

Journal of the Senate

FRIDAY, MARCH 27, 2026

The Senate was called to order by the President.

Devotional Exercises

A moment of silence was observed in lieu of devotions.

Message from the Governor

A message was received from His Excellency, the Governor, by Ms. Jaye Pershing Johnson, Secretary of Civil and Military Affairs, as follows:

Mr. President:

I am directed by the Governor to inform the Senate that on the twenty-sixth day of March, 2026 he signed a bill originating in the Senate of the following title:

S. 60. An act relating to establishing the Farm and Forestry Operations Security Special Fund to provide payments for farm and forestry operation losses due to weather conditions.

Message from the House No. 37

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 passed House bills of the following titles:

H. 211. An act relating to data brokers and personal information.

H. 577. An act relating to establishing the Vermont Prescription Drug Discount Card Program.

H. 718. An act relating to building energy efficiency.

H. 740. An act relating to the greenhouse gas inventory and registry.

H. 778. An act relating to dam safety.

H. 861. An act relating to establishing an Americans with Disabilities Act Coordinator.

H. 915. An act relating to establishing an extended producer responsibility program for beverage containers.

H. 931. An act relating to miscellaneous changes in education law.

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

The House has considered joint resolution originating in the Senate of the following title:

J.R.S. 46. Joint resolution relating to weekend adjournment on March 27, 2026.

And has adopted the same in concurrence.

Action Reconsidered; Amendment Withdrawn; Bill Amended; Bill Passed; Bill Messaged

S. 325.

Assuring the Chair that he voted with the majority whereby the bill was amended as recommended by Senator Mattos, Senator Mattos moved that the Senate reconsider its action on the amendment of Senate bill entitled:

An act relating to studying the creation of model bylaws.

Which was agreed to.

Thereupon, pending the question, Shall the bill be amended as recommended by Senator Mattos?, Senator Mattos requested and was granted leave to withdraw the recommendation of amendment.

Thereupon, pending third reading of the bill, Senator Mattos moved to amend the bill by striking out Sec. 4, 10 V.S.A. § 6081, in its entirety and inserting in lieu thereof a new Sec. 4 to read as follows:

Sec. 4. 10 V.S.A. § 6081 is amended to read:

§ 6081. PERMITS REQUIRED; EXEMPTIONS

* * *

(z)(1) Notwithstanding any other provision of this chapter to the contrary, no permit or permit amendment is required for any subdivision, development, or change to an existing project that is located entirely within a Tier 1A area ~~under~~ as established in section 6034 of this chapter.

(2) Notwithstanding any other provision of this chapter to the contrary, no permit or permit amendment is required within a Tier 1B area approved by the Board under section 6033 of this chapter for 50 units or fewer of housing on a tract or tracts of land involving 10 acres or less or for mixed-use

development with 50 units or fewer of housing on a tract or tracts of land involving 10 acres or less.

(3) Upon receiving notice and a copy of the permit issued by an appropriate municipal panel pursuant to 24 V.S.A. § 4460(g), a previously issued permit for a development or subdivision located in a Tier 1A area shall remain attached to the property. However, neither the Board nor the Agency of Natural Resources shall enforce the permit or assert amendment jurisdiction on the tract or tracts of land unless the designation is revoked or the municipality has not taken any reasonable action to enforce the conditions of the permit.

* * *

(bb) Until ~~July~~ January 1, ~~2028~~ 2030, no permit or permit amendment is required for the construction of improvements for one accessory dwelling unit constructed within or appurtenant to a single-family dwelling. Units constructed pursuant to this subsection shall not count towards the total units constructed in other projects.

(cc) Until ~~July~~ January 1, ~~2028~~ 2030, no permit or permit amendment is required for the construction of improvements for converting a structure used for a commercial purpose to 29 or fewer housing units.

(dd) Interim housing exemptions.

(1) Notwithstanding any other provision of law to the contrary, until January 1, ~~2027~~ 2030, no permit or permit amendment is required for the subdivision for or the construction of housing projects such as cooperatives, condominiums, dwellings, or mobile homes, and mixed-use development, with 75 units or fewer, constructed or maintained on a tract or tracts of land, located entirely within the areas of a designated new town center, a designated growth center, or a designated neighborhood development area served by public sewer or water services or soils that are adequate for wastewater disposal. Housing units constructed pursuant to this subdivision shall not count towards the total units constructed in other areas. This exemption shall not apply to areas within mapped river corridors and floodplains except those areas containing preexisting development in areas suitable for infill development as defined in 29-201 of the Vermont Flood Hazard Area and River Corridor Rule.

(2)(A) Notwithstanding any other provision of law to the contrary, until ~~July~~ January 1, ~~2027~~ 2030, no permit or permit amendment is required for the subdivision for or the construction of housing projects such as cooperatives, condominiums, dwellings, or mobile homes, and mixed-use development, with 50 or fewer units, ~~constructed or maintained on a tract or tracts of land of 10 acres or less~~, located entirely within:

(i) areas of a designated village center and within one-quarter mile of its boundary with permanent zoning and subdivision bylaws and served by public sewer or water services or soils that are adequate for wastewater disposal; or

(ii) areas of a municipality that are within a census-designated urbanized area with over 50,000 residents and within one-quarter mile of a transit route.

* * *

(3) Notwithstanding any other provision of law to the contrary, until January 1, ~~2027~~ 2030, no permit or permit amendment is required for the subdivision for or the construction of housing projects such as cooperatives, condominiums, dwellings, or mobile homes, and mixed-use development, constructed or maintained on a tract or tracts of land, located entirely within a designated downtown development district with permanent zoning and subdivision bylaws served by public sewer or water services or soils that are adequate for wastewater disposal. Housing units constructed pursuant to this subdivision shall not count towards the total units constructed in other areas. This exemption shall not apply to areas within mapped river corridors and floodplains except those areas containing preexisting development in areas suitable for infill development as defined in 29-201 of the Vermont Flood Hazard Area and River Corridor Rule.

(4) Notwithstanding any other provision of law to the contrary, until January 1, 2030, no permit or permit amendment is required for the subdivision for or the construction of 50 units or fewer of housing with at least 20 percent of the units with mixed income housing or mixed-use development, constructed or maintained on a tract or tracts of land, located within areas of a designated village center and within one-quarter mile of its boundary served by public sewer or water services or soils that are adequate for wastewater disposal.

Which was agreed to.

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

Thereupon, on motion of Senator Baruth, the rules were suspended and the bill was ordered messaged to the House forthwith.

Bills Referred

House bills of the following titles were read the first time and referred:

H. 211.

An act relating to data brokers and personal information.

To the Committee on Economic Development, Housing and General Affairs.

H. 577.

An act relating to establishing the Vermont Prescription Drug Discount Card Program.

To the Committee on Health and Welfare.

H. 718.

An act relating to building energy efficiency.

To the Committee on Natural Resources and Energy.

H. 740.

An act relating to the greenhouse gas inventory and registry.

To the Committee on Natural Resources and Energy.

H. 778.

An act relating to dam safety.

To the Committee on Natural Resources and Energy.

H. 861.

An act relating to establishing an Americans with Disabilities Act Coordinator.

To the Committee on Government Operations.

H. 915.

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

To the Committee on Natural Resources and Energy.

H. 931.

An act relating to miscellaneous changes in education law.

To the Committee on Education.

Bill Passed**S. 64.**

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

An act relating to amendments to the scope of practice for optometrists.

Bill Amended; Recommendation of Amendment; Action Postponed

S. 278.

Senate bill entitled:

An act relating to cannabis.

Was taken up.

Thereupon, pending third reading of the bill, Senator Chittenden moved to amend the bill as follows:

First: By inserting a Sec. 10a and a reader assistance heading to read as follows:

* * * Outdoor Cultivator Fees * * *

Sec. 10a. 7 V.S.A. § 910 is amended to read:

§ 910. CANNABIS ESTABLISHMENT FEE SCHEDULE

The following fees shall apply to each person or product licensed by the Board:

(1) Cultivators.

(A) Outdoor cultivators.

(i) Outdoor cultivator tier 1. Outdoor cultivators with up to 1,000 square feet of plant canopy or fewer than 125 cannabis plants in an outdoor cultivation space shall be assessed an annual licensing fee of ~~\$750.00~~ \$375.00.

(ii) Outdoor cultivator tier 2. Outdoor cultivators with up to 2,500 square feet of plant canopy in an outdoor cultivation space shall be assessed an annual licensing fee of ~~\$1,875.00~~ \$925.00.

(iii) Outdoor cultivator tier 3. Outdoor cultivators with up to 5,000 square feet of plant canopy in an outdoor cultivation space shall be assessed an annual licensing fee of ~~\$4,000.00~~ \$2,000.00.

(iv) Outdoor cultivator tier 4. Outdoor cultivators with up to 10,000 square feet of plant canopy in an outdoor cultivation space shall be assessed an annual licensing fee of ~~\$8,000.00~~ \$4,000.00.

(v) Outdoor cultivator tier 5. Outdoor cultivators with up to 20,000 square feet of plant canopy in an outdoor cultivation space shall be assessed an annual licensing fee of ~~\$18,000.00~~ \$9,000.00.

~~(vi) Outdoor cultivator tier 6. Outdoor cultivators with up to 37,500 square feet of plant canopy in an outdoor cultivation space shall be assessed an annual licensing fee of \$34,000.00.~~

* * *

Second: In Sec. 30, effective dates, by relettering subsection (c) to be subsection (d) and inserting a new subsection (c) to read as follows:

(c) Sec. 10a shall take effect on July 1, 2026, provided that on or before that date the General Assembly has appropriated or transferred a minimum of \$105,000.00 to the Cannabis Regulation Fund for purposes of replacing the reduction in fee revenue from outdoor cultivators.

Which was agreed to.

Thereupon, pending third reading of the bill, Senator Vyhovsky moved that the bill be amended following Sec. 29, repeals, by inserting new Secs. 30 and 31 and a reader assistance heading to read as follows:

* * * Residential Rental Agreements; Prohibiting Restrictions on Cannabis Possession or Use * * *

Sec. 30. 9 V.S.A. § 4468b is added to read:

§ 4468b. RENTAL AGREEMENTS; CANNABIS RESTRICTIONS
PROHIBITED

A rental agreement shall not contain a provision that prohibits a tenant from possessing or consuming cannabis or cannabis products within the rental premises, except that a rental agreement may prohibit the use of lighted cannabis or cannabis products within the rental premises.

Sec. 31. 18 V.S.A. § 4230a is amended to read:

§ 4230A. CANNABIS POSSESSION BY A PERSON 21 YEARS OF AGE
OR OLDER

* * *

(b)(1) Cannabis possessed or consumed in violation of State law is contraband pursuant to subsection 4242(d) of this title and subject to seizure and forfeiture.

(2) This section does not:

* * *

(E) prohibit a landlord from banning ~~possession or~~ use of lighted cannabis or cannabis products in a lease agreement; or

* * *

and by renumbering the remaining section to be numerically correct.

Thereupon, pending the question, Shall the bill be amended as recommended by Senator Vyhovsky?, Senator Baruth moved to postpone action on the bill until later in the day, which was agreed to.

Bill Amended; Third Reading Ordered

S. 142.

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

An act relating to a pathway to licensure for internationally trained physicians and medical graduates.

Reported recommending that the bill be amended by striking out Sec. 4, effective dates, and inserting in lieu thereof two new sections to be Secs. 4 and 5 to read as follows:

Sec. 4. ALTERNATIVE PATHWAY TO LICENSURE FOR
INTERNATIONALLY TRAINED PHYSICIANS AND
MEDICAL GRADUATES; REPORT

(a) On or before January 15, 2027, the Department of Health, in collaboration with the Board of Medical Practice, shall provide to the House Committees on Health Care and on Government Operations and Military Affairs and the Senate Committees on Health and Welfare and on Government Operations a report detailing a pathway to licensure for internationally trained physicians and medical graduates as an alternative to the pathway established in Sec. 2 of this act. The report shall include the following information:

(1) a summary of other states' processes for licensing internationally trained physicians and medical graduates to practice medicine and, if available, data on the outcomes of these processes and related programs;

(2) a description of the external resources needed to evaluate the education, experience, and examinations of internationally trained physicians and medical graduates and the availability of these resources;

(3) a proposal for licensing internationally trained physicians and medical graduates to practice medicine in Vermont, including potential qualifications and supervision requirements for licensure, a summary of any additional resources and statutory authority needed, and a plan and timeline for implementing the licensing program; and

(4) any additional information that the Department deems relevant to a robust consideration of the issues related to licensing internationally trained physicians and medical graduates to practice medicine in Vermont.

(b) In preparing the report required by this section, the Department shall consult with other states that have implemented licensing programs for internationally trained physicians and medical graduates; the Vermont chapter of the NAACP; third-party credentialing services; the Vermont Medical Society; the Vermont Association of Hospitals and Health Systems; and other advocacy organizations, researchers, and other entities whose expertise is relevant to developing the report.

Sec. 5. EFFECTIVE DATES

(a) Secs. 1 (26 V.S.A. § 1391) and 2 (26 V.S.A. chapter 23, subchapter 3B) shall take effect on July 1, 2028.

(b) Sec. 3 (rulemaking) shall take effect on July 1, 2027.

(c) Secs. 4 (alternative pathway to licensure for internationally trained physicians and medical graduates; report) and this section shall take effect on passage.

And that when so amended the bill ought to pass.

Senator Gulick, for the Committee on Finance, to which the bill was referred, reported that the bill ought to pass when so amended.

Senator Lyons, for the Committee on Appropriations, to which the bill was referred, reported that the bill ought to pass when so amended.

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

Bill Amended; Third Reading Ordered

S. 190.

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

An act relating to the Green Mountain Care Board, reference-based pricing, and hospital outsourcing of clinical care.

Reported recommending that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

* * * Reference-Based Pricing * * *

Sec. 1. 18 V.S.A. § 9376(e) is amended to read:

(e) Reference-based pricing.

* * *

(3)(A) The Board shall begin implementing reference-based pricing as soon as practicable but not later than hospital fiscal year 2027 by establishing the maximum amounts that Vermont hospitals shall accept as payment in full for items provided and services delivered. After initial implementation, the Board shall review the reference-based prices for each hospital annually as part of the hospital budget review process set forth in chapter 221, subchapter 7 of this title.

(B) The Board, in collaboration with the Department of Financial Regulation, shall monitor the implementation of reference-based pricing to ensure that any decreases in amounts paid to hospitals also result in decreases in health insurance premiums. The Board shall post its findings regarding the alignment between price decreases and premium decreases annually on its website.

(C)(i) For provider contracts entered into, amended, or renewed on or after October 1, 2026, each hospital and health insurer shall begin expressing as a percentage of Medicare or of another benchmark, if another benchmark is deemed appropriate by the Green Mountain Care Board, the rates for items and services identified pursuant to a collaborative process between the Board and representatives of Vermont hospitals.

(ii) When making public the charges for items and services pursuant to 45 C.F.R. Part 180, each hospital shall include in its machine-readable files pricing information shown as a percentage of Medicare rates, as well as in dollars and cents, disaggregated by payer and by plan.

(iii) For purposes of subdivisions (i) and (ii) of this subdivision (3)(C), a hospital may express rates as a percentage of Medicare based on the actual reimbursement amounts the hospital receives from Medicare for items provided and services delivered to Medicare beneficiaries until such time as the Green Mountain Care Board adopts a rule establishing the methodology for determining Medicare rates for use as a benchmark in establishing reference-based prices pursuant to this subsection (e).

(D)(i) Each hospital shall apply for, obtain, and use a unique National Provider Identifier (NPI) on all claims filed after October 1, 2027, for reimbursement or payment of items provided and services delivered at an off-campus department of the hospital that is distinct from the NPI used for services delivered at the main hospital campus or at any other off-campus hospital department.

(ii) As used in this subdivision (D):

(I) "Campus" has the same meaning as in 42 C.F.R. § 413.65.

(II) "Off-campus" means a facility located more than 250 yards from the main hospital campus.

* * *

Sec. 2. 33 V.S.A. § 1815 is added to read:

§ 1815. LIMITATIONS ON HOSPITAL REIMBURSEMENTS

(a)(1) As used in this section, "Medicare adjusted base rate" means the standardized Medicare payment amount for a hospital inpatient, outpatient, or professional service as determined under the Medicare program, calculated prior to the application of any hospital-specific, patient-specific, or policy-based payment adjustments and reflecting only the core payment methodology used by the Centers for Medicare and Medicaid Services to establish baseline payment levels, which include adjustments for geographic factors such as wages.

(2) For items provided and services delivered at a critical access hospital, the Medicare adjusted base rate shall be determined under the applicable Medicare prospective payment system, using the Medicare payment methodology that would apply if the hospital were not designated as a critical access hospital.

(b)(1) A registered carrier shall not reimburse or agree to reimburse a hospital more than 250 percent of the Medicare adjusted base rate for any item provided or service delivered in Vermont to an enrollee in a qualified health benefit plan.

(2) In the event that a registered carrier reimburses a hospital for an item or service on a capitated or other non-fee-for-service basis, the carrier shall ensure that its reimbursement method is adjusted to account for the reimbursement limit set forth in subdivision (1) of this subsection.

(c) The reimbursement limit set forth in subsection (b) of this section shall apply until the applicability date specified in the Green Mountain Care Board rule establishing the reference-based pricing methodology for all items provided and services delivered in Vermont hospitals.

(d) A hospital or hospital provider that is reimbursed in accordance with subsection (b) of this section shall not charge or collect from the patient any additional amounts other than the cost-sharing amounts authorized by the terms of the health benefit plan.

(e) In its reviews of premium rates in accordance with 8 V.S.A. § 4026, the Green Mountain Care Board shall ensure that the limitations on reimbursements established in this section are appropriately reflected in the premium rates for qualified health benefit plans.

Sec. 3. 18 V.S.A. chapter 221, subchapter 7 is amended to read:

Subchapter 7. Hospital Budgets and Budget Review

§ 9451. DEFINITIONS

As used in this subchapter:

* * *

(4)(A) “Medicare adjusted base rate” means the standardized Medicare payment amount for a hospital inpatient, outpatient, or professional service as determined under the Medicare program, calculated prior to the application of any hospital-specific, patient-specific, or policy-based payment adjustments and reflecting only the core payment methodology used by the Centers for Medicare and Medicaid Services to establish baseline payment levels, which include adjustments for geographic factors such as wages.

(B) For items provided and services delivered at a critical access hospital, the Medicare adjusted base rate shall be determined under the applicable Medicare prospective payment system, using the Medicare payment methodology that would apply if the hospital were not designated as a critical access hospital.

* * *

§ 9459. TARGETED COMMERCIAL REIMBURSEMENT RATE REDUCTIONS

(a) A hospital shall implement any commercial reimbursement rate reduction ordered by the Board pursuant to section 9456 of this title through the limitations on its commercial reimbursement rates for qualified health benefit plans in accordance with 33 V.S.A. § 1815.

(b) To the extent that a hospital is required by the Board's budget order to reduce its commercial reimbursement rates by amounts greater than the reductions achieved pursuant to subsection (a) of this section, the hospital shall reduce its commercial reimbursement rates that exceed 500 percent of the Medicare adjusted base rate or, if the hospital does not have any commercial reimbursement rates that exceed 500 percent of the Medicare adjusted base rate, by reducing its commercial reimbursement rates that are the highest in relation to the Medicare adjusted base rate.

(c) If a hospital demonstrates to the Board that the limitations on the hospital's reimbursement rates for qualified health plans set forth in 33 V.S.A. § 1815 or pursuant to this section are having a negative impact on access to care, the quality of care, or the sustainability of rural health care services, or a combination of these, the hospital may propose to increase the commercial reimbursement rates for one or more of its service lines, such as primary care, and the Board shall consider both the demonstrated impact and the proposed increase to reimbursement rates.

Sec. 4. IMPLEMENTATION OF REFERENCE-BASED PRICING FOR CERTAIN PUBLIC EMPLOYEE HEALTH PLANS; REPORT

(a) The Green Mountain Care Board, in consultation with the Departments of Financial Regulation and of Human Resources and the Vermont Education Health Initiative (VEHI), shall analyze commercial health insurance claims for inpatient and outpatient hospital items provided and services delivered to active and retired members and their dependents enrolled in the State Employees' Health Benefit Plan and in the health benefit plans offered to teachers and other school employees through VEHI to determine the opportunities available through the use of reference-based pricing and the projected impact on Vermont's hospitals. VEHI, the Department of Human Resources, and the administrator of the State Employees' Health Benefit Plan shall provide the Board with access to the claims data necessary to perform the analysis.

(b) On or before January 15, 2027, the Green Mountain Care Board shall provide to the House Committee on Health Care and the Senate Committee on Health and Welfare the Board's findings and any recommendations with respect to scope, timing, financial impacts, and other considerations in implementing reference-based pricing for items provided and services delivered to enrollees in the State Employees' Health Benefit Plan and in the health benefit plans offered by VEHI.

* * * Hospital Outsourcing * * *

Sec. 5. HOSPITAL OUTSOURCING; HOSPITAL BUDGETS;
PROVIDER TAXES; REPORT

(a) For fiscal year 2027 hospital budgets, the Green Mountain Care Board shall direct hospitals to provide such information as the Board may require regarding the clinical services that the hospital outsources to external entities.

(b) On or before January 15, 2027, the Green Mountain Care Board, after consulting with hospitals and their contracted independent providers and assessing the impact of outsourcing on access to and the quality and availability of care, shall provide findings and recommendations regarding hospital outsourcing to the House Committee on Health Care and the Senate Committee on Health and Welfare. In addition, the Board, in collaboration with the Agency of Human Services, shall report on the extent to which hospital outsourcing affects provider tax revenue and recommend any necessary modifications to 33 V.S.A. chapter 19, subchapter 2 to appropriately reflect expenditures for patient care at Vermont hospitals.

* * * Excluding Reference-Based Pricing from Scope of Health Care
Professional Bargaining * * *

Sec. 6. 18 V.S.A. § 9409 is amended to read:

§ 9409. HEALTH CARE PROVIDER BARGAINING GROUPS

(a) The Green Mountain Care Board may approve the creation of one or more health care provider bargaining groups, consisting of health care providers who choose to participate. A bargaining group is authorized to negotiate on behalf of all participating providers with the Secretary of Administration, the Secretary of Human Services, the Green Mountain Care Board, or the Commissioner of Labor with respect to any matter in this chapter; chapter 13, 219, 220, or 222 of this title; 21 V.S.A. chapter 9; and 33 V.S.A. chapters 18 and 19 with respect to provider regulation, provider reimbursement, administrative simplification, information technology, workforce planning, or quality of health care.

(b) The Green Mountain Care Board shall adopt by rule criteria for forming and approving bargaining groups and criteria and procedures for negotiations authorized by this section.

(c) The rules relating to negotiations shall include a nonbinding arbitration process to assist in the resolution of disputes. Nothing in this section shall be construed to limit the authority of the Secretary of Administration, the Secretary of Human Services, the Green Mountain Care Board, or the Commissioner of Labor to reject the recommendation or decision of the arbiter.

(d) Notwithstanding any provisions of this section to the contrary, the Green Mountain Care Board shall not be required to negotiate with a provider bargaining group or engage in a nonbinding arbitration process in connection with the Board's establishment of reference-based prices in accordance with subdivision 9375(b)(1)(A), subdivision 9375(b)(5), or section 9376 of this title.

* * * Appeals of Green Mountain Care Board Orders * * *

Sec. 7. 18 V.S.A. § 9381 is amended to read:

§ 9381. APPEALS

(a) The Green Mountain Care Board shall adopt procedures ~~for administrative appeals of its actions, orders, or other determinations. Such procedures shall~~ that provide for the issuance of a final order and for the creation of a record sufficient to serve as the basis for judicial review of the Board's final actions, orders, and other determinations pursuant to subsection (b) of this section.

(b) Any person aggrieved by a final action, order, or other determination of the Green Mountain Care Board may, ~~upon exhaustion of all administrative appeals available pursuant to subsection (a) of this section,~~ appeal to the Supreme Court pursuant to the Vermont Rules of Appellate Procedure.

* * *

* * * Data Infrastructure * * *

Sec. 8. 18 V.S.A. § 9411 is amended to read:

§ 9411. INTERACTIVE PRICE TRANSPARENCY DASHBOARD AND HEALTH SYSTEM PERFORMANCE TOOL

(a)(1) The Green Mountain Care Board shall develop and maintain a public, interactive, ~~Internet-based~~ internet-based price transparency dashboard that allows consumers to compare health care prices for certain health care services across the State. Using data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES) established pursuant to section 9410 of this title, the dashboard shall provide the range of actual allowed amounts for selected health care services, showing both the amount paid by the health insurer or other payer and the amount of the member's responsibility, and shall allow the consumer to sort the information by geographic location, by health care provider, by payer type, and by the specific health care procedure or health care service. The Board shall provide a link on the dashboard to the statewide comparative hospital quality report published by the Commissioner of Health pursuant to section 9405b of this title.

(b)(2) The Board shall update the information in the interactive price transparency dashboard at least annually.

(b)(1) The Board shall develop and maintain a public, interactive tool that displays information on health system performance, including information regarding quality, access, and affordability.

(2) The Board shall update the information in the health system performance tool on a regular basis, to the extent operationally feasible.

Sec. 9. IMPLEMENTATION OF HEALTH SYSTEM PERFORMANCE TOOL

The Green Mountain Care Board shall develop the health system performance tool described in 18 V.S.A. § 9411(b), as added by Sec. 8 of this act, only if the Board receives sufficient funding from the federal government or another source for this purpose.

* * * Public Employee Health Benefit Authority Study Committee * * *

Sec. 10. PUBLIC EMPLOYEE HEALTH BENEFIT AUTHORITY STUDY COMMITTEE; STATE TREASURER; REPORT

(a) Creation. There is created the Public Employee Health Benefit Authority Study Committee to evaluate opportunities to establish a State authority to develop and administer comprehensive and affordable health benefits for all public-sector employees in Vermont.

(b) Membership. The Study Committee shall be composed of the following members, who shall each be appointed by the entities they represent:

(1) the State Treasurer or designee;

(2) one member representing the Vermont State Employees' Association;

(3) one member representing the Vermont-National Education Association;

(4) one member representing the American Federation of Teachers;

(5) one member representing the United Electrical Workers;

(6) one member representing the American Federation of State, County and Municipal Employees;

(7) one member representing the Vermont School Boards Association;

(8) one member representing the Vermont League of Cities and Towns;

(9) one member representing the Vermont State College system;

(10) one member representing the University of Vermont; and

(11) one member representing the Department of Human Resources.

(c) Powers and duties; report.

(1) The Study Committee shall consider the topics set forth in this subsection and produce a report regarding the potential for establishing the Public Employee Health Benefit Authority to provide and administer health plans that would meet the health care and wellness needs of Vermont's municipal, State, public school, and public college and university employees and their dependents, including addressing all the following:

(A) the manner in which health benefits are provided to public employees in other states, including Oregon and Washington;

(B) the similarities and differences in the level and scope of coverage provided by current health plans offered to public employees;

(C) the similarities and differences in the current service or contractual agreements negotiated by public-sector parties with commercial health insurers, third-party administrators, and independent clinical and analytical vendors;

(D) uniform design, coordination, and administration of medical and pharmaceutical health plans, care networks, wellness initiatives, and medical privacy protections;

(E) uniform standards and protocols for contract review and negotiations with hospital facilities, nonhospital health care providers, commercial health insurers, third-party administrators, independent clinical and analytical vendors, and pharmacy benefit managers;

(F) streamlined, auditable processes to confirm the integrity and accuracy of billing from and reimbursements to hospitals, nonhospital health care providers, and vendors;

(G) opportunities to secure substantial and sustainable cost reductions for employees, employers, and taxpayers;

(H) monitoring and management of fiduciary risk;

(I) Public Employee Health Benefit Authority governance structures, deliberative processes, and equality of decision making by employer and organized labor representatives; staff positions; member and patient advocacy; and problem resolution on behalf of employees and employers;

(J) uniform standards and systems for collecting, analyzing, and securely transmitting data on clinical, utilization, quality of care, and other essential metrics to support health benefit plan management and vendor needs;

(K) opportunities to expand participant access to primary care, mental health, and community-based health care services; redirect care from hospitals and their emergency departments to less costly settings; and improve chronic disease management and medication therapy adherence; and

(L) alignment of Public Employee Health Benefit Authority operations and health benefit plans with the transition to reference-based pricing, global hospital budgets, and regional care transformations directed by acts of the General Assembly, including 2024 Acts and Resolves No. 134 and 2025 Acts and Resolves Nos. 55 and 68.

(2) The Study Committee shall provide recommendations regarding:

(A) a detailed blueprint, with timelines, to design, build, and launch the Public Employee Health Benefit Authority;

(B) the need, if any, for independent consultants or advisory personnel for establishing the Public Employee Health Benefit Authority and, going forward, to support its mission, on a regular or intermittent basis; and

(C) the projected costs of creating and annually funding the Public Employee Health Benefit Authority.

(3) On or before February 15, 2027, the Study Committee shall submit a report detailing the information set forth in subdivisions (1) and (2) of this subsection to the General Assembly and the Governor.

(d) Assistance. The Study Committee shall have the administrative, technical, and legal assistance of the Office of the State Treasurer and may engage the services of one or more consultants or firms to assist with facilitating meetings and public hearings and preparing its report.

(e) Meetings.

(1) The State Treasurer or designee shall call the first meeting of the Study Committee to occur on or before August 15, 2026.

(2) The State Treasurer or designee shall be the chair.

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

(4) The Study Committee shall cease to exist on March 1, 2027.

(f) Public hearings. The Study Committee shall schedule public hearings, both remote and in person, to allow public-sector employers and employees the opportunity to share their health care needs and concerns with the Study Committee before the issuance of the Study Committee's report.

(g) Access to information. Commercial health insurers, third-party administrators, the Vermont Education Health Initiative (VEHI), and clinical and analytical vendors that serve the public sector shall provide full and timely access to the Study Committee, with appropriate nondisclosure agreements in place as needed, to:

(1) their service contracts or agreements with relevant public-sector entities; and

(2) any data, including claims, actuarial, financial, and other data, that the Study Committee requests.

(h) Compensation and reimbursement. Members of the Study Committee shall not receive per diem compensation and reimbursement of expenses for their participation on the Study Committee.

(i) Appropriation. The sum of \$50,000.00 is appropriated to the Office of the State Treasurer from the General Fund in fiscal year 2027 to pay for the services of one or more consultants or firms.

* * * Effective Date * * *

Sec. 11. EFFECTIVE DATE

This act shall take effect on passage.

and that after passage the title of the bill be amended to read: "An act relating to the Green Mountain Care Board, reference-based pricing, and studying the creation of a Public Employee Health Benefit Authority"

And that when so amended the bill ought to pass.

Senator Lyons, for the Committee on Appropriations, to which the bill was referred, reported that the bill be amended as recommended by the Committee on Health and Welfare with the following amendments thereto:

In Sec. 10, Public Employee Health Benefit Authority Study Committee; State Treasurer; report, in subsection (d), by inserting before the period ", to the extent funds are made available for this purpose" and by striking out subsection (i) in its entirety

And that when so amended the bill ought to pass.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, and the recommendation of the Committee on Health and Welfare was amended as recommended by the Committee on Appropriations.

Thereupon, pending the question, Shall the bill be read a third time?, Senators Lyons, Benson, Cummings and Morley moved that the report of the Committee on Health and Welfare, as amended, be further amended as follows:

First: In Sec. 2, 33 V.S.A. § 1815, by striking out subsection (c) in its entirety and inserting in lieu thereof a new subsection (c) to read as follows:

(c) The reimbursement limit set forth in subsection (b) of this section shall remain in effect unless and until the Green Mountain Care Board establishes a different reference-based price pursuant to 18 V.S.A. § 9376(e).

Second: In Sec. 3, 18 V.S.A. chapter 221, subchapter 7, in section 9459, by striking out subsection (c) in its entirety and inserting in lieu thereof a new subsection (c) to read as follows:

(c) Except as provided in subsections (a) and (b) of this section and in 33 V.S.A. § 1815, a hospital may increase the commercial reimbursement rates for one or more of its service lines, such as primary care, provided that in doing so the hospital remains compliant with the total budget ordered for the hospital by the Board pursuant to section 9456 of this subchapter.

Third: By adding a new reader assistance heading and a new section to be Sec. 11 to read as follows:

* * * Critical Access Hospitals; Medicare Outpatient Cost Sharing * * *

Sec. 11. CRITICAL ACCESS HOSPITALS; MEDICARE OUTPATIENT
COST SHARING; WORKING GROUP; REPORT

(a)(1) The Green Mountain Care Board shall convene a working group comprising representatives of the Board, of the Departments of Vermont Health Access and of Financial Regulation, of critical access hospitals, of health insurers offering Medicare supplement insurance policies, and of the Office of the Health Care Advocate to develop recommendations for ways to mitigate the effects of a federal requirement that Medicare beneficiaries bear financial responsibility for 20 percent of the amount charged for outpatient services delivered by critical access hospitals.

(2) On or before January 15, 2027, the Green Mountain Care Board shall provide the working group's recommendations, including the projected impact of each recommendation on patients, critical access hospitals, and premiums for Medicare supplement insurance policies, and the State budget, to

the House Committees on Health Care and on Appropriations and the Senate Committees on Health and Welfare, on Finance, and on Appropriations.

(b) The Green Mountain Care Board shall not address or attempt to address the effects of the federal Medicare cost-sharing requirements for outpatient services delivered by critical access hospitals through the Board's hospital budget review authority under 18 V.S.A. chapter 221, subchapter 7 in the fiscal year 2027 hospital budgets.

and by renumbering the existing Sec. 11, effective date, to be Sec. 12

Which was agreed to.

Thereupon, the bill was read a second time by title only pursuant to Rule 43, the recommendation of amendment of the Committee on Health and Welfare, as amended, was agreed to, and third reading of the bill was ordered.

Consideration Resumed; Amendment Withdrawn; Bill Amended; Bill Passed

S. 278.

Consideration was resumed on Senate bill entitled:

An act relating to cannabis.

Thereupon, pending the question, Shall the bill be amended as recommended by Senator Vyhovsky?, Senator Vyhovsky requested and was granted leave to withdraw the recommendation of amendment.

Thereupon, pending third reading of the bill, Senator Vyhovsky moved that the bill be amended following Sec. 29, repeals, by inserting new Secs. 30 and 31 and a reader assistance heading to read as follows:

* * * Residential Rental Agreements; Prohibiting Restrictions on Cannabis Possession or Use * * *

Sec. 30. 9 V.S.A. § 4468b is added to read:

§ 4468b. RENTAL AGREEMENTS; CANNABIS RESTRICTIONS
PROHIBITED

A rental agreement shall not contain a provision that prohibits a tenant from possessing cannabis or cannabis products within the rental premises or using cannabis or cannabis products within a dwelling unit, except that a rental agreement may prohibit the use of lighted cannabis or cannabis products within the rental premises. This section shall not apply to any rental agreements that are required by federal law to prohibit the possession or use of cannabis within the rental premises.

Sec. 31. 18 V.S.A. § 4230a is amended to read:

§ 4230A. CANNABIS POSSESSION BY A PERSON 21 YEARS OF AGE
OR OLDER

* * *

(b)(1) Cannabis possessed or consumed in violation of State law is contraband pursuant to subsection 4242(d) of this title and subject to seizure and forfeiture.

(2) This section does not:

* * *

(E) prohibit a landlord from banning ~~possession or~~ use of lighted cannabis or cannabis products in a lease agreement; or

* * *

and by renumbering the remaining section to be numerically correct.

Which was agreed to.

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

Rules Suspended; Resolution Recommended

S.R. 24.

Appearing on the Calendar for notice, on motion of Senator Baruth, the rules were suspended and Senate resolution entitled:

Senate resolution reaffirming the abiding friendship between the State of Vermont and the Republic of China (Taiwan) on the 27th anniversary of the Vermont-Taiwan sister-state relationship and supporting enhanced Vermont-Taiwan bilateral relations and Taiwan's participation in international organizations

Was taken up.

Thereupon, Senator Clarkson moved to recommit the resolution to the Committee on Economic Development, Housing and General Affairs, which was agreed to

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 adopted in concurrence:

Offered by All Members of the House,

H.C.R. 230.

House concurrent resolution recognizing April 2026 as National Child Abuse Prevention Month in Vermont and honoring Prevent Child Abuse Vermont for a half century of outstanding community leadership and service.

Offered by Rep. Quimby,

H.C.R. 231.

House concurrent resolution honoring the outstanding achievements of the federal TRIO programs in Vermont.

Offered by Reps. Howard and others,

Offered by Senators Collamore, Weeks and Williams,

H.C.R. 232.

House concurrent resolution congratulating Malik Hines on his being named a National Afterschool Association's 2026 Next Generation of Afterschool Leader.

Offered by Reps. Cole and others,

H.C.R. 233.

House concurrent resolution honoring the 2026 nominees for the Boys & Girls Clubs of America's Vermont Youth of the Year award.

Offered by Rep. Noyes,

H.C.R. 234.

House concurrent resolution designating April 9, 2026, as Alzheimer's Awareness Day at the State House.

Offered by Reps. North and Birong,

Offered by Senators Hardy and Heffernan,

H.C.R. 235.

House concurrent resolution congratulating Sophia Parker of Addison on her selection as the 80th Miss Vermont.

Offered by Rep. Cooper,

H.C.R. 236.

House concurrent resolution celebrating the importance of the manufacturing industry in the Vermont economy and designating April 2, 2026, as Manufacturing Day at the State House.

Offered by All Members of the House,

H.C.R. 237.

House concurrent resolution congratulating the Vermont-associated 2026 Winter Olympics medal winners.

Offered by All Members of the House,

H.C.R. 238.

House concurrent resolution congratulating the Vermont Association for the Blind and Visually Impaired on a century of advocating for and facilitating the realization of outstanding support services.

Adjournment

On motion of Senator Baruth, the Senate adjourned, to reconvene on Tuesday, March 31, 2026, at nine o'clock and thirty minutes in the forenoon pursuant to J.R.S. 46.