

Journal of the House

Thursday, March 19, 2026

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

Devotional Exercises

A moment of silence was observed in lieu of a devotional.

Message from the Senate No. 29

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. 189. An act relating to establishing a process for reducing or eliminating hospital services.

S. 203. An act relating to penalties for second or subsequent violations of operating a motor vehicle under the influence of alcohol or drugs.

S. 313. An act relating to transforming Vermont's career technical education system.

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

Senate Bills Referred

Senate bills of the following titles were severally taken up, read the first time, and referred to committee as follows:

S. 211

Senate bill, entitled

An act relating to motor vehicle inspections

To the Committee on Transportation.

S. 298

Senate bill, entitled

An act relating to creating the Vermont Voting Rights Act

To the Committee on Government Operations and Military Affairs.

**Pending Entry on the Notice Calendar
Bills Referred to the Committee on Appropriations**

Pending entry on the Notice Calendar, and pursuant to House Rule 35(a), carrying an appropriation, the following House bills were referred to the Committee on Appropriations:

H. 211

House bill, entitled

An act relating to data brokers and personal information

H. 931

By the Committee on Appropriations,

House bill, entitled

An act relating to miscellaneous changes in education law

Joint House Resolution Referred to Committee

J.R.H. 9

Offered by Representatives Burt of Cabot, Higley of Lowell, Howland of Rutland Town, Labor of Morgan, Lipsky of Stowe, Masland of Thetford, Micklus of Milton, Morrissey of Bennington, Nelson of Derby, North of Ferrisburgh, O'Brien of Tunbridge, Page of Newport City, Pinsonault of Dorset, Pritchard of Pawlet, Tagliavia of Corinth, and Wood of Waterbury

Joint resolution urging the American Speech-Language-Hearing Association (ASHA) to reconsider its opposition to the Rapid Prompting Method (RPM) of communication instruction for students with apraxia of speech (AOS) or autism

Whereas, Vermont State law requires school districts to develop and maintain “a comprehensive system of education [that] includes a full range of services and accommodations that are needed by students in the district,” but this statute does not mandate the provision of a service that is not generally available for students, and

Whereas, apraxia is a neurological disorder resulting from damage to the brain that impedes “motor planning to perform tasks or movements”; it can occur with different degrees of severity, may often but not necessarily be concurrent with autism, and exists in several different variants, and

Whereas, one type of the disorder is known as apraxia of speech; this version of the disorder may result in a person experiencing challenges “planning and coordinating the movements necessary for speech,” and related problems may arise with respect to “verbal comprehension, reading

comprehension, writing, articulation, or prosody” (following the rhythms of poetry), and

Whereas, teaching communication skills to children with AOS, or certain instances of autism, which can cause similar learning impediments, has proven difficult, and

Whereas, a pedagogic approach for instructing these children, known as RPM, encompasses “‘teach-ask’ trials of graduated difficulty, starting with the student being given or choosing a correct answer from two written options and progressing through to composing responses by pointing to printed letters on a card, stencil, or keyboard,” and

Whereas, a leading proponent of RPM is Soma Mukhopadhyay, who, through the organization Helping Autism Through Learning and Outreach, has strongly advocated for this teaching methodology, which was featured positively on the *60 Minutes* television program, and

Whereas, state education agencies and departments and local school districts across the country have not recognized the pedagogic value of or authorized financial support for RPM and similar instructional programs because the ASHA, the national professional association of audiologists, speech-language pathologists, special educators, and other related professionals strongly reject the scientific legitimacy of RPM, and

Whereas, despite that stance, RPM has received enthusiastic support from parents, who have stated that their children benefit from this instructional method, and

Whereas, it is incumbent upon the ASHA to reexamine its opposition to RPM instruction and consider this teaching methodology’s benefits for the future academic and life success of many students, *now therefore be it*

Resolved by the Senate and House of Representatives:

That the General Assembly urges the ASHA to reconsider its opposition to the RPM communication instruction for students with AOS or autism, *and be it further*

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

Was read by title, treated as a bill, and referred to the Committee on Human Services pursuant to House Rule 52.

Second Reading; Bill Amended; Third Reading Ordered**H. 537**

Rep. Bos-Lun of Westminster, for the Committee on Agriculture, Food Resiliency, and Forestry, to which had been referred House bill, entitled

An act relating to the right to grow vegetable gardens

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. 27A V.S.A. § 1-204 is amended to read:

§ 1-204. PREEXISTING COMMON INTEREST COMMUNITIES

(a)(1) Unless excepted under section 1-203 of this title, the following sections and subdivisions of this title apply to a common interest community created in this State before January 1, 1999: sections 1-103, 1-105, 1-106, 1-107, 2-103, 2-104, and 2-121; subdivisions 3-102(a)(1) through (6) and (11) through (16); and sections 3-111, 3-116, 3-118, 4-109, and 4-117 to the extent necessary to construe the applicable sections. The sections and subdivisions described in this subdivision apply only to events and circumstances occurring after December 31, 1998, and do not invalidate existing provisions of the declarations, bylaws, plats, or plans of those common interest communities.

* * *

(3) Unless excepted under section 1-203 of this title, section 3-125 of this title shall apply to all common interest communities that contain 12 or more units that may be used for residential purposes created in this State on or before January 1, 2011. Section 3-125 applies only to events and circumstances occurring after June 30, 2026, and does not invalidate existing provisions of the declarations, bylaws, plats, or plans of those common interest communities.

* * *

Sec. 2. 27A V.S.A. § 3-125 is added to read:

§ 3-125. VEGETABLE GARDENS

(a) As used in this section, “vegetable garden” means a plot of land where a person cultivates plants for personal consumption or donation and the land and activities on it are not subject to the required agricultural practices. A “vegetable garden” does not include cultivation of cannabis or any unlawful crops or substances.

(b)(1) Any covenant, restriction, or condition contained in any deed, contract, security instrument, or other instrument affecting the transfer or sale of any interest in a common interest community, and any provision of a governing document associated with a common interest community, such as a declaration, bylaw, or rule, that either effectively prohibits or unreasonably restricts the installation or use of a vegetable garden in areas designated for exclusive use of the unit owner or is in conflict with this section is void and unenforceable.

(2) If approval is required for the installation of a vegetable garden, the application for approval shall be processed and approved by the association in the same manner as an application for approval of an architectural modification to the common interest community and shall not be intentionally avoided or delayed. The approval or denial of an application shall be in writing. If an application is not denied in writing within 90 days from the date of receipt of the application, the application shall be deemed approved, unless that delay is the result of a reasonable request for additional information.

(3) The unit owner and each successive owner shall be responsible for all of the following:

(A) costs for the installation, maintenance, repair, removal, or replacement of the vegetable garden;

(B) costs for damage to any common element or limited common element resulting from installation, maintenance, repair, removal, or replacement;

(C) costs for water or electricity associated with the use of the vegetable garden; and

(D) disclosing to prospective buyers of the unit the existence of any vegetable garden and the related responsibilities of the unit owner under this section.

(c) This section shall not prohibit an association from enacting bylaws or rules that reasonably restrict the installation or use of a vegetable garden in an area of the common interest community designated for exclusive use of the unit owner, including:

(1) regulating the erection and installation of permanent structures;

(2) requiring that a vegetable garden be maintained in good condition if visible from the street faced by the lot or from an adjoining lot;

(3) requiring that dead plant materials and weeds are regularly cleared from the vegetable garden, with the exception of straw, mulch, compost, and other organic material intended to encourage vegetation and retention of moisture in the soil;

(4) restricting the use of property owned in common and not for the exclusive use of a unit owner; and

(5) prohibiting the use of pesticides, as that term is defined in 6 V.S.A. § 1101, or any other synthetic chemical product commonly used in the growing of plant crops.

(d)(1) An association may provide written notice to a unit owner of a violation of the bylaws or rules adopted pursuant to this section and provide the unit owner not less than 10 days to correct the violation.

(2) An association may take steps to correct a violation that remains uncorrected after the 10-day period provided to the unit owner in subdivision (1) of this subsection.

(3) Any costs to the association necessary for correcting a violation may be charged back to the unit owner.

Sec. 3. 9 V.S.A. § 4456c is added to read:

§ 4456c. VEGETABLE GARDENS

(a) As used in this section, “vegetable garden” means the outdoor cultivation of plants for personal consumption or donation and the land and activities on it are not subject to the required agricultural practices. A “vegetable garden” does not include cultivation of cannabis or any unlawful crops or substances.

(b)(1) A landlord shall permit a tenant to grow a vegetable garden in portable containers approved by the landlord in the tenant’s rented space.

(2) A landlord may authorize a tenant to install a vegetable garden, other than that which is contained in portable containers, on the rental property.

(c) A landlord may place reasonable restrictions on the installation and use of vegetable gardens, including:

(1) requiring that a vegetable garden be maintained in good condition;

(2) requiring that dead plant materials and weeds are regularly cleared from the vegetable garden, with the exception of straw, mulch, compost, and other organic material intended to encourage vegetation and retention of moisture in the soil;

(3) requiring that the vegetable garden does not interfere with the maintenance of the rental property;

(4) requiring that the placement of the vegetable garden does not interfere with a tenant parking space or create a health or safety hazard, block doorways, or interfere with walkways or utility services or equipment; and

(5) prohibiting the use of pesticides, as that term is defined in 6 V.S.A. § 1101, or any other synthetic chemical product commonly used in the growing of plant crops.

(d) A landlord may require a tenant to pay for any excess water, electricity, and waste collection bills arising from the tenant's personal vegetable garden.

(e)(1) A landlord may charge a security deposit for the installation of a vegetable garden under subdivision (b)(2) of this section for the purpose of securing against damages or removal of the vegetable garden upon the termination of the rental agreement.

(2) The provisions in section 4461 of this title shall apply to a security deposit received under this subsection.

Sec. 4. EFFECTIVE DATE

This act shall take effect on passage.

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

Third Reading; Bills Passed

House bills of the following titles were severally taken up, read the third time, and passed:

H. 171

House bill, entitled

An act relating to Attorney General investigations into a law enforcement officer's use of a firearm

H. 519

House bill, entitled

An act relating to authorizing officers of the Town of Randolph Police Department to enroll in Group C of the Vermont State Employees' Retirement System

H. 536

House bill, entitled

An act relating to toxic heavy metals in baby food products

H. 550

House bill, entitled

An act relating to gender equity within Vermont's correctional facilities

H. 733

House bill, entitled

An act relating to the regulation of franchise agreements

H. 775

House bill, entitled

An act relating to creating tools for housing production

H. 887

House bill, entitled

An act relating to crime victim status under the Fair Employment Practices Act

H. 917

House bill, entitled

An act relating to military affairs

H. 921

House bill, entitled

An act relating to alcoholic beverages

Action on Bill Postponed**H. 930**

House bill, entitled

An act relating to addressing and preventing chronic absenteeism

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

Action on Bill Postponed**H. 941**

House bill, entitled

An act relating to municipal regulation of agriculture

Was taken up and, pending second reading, on motion of **Rep. Durfee of Shaftsbury**, action on the bill was postponed two legislative days.

Committee Bill; Second Reading; Third Reading Ordered**H. 942**

Rep. Burt of Cabot spoke for the Committee on Agriculture, Food Resiliency, and Forestry.

House bill, entitled

An act relating to miscellaneous agricultural subjects

Having appeared on the Notice Calendar and appearing on the Action Calendar, was taken up, read the second time, and third reading ordered.

Second Reading; Bill Amended; Third Reading Ordered**H. 294**

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

An act relating to commissary and telecommunications prices in State correctional facilities and fair compensation for incarcerated labor

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. INTENT

It is the intent of the General Assembly to:

(1) create conditions of incarceration that encourage the development and maintenance of the personal supports necessary for rehabilitation;

(2) mitigate the disruptions to family and community connections caused by incarceration by reducing communication barriers;

(3) divest the State from the for-profit prison industry; and

(4) inform State correctional policy decision-making with data, fiscal analysis, and agency expertise.

Sec. 2. DEPARTMENT OF CORRECTIONS; EVALUATION OF
TELECOMMUNICATIONS SERVICES; REPORT

(a) On or before December 1, 2026, the Department of Corrections shall provide to the House Committee on Corrections and Institutions and the Senate Committee on Institutions a written report evaluating options for providing no-cost telecommunications services to inmates in the Department's custody that:

(1) describes the current telecommunications service model, including usage rates, costs, and contract terms under existing provider arrangements;

(2) describes alternative options for providing telecommunications services, including through nonprofit providers or as a regulated public utility;

(3) analyzes the cost to the State of each alternative, including:

(A) start-up and transition costs, both with and without Wi-Fi;

(B) ongoing operational and administrative costs;

(C) cost comparisons to the current model;

(D) impacts on Department budgets;

(E) anticipated changes in service usage and volume; and

(F) any anticipated benefits or savings, including reasonably ascertainable impacts on behavior, security, safety, and an incarcerated person's ability to sustain support systems; and

(4) identifies implementation, operational, and transition considerations for each alternative, including:

(A) administrative, technological, and contractual requirements;

(B) operational changes;

(C) implementation timeline; and

(D) any required statutory, regulatory, or policy updates.

(b) In conducting its evaluation of options for providing no-cost telecommunications services, the Department of Corrections shall, when practicable, consult with the following stakeholders:

(1) the Public Utility Commission;

(2) the Joint Fiscal Office;

(3) one or more nonprofit providers of corrections telecommunications services with operational experience;

(4) CoreCivic;

(5) representatives of families of incarcerated Vermonters or organizations representing families of incarcerated Vermonters;

(6) community-based reentry service providers;

(7) justice reform organizations;

(8) the Prison Research and Innovation Network (PRIN); and

(9) any other stakeholders or subject matter experts identified by the Commissioner of Corrections as necessary for the evaluation.

(c) The Department of Corrections shall provide to the Joint Legislative Justice Oversight Committee for the Committee's analysis and input:

(1) a first draft of the report on or before September 15, 2026; and

(2) an updated draft of the report on or before November 15, 2026.

Sec. 3. DEPARTMENT OF CORRECTIONS; WAGE IMPACT EVALUATION; REPORT

On or before December 1, 2026, the Department of Corrections shall provide to the House Committee on Corrections and Institutions and the Senate Committee on Institutions a written report evaluating the impacts of current wages for inmates in the Department's custody that:

(1) collects and analyzes the current wage levels for inmates;

(2) identifies the categories of labor performed by inmates that would otherwise be performed by the State and estimates the cost to the State of providing the same services through State employees or contracted vendors, including wage and benefit costs;

(3) compares different wage impact scenarios and estimates the impact of wage adequacy improvements on outcomes for inmates, such as maintenance of family contacts, compliance with restitution and support obligations, reentry success, and participation in facility work programs; and

(4) assesses the relationship between current wage levels and the ability of work program participants to purchase telecommunications services and commissary items.

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 telecommunications services and wages in correctional facilities"

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

Rep. Squirrel of Underhill, for the Committee on Appropriations, recommended 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.

Second Reading; Bill Amended; Third Reading Ordered

H. 410

Rep. Dolan of Essex Junction, for the Committee on Judiciary, to which had been referred House bill, entitled

An act relating to the calculation of recidivism and other related criminology measures

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. 13 V.S.A. chapter 233 is added to read:

CHAPTER 233. CRIMINOLOGY MEASURES

§ 8121. DEFINITION

As used in this chapter, "recidivism" means a relapse into criminal activity as evidenced by an individual who is convicted of a criminal offense after receiving a criminal conviction for a previous crime. The date of the recidivism event is the date of arraignment for the subsequent offense. The arraignment date is used as a proxy for when the subsequent offense was committed. The clock for calculating recidivism shall begin on the date an individual is released from incarceration or the date when an individual is sentenced to a non-custodial sentence.

§ 8122. VERMONT STATISTICAL ANALYSIS CENTER ANNUAL

REPORTS

(a) Annual reports. Annually, on or before April 1, the Vermont Statistical Analysis Center (SAC) shall submit the following reports to the House and Senate Committees on Judiciary, the House Committee on Corrections and Institutions, and the Senate Committee on Institutions:

(1) Bail rates. An annualized report on bail rates, including hold without bail, monetary amounts, and bail posting information aggregated by county. The report shall include data on pretrial detainees held in Vermont correctional facilities, including the crime type and jurisdiction for which they are held.

(2) Recidivism. A report on the annual recidivism rate that measures individuals who are convicted of a criminal offense after receiving a criminal conviction for a previous crime. The recidivism rate shall be calculated using a three-year and five-year period.

(3) Arrests and clearance rates. An annualized report on arrests and clearance rates. Arrests shall be organized by crime according to data from the National Incident-Based Reporting System.

(4) Most convicted crimes.

(A) A report detailing aggregated information on the number, type, and length of sentences, including fines, for the 20 crimes with the highest number of convictions.

(B) A report detailing the total combined years of probation and incarceration sentenced by the court in the prior year. The report shall include an analysis of which crimes and counties contributed most significantly to the sentences imposed.

(b) Demographic variables. The information required pursuant to subsection (a) of this section shall include race, gender, age, and other demographic variables whenever possible.

(c) Data sharing. Notwithstanding any provision of law to the contrary, all State and local agencies and departments that possess the data necessary to compile the reports required pursuant to this section shall, upon request, provide the SAC with any data that it determines is relevant to the report. The obligation to disclose shall supersede any other legal obligation with respect to the data required pursuant to this section, and a department, agency, or other entity shall not decline to disclose data required based on any other purported legal obligation. Prior to submission of the reports required by this section, the SAC shall provide copies of drafts of the reports to State and local agencies and departments that provided the SAC with data to compile the reports and allow a reasonable time period for comment from such State and local agencies.

Sec. 2. 28 V.S.A. § 4 is amended to read:

§ 4. STANDARD MEASURE OF RECIDIVISM

~~The Department shall calculate the rate of recidivism based upon offenders who are sentenced to more than one year of incarceration who, after release from incarceration, return to prison within three years for a conviction for a new offense or a violation of supervision resulting, and the new incarceration sentence or time served on the violation is at least 90 days. [Repealed.]~~

Sec. 3. 28 V.S.A. § 125 is amended to read:

§ 125. CRIMINAL JUSTICE INVESTMENTS AND TRENDS; REPORT

* * *

(b) Definitions. As used in this section:

* * *

~~(5) "Recidivism" has the same meaning as in section 4 of this title. [Repealed.]~~

* * *

(c) Report.

* * *

(2) The report required pursuant to subdivision (1) of this subsection shall include data showing:

(A) ~~recidivism rates; [Repealed.]~~

* * *

Sec. 4. VERMONT STATISTICAL ANALYSIS CENTER;

APPROPRIATIONS

In fiscal year 2027, the following monies are appropriated from the General Fund to the Vermont Statistical Analysis Center:

(1) \$10,000.00 for the annual bail rates report required by 13 V.S.A. § 8122(a)(1).

(2) \$10,000.00 for the annual recidivism report required by 13 V.S.A. § 8122(a)(2).

(3) \$1,000.00 for the annual arrests and clearance rates report required by 13 V.S.A. § 8122(a)(3).

(4) \$4,000.00 for the annual sentencing reports required by 13 V.S.A. § 8122(a)(4).

Sec. 5. EFFECTIVE DATE

This act shall take effect July 1, 2026.

Rep. Squirrell of Underhill, for the Committee on Appropriations, recommended that the report of the Committee on Judiciary be amended in Sec. 4, Vermont Statistical Analysis Center; appropriations, after the words “General Fund” by inserting “to the Department of Public Safety for contracted support related”

The bill, having appeared on the Notice Calendar, was taken up, read the second time, and the report of the Committee on Judiciary was amended as recommended by the Committee on Appropriations. Report of the Committee on Judiciary, as amended, agreed to and third reading ordered.

Second Reading; Bill Amended; Third Reading Ordered

H. 583

Rep. Black of Essex, for the Committee on Health Care, to which had been referred House bill, entitled

An act relating to health care financial transactions and clinical decision making

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. 18 V.S.A. chapter 233 is added to read:

CHAPTER 233. CLINICAL DECISION MAKING

§ 9771. DEFINITIONS

As used in this chapter:

(1) “Health care facility” has the same meaning as in section 9432 of this title.

(2) “Health care provider” has the same meaning as in section 9402 of this title.

(3) “Health care services” has the same meaning as in section 9481 of this title and includes all of the following:

(A) inpatient; outpatient; habilitative; rehabilitative; dental; palliative, including hospice; therapeutic; supportive; nursing home; home health; mental health; and substance use disorder services, provided by a health care facility;

(B) pharmacy services, including drugs, devices, and medical supplies;

(C) performance of functions to refer, arrange, and coordinate care;

(D) durable medical equipment, diagnostic equipment, surgical devices, and infusion equipment; and

(E) technology associated with providing the services and equipment set forth in subdivisions (A)–(D) of this subdivision (3), such as telehealth, electronic health records, software, claims processing, and utilization systems.

(4) “Health care staffing company” means a person engaged in the business of providing or procuring health care personnel for temporary employment or contracting by a health care facility, but does not include an individual who independently provides the individual’s own services on a temporary basis to health care facilities as an employee or contractor.

(5)(A) “Hedge fund” means a pool of funds managed by investors for the purpose of earning a return on those funds, regardless of the strategies used to manage the funds. Hedge funds include a pool of funds managed or controlled by private limited partnerships.

(B) “Hedge fund” does not include:

(i) individuals or entities that contribute, or promise to contribute, funds to a hedge fund but do not participate in the management of the hedge fund or the fund’s assets or in any change of control of the hedge fund or the fund’s assets; or

(ii) entities that solely provide or manage debt financing secured in whole or in part by the assets of a health care facility, including banks, credit unions, commercial real estate lenders, bond underwriters, and trustees.

(6) “Management services organization” means any organization or entity that contracts with a health care provider or provider organization to perform management or administrative services relating to, supporting, or facilitating the provision of health care services.

(7) “Ownership or investment interest” means any of the following:

(A) direct or indirect possession of equity in the capital, stock, or profits totaling more than five percent of an entity;

(B) interest held by an investor or group of investors who engage in the raising or returning of capital and who invest, develop, or dispose of specified assets; or

(C) interest held by a pool of funds by investors, including a pool of funds managed or controlled by private limited partnerships, if those investors or the management of that pool or private limited partnership employs investment strategies of any kind to earn a return on that pool of funds.

(8)(A) “Private equity group” means an investor or group of investors who primarily engage in the raising or returning of capital and who invest, develop, dispose of, or purchase any equity interest in assets, either as a parent company or through another entity the investor or investors completely or partially own or control.

(B) “Private equity group” does not include individuals or entities that contribute, or promise to contribute, funds to the private equity group but otherwise do not participate in the management of the private equity group or the group’s assets, or in any change in control of the private equity group or the group’s assets.

(9) “Provider organization” means any corporation, partnership, business trust, association, or organized group of persons that is in the business of health care delivery or management, whether incorporated or not, that represents one or more health care providers in contracting with health insurers for payment for health care services. The term includes physician organizations, physician-hospital organizations, independent practice associations, provider networks, accountable care organizations, management services organizations, and any other organization that contracts with health insurers for payment for health care services.

(10) “Significant equity investor” means:

(A) any private equity group with a direct or indirect ownership or investment interest in a health care facility or management services organization;

(B) an investor, group of investors, or other entity with a direct or indirect possession of equity in the capital, stock, or profits totaling more than 10 percent of a health care provider or provider organization; or

(C) any private equity group, investor, group of investors, or other entity with a direct or indirect controlling interest in a health care facility or management services organization or that operates the business or substantially all the real or personal property, or both, of a health care facility or management services organization under a lease, management, or operating agreement.

§ 9772. LIMITATIONS ON CONTROL OVER CLINICAL DECISION

MAKING BY PRIVATE EQUITY GROUP OR HEDGE FUND

(a) The purpose of this section is to ensure that clinical decision making and treatment decisions are exclusively in the hands of health care providers and to safeguard against nonlicensed individuals or entities, such as private

equity groups and hedge funds, exerting influence or control over health care delivery.

(b) A private equity group or hedge fund involved in any manner with a health care facility doing business in this State, including as an investor in a health care facility or as an investor or owner of the assets of a health care facility, shall not do any of the following with respect to the health care facility:

(1) interfere with the judgment of health care providers in making health care decisions, including any of the following:

(A) determining which diagnostic tests are appropriate for a particular condition;

(B) determining the need for referrals to or consultation with another health care provider;

(C) determining the patient's care plan, including the treatment options available to the patient; and

(D) determining how many patients a health care provider shall see in any given period of time or how many hours a health care provider shall work; or

(2) exercise control over, or be delegated the power to do, any of the following:

(A) setting clinical standards or policies, including clinical staffing levels;

(B) controlling or otherwise determining the content of patient medical records;

(C) hiring or firing health care providers, clinical staff, or medical assistants, or any combination of these, based in whole or in part on clinical competency or proficiency;

(D) setting the parameters under which a health care provider or health care facility shall enter into contractual relationships with third-party payers;

(E) setting the prices, rates, or amounts the health care facility charges for a health care provider's services;

(F) setting the clinical competency or proficiency parameters under which a health care provider shall enter into contractual relationships with other health care providers for the delivery of health care services;

(G) making decisions regarding the coding and billing of diagnoses and procedures for patient care services; and

(H) selecting or approving the selection of medical equipment and medical supplies for the health care facility.

(c) A private equity group or hedge fund, or an entity controlled directly in whole or in part by a private equity group or hedge fund, shall not enter into an agreement or arrangement with a health care facility doing business in this State if the agreement or arrangement would enable the person to interfere with the ability of health care providers to make health care decisions, as set forth in subdivision (b)(1) of this section, or to exercise control over or be delegated the powers set forth in subdivision (b)(2) of this section.

(d)(1) The organizational form of a health care facility as a sole proprietorship, partnership, foundation, or corporate entity of any kind shall not affect the applicability of this section.

(2) Nothing in this section shall be construed to prohibit an unlicensed individual or entity from providing nonclinical management, administrative, or business services to; assisting; or consulting with a health care facility doing business in this State with respect to the decisions and activities described in subdivision (b)(2) of this section, provided that a licensed health care provider retains the ultimate responsibility for or approval of those decisions and activities and the services provided do not constitute an exercise of de facto control over the administrative, business, or clinical operations of a health care facility in a manner that affects a health care provider's clinical decision making or the nature or quality of the health care services that the health care facility delivers.

(e) A health care provider who is aggrieved by the actions of a private equity group or hedge fund, or an entity controlled directly in whole or in part by a private equity group or hedge fund, in violation of this section may bring an action in Superior Court for appropriate equitable relief, actual damages, reasonable costs, and attorney's fees.

§ 9773. REPORTING OF OWNERSHIP AND CONTROL OF CERTAIN

HEALTH CARE ENTITIES

(a) On or before July 1, 2026, each health care facility and each management services organization shall provide to the Green Mountain Care Board either:

(1) for a health care facility or management services organization in which one or more private equity groups or hedge funds held an ownership or investment interest as of June 1, 2026, the information required by subsection (b) of this section; or

(2) for a health care facility or management services organization in which no private equity group or hedge fund held an ownership or investment interest as of June 1, 2026, an attestation that the health care facility or management services organization currently has no private equity or hedge fund ownership or investment.

(b) Each health care facility or management services organization in which one or more private equity groups or hedge funds holds an ownership or investment interest as of June 1, 2026, shall report the following information to the Green Mountain Care Board, in a form and manner required by the Board:

(1) the name, business address, and business identification numbers for each person that, with respect to the relevant health care facility or management services organization:

(A) has an ownership or investment interest;

(B) has a controlling interest;

(C) for health care facilities only, is a management services organization; or

(D) is a significant equity investor;

(2) a current organizational chart showing the business structure of the health care facility or management services organization, including:

(A) any entity listed in subdivision (1) of this subsection (b);

(B) affiliates, including entities that control or are under common control as the health care facility or management services organization; and

(C) subsidiaries; and

(3) the health care facility's or management services organization's most recent fiscal year's profit and loss statement and balance sheet.

(c) After July 1, 2026, a health care facility or management services organization shall report the information described in subsection (b) of this section any time that:

(1) a private equity group or hedge fund takes on an ownership or investment interest in the health care facility or management services organization that had not previously been reported to the Green Mountain Care Board in accordance with subsection (b) of this section; or

(2) there is a modification to a private equity group's or hedge fund's existing ownership or investment interest in the health care facility or management services organization.

(d) The following entities are exempt from the reporting requirements set forth in this section:

(1) nursing homes, as defined in 33 V.S.A. § 7102;

(2) health care staffing companies;

(3) federally qualified health centers; and

(4) entities whose health care services delivered in Vermont are provided exclusively through telehealth, including services delivered using telemedicine and store-and-forward means, as those terms are defined in 8 V.S.A. § 4098a, and all forms of remote patient monitoring.

(e) Information provided pursuant to this section shall be public information and shall not be considered confidential, proprietary, or a trade secret, except that:

(1) any individual health care provider's taxpayer ID that is also the individual's Social Security number, and any nonbusiness telephone number, email address, physical address, or mailing address of any individual health care provider, shall be exempt from public inspection and copying under the Public Records Act and shall be kept confidential; and

(2) all profit and loss statement statements and balance sheets submitted pursuant to subdivision (b)(3) of this section shall be exempt from public inspection and copying under the Public Records Act and shall be kept confidential, except that that the Board shall provide copies of these materials, or the information contained in them, to the Office of the Health Care Advocate, which shall not further disclose this confidential information.

(f)(1) A health care facility or management services organization that knowingly fails to report the information required by this section is liable to the State for a civil penalty of not more than \$50.00 for each day, not to exceed a total of \$10,000.00 for each year, that it fails to report the required information.

(2) A health care facility or management services organization that makes a material misrepresentation in a report required under this section is liable to the State for a civil penalty of not more than \$25,000.00 for each material misrepresentation included in the report.

(3) The Attorney General may maintain an action in Superior Court to collect the penalties imposed in this subsection and to seek appropriate injunctive relief.

§ 9774. SHARING OF OWNERSHIP INFORMATION TO IMPROVE

TRANSPARENCY

(a) On or before February 1, 2027, and every two years thereafter, the Green Mountain Care Board shall post on its website a report regarding the information provided to the Board pursuant to section 9773 of this chapter during the previous two-year period, including:

(1) the number of health care facilities and management services organizations reporting for such year, disaggregated by the business structure of each specified entity;

(2) the names, addresses, and business structure of any entities with an ownership or controlling interest in each health care facility or management services organization;

(3) any change in ownership or control for each health care facility or management services organization;

(4) any change in the tax identification number of a health care facility or management services organization; and

(5) as applicable, the name, address, tax identification number, and business structure of other affiliates under common control, subsidiaries, and management services entities as the health care facility or management services organization, including the business type and the tax identification number of each.

(b) Information provided pursuant to this section shall be public information and shall not be considered confidential, proprietary, or a trade secret; provided, however, that any individual health care provider's taxpayer ID that is also the individual's Social Security number shall be exempt from public inspection and copying under the Public Records Act and shall be kept confidential.

(c) The Green Mountain Care Board may share information reported under this chapter with the Attorney General, the Secretary of State, other State agencies, and other State officials to reduce or avoid duplication in reporting

requirements or to facilitate oversight or enforcement pursuant to Vermont law, or both, and any tax identification numbers that are individual Social Security numbers and other confidential information may be shared with the Attorney General, other State agencies, and other State officials who agree to maintain the confidentiality of such information. The Board may, in consultation with the relevant State agencies, merge similar reporting requirements where appropriate.

Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2026.

and that after passage the title of the bill be amended to read: “An act relating to clinical decision making”

Rep. Yacovone of Morristown, for the Committee on Appropriations, recommended that the bill ought to pass when amended as recommended by the Committee on Health Care.

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

Second Reading; Bill Amended; Third Reading Ordered

H. 660

Rep. Maguire of Rutland City, for the Committee on Human Services, to which had been referred House bill, entitled

An act relating to fiscal year 2027 Opioid Abatement Special Fund appropriations

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

* * * Opioid Abatement Special Fund * * *

Sec. 1. APPROPRIATIONS; OPIOID ABATEMENT SPECIAL FUND

In fiscal year 2027, the following sums shall be appropriated from the Opioid Abatement Special Fund established in 18 V.S.A. § 4774:

(1)(A) \$455,000.00 to the Department of Health to fund 26 outreach or case management staff positions within the preferred provider network for the provision of services that increase the motivation of and engagement with individuals with substance use disorder in settings such as police barracks, shelters, social service organizations, and elsewhere in the community.

(B) It is the intent of the General Assembly that these positions shall be funded annually by the Opioid Abatement Special Fund unless and until the Special Fund does not have sufficient monies to fund this expenditure.

(2)(A) \$1,600,000.00 to the Department of Health for recovery residences certified by the Vermont Alliance for Recovery Residences.

(B) It is the intent of the General Assembly that recovery residences be funded annually by the Opioid Abatement Special Fund unless and until the Special Fund does not have sufficient monies to fund this expenditure.

(3)(A) \$850,000.00 to the Department of Health for syringe services.

(B) It is the intent of the General Assembly that syringe services be funded annually by the Opioid Abatement Special Fund unless and until the Special Fund does not have sufficient monies to fund this expenditure.

(4) \$1,100,000.00 to the Department of Corrections to provide peer recovery center coaches in Vermont correctional facilities and in probation and parole offices to provide group and individual coaching and reentry support, which shall not be used to cover administrative expenses.

(5) \$250,000.00 to the Department for Children and Families' Office of Economic Opportunity to support long-term programs at shelters for individuals experiencing homelessness, including harm-reduction supports, transportation to recovery meetings and appointments, and clinical nursing programs.

(6)(A) \$900,000.00 to the Department of Health for the creation of new recovery resident beds at National Alliance for Recovery Residences (NARR) certification of level III or above.

(B) \$300,000.00 to the Department of Health for the creation of new National Alliance for Recovery Residences (NARR)-certified recovery resident beds in Brattleboro, Middlebury, Addison, Randolph, Chester, St. Albans, or any other identified region of the State.

(7) \$248,000.00 to the Department of Health for the Prehospital Vermont EMS Buprenorphine Treatment (PREVENT) Program to expand training for emergency service providers on carrying and administering buprenorphine after administering naloxone.

(8) \$35,000.00 to the Department of Health to subsidize room and board for individuals in Rutland Mental Health Services' transitional housing program.

(9) \$237,646.00 to the Department of Health for distribution to Springfield Project Action to support public safety enhancement team coordinator positions in Bennington, Springfield, Brattleboro, St. Johnsbury, and central Vermont for the purposes of providing administrative support, meeting facilitation, data tracking, outreach event coordination, and sustainability planning.

Sec. 2. 2023 Acts and Resolves No. 22, Sec. 14, as amended by 2024 Acts and Resolves No. 113, Sec. C.112, is further amended to read:

Sec. 14. APPROPRIATION; OPIOID ABATEMENT SPECIAL FUND

In fiscal year 2023, the following monies shall be appropriated from the Opioid Abatement Special Fund pursuant to 18 V.S.A. § 4774:

(1)(A) ~~\$1,500,000 divided equally between four opioid treatment programs~~ \$1,056,000 to cover costs associated with partnering with other health care providers to expand satellite locations for the dosing of medications, including costs associated with the satellite locations' physical facilities, staff time at the satellite locations, and staff time at opioid treatment programs to prepare medications and coordinate with satellite locations;

(B) the satellite locations established pursuant to this subdivision (1) shall be located in Addison County, and eastern or southern Vermont, ~~and in a facility operated by the Department of Corrections;~~

(2) ~~\$500,000 to establish a second Chittenden Clinic Addiction Treatment Center~~ satellite location in northwestern Vermont;

* * *

Sec. 3. 2023 Acts and Resolves No. 22, Sec. 14 is amended to read:

Sec. 14. APPROPRIATION; OPIOID ABATEMENT SPECIAL FUND

In fiscal year 2023, the following monies shall be appropriated from the Opioid Abatement Special Fund pursuant to 18 V.S.A. § 4774:

* * *

(6) ~~\$100,000.00~~ \$91,712.66 to implement a wound care telehealth consultation pilot program for the purpose of utilizing wound care experts to provide telehealth drop-in appointments to address syringe use by individuals with opioid use disorder;

* * *

Sec. 4. 2024 Acts and Resolves No. 113, Sec. B.1100 is amended to read:

Sec. B.1100 MISCELLANEOUS FISCAL YEAR 2025 ONE-TIME
APPROPRIATIONS

* * *

(d) Department of Health. In fiscal year 2025, funds are appropriated for the following:

* * *

~~(2) \$1,000,000 Opioid Abatement Special Fund for grants to providers to establish community-based stabilization beds for individuals transitioning between substance use disorder residential treatment and the recovery system; [Repealed.]~~

* * *

Sec. 5. 18 V.S.A. § 4772 is amended to read:

§ 4772. OPIOID SETTLEMENT ADVISORY COMMITTEE

* * *

(c) Powers and duties. The Advisory Committee shall demonstrate broad ongoing consultation with individuals living with opioid use disorder about their direct experience with related systems, including medication for opioid use disorder, residential treatment, recovery services, harm reduction services, overdose, supervision by the Department of Corrections, and involvement with the Department for Children and Families' Family Services Division. To that end, the Advisory Committee shall demonstrate consultation with individuals with direct lived experience of opioid use disorder, frontline support professionals, the Substance Misuse Oversight Prevention and Advisory Council, the Health Equity Advisory Commission, and other stakeholders to identify spending priorities as related to opioid use disorder prevention, intervention, treatment, and recovery services and harm reduction strategies for the purpose of providing recommendations to the Governor, the Department of Health, and the General Assembly on prioritizing spending from the Opioid Abatement Special Fund. Each ongoing funding proposal considered by the Advisory Council shall include a sustainability plan from the applicant to ensure consideration of future expenses and available resources apart from the Opioid Abatement Special Fund. The Advisory Committee shall consider:

(1) the impact of the opioid crisis on communities throughout Vermont, including communities' abatement needs and proposals for abatement strategies and responses;

(2) the perspectives of and proposals from opioid use disorder prevention coalitions, recovery centers, and medication for opioid use disorder providers; and

(3) the ongoing challenges of the opioid crisis on marginalized populations, including individuals who have a lived experience of opioid use disorder.

* * *

Sec. 6. FISCAL YEAR 2028 PROPOSAL SUSPENSION

The Opioid Settlement Advisory Council shall not accept new funding proposals from the Opioid Abatement Special Fund for fiscal year 2028, unless a proposal was previously identified in statute as intended for annual funding. It instead shall review the outcomes of programs and initiatives previously funded through the Opioid Abatement Special Fund to assess effectiveness and long-term sustainability, where applicable.

* * * Substance Misuse Prevention Special Fund * * *

Sec. 7. APPROPRIATION; SUBSTANCE USE DISORDER PREVENTION SERVICES

In fiscal year 2027, the following monies shall be appropriated from the Substance Misuse Prevention Special Fund established pursuant to 18 V.S.A. § 4812:

(1) \$288,935.00 to the Department of Health for distribution to Elevate Youth Services to support the creation of a low-barrier, drop-in teen center in Barre to provide food, activities, positive adults role models, peer counselors, prevention and recovery programming, and direct connection to treatments;

(2) \$124,999.00 to the Department of Health for distribution to the Greater Falls Connections to enhance youth engagement and education and to expand prevention-focused staffing and youth programming space in response to increasing community need;

(3) \$200,000.00 to the Department of Health for distribution to Interaction: Friends for Change to increase access to community-based therapy, housing, crisis, medical, recovery, and employment supports for youth in Windham County; and

(4) \$26,697.00 to the Department of Health for distribution to Winooski Partnership for Prevention to provide funding for staff time and stipends for partners to deliver medicine safety education to elementary-aged youth during school with family engagement.

* * * Effective Date * * *

Sec. 8. EFFECTIVE DATE

This act shall take effect on July 1, 2026.

and that after passage the title of the bill be amended to read: “An act relating to fiscal year 2027 Opioid Abatement Special Fund and Substance Misuse Prevention Special Fund appropriations”

Rep. Bluemle of Burlington, for the Committee on Appropriations, recommended that the report of the Committee on Human Services be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. APPROPRIATIONS; OPIOID ABATEMENT SPECIAL FUND

(a) In fiscal year 2027, the following sums shall be appropriated from the Opioid Abatement Special Fund established in 18 V.S.A. § 4774:

(1)(A) \$455,000.00 to the Department of Health to fund 26 outreach or case management staff positions within the preferred provider network for the provision of services that increase the motivation of and engagement with individuals with substance use disorder in settings such as police barracks, shelters, social service organizations, and elsewhere in the community.

(B) It is the intent of the General Assembly that these positions shall be funded annually by the Opioid Abatement Special Fund unless and until the Special Fund does not have sufficient monies to fund this expenditure.

(2)(A) \$1,600,000.00 to the Department of Health for recovery residences certified by the Vermont Alliance for Recovery Residences.

(B) It is the intent of the General Assembly that recovery residences be funded annually by the Opioid Abatement Special Fund unless and until the Special Fund does not have sufficient monies to fund this expenditure.

(3)(A) \$850,000.00 to the Department of Health for syringe services.

(B) It is the intent of the General Assembly that syringe services be funded annually by the Opioid Abatement Special Fund unless and until the Special Fund does not have sufficient monies to fund this expenditure.

(4) \$1,100,000.00 to the Department of Corrections to provide peer recovery center coaches in Vermont correctional facilities and in probation and parole offices to provide group and individual coaching and reentry support, which shall not be used to cover administrative expenses.

(5) \$250,000.00 to the Department for Children and Families' Office of Economic Opportunity to support long-term programs at shelters for individuals experiencing homelessness, including harm-reduction supports, transportation to recovery meetings and appointments, and clinical nursing programs.

(6)(A) \$900,000.00 to the Department of Health for the creation of new recovery resident beds at National Alliance for Recovery Residences (NARR) certification of level III or above.

(B) \$300,000.00 to the Department of Health for the creation of new National Alliance for Recovery Residences (NARR)-certified recovery resident beds in Brattleboro, Middlebury, Addison, Randolph, Chester, St. Albans, or any other identified region of the State.

(7) \$248,000.00 to the Department of Health for the Prehospital Vermont EMS Buprenorphine Treatment (PREVENT) Program to expand training for emergency service providers on carrying and administering buprenorphine after administering naloxone.

(8) \$35,000.00 to the Department of Health to subsidize room and board for individuals in Rutland Mental Health Services' transitional housing program.

(9) \$237,646.00 to the Department of Health for distribution to Springfield Project Action to support public safety enhancement team coordinator positions in Bennington, Springfield, Brattleboro, St. Johnsbury, and central Vermont for the purposes of providing administrative support, meeting facilitation, data tracking, outreach event coordination, and sustainability planning.

(10) \$288,935.00 to the Department of Health for distribution to Elevate Youth Services to support the creation of a low-barrier, drop-in teen center in Barre to provide food, activities, positive adults role models, peer counselors, prevention and recovery programming, and direct connection to treatments.

(11) \$124,999.00 to the Department of Health for distribution to the Greater Falls Connections to enhance youth engagement and education and to expand prevention-focused staffing and youth programming space in response to increasing community need.

(12) \$200,000.00 to the Department of Health for distribution to Interaction: Friends for Change to increase access to community-based therapy, housing, crisis, medical, recovery, and employment supports for youth in Windham County.

(13) \$26,697.00 to the Department of Health for distribution to Winooski Partnership for Prevention to provide funding for staff time and stipends for partners to deliver medicine safety education to elementary-aged youth during school with family engagement.

(b) Notwithstanding 32 V.S.A. § 703, unless reverted by a future act of the General Assembly, the appropriations made in accordance with this section shall carryforward until fully expended.

Sec. 2. 2023 Acts and Resolves No. 22, Sec. 14, as amended by 2024 Acts and Resolves No. 113, Sec. C.112, is further amended to read:

Sec. 14. APPROPRIATION; OPIOID ABATEMENT SPECIAL FUND

In fiscal year 2023, the following monies shall be appropriated from the Opioid Abatement Special Fund pursuant to 18 V.S.A. § 4774:

(1)(A) ~~\$1,500,000 divided equally between four opioid treatment programs~~ to cover costs associated with partnering with other health care providers to expand satellite locations for the dosing of medications, including costs associated with the satellite locations' physical facilities, staff time at the satellite locations, and staff time at opioid treatment programs to prepare medications and coordinate with satellite locations;

(B) the satellite locations established pursuant to this subdivision (1) shall be located in Addison County, and eastern or southern Vermont, ~~and in a facility operated by the Department of Corrections;~~

(2) ~~\$500,000 to establish a second Chittenden Clinic Addiction Treatment Center~~ satellite location in northwestern Vermont;

* * *

Sec. 3. 18 V.S.A. § 4772 is amended to read:

§ 4772. OPIOID SETTLEMENT ADVISORY COMMITTEE

* * *

(c) Powers and duties. The Advisory Committee shall demonstrate broad ongoing consultation with individuals living with opioid use disorder about their direct experience with related systems, including medication for opioid use disorder, residential treatment, recovery services, harm reduction services, overdose, supervision by the Department of Corrections, and involvement with the Department for Children and Families' Family Services Division. To that end, the Advisory Committee shall demonstrate consultation with individuals with direct lived experience of opioid use disorder, frontline support professionals, the Substance Misuse Oversight Prevention and Advisory Council, the Health Equity Advisory Commission, and other stakeholders to

identify spending priorities as related to opioid use disorder prevention, intervention, treatment, and recovery services and harm reduction strategies for the purpose of providing recommendations to the Governor, the Department of Health, and the General Assembly on prioritizing spending from the Opioid Abatement Special Fund. Each ongoing funding proposal considered by the Advisory Committee shall include a sustainability plan from the applicant to ensure consideration of future expenses and available resources apart from the Opioid Abatement Special Fund. The Advisory Committee shall consider:

(1) the impact of the opioid crisis on communities throughout Vermont, including communities' abatement needs and proposals for abatement strategies and responses;

(2) the perspectives of and proposals from opioid use disorder prevention coalitions, recovery centers, and medication for opioid use disorder providers; and

(3) the ongoing challenges of the opioid crisis on marginalized populations, including individuals who have a lived experience of opioid use disorder.

* * *

Sec. 4. APPROPRIATION REVIEW; FISCAL YEAR 2028 PROPOSAL

SUSPENSION

(a) On or before December 1, 2026, the Department of Health shall review all previous appropriations from the Opioid Abatement Special Fund and make recommendations to the Opioid Settlement Advisory Committee, the House Committee on Human Services, and the Senate Committee on Health and Welfare regarding which appropriations could be funded in future years by the Substance Misuse Prevention Special Fund established pursuant to 18 V.S.A. § 4812.

(b) The Opioid Settlement Advisory Committee shall not accept new funding proposals from the Opioid Abatement Special Fund for fiscal year 2028, unless a proposal was previously identified in statute as intended for annual funding. It instead shall review the outcomes of programs and initiatives previously funded through the Opioid Abatement Special Fund to assess effectiveness, long-term sustainability, and the appropriateness of the Opioid Abatement Special Fund as a funding source, where applicable.

Sec. 5. REVERSIONS

Notwithstanding any provision of law to the contrary, in fiscal year 2027, the following amounts shall revert to the Opioid Abatement Special Fund from the accounts indicated:

<u>3420892313 VDH-Opioid Sp. Fund Prov Satellites</u>	<u>444,000.00</u>
<u>3420892313 VDH-Opioid Sp. Fund Wound Care</u>	<u>8,287.34</u>
<u>3420892501 VDH-Opioid Sp. Fund Stabilization Beds</u>	<u>1,000,000.00</u>

Sec. 6. EFFECTIVE DATE

This act shall take effect on July 1, 2026.

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

Recess

At three o'clock and nineteen minutes in the afternoon, the Speaker declared a recess until the fall of the gavel.

At four o'clock and six minutes in the afternoon, the Speaker called the House to order.

Second Reading; Bill Amended; Third Reading Ordered

H. 739

Rep. O'Brien of Tunbridge, for the Committee on Agriculture, Food Resiliency, and Forestry, to which had been referred House bill, entitled

An act relating to prohibiting the use and sale of the herbicide paraquat

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. FINDINGS

The General Assembly finds that:

(1) Paraquat or paraquat dichloride is a synthetic, nonselective contact herbicide that is a member of the bipyridylium chemical family and that defoliates all vegetation that it touches.

(2) Paraquat was first registered in the United States in 1964, and, in 1978, the U.S. Environmental Protection Agency (EPA) classified all paraquat products as restricted use pesticides because of paraquat's high acute toxicity and potential for poisoning.

(3) Paraquat has been widely used throughout the United States since its classification as a restricted use pesticide, and 24 currently registered pesticide products approved for use in the United States contain paraquat.

(4) The Pesticide Action Network's 2024 Consolidated List of Banned Pesticides identifies 72 countries as banning the use of paraquat, including Brazil, China, Malaysia, Peru, Saudi Arabia, South Korea, Turkey, and Vietnam.

(5) The European Union banned paraquat in 2007 after a court determined that the relevant regulatory body had failed to apply proper procedures for evaluation of the herbicide and that the regulatory body was not properly thorough in its assessments of paraquat's effects on human and animal health.

(6) Multiple studies by the National Institutes of Health have demonstrated that paraquat exposure substantially increases the risk of Parkinson's disease in those exposed to the herbicide.

(7) Studies by the National Institutes of Health and others have linked exposure to paraquat to increased risk of non-Hodgkin lymphoma and childhood leukemia.

(8) In 2021, as part of a product registration review of paraquat required under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), the EPA issued an interim decision approving the continued registration of paraquat for use in the United States, despite multiple public comments objecting to approval and significant scientific evidence regarding the potential health effects of paraquat exposure.

(9) Multiple parties subsequently moved to challenge the EPA interim decision authorizing the continued registration and use of paraquat. In particular, the challenging parties contested the EPA's assessment of the increased risk of Parkinson's disease due to exposure to paraquat from volatilization during use.

(10) In January 2025, after a petition from the EPA, a court allowed the EPA to withdraw the interim registration approval for paraquat so that the EPA may reconsider its initial conclusion concerning the potential for paraquat to volatilize and to determine whether paraquat continues to meet FIFRA's registration standard.

(11) In October 2025, the EPA issued a memorandum titled *PARAQUAT: Review of the Volatilization Potential of Paraquat from Field Uses* and determined that there is a greater uncertainty regarding the potential for paraquat to volatilize than previously understood. The EPA concluded that more data is needed to understand the risk paraquat poses to bystanders.

(12) The EPA's reevaluation of the risks of paraquat may take years, and the EPA's withdrawal of the interim registration and further evaluation does not prohibit the continued use of paraquat during that review period.

(13) Instead of waiting for EPA action on whether or how to use paraquat, the State of Vermont should ban the use of paraquat in order to protect Vermonters from the known, significant health effects of exposure to paraquat.

Sec. 2. 6 V.S.A. § 1105d is added to read:

§ 1105d. USE AND SALE OF PARAQUAT; REPORT

(a) Definition. As used in this section, "paraquat" means an herbicide:

(1) known as paraquat, with the chemical name 1,1'-Dimethyl-4,4'-bipyridinium ion and the Chemical Abstracts Service (CAS) registry number 4685-14-7;

(2) known as paraquat dichloride, with the chemical name 1,1'-Dimethyl-4,4'-bipyridinium dichloride and the CAS registry number 1910-42-5;

(3) known as paraquat dimethyl sulfate, with the chemical name 1,1'-Dimethyl-4,4'-bipyridinium dimethyl sulfate and the CAS registry number 2074-50-2; or

(4) known as paraquat, with the chemical name 1,1'-Dimethyl-4,4'-bipyridinium ion and all salts thereof.

(b) Prohibition. No person shall sell, use, or apply paraquat except when authorized by the Secretary of Agriculture, Food and Markets under subsection (c) of this section.

(c) Authorized use. The Secretary may issue a written permit for the sale, use, or application of paraquat within fruit-producing tree orchards only on or before November 1, 2030. The Secretary shall ensure that any authorized certified applicator of paraquat has received all training required by the Environmental Protection Agency and the Agency of Agriculture, Food and Markets not more than one year prior to receiving a permit for authorized use of paraquat. A written exemption order under this subsection shall:

(1) not be valid for more than three years or until November 1, 2030, whichever comes first; and

(2) specify the paraquat, uses, and crops or plants to which the permit applies; the date the permit takes effect; the permit's duration; and the permit's geographic scope, which may include specific farms, fields, or properties.

(d) Reporting. The Secretary shall report annually on all data regarding any use of paraquat in the State. The report shall include the amount of paraquat used and the date and location where the paraquat was used. The Secretary shall submit the report to the House Committee on Agriculture, Food Resiliency, and Forestry and the Senate Committee on Agriculture on or before December 15 of each year.

Sec. 3. ALTERNATIVES TO PARAQUAT; STUDY; REPORT

The Agricultural Innovation Board shall study and report on recommendations for alternatives to the use of paraquat for farmers. The report shall include pesticide alternatives to paraquat, recommendations for practices that reduce the use of and exposure to paraquat, and methods and standards for transitioning farmers to practices that reduce paraquat usage. The report shall also include recommendations for alternative pesticides to paraquat and alternative farming practices to reduce the usage of paraquat in the event paraquat becomes unavailable due to regulatory or commercial action prior to November 1, 2030. On or before January 15, 2027, the Agricultural Innovation Board shall submit the report to the House Committee on Agriculture, Food Resiliency, and Forestry and the Senate Committee on Agriculture.

Sec. 4. EFFECTIVE DATES

(a) This section and Sec. 3 (alternatives to paraquat; study; report) shall take effect on July 1, 2026.

(b) All other sections shall take effect on November 1, 2026.

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

Second Reading; Bill Amended; Third Reading Ordered

H. 817

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

An act relating to mental health support and substance use disorder prevention in schools

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. 18 V.S.A. § 7209 is added to read:

§ 7209. MENTAL HEALTH LITERACY AND PEER SUPPORT

INITIATIVES

(a) Purpose. This section aims to strengthen protective factors among Vermont's youth, increase mental health literacy within school communities, and expand access to developmentally appropriate peer-to-peer initiatives that promote early identification of mental health challenges.

(b) Mental health literacy training.

(1) To the extent funds are available, a public school may apply to the Department of Mental Health or designee for a grant to provide mental health literacy training to educators and other school personnel. Mental health literacy training shall include topics related to working with youth in an educational setting, such as:

(A) information about mental health conditions and symptoms;

(B) understanding common youth mental health and substance use challenges;

(C) reducing stigma and promoting supportive school environments;

(D) strengthening protective factors and help-seeking behaviors;

(E) recognizing risk factors and warning signs;

(F) responding to students with empathy and appropriate boundaries;

(G) information about mental health treatments; and

(H) accessing mental health resources or services throughout the State.

(2) This section shall not be construed to require the adoption of a specific curriculum or instructional content.

(c) Peer-to-peer mental health support.

(1) A school, afterschool program, or youth mentoring agency may establish a peer-to-peer mental health program that:

(A) provides structured opportunities for student peer connection in a supervised school or afterschool setting;

(B) is overseen by an adult, who is not required to be a licensed, certified, or rostered mental health professional under title 26; and

(C) emphasizes school and community-based resources and how to access professional services when additional support is needed.

(2) The Department of Mental Health shall provide oversight and guidance to any school, afterschool program, or youth mentoring agency seeking to establish or maintain a peer-to-peer mental health program pursuant to this subsection, including qualifications of the adult overseeing the peer-to-peer mental health support program.

(3) A peer-to-peer program established pursuant to this subsection shall be supportive and nonclinical. It shall not replace mental health services provided by a mental health professional licensed, certified, or rostered pursuant to title 26.

(d)(1) Developmentally appropriate guidance. For any mental health literacy or peer-to-peer support programs established pursuant to this section, the Department of Mental Health shall develop age-appropriate guidance:

(A) for elementary school-aged youth, that emphasizes social and emotional development, peer connection, and strengthening protective factors; and

(B) for middle and high school-aged youth, that emphasizes protective factors, reducing stigma, and supporting students in recognizing and appropriately responding to risk factors and warning signs associated with mental health and substance use challenges, including co-occurring challenges.

(2) As used in this subsection, “guidance” means defining and disseminating best practices in a written format.

(e) Reporting. Annually, on or before January 15, the Department of Mental Health shall submit a written report to the House Committee on Health Care and to the Senate Committee on Health and Welfare evaluating the effectiveness of programming established pursuant to this section, including aggregated information on:

(1) the number of schools, afterschool programs, and youth mentoring agencies requesting and receiving the Department’s support;

(2) the number of students, educators, and school personnel participating in programming pursuant to this section; and

(3) findings and recommendations regarding mental health literacy and peer-to-peer programming.

Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2026.

and that after passage the title of the bill be amended to read: "An act relating to mental health literacy and peer-to-peer supports in schools"

Rep. Bluemle of Burlington, for the Committee on Appropriations, recommended that the bill ought to pass when amended as recommended by the Committee on Health Care.

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

**Committee Bill; Favorable Report; Second Reading;
Third Reading Ordered**

H. 940

Rep. James of Manchester spoke for the Committee on Energy and Digital Infrastructure.

House bill, entitled

An act relating to miscellaneous public utility subjects

Rep. Kascenska of Burke, for the Committee on Appropriations, recommended the bill ought to pass.

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

Report of Committee of Conference Adopted

H. 50

The Speaker placed before the House the following Committee of Conference report:

TO THE SENATE AND HOUSE OF REPRESENTATIVES:

The Committee of Conference to which were referred the disagreeing votes of the two Houses upon House Bill entitled:

H. 50 An act relating to identifying underutilized State buildings and land.

Respectfully reports that it has met and considered the same and recommends that the Senate accede to the House proposal of amendment to the Senate proposal of amendment with further amendment thereto in Sec. 1, 29 V.S.A. § 165, by striking out subsection (e) in its entirety and inserting in lieu thereof a new subsection (e) to read as follows:

(e) The Commissioner of Buildings and General Services shall maintain an inventory of all State-owned or State-leased buildings and land and shall ~~biannually~~ annually compile and update the information received under

subsection (g) of this section, which shall be considered once available in making spacing allocations and designating uses under subsection (c) of this section.

SEN. WENDY K. HARRISON

SEN. JOHN BENSON

SEN. ROBERT PLUNKETT

Committee on the part of the Senate

REP. JAMES A.R. GREGOIRE

REP. CONOR CASEY

REP. SHAWN SWEENEY

Committee on the part of the House

Which was considered and adopted on the part of the House.

Amendment Offered; Third Reading; Bill Passed

H. 585

House bill, entitled

An act relating to health insurance reforms

Was taken up and, pending third reading of the bill, **Rep. Harvey of Castleton** moved to amend the bill by striking out Sec. 10, 8 V.S.A. chapter 115, health care sharing plans, and its reader assistance heading in their entirety and inserting lieu thereof a new Sec. 10 to read as follows:

Sec. 10. [Deleted.]

Pending the question, Shall the bill be amended as offered by Rep. Harvey of Castleton?, **Rep. Harvey of Castleton** 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 amended as offered by Rep. Harvey of Castleton?, was decided in the negative. Yeas, 26. Nays, 103.

Those who voted in the affirmative are:

Bosch of Clarendon	Feltus of Lyndon	Nelson of Derby
Branagan of Georgia	Goslant of Northfield	North of Ferrisburgh
Burt of Cabot	Harvey of Castleton	Pinsonault of Dorset
Canfield of Fair Haven	Higley of Lowell	Powers of Waterford
Charlton of Chester	Howland of Rutland Town	Pritchard of Pawlet
Coffin of Cavendish	Labor of Morgan	Tagliavia of Corinth
Demar of Enosburgh	Laroche of Franklin	Taylor of Mendon
Dobrovich of Williamstown	Micklus of Milton	Winter of Ludlow

Dolgin of St. Johnsbury

Morrissey of Bennington

Those who voted in the negative are:

Arsenault of Williston

Austin of Colchester

Bailey of Hyde Park

Bartholomew of Hartland

Berbeco of Winooski

Birong of Vergennes

Bishop of Colchester

Black of Essex *

Bluemle of Burlington

Bos-Lun of Westminster

Boutin of Barre City *

Boyden of Cambridge

Brady of Williston

Brown of Richmond

Burditt of West Rutland

Burke of Brattleboro

Burkhardt of South
Burlington

Burrows of West Windsor

Campbell of St. Johnsbury

Carris Duncan of
Whitingham

Casey of Montpelier

Chapin of East Montpelier

Cina of Burlington

Cole of Hartford

Conlon of Cornwall

Cooper of Pownal

Corcoran of Bennington

Critchlow of Colchester

Dickinson of St. Albans
Town

Dolan of Essex Junction

Donahue of Northfield

Duke of Burlington

Durfee of Shaftsbury

Eastes of Guilford

Emmons of Springfield

Galfetti of Barre Town

Garofano of Essex

Goldman of Rockingham

Goodnow of Brattleboro

Graning of Jericho

Greer of Bennington

Gregoire of Fairfield

Hango of Berkshire

Harple of Glover

Headrick of Burlington

Holcombe of Norwich

Hooper of Randolph

Houghton of Essex Junction

Howard of Rutland City

Hoyt of Hartford

Hunter of Manchester

James of Manchester

Kascenska of Burke

Keyser of Rutland City

Kimbell of Woodstock

Kleppner of Burlington

Kornheiser of Brattleboro

Krasnow of South
Burlington

Lalley of Shelburne

LaLonde of South

Burlington

LaMont of Morristown

Lipsky of Stowe

Logan of Burlington

Long of Newfane

Lueders of Lincoln

Maguire of Rutland City

Marcotte of Coventry

Masland of Thetford

McCann of Montpelier

McCoy of Poultney

McFaun of Barre Town *

Mihaly of Calais

Minier of South Burlington

Morgan, M. of Milton

Mrowicki of Putney

Nigro of Bennington

Noyes of Wolcott

Nugent of South Burlington

O'Brien of Tunbridge

Ode of Burlington

Pezzo of Colchester

Pouech of Hinesburg

Priestley of Bradford

Rachelson of Burlington

Scheu of Middlebury

Sheldon of Middlebury

Sibilia of Dover

Southworth of Walden

Squirrell of Underhill

Stevens of Waterbury

Stone of Burlington

Sweeney of Shelburne

Taylor of Milton

Tomlinson of Winooski

Torre of Moretown

Walker of Swanton

Waszazak of Barre City

Waters Evans of Charlotte

Wells of Brownington

White of Waitsfield

White of Bethel

Wood of Waterbury

Yacovone of Morristown

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

Bartley of Fairfax

Brigham of St. Albans Town

Casey of Hubbardton

Christie of Hartford

Dodge of Essex

Luneau of St. Albans City

Malay of Pittsford

McGill of Bridport

Morgan, L. of Milton

Morris of Springfield

Morrow of Weston

Nielsen of Brandon

Oliver of Sheldon

Olson of Starksboro

Page of Newport City

Parsons of Newbury

Quimby of Lyndon

Satcowitz of Randolph

Steady of Milton

Rep. Boutin of Barre City provided the following vote explanation:

“Madam Speaker:

As a religious person I do have some concern with collecting this information. However, there are non-religious entities. Therefore, having information on them is a reasonable request. I do think there should be an exemption for religious organizations and urge a future body to make one.”

Rep. McFaun of Barre Town provided the following vote explanation:

“Madam Speaker:

I vote no on this amendment because I want to be on record as someone that wants to get this information about other ways to get my health care paid for, so Vermonters can get the same information about all the ways available to get their health care paid for. This amendment would take that opportunity away.”

Thereupon, the bill was read the third time and passed.

Third Reading; Bill Passed

H. 606

House bill, entitled

An act relating to firearms procedures

Was taken up, read the third time, and passed.

Action on Bill Postponed

H. 642

House bill, entitled

An act relating to youthful offender proceedings

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

Pending Entry on the Notice Calendar

Bill Referred to the Committee on Appropriations

H. 944

House bill, entitled

An act relating to the fiscal year 2027 Transportation Program and miscellaneous changes to laws related to transportation

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

Adjournment

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