nelson of Derby, and Wells of Brownington

Offered by Senators Douglass and Ingalls

House concurrent resolution congratulating the 2025 North Country Union High School Falcons' exemplary snowboarding teams

Whereas, many Vermont high schools now boast varsity snowboarding teams, and, in 2025, the Jay Peak Resort hosted the girls' and boys' combined State championship meet, and

Whereas, the North Country Falcons, snowboarding on familiar trails, delighted their hometown supporters, and

Whereas, the Falcon girls' performances were superb, and especially memorable was a team member who won the overall individual State girls' title, and a North Country colleague trailed closely with a third-place finish, and

Whereas, although not the team champions, the Falcon girls, consisting of Aine Remmers, Dakotah Bowen, Willow Clements, Aubrey Sicotte, Haven Brunell, Eliah Dillion, and Sophie Corkins, scored a strong second-place overall score, and

Whereas, the Falcon boys won both the giant slalom, in which quickness and steadiness on the slope are essential elements, and the rail jam, a competition profiling a snowboarder's ability to perform tricks on a rail or rails while being assessed for style, technique, and creativity, and

Whereas, after tallying all the boys' scores, North Country was on top, surpassing second-place Burr and Burton Academy, and the Falcon team, composed of Carson Limlaw, Logan Ellis, Quinn Goff, Armond Capron, Carson LaCroix, Emmett Williams, Chase Currie, and Gregory Rondeau, proudly brought home their school's first snowboarding title, and

Whereas, Head Coach Robert Walls-Thumma, who returned to North Country this year after coaching elsewhere, and Assistant Coach Beth Koennincke were proud of all the North Country snowboarders' achievements, *now therefore be it*

Resolved by the Senate and House of Representatives:

That the General Assembly congratulates the 2025 North Country Union High School Falcons' exemplary snowboarding teams, *and be it further*

Resolved: That the Secretary of State be directed to send a copy of this resolution to North Country High School.

Having been adopted in concurrence on Friday, April 11, 2025 in accord with Joint Rule 16b, was read.

Ceremonial Reading

H.C.R. 94

Offered by Representatives Lipsky of Stowe, Boyden of Cambridge, Gregoire of Fairfield, Bailey of Hyde Park, Bishop of Colchester, Durfee of Shaftsbury, Galfetti of Barre Town, Greer of Bennington, Hango of Berkshire, Harple of Glover, Kascenska of Burke, Kleppner of Burlington, LaMont of Morristown, McFaun of Barre Town, Morgan, L. of Milton, Morgan, M. of Milton, Nelson of Derby, North of Ferrisburgh, O'Brien of Tunbridge, Priestley of Bradford, Southworth of Walden, Surprenant of Barnard, Tagliavia of Corinth, Waters Evans of Charlotte, White of Waitsfield, White of Bethel, and Winter of Ludlow

House concurrent resolution congratulating Tyler Riggs of Fletcher on the Vermont Forest Products Association naming him Vermont's Outstanding Sawmill Operator 2024

Whereas, an outstanding example of an enterprising and innovative Vermont sawmill owner is Tyler (Tucker) Riggs, the proprietor of LSF Forest Products, LLC (LSF) in Jeffersonville, a company that his father established in 2003, and

Whereas, soon after the company's establishment, Tucker Riggs returned home to Vermont to develop this new business with his father, and LSF has evolved into a respected community-focused sawmill, and

Whereas, Tucker Riggs has garnered many compliments from employees, colleagues, and loyal customers and is genuinely well liked, and

Whereas, he has been described as thoughtful, always seeking to improve the mill's workflow, and extremely attentive to safety, and

Whereas, community relations are a high priority for Tucker Riggs, and LSF has hosted State officials, industry peer groups, school groups of all ages, and environmental organizations, and

Whereas, seeking to enhance LSF's operations and improve his business acumen, Tucker Riggs enrolled in the University of Vermont Extension's Forest Business program, and as a result of the company's success, LSF is doubling its annual production capacity to approximately one million board

feet per year, and the company has received a Vermont Working Lands Enterprise Initiative Supply Chain Impact Grant to finance the project, and

Whereas, in recognition of his laudable industry leadership, the Vermont Forest Products Association chose Tucker Riggs as Vermont's Outstanding Sawmill Operator 2024, *now therefore be it*

Resolved by the Senate and House of Representatives:

That the General Assembly congratulates Tyler Riggs of Fletcher on the Vermont Forest Products Association naming him Vermont's Outstanding Sawmill Operator 2024, *and be it further*

Resolved: That the Secretary of State be directed to send a copy of this resolution to Tucker Riggs.

Having been adopted in concurrence on Friday, April 11, 2025 in accord with Joint Rule 16b, was read.

**Second Reading; Proposal of Amendment Agreed to;
Third Reading Ordered**

S. 28

Rep. Berbeco of Winooski, for the Committee on Health Care, to which had been referred Senate bill, entitled

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

Reported in favor of its passage in concurrence with proposal of amendment by striking out all after the enacting clause and inserting in lieu thereof the following:

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

§ 150. LEGALLY PROTECTED HEALTH CARE ACTIVITY

* * *

(b)(1) "Legally protected health care activity" means:

* * *

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

that the acts or omissions were permissible under the laws of the jurisdiction in which the person was located at the time they were undertaken.

* * *

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

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

* * *

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

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

§ 129a. UNPROFESSIONAL CONDUCT

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

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

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

* * *

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

* * *

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

* * *

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

* * *

(2) Definitions. As used in this subsection:

* * *

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

* * *

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

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

§ 2491. FINDINGS; LEGISLATIVE INTENT

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

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

(2) ~~Although some limited-services pregnancy centers openly acknowledge in their advertising, on their websites, and at their facilities that they neither provide abortions nor refer clients to other providers of abortion services, others provide confusing and misleading information to pregnant~~

~~individuals contemplating abortion by leading those individuals to believe that their facilities offer abortion services and unbiased counseling. Some limited-services pregnancy centers have promoted patently false or biased medical claims about abortion, pregnancy, contraception, and reproductive health care providers.~~

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

~~(4) Telling the truth is how trained health care providers demonstrate respect for patients, foster trust, promote self-determination, and cultivate an environment where best practices in shared decision-making can flourish. Without veracity in information and communication, it is difficult for individuals to make informed, voluntary choices that are essential to one's sense of personal agency and autonomy.~~

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

~~(b) Intent.~~

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

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

§ 2492. DEFINITIONS DEFINITION

As used in this subchapter:

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 2493. UNFAIR AND DECEPTIVE ACT

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

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

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

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

§ 7306. NONCOOPERATION

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

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

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

(b) This section shall not apply to:

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

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

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

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

§ 1881. DISCLOSURE OF PROTECTED HEALTH INFORMATION
PROHIBITED

(a) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 4999. DEFINITIONS

As used in this part:

* * *

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

* * *

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

§ 5200. DEFINITIONS

As used in this chapter:

* * *

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

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

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

§ 5222. REPORTS

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

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

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

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

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

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

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

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

§ 1354. UNPROFESSIONAL CONDUCT

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

* * *

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

* * *

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

* * *

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

* * *

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

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

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

(iii) maintenance of a current medical record;

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

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

(i) initial admission orders for newly hospitalized patients;

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

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

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

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

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

* * *

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

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

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

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

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

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

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

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

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

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

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

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

§ 1615. ADVANCED PRACTICE REGISTERED NURSES;

REGULATORY AUTHORITY; UNPROFESSIONAL CONDUCT

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

* * *

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

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

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

(C) maintenance of a current medical record.

* * *

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

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

(A) initial admission orders for newly hospitalized patients;

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

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

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

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

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

* * *

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

§ 1736. UNPROFESSIONAL CONDUCT

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

* * *

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

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

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

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

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

* * *

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

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

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

(a) As used in this section:

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

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

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

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

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

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

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

Sec. 14. EFFECTIVE DATE

This act shall take effect on passage.

The bill, having appeared on the Notice Calendar, was taken up and read the second time.

Pending the question, Shall the House propose to the Senate to amend the bill as recommended by the Committee on Health Care?, **Rep. Dolan of Essex Junction and LaLonde of South Burlington** moved to amend the report of the Committee on Health Care as follows:

First: In Sec. 6, 18 V.S.A. § 1881, in subdivision (c)(2)(B), in the second sentence, by striking out “An” and inserting in lieu thereof “An A State court”

Second: In Sec. 13, 26 V.S.A. § 2024, in subsection (d) by striking out “civil, administrative, and criminal liability” and inserting in lieu thereof “civil and administrative liability”

Which was agreed to. Thereupon, the report of the Committee on Health Care, as amended, was agreed to.

Pending the question, Shall the bill be read a third time?, **Rep. Houghton of Essex Junction** demanded the Yeas and Nays, which demand was sustained by the Constitutional number. The Clerk proceeded to call the roll and the question, Shall the bill be read a third time?, was decided in the affirmative. Yeas, 97. Nays, 43.

Those who voted in the affirmative are:

Arsenault of Williston *	Emmons of Springfield	Minier of South Burlington
Austin of Colchester	Galfetti of Barre Town	Morrow of Weston
Bartholomew of Hartland	Garofano of Essex	Mrowicki of Putney
Bartley of Fairfax	Goldman of Rockingham *	Nelson of Derby
Berbeco of Winooski *	Goodnow of Brattleboro	Nigro of Bennington
Birong of Vergennes	Graning of Jericho	Noyes of Wolcott
Bishop of Colchester	Greer of Bennington	Nugent of South Burlington
Black of Essex	Harple of Glover	O'Brien of Tunbridge
Bluemle of Burlington	Headrick of Burlington	Ode of Burlington
Bos-Lun of Westminster	Holcombe of Norwich	Olson of Starksboro
Boyden of Cambridge	Hooper of Burlington	Pezzo of Colchester
Brady of Williston	Houghton of Essex Junction	Pouech of Hinesburg
Brown of Richmond	Howard of Rutland City	Priestley of Bradford

Burditt of West Rutland	Hunter of Manchester	Quimby of Lyndon
Burke of Brattleboro	James of Manchester	Rachelson of Burlington
Burkhardt of South Burlington	Kascenska of Burke	Satcowitz of Randolph
Carris-Duncan of Whitingham	Kimbell of Woodstock	Scheu of Middlebury
Casey of Montpelier	Kleppner of Burlington	Sheldon of Middlebury
Chapin of East Montpelier	Kornheiser of Brattleboro	Sibilia of Dover
Christie of Hartford	Krasnow of South Burlington	Stevens of Waterbury
Cina of Burlington	Lalley of Shelburne	Stone of Burlington
Cole of Hartford	LaLonde of South Burlington *	Sweeney of Shelburne
Conlon of Cornwall	LaMont of Morristown	Taylor of Milton
Cooper of Pownal	Lipsky of Stowe	Tomlinson of Winooski
Corcoran of Bennington	Logan of Burlington	Torre of Moretown
Cordes of Bristol *	Long of Newfane	Walker of Swanton
Critchlow of Colchester	Luneau of St. Albans City	Waszazak of Barre City
Dodge of Essex	Masland of Thetford	Waters Evans of Charlotte
Dolan of Essex Junction	McCann of Montpelier	Wells of Brownington
Duke of Burlington	McFaun of Barre Town	White of Waitsfield *
Durfee of Shaftsbury	McGill of Bridport	White of Bethel
Eastes of Guilford	Mihaly of Calais	Wood of Waterbury
		Yacovone of Morristown

Those who voted in the negative are:

Bailey of Hyde Park	Goslant of Northfield	Morrissey of Bennington
Bosch of Clarendon	Gregoire of Fairfield	Nielsen of Brandon
Boutin of Barre City	Harrison of Chittenden	North of Ferrisburgh
Branagan of Georgia	Harvey of Castleton	Oliver of Sheldon
Burt of Cabot	Higley of Lowell	Page of Newport City
Canfield of Fair Haven	Howland of Rutland Town	Parsons of Newbury
Casey of Hubbardton	Keyser of Rutland City	Pinsonault of Dorset
Charlton of Chester *	Labor of Morgan	Powers of Waterford
Coffin of Cavendish *	Laroche of Franklin	Pritchard of Pawlet
Demar of Enosburgh	Maguire of Rutland City	Southworth of Walden
Dickinson of St. Albans Town	Marcotte of Coventry	Steady of Milton
Dolgin of St. Johnsbury	McCoy of Poultney	Tagliavia of Corinth
Donahue of Northfield	Micklus of Milton	Toof of St. Albans Town
Feltus of Lyndon	Morgan, L. of Milton	Winter of Ludlow
	Morgan, M. of Milton	

Those members absent with leave of the House and not voting are:

Burrows of West Windsor	Hango of Berkshire	Morris of Springfield
Campbell of St. Johnsbury	Hooper of Randolph	Squirrell of Underhill
Dobrovich of Williamstown	Malay of Pittsford	Surprenant of Barnard

Rep. Arsenault of Williston provided the following vote explanation:

“Madam Speaker:

This bill makes necessary adjustments to Vermont’s existing shield laws. The changes provide additional specific and clear protections for doctors and pharmacists who are acting responsibly, voluntarily, and legally within their professional roles to provide appropriate health care. While it’s worrisome that we need to take proactive steps to protect these dedicated health care practitioners, it is a step that I’m proud to vote in favor of.”

Rep. Berbeco of Winooski provided the following vote explanation:

“Madam Speaker:

I'm voting yes for this bill because its time to strengthen our shields. Since Roe have seen: 11 murders; 42 facility bombings; more than 200 facility arsons; and thousands of documented incidents of other criminal activity, including assault, bomb threats, butyric acid attacks, clinic invasions, delivery of suspicious or threatening packages, stalking, and harassment.”

Rep. Charlton of Chester provided the following vote explanation:

“Madam Speaker:

I vote no, knowing fully well that the bill is going to pass and that protections will remain in place. I also speak as a reminder that some cannot speak for themselves and that not all decisions are in our jurisdiction. Thank you.”

Rep. Coffin of Cavendish provided the following vote explanation:

“Madam Speaker:

This bill as written, although well intended, does not address the safety of our health care professionals to keep them from potential legal actions or harm from outside of this State. I will hope that this can be addressed before we endanger them with unintended consequences.”

Rep. Cordes of Bristol provided the following vote explanation:

“Madam Speaker:

I supported S.28 because I care about the safety and well-being of medical professionals indeed some of whom helped draft this bill. They are committed to high standards of care and must be protected.”

Rep. Goldman of Rockingham provided the following vote explanation:

“Madam Speaker:

An in-person visit for the provision of safe medication termination of pregnancy has not been proven to be superior to asynchronous care with an adaptive questionnaire. This bill contains technical corrections that have been revealed in the Shield Bill that was passed in 2023. I voted yes to support access to these services and to protect our medical providers.”

Rep. LaLonde of South Burlington provided the following vote explanation:

“Madam Speaker:

Vermont cannot change the fact that many states have made abortion and gender-affirming care illegal. We cannot change the fact that many states have restricted or denied access to such health care. We cannot change the fact that there are increasing threats to such care at the federal level. But what we can do with this bill is improve upon the protections offered in Vermont’s Shield bill. We can improve how we protect Vermont-licensed healthcare providers and people who obtain or help others obtain reproductive or gender-affirming health care, from Vermont providers, from very real threats.”

Rep. White of Waitsfield provided the following vote explanation:

“Madam Speaker:

I am fully in support of this bill, which closes loopholes in existing law and ensures the protection of medical professionals assisting women and others with their personal and private health decisions.”

Third Reading;

Bill Passed in Concurrence with Proposal of Amendment

S. 18

Senate bill, entitled

An act relating to licensure of freestanding birth centers

Was taken up, read the third time, and passed in concurrence with proposal of amendment.

Action on Bill Postponed

H. 243

House bill, entitled

An act relating to the regulation of business organizations

Was taken up and, pending consideration of the Senate proposal of amendment, on motion of **Rep. Cooper of Pownal**, action on the bill was postponed until April 23, 2025.

Message from the Senate No. 42

A message was received from the Senate by Ms. Gradel, its Assistant Secretary, as follows:

Madam Speaker:

I am directed to inform the House that:

The Senate has considered a bill originating in the House of the following title:

H. 10. An act relating to approval of amendments to the charter of the City of Barre.

And has passed the same in concurrence with proposal of amendment in the adoption of which the concurrence of the House is requested.

Adjournment

At two o'clock and forty-four minutes in the afternoon, on motion of **Rep. McCoy of Poultney**, the House adjourned until tomorrow at nine o'clock and thirty minutes in the forenoon.