

Journal of the House

Tuesday, March 10, 2026

At ten o'clock in the forenoon, the Speaker called the House to order.

Devotional Exercises

Devotional exercises were conducted by Andy Robinson, nonprofit consultant and community organizer, Plainfield.

Pledge of Allegiance

Pages Evie Scott of Northfield and Finch Hellenbach of Charlotte led the House in the Pledge of Allegiance.

Message from the Governor

A message was received from His Excellency, the Governor, by Mr. Jason G. Gibbs, Secretary of Civil and Military Affairs, as follows:

Madam Speaker:

I am directed by the Governor to inform the House of Representatives that on the 5th day of March, 2026, he signed a bill originating in the House of the following title:

H. 790 An act relating to fiscal year 2026 budget adjustments

Message from the Senate No. 23

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 on its part passed Senate bills of the following titles:

S. 157. An act relating to recovery residence certification.

S. 163. An act relating to the role of advanced practice registered nurses in hospital care.

S. 255. An act relating to establishing a pilot Law Enforcement Governance Council in Windham County.

In the passage of which the concurrence of the House is requested.

The Senate has on its part adopted joint resolutions of the following titles:

J.R.S. 43. Joint resolution providing for a Joint Assembly to vote on the retention of six Superior Court Judges.

J.R.S. 44. Joint resolution relating to weekend adjournment on March 13, 2026.

In the adoption of which the concurrence of the House is requested.

House Bills Introduced

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

H. 921

By the Committee on Government Operations and Military Affairs,

House bill, entitled

An act relating to alcoholic beverages

Pursuant to House Rule 35(a), affecting the revenue of the State, referred to the Committee on Ways and Means.

H. 922

By Rep. Greer of Bennington,

House bill, entitled

An act relating to the extension of isolation distances of potable water supplies and wastewater systems onto neighboring property

To the Committee on Environment.

Bills Referred to Committee on Appropriations

House bills of the following titles, appearing on the Action Calendar, carrying appropriations, under House Rule 35(a), were referred to the Committee on Appropriations:

H. 67

House bill, entitled

An act relating to legislative operations and government accountability

H. 588

House bill, entitled

An act relating to professions and occupations regulated by the Office of Professional Regulation

H. 740

House bill, entitled

An act relating to the greenhouse gas inventory and registry

H. 762

House bill, entitled

An act relating to the County and Regional Governance Study Committee

H. 915

House bill, entitled

An act relating to establishing an extended producer responsibility program for beverage containers

Action on Bill Postponed**H. 205**

House bill, entitled

An act relating to agreements not to compete

Was taken up and, pending third reading, on motion of **Rep. Duke of Burlington**, action on the bill was postponed one legislative day.

Second Reading; Bill Amended; Third Reading Ordered**H. 635**

Rep. Sweeney of Shelburne, for the Committee on Corrections and Institutions, to which had been referred House bill, entitled

An act relating to eliminating Department of Corrections supervisory fees

Reported in favor of its passage when amended in Sec. 4, effective date, by striking out the word “passage” and inserting in lieu thereof “July 1, 2027”

Rep. Waszazak of Barre City, for the Committee on Ways and Means, recommended that the bill ought to pass when amended as recommended by the Committee on Corrections and Institutions.

The bill, having appeared on the Notice Calendar, was taken up, read the second time, the report of the Committee on Corrections and Institutions agreed to, and third reading ordered.

**Amendment Offered;
Senate Proposal of Amendment Concurred in
H. 545**

The Senate proposed to the House to amend House bill, entitled
An act relating to issuing immunization recommendations

The Senate proposed 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

(2)(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.

(1) 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.

Pending the question, Shall the House concur in the Senate proposal of amendment?, **Rep. Burt of Cabot** moved to concur in the Senate proposal of amendment with a further proposal of amendment in Sec. 2, 18 V.S.A. § 1130a, by striking out subsection (c) in its entirety and inserting in lieu thereof the following:

(c)(1) 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.

(2) Prior to administering a recommended immunization, a health care professional shall provide the patient or, if the patient is a minor, the patient's parent or guardian with written information disclosing potential harms, risks, and side effects associated with the recommended immunization. The health care professional shall obtain written acknowledgement of receipt of the information required by this subdivision from the patient or, if the patient is a minor, from the patient's parent or guardian.

Pending the question, Shall the House concur in the Senate proposal of amendment with further proposal of amendment thereto, as offered by Rep. Burt of Cabot?, **Rep. Burt of Cabot** 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 House concur in the Senate proposal of amendment with further proposal of amendment thereto, as offered by Rep. Burt of Cabot?, was decided in the negative. Yeas, 47. Nays, 90.

Those who voted in the affirmative are:

Bailey of Hyde Park	Feltus of Lyndon	Nielsen of Brandon
Bosch of Clarendon	Galfetti of Barre Town	North of Ferrisburgh
Boutin of Barre City	Goslant of Northfield	Oliver of Sheldon
Branagan of Georgia	Hango of Berkshire	Page of Newport City
Brigham of St. Albans Town	Higley of Lowell	Parsons of Newbury
Burt of Cabot	Howland of Rutland Town	Pinsonault of Dorset
Canfield of Fair Haven	Kascenska of Burke	Powers of Waterford
Casey of Hubbardton	Keyser of Rutland City	Pritchard of Pawlet
Charlton of Chester	Laroche of Franklin	Quimby of Lyndon
Cina of Burlington	Maguire of Rutland City	Southworth of Walden
Coffin of Cavendish	Malay of Pittsford	Steady of Milton
Demar of Enosburgh	Marcotte of Coventry	Tagliavia of Corinth
Dickinson of St. Albans Town	McCoy of Poultney	Walker of Swanton
Dobrovich of Williamstown	McFaun of Barre Town	Wells of Brownington
Dolgin of St. Johnsbury	Micklus of Milton	Winter of Ludlow
	Morrissey of Bennington	Yacovone of Morristown

Those who voted in the negative are:

Arsenault of Williston	Eastes of Guilford	Mihaly of Calais
Austin of Colchester	Emmons of Springfield	Minier of South Burlington
Bartholomew of Hartland	Garofano of Essex	Morgan, L. of Milton
Bartley of Fairfax	Goldman of Rockingham	Morgan, M. of Milton
Berbeco of Winooski	Goodnow of Brattleboro	Morris of Springfield
Birong of Vergennes	Graning of Jericho	Morrow of Weston
Bishop of Colchester	Gregoire of Fairfield	Mrowicki of Putney
Black of Essex	Harple of Glover	Nigro of Bennington
Bluemle of Burlington	Headrick of Burlington	Noyes of Wolcott
Bos-Lun of Westminster	Holcombe of Norwich	Nugent of South Burlington
Boyden of Cambridge	Hooper of Burlington	Ode of Burlington
Brady of Williston	Houghton of Essex Junction	Olson of Starksboro
Brown of Richmond	Howard of Rutland City	Pezzo of Colchester
Burditt of West Rutland	Hoyt of Hartford	Pouech of Hinesburg
Burke of Brattleboro	Hunter of Manchester	Priestley of Bradford
Burkhardt of South Burlington	James of Manchester	Scheu of Middlebury
Burrows of West Windsor	Kimbell of Woodstock	Sheldon of Middlebury
Campbell of St. Johnsbury	Kleppner of Burlington	Sibilia of Dover
Carris Duncan of Whitingham	Kornheiser of Brattleboro	Squirrell of Underhill
Casey of Montpelier	Krasnow of South Burlington	Stevens of Waterbury
Chapin of East Montpelier	Lalley of Shelburne	Sweeney of Shelburne
Cole of Hartford	LaLonde of South Burlington	Taylor of Milton
Conlon of Cornwall	Lipsky of Stowe	Taylor of Mendon
Corcoran of Bennington	Logan of Burlington	Tomlinson of Winooski
Critchlow of Colchester	Long of Newfane	Torre of Moretown
Dodge of Essex	Lueders of Lincoln	Waszazak of Barre City
Dolan of Essex Junction	Luneau of St. Albans City	Waters Evans of Charlotte
Donahue of Northfield	Masland of Thetford	White of Waitsfield
		White of Bethel
		Wood of Waterbury

Duke of Burlington
Durfee of Shaftsbury

McCann of Montpelier
McGill of Bridport

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

Christie of Hartford
Cooper of Pownal
Greer of Bennington
Harvey of Castleton

Hooper of Randolph
Labor of Morgan
LaMont of Morristown
Nelson of Derby

O'Brien of Tunbridge
Rachelson of Burlington
Satcowitz of Randolph
Stone of Burlington

Thereupon, the House concurred in the Senate proposal of amendment.

Action on Bill Postponed

H. 512

House bill, entitled

An act relating to the regulation of the event ticketing market

Was taken up and, pending third reading, on motion of **Rep. Carris Duncan of Whitingham**, action on the bill was postponed one legislative day.

Second Reading; Bill Amended; Third Reading Ordered

H. 582

Rep. Noyes of Wolcott, for the Committee on Human Services, to which had been referred House bill, entitled

An act relating to adult protective services

Reported in favor of its passage when amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 33 V.S.A. § 6902 is amended to read:

§ 6902. DEFINITIONS

As used in this chapter:

* * *

(21)(A) “Neglect” means ~~purposeful, knowing, or reckless failure or omission by a caregiver that has resulted in, or could be expected to result in, physical or psychological harm, including a failure or omission to:~~

~~(i) provide care or arrange for goods or services necessary to maintain the health or safety of a vulnerable adult, including food, clothing, medicine, shelter, supervision, and medical services, unless the caregiver is acting pursuant to the wishes of the vulnerable adult or the vulnerable adult’s representative, or an advance directive, as defined in 18 V.S.A. § 9701;~~

~~(ii) make a reasonable effort, in accordance with the authority granted the caregiver, to protect a vulnerable adult from abuse, neglect, or exploitation by others;~~

~~(iii) carry out a plan of care for a vulnerable adult unless the caregiver is acting pursuant to the wishes of the vulnerable adult or the vulnerable adult's representative, or an advance directive, as defined in 18 V.S.A. § 9701; or~~

~~(iv) report significant changes in the health status of a vulnerable adult to a physician, nurse, or immediate supervisor, when the caregiver is employed by an organization that offers, provides, or arranges for personal care the failure of a caregiver, agent, or fiduciary to provide the goods or services that are necessary to maintain the health or safety, or both, of a vulnerable adult.~~

(B) Neglect "Neglect" does not include self-neglect.

(C) The actions or inactions of a caregiver or fiduciary shall not be considered neglect if the caregiver or fiduciary is acting:

(i) pursuant to the wishes of the vulnerable adult;

(ii) at the direction and authority of the vulnerable adult's representative; or

(iii) in accordance with the terms of the vulnerable adult's advance directive.

* * *

(26) "Report" means the statements ~~provided to Adult Protective Services~~ from a reporter alleging that a vulnerable adult has been abused, neglected, or exploited.

(27) "Reporter" means the person who has submitted a report to Adult Protective Services or to a licensing entity in accordance with section 6904 of this chapter.

(28) "Representative" means a court-appointed guardian, an agent acting under an advance directive ~~executed pursuant to 18 V.S.A. chapter 231,~~ or an agent under a power of attorney, unless otherwise specified in the terms of the power of attorney.

* * *

(35) "Advance directive" has the same meaning as in 18 V.S.A. § 9701.

(36)(A) "Fiduciary" means an individual or entity with the legal responsibility to:

(i) make decisions on behalf of and for the benefit of another individual; and

(ii) act in good faith and with fairness.

(B) The term “fiduciary” includes a trustee, guardian, conservator, executor, agent under a power of attorney or an advance directive, or representative payee.

Sec. 2. 33 V.S.A. § 6904 is amended to read:

§ 6904. NATURE AND CONTENT OF REPORT; TO WHOM MADE

(a) A Except as otherwise provided for certain reports of neglect in subsection (b) of this section, a report shall be made to the Commissioner or the Commissioner’s designee. To be considered a report to the Commissioner or designee, it shall contain the name and address of the reporter as well as the names and addresses of the vulnerable adult and persons responsible for the vulnerable adult’s care, if known; the age of the vulnerable adult; the nature of the vulnerable adult’s disability; the nature and extent of the vulnerable adult’s abuse, neglect, or exploitation together with any evidence of previous abuse, neglect, or exploitation of the vulnerable adult; and any other information that the reporter believes might be helpful in establishing the cause of any injuries or reasons for the abuse, neglect, or exploitation as well as in protecting the vulnerable adult. If the reporter is in possession of documentation that establishes the alleged victim’s conditions, needs, or services, that shall be included in the report. Any evidence of maltreatment shall also be cited in the report. If a report of abuse, neglect, or exploitation involves the acts or omissions of the Commissioner or employees of the Department, then such reports shall be directed to the Secretary of Human Services, who shall cause the report to be investigated by appropriate staff other than staff of the Department.

(b)(1) If neglect is alleged to have been perpetrated within a facility licensed by the State or a program licensed by the State, or to have been perpetrated by an individual licensed by the State, the report shall be made to the relevant licensing entity or entities as follows:

(A) Neglect within a licensed facility or program shall be reported to the applicable State licensing unit in accordance with State and federal licensing rules and regulations.

(B) Neglect by an individual licensed by the Office of Professional Regulation shall be reported to the Office of Professional Regulation.

(C) Neglect by an individual licensed by the Board of Medical Practice shall be reported to the Board of Medical Practice.

(2)(A) If a licensing entity receives a report of alleged neglect pursuant to subdivision (1) of this subsection (b), the licensing entity shall notify Adult Protective Services that the licensing entity has received a report and is acting upon it accordingly.

(B) If the licensing entity identifies neglect allegedly perpetrated within a licensed facility or program or by a licensed individual, the licensing entity shall make a report to Adult Protective Services in accordance with subsection (a) of this section.

Sec. 3. 33 V.S.A. § 6906 is amended to read:

§ 6906. ASSESSMENT AND INVESTIGATION

* * *

(c) Investigation.

* * *

(10) Within 30 calendar days after the date of the notice advising that a report has been substantiated, an alleged perpetrator against whom a complaint has been lodged may apply to the Human Services Board for relief on the grounds that it is unsubstantiated. The Human Services Board shall hold a fair hearing under 3 V.S.A. § 3091 within 60 calendar days after the date of the alleged perpetrator's request for a fair hearing. ~~Unless the Commissioner agrees otherwise, the hearing shall be given priority by the Human Services Board, and an expedited hearing shall be provided, not later than 30 calendar days after the date of the notice advising that a report has been substantiated, and a decision shall be issued within seven calendar days after the hearing.~~ Priority shall be given to appeals in which there are immediate employment consequences for the person appealing the decision. The hearing officer's written findings and recommendation shall be issued within 15 calendar days after the hearing.

* * *

Sec. 4. EFFECTIVE DATE

This act shall take effect on October 1, 2026.

The bill, having appeared on the Notice Calendar, was taken up, read the second time, the report of the Committee on Human Services agreed to, and third reading ordered.

**Vermont Council on Interstate Juvenile Supervision Appointment
Announced**

Pursuant to 2011 Executive Order No. 33-21, the Committee on Joint Rules appointed the following member to the Vermont Council on Interstate Juvenile Supervision:

Rep. Wood of Waterbury

Adjournment

At ten o'clock and fifty-five minutes in the forenoon, on motion of **Rep. McCoy of Poultney**, the House adjourned until tomorrow at three o'clock and thirty minutes in the afternoon.