

Journal of the Senate

FRIDAY, APRIL 25, 2025

The Senate was called to order by the President.

Devotional Exercises

A moment of silence was observed in lieu of devotions.

Bill Referred to Committee on Appropriations

H. 494.

House bill of the following title, appearing on the Calendar for notice, and carrying an appropriation or requiring the expenditure of funds, under the rule, was referred to the Committee on Appropriations:

An act relating to capital construction and State bonding.

House Proposal of Amendment Concurred In

S. 28.

House proposal of amendment to Senate bill entitled:

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

Was taken up.

The House proposes to the Senate to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

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

§ 150. LEGALLY PROTECTED HEALTH CARE ACTIVITY

* * *

(b)(1) “Legally protected health care activity” means:

* * *

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

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

* * *

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

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

* * *

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

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

§ 129a. UNPROFESSIONAL CONDUCT

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

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

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

* * *

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

* * *

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

* * *

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

* * *

(2) Definitions. As used in this subsection:

* * *

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

* * *

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

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

§ 2491. FINDINGS; LEGISLATIVE INTENT

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

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

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

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

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

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

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

~~(b) Intent.~~

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

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

§ 2492. DEFINITIONS DEFINITION

As used in this subchapter:

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 2493. UNFAIR AND DECEPTIVE ACT

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

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

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

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

§ 7306. NONCOOPERATION

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

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

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

(b) This section shall not apply to:

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

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

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

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

§ 1881. DISCLOSURE OF PROTECTED HEALTH INFORMATION
PROHIBITED

(a) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(4)~~(C) The disclosure is to be made to a ~~person~~ business associate designated by the covered entity or the covered entity's business associate and will be used solely in the defense of the covered entity or the covered entity's business associate against a claim that has been made, or there is a reasonable belief will be made, against the covered entity or the covered entity's business

associate in a civil or criminal action; a proceeding preliminary to a civil or criminal action; or a probate, legislative, or administrative proceeding.

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

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

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

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

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

§ 4999. DEFINITIONS

As used in this part:

* * *

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

* * *

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

§ 5200. DEFINITIONS

As used in this chapter:

* * *

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

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

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

§ 5222. REPORTS

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

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

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

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

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

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

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

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

§ 1354. UNPROFESSIONAL CONDUCT

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

* * *

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

* * *

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

* * *

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

* * *

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

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

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

(iii) maintenance of a current medical record;

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

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

- (i) initial admission orders for newly hospitalized patients;
- (ii) prescribing for a patient of another physician for whom the prescriber has taken the call;
- (iii) prescribing for a patient examined by a licensed advanced practice registered nurse, physician assistant, or other advanced practitioner authorized by law and supported by the physician;
- (iv) in furtherance of 18 V.S.A. chapter 223, prescribing medication for an individual to terminate the individual's pregnancy based on an adaptive questionnaire developed by or in consultation with health care providers with clinically appropriate expertise that allows the licensee to obtain additional medical history and ask follow-up questions as needed;
- (v) continuing medication on a short-term basis for a new patient, prior to the patient's first appointment; or
- ~~(v)~~(vi) emergency situations where life or health of the patient is in imminent danger;

* * *

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

- (1) performance of unsafe or unacceptable patient care; or
- (2) failure to conform to the essential standards of acceptable and prevailing practice.

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

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

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

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

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

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

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

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

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

§ 1615. ADVANCED PRACTICE REGISTERED NURSES;
REGULATORY AUTHORITY; UNPROFESSIONAL CONDUCT

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

* * *

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

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

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

(C) maintenance of a current medical record.

* * *

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

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

- (A) initial admission orders for newly hospitalized patients;
- (B) prescribing for a patient of another provider for whom the prescriber has taken call;
- (C) prescribing for a patient examined by a licensed APRN, physician assistant, or other practitioner authorized by law and supported by the APRN;
- (D) in furtherance of 18 V.S.A. chapter 223, prescribing medication for an individual to terminate the individual's pregnancy based on an adaptive questionnaire developed by or in consultation with health care providers with clinically appropriate expertise that allows the licensee to obtain additional medical history and ask follow-up questions as needed;
- (E) continuing medication on a short-term basis for a new patient prior to the patient's first appointment; or
- ~~(E)~~(F) emergency situations where the life or health of the patient is in imminent danger.

* * *

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

§ 1736. UNPROFESSIONAL CONDUCT

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

* * *

- (2) occupational advertising or advertising about health care services that is intended or has a tendency to mislead or deceive the public;
- (3) exercising undue influence on or taking improper advantage of a person using the individual's services, or promoting the sale of professional goods or services in a manner that exploits a person for the financial gain of the practitioner or of a third party;
- (4) failing to comply with provisions of federal or state statutes or rules governing the profession;
- (5) conviction of a crime related to the profession; and
- (6) conduct that evidences unfitness to practice in the profession.

* * *

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

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

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

(a) As used in this section:

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

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

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

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

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

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

(d) A pharmacist or other licensed member of a pharmacy’s staff shall be immune from civil and administrative liability for failing to redact or remove the name of a prescriber or pharmacist when requested to do so pursuant to

subdivision (b)(1) or (2) of this section; provided, however, that this immunity shall not apply to gross negligence, recklessness, or intentional misconduct by a pharmacist or other licensed member of the pharmacy staff.

Sec. 14. EFFECTIVE DATE

This act shall take effect on passage.

Thereupon, the question, Shall the Senate concur in the House proposal of amendment?, was decided in the affirmative.

Bill Passed

S. 131.

Senate bill of the following title was read the third time and passed:

An act relating to approval of an amendment to the charter of the City of Burlington relating to the possession of firearms.

Proposal of Amendment; Bill Passed in Concurrence with Proposal of Amendment

H. 218.

House bill entitled:

An act relating to fiscal year 2026 appropriations from the Opioid Abatement Special Fund.

Was taken up.

Thereupon, pending third reading of the bill, Senator Lyons moved that the Senate propose to the House to amend the bill in Sec. 1, appropriations; Opioid Abatement Special Fund, in subdivision (a)(11), by striking out “\$50,0000.00” and inserting thereof “\$50,000.00”

Which was agreed to.

Thereupon, the bill was read the third time and passed in concurrence with proposal of amendment.

Proposal of Amendment; Third Reading Ordered

H. 96.

Senator Douglass, for the Committee on Health and Welfare, to which was referred House bill entitled:

An act relating to increasing the monetary thresholds for certificates of need.

Reported recommending that the Senate propose to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 18 V.S.A. § 9434 is amended to read:

§ 9434. CERTIFICATE OF NEED; GENERAL RULES

(a) A health care facility ~~other than a hospital~~ shall not develop or have developed on its behalf a new health care project without issuance of a certificate of need by the Board. For purposes of this subsection, a “new health care project” ~~includes~~ means any of the following:

(1) The construction, development, purchase, renovation, or other establishment of a health care facility, or any capital expenditure by or on behalf of a health care facility, for which the capital cost exceeds ~~\$1,500,000.00~~ \$10,000,000.00.

(2) A change from one licensing period to the next in the number of licensed beds of a health care facility through addition or conversion, or through relocation from one physical facility or site to another.

(3) The offering of any home health service, or the transfer or conveyance of more than a 50 percent ownership interest in a health care facility other than a hospital or nursing home.

(4) The purchase, lease, or other comparable arrangement of a single piece of diagnostic and therapeutic equipment for which the cost, or in the case of a donation the value, is in excess of ~~\$1,000,000.00~~ \$5,000,000.00. For purposes of this subdivision, the purchase or lease of one or more articles of diagnostic or therapeutic equipment that are necessarily interdependent in the performance of their ordinary functions or that would constitute any health care facility included under subdivision 9432(8)(B) of this title, as determined by the Board, shall be considered together in calculating the amount of an expenditure. The Board’s determination of functional interdependence of items of equipment under this subdivision shall have the effect of a final decision and is subject to appeal under section 9381 of this title.

(5) The offering of a health care service or technology having an annual operating expense that exceeds ~~\$500,000.00~~ \$3,000,000.00 for either of the next two budgeted fiscal years, if the service or technology was not offered or employed, either on a fixed or a mobile basis, by the health care facility within the previous three fiscal years.

(6) ~~The construction, development, purchase, lease, or other establishment of an ambulatory surgical center. [Repealed.]~~

(b) ~~A hospital shall not develop or have developed on its behalf a new health care project without issuance of a certificate of need by the Board. For purposes of this subsection, a “new health care project” includes the following:~~

~~(1) The construction, development, purchase, renovation, or other establishment of a health care facility, or any capital expenditure by or on behalf of a hospital, for which the capital cost exceeds \$3,000,000.00.~~

~~(2) The purchase, lease, or other comparable arrangement of a single piece of diagnostic and therapeutic equipment for which the cost, or in the case of a donation the value, is in excess of \$1,500,000.00. For purposes of this subdivision, the purchase or lease of one or more articles of diagnostic or therapeutic equipment that are necessarily interdependent in the performance of their ordinary functions or that would constitute any health care facility included under subdivision 9432(8)(B) of this title, as determined by the Board, shall be considered together in calculating the amount of an expenditure. The Board’s determination of functional interdependence of items of equipment under this subdivision shall have the effect of a final decision and is subject to appeal under section 9381 of this title.~~

~~(3) The offering of a health care service or technology having an annual operating expense that exceeds \$1,000,000.00 for either of the next two budgeted fiscal years, if the service or technology was not offered or employed, either on a fixed or a mobile basis, by the hospital within the previous three fiscal years.~~

~~(4) A change from one licensing period to the next in the number of licensed beds of a health care facility through addition or conversion, or through relocation from one physical facility or site to another.~~

~~(5) The offering of any home health service. [Repealed.]~~

(c) In the case of a project that requires a certificate of need under this section, expenditures for which are anticipated to be in excess of ~~\$30,000,000.00~~ \$50,000,000.00, the applicant first shall secure a conceptual development phase certificate of need, in accordance with the standards and procedures established in this subchapter, that permits the applicant to make expenditures for architectural services, engineering design services, or any other planning services, as defined by the Board, needed in connection with the project. Upon completion of the conceptual development phase of the project, and before offering or further developing the project, the applicant shall secure a final certificate of need in accordance with the standards and procedures established in this subchapter. Applicants shall not be subject to sanctions for failure to comply with the provisions of this subsection if such failure is solely the result of good faith reliance on verified project cost

estimates issued by qualified persons, which cost estimates would have led a reasonable person to conclude the project was not anticipated to be in excess of ~~\$30,000,000.00~~ \$50,000,000.00 and therefore not subject to this subsection. The provisions of this subsection notwithstanding, expenditures may be made in preparation for obtaining a conceptual development phase certificate of need, which expenditures shall not exceed ~~\$1,500,000.00 for non-hospitals or \$3,000,000.00 for hospitals~~ \$10,000,000.00.

(d) If the Board determines that a person required to obtain a certificate of need under this subchapter has separated a single project into components in order to avoid cost thresholds or other requirements under this subchapter, the person shall be required to submit an application for a certificate of need for the entire project, and the Board may proceed under section 9445 of this title. The Board's determination under this subsection shall have the effect of a final decision and is subject to appeal under section 9381 of this title.

(e) The Board may periodically adjust the monetary jurisdictional thresholds contained in this section. In doing so, the Board shall reflect the same categories of health care facilities, services, and programs recognized in this section. Any adjustment by the Board shall not exceed an amount calculated using the cumulative Consumer Price Index rate of inflation.

Sec. 2. 18 V.S.A. § 9435 is amended to read:

§ 9435. EXCLUSIONS

* * *

(f)(1) Excluded from this subchapter are routine replacements of:

(A) medical equipment that is fully depreciated; and

(B) nonmedical equipment and fixtures, including furnaces, boilers, refrigeration units, kitchen equipment, heating and cooling units, and similar items, regardless of their remaining useful life.

(2) These The replacements described in subdivision (1) of this subsection and purchased by a hospital shall be included in the hospital's budget and may be reviewed in the budget process set forth in subchapter 7 of this chapter.

* * *

(i) Excluded from this subchapter are emergency and nonemergency ground ambulance services, affiliated agencies, and equipment and supplies used by emergency medical personnel, as those terms are defined in 24 V.S.A. § 2651.

(j) Excluded from this subchapter are the offering of a health care service, or the construction, development, purchase, renovation, or other establishment of a health care facility, that is owned or operated by the State of Vermont or is funded in whole or in substantial part by a contract or grant awarded by the State of Vermont; provided, however, that the State agency sponsoring the project or awarding the contract or grant shall inform the Green Mountain Care Board prior to commencing the project or within 30 days following the execution of the contract or grant.

Sec. 3. EFFECTIVE DATE

This act shall take effect on passage and shall apply to all new health care projects initiated on or after that date. For applications for a certificate of need that are already in process on the date of passage of this act for which one or more persons have been granted interested party status, the jurisdictional thresholds and exclusions in place at the time the application was filed shall continue to apply until a final decision is made on the application. For applications for a certificate of need that are already in process on the date of passage of this act for which no person has been granted interested party status, the applicant may withdraw the application in accordance with Board rules.

And that the bill ought to pass in concurrence with such proposal of amendment.

Senator Gulick, for the Committee on Finance, to which the bill was referred, reported recommending that the bill ought to pass in concurrence with proposal of amendment as recommended by the Committee on Health and Welfare.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, the proposal of amendment was agreed to, and third reading of the bill was ordered.

House Proposal of Amendment; Consideration Postponed

S. 27.

House proposal of amendment to Senate bill entitled:

An act relating to medical debt relief and excluding medical debt from credit reports.

Was taken up.

The House proposes to the Senate to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. STATE TREASURER; MEDICAL DEBT RELIEF;
APPROPRIATION

(a) The sum of \$1,000,000.00 is appropriated to the State Treasurer from the General Fund in fiscal year 2026 for the purpose of contracting with a nonprofit entity to acquire and repay certain medical debts incurred by Vermont residents as set forth in this section.

(b) The State Treasurer shall ensure that the entity with which the Treasurer contracts under this section will:

(1) purchase the medical debt of eligible debtors from health care providers at fair market value;

(2) abolish the debt with no cost or tax consequences for the debtor;

(3) coordinate with the health care provider or collections agency to ensure that any adverse information resulting from the medical debt is removed from the debtor's consumer credit report following the contractor's purchase and abolition of the debt; and

(4) notify each individual whose medical debt was abolished pursuant to this section:

(A) the amount of the individual's medical debt that was abolished and the name of the health care provider or providers from whom the entity purchased the individual's debt;

(B) the estimated percentage of the federal poverty level that corresponds to the individual's household income; and

(C) that financial assistance policies are available at all Vermont hospitals in accordance with 18 V.S.A. § 9482, including the following minimum discounts:

(i) a 100 percent discount for individuals with household income at or below 250 percent of the federal poverty level; and

(ii) at least a 40 percent discount for individuals with household income between 250 and 400 percent of the federal poverty level.

(c) In order to be eligible for repayment of medical debt under this section, the following conditions must be met:

(1) the debtor shall be a Vermont resident who either has a household income that is at or below 400 percent of the federal poverty level for the applicable household size or who owes medical debt in an amount that is five percent or more of the debtor's household income; and

(2) the debtor's patient account still maintains an outstanding balance even after the health care provider has completed its routine efforts to collect the amounts due.

Sec. 2. 2022 Acts and Resolves No. 83, Sec. 53(b)(5)(B), as amended by 2022 Acts and Resolves No. 185, Sec. C.102 and 2023 Acts and Resolves No. 78, Sec. E.1000, is further amended to read:

(B) ~~\$20,000,000~~ \$19,000,000 shall be appropriated to the State Treasurer's Office and used for redeeming State of Vermont general obligation bonds prior to maturity.

Sec. 3. 1 V.S.A. § 151 is added to read:

§ 151. BEHAVIORAL HEALTH

"Behavioral health" means any behavioral condition bearing on health, including stress-linked physical symptoms, patient activation, and health behaviors that can be addressed through support, counseling, change techniques, coaching, and other interventions. As used in the Vermont Statutes Annotated, the term does not include mental health conditions or substance use disorders. The General Assembly recognizes that using the term "behavioral health" to describe mental health conditions or substance use disorders has a stigmatizing impact, which may deter individuals from seeking health care for those conditions, but also recognizes that some jurisdictions interpret the term to incorporate those conditions and that therefore it may be necessary under limited circumstances to include the term in the definition of health care services for the sole reason of avoiding any question about the intended scope of a specific statute.

Sec. 4. 9 V.S.A. § 2466d is added to read:

§ 2466d. REPORTING OF MEDICAL DEBT INFORMATION
PROHIBITED

(a) A credit reporting agency shall not report or maintain in the file on a consumer information relating to a medical debt.

(b) As used in this section:

(1) "Health care services" means all supplies, care, and services of a medical, dental, behavioral health, mental health, substance use disorder treatment, surgical, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, or supportive nature, including medication.

(2) "Medical debt" means debt arising from health care services, including dental services, or from health care goods, including products, devices, durable medical equipment, and prescription drugs. "Medical debt"

does not include debt arising from services provided by a veterinarian; debt charged to a credit card unless the credit card is issued under an open-end or closed-end credit plan offered solely for the payment of health care services; debt charged to a home equity or general-purpose line of credit; or secured debt.

Sec. 5. 9 V.S.A. § 2480b is amended to read:

§ 2480b. DISCLOSURES TO CONSUMERS

* * *

(c) Any time a credit reporting agency is required to make a written disclosure to consumers pursuant to 15 U.S.C. § 1681g, it shall disclose, in at least 12-point type, and in bold type as indicated, the following notice:

“NOTICE TO VERMONT CONSUMERS

* * *

(2) Under Vermont law, no one may access your credit report without your permission except under the following limited circumstances:

* * *

(F) where the request for a credit report is related to a credit transaction entered into prior to January 1, 1993; or

(G) where the request for a credit report is by the Vermont Department of Taxes and is used for the purpose of collecting or investigating delinquent taxes; or

(H) where the request for a credit report is by an organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code for the purpose of determining eligibility for the abolition of medical debt.

* * *

Sec. 6. 9 V.S.A. § 2480g is amended to read:

§ 2480g. EXEMPTIONS

* * *

(e) The provisions of section 2480e of this title shall not apply to an organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code when determining eligibility for the abolition of medical debt; provided, however, that the exemption from the provisions of section 2480e of this title shall not apply to a tax-exempt organization that is a large health care facility, as defined in 18 V.S.A. § 9481.

Sec. 7. 18 V.S.A. chapter 221, subchapter 10 is amended to read:

Subchapter 10. Patient Financial Assistance and Medical Debt

* * *

§ 9485. PROHIBITION ON SALE OR REPORTING OF MEDICAL DEBT

(a)(1) No large health care facility shall sell its medical debt except as provided in subdivision (2) of this subsection.

(2) A large health care facility may sell or otherwise transfer its medical debt to an organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code for the specific purpose of the tax-exempt organization abolishing the medical debt of one or more patients by cancellation of the indebtedness.

(b) No large health care facility or medical debt collector shall report or otherwise furnish any portion of a medical debt to a credit reporting agency.

* * *

Sec. 8. EFFECTIVE DATE

This act shall take effect on July 1, 2025.

Thereupon, consideration was postponed.

Appointment Confirmed

Under suspension of the rules (and particularly, Senate Rule 93), as moved by Senator Collamore, the following Gubernatorial appointment was confirmed by the Senate, without a report given by the Committee to which it was referred and without debate:

Greenwood, Caleb of Troy - Student Member of the State Board of Education - July 1, 2024 to June 30, 2026.

Appointment Confirmed

The following Gubernatorial appointment was confirmed separately by the Senate, upon a full report given by the Committee to which it was referred:

The nominations of

Minoli, Wanda of Montpelier - Commissioner, Department of Buildings and General Services - October 24, 2024 to February 28, 2027.

Was confirmed by the Senate on a roll call, Yeas 26, Nays 0.

Senator Collamore having demanded the yeas and nays, they were taken and are as follows:

Roll Call

Those Senators who voted in the affirmative were: Baruth, Bongartz, Brennan, Brock, Chittenden, Clarkson, Collamore, Cummings, Gulick, Hardy, Harrison, Hart, Hashim, Ingalls, Lyons, Major, Mattos, Norris, Perchlik, Plunkett, Ram Hinsdale, Vyhovsky, Watson, Weeks, Westman, White.

Those Senators who voted in the negative were: None.

Those Senators absent and not voting were: Beck, Douglass, Heffernan, Williams.

Point of Privilege Journalized

During announcements, on a point of personal privilege, Senator Cummings addressed the Chair, and on motion of Senator Gulick, her remarks were entered in the Journal.

“Thank you, Mr. President,

“I rise on a point of personal privilege. Today marks a significant anniversary for many people in this state and for those of us who were here in 1999. We had a resolution, but it didn't get timed exactly right, so I would like to read from the resolution and then offer some personal reflections without objection.

“On December 20th, 1999, the Supreme Court issued the landmark decision on Baker vs. Vermont, holding that the exclusion of same-sex couples from access to the benefits and rights of marriage licenses under Vermont's law violated the common benefits clause of the Vermont Constitution. The court allowed the General Assembly to find a solution and the unwritten subtext was, if we couldn't find a solution they would, and we knew all they had was to allow marriage. You must remember the context of that time. We were being asked to change laws that reflected long held social and religious values.

“As to the legitimacy of same-sex relationships, it was highly emotional to say the least. At one point my mother called up and said, ‘Your sister just called and they're interviewing someone on CNN and there's a target behind him and she says your picture is on it; is that true?’ And I said ‘Probably, but not to worry, he's harmless.’ I have a box in my attic that my kids harass me about on occasion, because I saved my hate mail as they call it. There were lots of nuts and bolts, it's rather heavy. This was before email, believe it or not, so things came in the form of letters. They came from all over the country, and they came in phone calls.

“After that year, I no longer gave out the phone number of my employer, because I worked in an adult day center. We had a mentally challenged young woman who was volunteering to answer our phones and they totally

overwhelmed her and the office to the point where it was a safety hazard given the people, we dealt with it.

“The legislature convened, and a bill started in the House. I would like to recognize that Tom Little, who chaired the Judiciary Committee, Bill Lippert and Alice Nitka are all here. We are all survivors of that. Bill and I are survivors of a very emotional public hearing in St. Albans. It is one of the few times I remember being concerned for not only my own safety, but more especially Bill's safety. At the hearing, it was that kind of emotional.

“Michael Obuchowski was the Speaker of the House. When the bill hit the House, people were told this is not a partisan issue, this is a Supreme Court mandate. We understood there were opinions on both sides and worked it through. The House did and they sent us what was a very good bill that is essentially the civil unions that we have today.

“By the time the bill came to the Senate, it had been politicized and there were members in the other body who voted thinking they weren't going to be targeted politically by their parties who found out they were, and they lost their seats. When it came here it was again a highly political issue, but we persevered.

“I was on the Judiciary Committee and Senator Sears was the Chair. We were continuing to try and find some middle ground, something that the middle could live with; the largest number of people could say ‘Okay we can live with this.’ We were striving to find that.

“I was sent to the public hearing in St. Albans. It was frightening after that time. I always carried my dog, who at least had big ears and looked like a German Shepherd; I didn't go out to any meetings without the dog in the back seat. I remember coming in the next morning and saying ‘There's no middle ground, we just need to do this. we need to do the best job that we can.’

“So, on April 25th, 2000, the House concurred with the Senate Proposal of Amendment, and we signed the bill the next day. Governor Howard Dean signed the legislation and Vermont became the first Legislature, the first State to recognize civil unions.

“Several years later, we did gay marriage, and it went through without a ripple. Of all the terrible things that people thought would happen, I don't know how many times I was told that downtown Montpelier would look like Provincetown, MA if we did this; it didn't.

“That is the anniversary we are celebrating today. It marked probably one of our first times in the State of Vermont recognizing and protecting the rights of all its citizens, regardless of their gender or sexual orientation.

“I think the remembrance I would like to share, and I have found helpful during today’s very contentious, very emotional climate. We have seen a series of personal privilege speakers these past few weeks. So far, we have not had groups praying and circling the State House, but it is a highly contentious time.

“I always think back to the public hearing we had, a public hearing with House and Senate Judiciary. I don’t remember the date, but I remember it was cold, it was dark, and it was snowing heavily. The State House was packed as busloads of people were brought in. As people came through the doors on either end, there were people greeting them and handing out stickers red or blue/pro or con. This was also before Zoom, so we couldn’t accommodate everyone in the House chamber. We couldn’t use the cafeteria, because that was the emergency escape route, and it was lined with state police officers in case things got out of hand, got dangerous. We did pipe, I believe, closed circuit TV into room 11. I made my way through the halls slowly because they were packed. There were people sitting on the floor eating pizza, don’t tell David Schutz, but it was crowded.

“It was a highly emotional hearing. We did one pro and then one con. At one point it was a woman that was getting very vocal. She happened to be one of our local, well-known, mental health people. Our lone police officer in those days, Dave said ‘Just let her talk, she’ll be fine;’ she did, and she was. That was the only disturbance that we had. We ended the meeting, and we never needed the escape route.

“As I was leaving out the door, the blue tags and the red tags were all out there and they were all helping each other dig their cars out of the snow, because at that point I think there was close to a foot of snow. I think it’s always good for us to remember as we go through these other times, that we are all human, we are all subject to being snowed in, and we all need each other to help us dig out.

“And so, Mr. President, I would today like to recognize all those people who risked, and many of them lost their political position, to move Vermont forward. We were the first state to do this, and it was a momentous time.

“Thank you, Mr. President.”

Message from the House No. 50

A message was received from the House of Representatives by Ms. Courtney Reckord, its Second Assistant Clerk, as follows:

Mr. President:

I am directed to inform the Senate that:

The House has adopted House concurrent resolutions of the following titles:

H.C.R. 109. House concurrent resolution congratulating the South Burlington Chapter of Rotary International on 40 years of exemplary community service and professional camaraderie.

H.C.R. 110. House concurrent resolution designating April 2025 as Black Maternal Care Awareness Month in Vermont.

H.C.R. 111. House concurrent resolution designating May 18, 2025 as Grand Army of the Republic Highway Day in Vermont.

H.C.R. 112. House concurrent resolution congratulating Capital City Concerts and Karen Kevra for a quarter century of delightful and informative classical music performances and related cultural endeavors in central Vermont.

H.C.R. 113. House concurrent resolution congratulating the winning teams at the 2025 Jr Iron Chef VT competition.

H.C.R. 114. House concurrent resolution honoring Deborah J. Aldrich for 42 years of extraordinary municipal public service in the Town of Chester.

H.C.R. 115. House concurrent resolution congratulating the 2025 Danville High School Bears Division IV championship boys' basketball team.

H.C.R. 116. House concurrent resolution commemorating the 50th anniversary of the conclusion of the Vietnam War.

H.C.R. 117. House concurrent resolution congratulating Essex Middle School science teacher Andrew Kasprisin on his designation as the 2025 Vermont finalist for the Presidential Awards for Excellence in Mathematics and Science Teaching.

H.C.R. 118. House concurrent resolution commending Team Trumie and Truman Compton for their advocacy, community engagement, and fostering of public awareness and acceptance of autism.

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

House Concurrent Resolutions

The following joint concurrent resolutions having been placed on the consent calendar on the preceding legislative day, and no Senator having requested floor consideration as provided by the Joint Rules of the Senate and House of Representatives, were severally adopted in concurrence:

Offered by Reps. Burkhardt and others,

H.C.R. 109.

House concurrent resolution congratulating the South Burlington Chapter of Rotary International on 40 years of exemplary community service and professional camaraderie.

Offered by Reps. LaMont and others,

H.C.R. 110.

House concurrent resolution designating April 2025 as Black Maternal Care Awareness Month in Vermont.

Offered by Rep. Boyden,

Offered by Senator Westman,

H.C.R. 111.

House concurrent resolution designating May 18, 2025 as Grand Army of the Republic Highway Day in Vermont.

Offered by Reps. Casey and McCann,

Offered by Senators Cummings, Perchlik and Watson,

H.C.R. 112.

House concurrent resolution congratulating Capital City Concerts and Karen Kevra for a quarter century of delightful and informative classical music performances and related cultural endeavors in central Vermont.

Offered by Reps. Sabilia and others,

H.C.R. 113.

House concurrent resolution congratulating the winning teams at the 2025 Jr Iron Chef VT competition.

Offered by Rep. Charlton,

Offered by Senators Clarkson, Major, Vyhovsky and White,

H.C.R. 114.

House concurrent resolution honoring Deborah J. Aldrich for 42 years of extraordinary municipal public service in the Town of Chester.

Offered by Rep. Burt,

Offered by Senator Beck,

H.C.R. 115.

House concurrent resolution congratulating the 2025 Danville High School Bears Division IV championship boys' basketball team.

Offered by Reps. Hango and others,

Offered by Senators Collamore and Ram Hinsdale,

H.C.R. 116.

House concurrent resolution commemorating the 50th anniversary of the conclusion of the Vietnam War.

Offered by Reps. McCann and others,

H.C.R. 117.

House concurrent resolution congratulating Essex Middle School science teacher Andrew Kasprisin on his designation as the 2025 Vermont finalist for the Presidential Awards for Excellence in Mathematics and Science Teaching.

Offered by Reps. Burrows and others,

H.C.R. 118.

House concurrent resolution commending Team Trumie and Truman Compton for their advocacy, community engagement, and fostering of public awareness and acceptance of autism.

Adjournment

On motion of Senator Baruth, the Senate adjourned, to reconvene on Tuesday, April 29, 2025, at nine o'clock and thirty minutes in the forenoon pursuant to J.R.S. 23.