

1 H.362

2 Introduced by Representative Cordes of Lincoln

3 Referred to Committee on

4 Date:

5 Subject: health; health care; health care providers; provider diversity

6 Statement of purpose of bill as introduced: This bill proposes to update health
7 care provider terminology in the Vermont Statutes Annotated to incorporate
8 references to advanced practice registered nurses.

9 An act relating to updating statute language to reflect provider diversity

10 It is hereby enacted by the General Assembly of the State of Vermont:

11 * * * State Officers and Employees Generally * * *

12 Sec. 1. 3 V.S.A. § 264 is amended to read:

13 § 264. ACCUMULATED SICK LEAVE

14 An employee who has an accumulated sick leave balance shall be
15 authorized its use although recovery and return to duty is impossible.

16 However, periodically, at the request of the appointing authority or
17 representative, the disability or illness and inability to perform position
18 requirements, must be certified to by a licensed physician, advanced practice
19 registered nurse, or osteopath. No sick leave shall be authorized beyond
20 mandatory retirement age under the Retirement System

1 * * * Vermont Employees' Retirement System * * *

2 Sec. 2. 3 V.S.A. § 462 is amended to read:

3 § 462. REEXAMINATION OF DISABILITY BENEFICIARY

4 (a) Once each year during the first five years following the retirement of a
5 member on a disability retirement allowance, and once in every ~~three-year~~
6 three-year period thereafter, the Retirement Board may, and upon the
7 member's application shall, require any disability beneficiary who has not
8 reached ~~his or her~~ the beneficiary's normal retirement date to undergo a
9 medical examination, by the Medical Board ~~or~~, by a physician or physicians
10 designated by the Medical Board, or by an advanced practice registered nurse
11 designated by the Board of Nursing, such examination to be made at the place
12 of residence of such beneficiary or other place mutually agreed upon. Should
13 any disability beneficiary who has not reached ~~his or her~~ the beneficiary's
14 normal retirement date refuse to submit to such medical examination, the
15 beneficiary's allowance may be discontinued until ~~his or her~~ the beneficiary's
16 withdrawal of such refusal, and should the beneficiary's refusal continue for
17 one year, all the beneficiary's rights in and to ~~his or her~~ the beneficiary's
18 pension may be revoked by the Retirement Board.

19 * * *

1 * * * Life Insurance Policies and Annuity Contracts * * *

2 Sec. 3. 8 V.S.A. chapter 103 is amended to read:

3 CHAPTER 103. LIFE INSURANCE POLICIES AND ANNUITY

4 CONTRACTS

5 * * *

6 § 3838. APPROVAL OF LIFE SETTLEMENT CONTRACTS,

7 DISCLOSURE STATEMENTS, AND RELATED FORMS

8 (a) A person shall not use a life settlement contract form or related form or
9 provide to a policy owner in this State any of the disclosure statement forms
10 required by subsections 3841(a), (b), and (c) of this title unless such forms are
11 first filed with and approved by the Commissioner. Related forms include the
12 statement of attending physician or an advanced practice registered nurse
13 required by subdivision 3843(a)(1)(A) of this title; the medical records release
14 form required by subdivision 3843(a)(1)(B) of this title; the policy owner's
15 statement of understanding form required by subdivision 3843(a)(5) of this
16 title; any application form to be used by the policy owner to request a life
17 settlement; any advertising material that the Commissioner, in ~~his or her~~ the
18 Commissioner's discretion, requires to be filed; and such other forms as the
19 Commissioner may prescribe by rule or order.

20 * * *

1 § 3843. GENERAL RULES

2 (a)(1) A life settlement provider entering into a life settlement contract
3 shall first obtain:

4 (A) if the policy owner is the insured, a written statement from a
5 licensed attending physician or an advanced practice registered nurse that the
6 policy owner is of sound mind and under no constraint or undue influence to
7 enter into a life settlement contract; and

8 * * *

9 (g)(1) In order to ~~assure~~ ensure that terminally ill policy owners receive a
10 reasonable return for entering into a life settlement contract, the following shall
11 be minimum payouts; provided that upon request of the policy owner the
12 Commissioner may waive the requirements of this subdivision:

13 * * *

14 (7) Life expectancy shall be determined by a physician or an advanced
15 practice registered nurse selected by the terminally ill policy owner, on the
16 basis of medical records. The physician or advanced practice registered nurse
17 selected will send life expectancy information to the life settlement provider.
18 If the life settlement provider disagrees with the life expectancy estimate of the
19 physician or advanced practice registered nurse selected by the terminally ill
20 policy owner, the terminally ill policy owner will select a second physician or
21 advanced practice registered nurse to make an estimate of life expectancy,

1 based on medical records. The second physician's or advanced practice
2 registered nurse's decision shall be final.

3 * * *

4 § 3844. PROHIBITED PRACTICES

5 (a) It is a violation of this subchapter for any person to:

6 * * *

7 (3) Enter, within a five-year period commencing with the date of
8 issuance of the insurance policy or certificate, into a life settlement contract
9 unless the policy owner certifies to the life settlement provider that one or
10 more of the following conditions have commenced or occurred after the date of
11 issuance of the insurance policy or certificate and within the five-year period:

12 * * *

13 (B) The policy owner submits independent evidence to the life
14 settlement provider that one or more of the following conditions have
15 commenced or occurred after the date of issuance of the insurance policy or
16 certificate and within the five-year period:

17 * * *

18 (v) the policy owner becomes physically or mentally disabled and
19 a physician or an advanced practice registered nurse determines that the
20 disability prevents the policy owner from maintaining full-time employment;

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* * * Health Insurance * * *

Sec. 4. 8 V.S.A. § 4082 is amended to read:

§ 4082. BLANKET INSURANCE; POLICY CONTENTS

(a) No such blanket health insurance policy shall contain any provision relative to notice of claim, proofs of loss, time of payment of claims, or time within which legal action must be brought upon the policy ~~which~~ that, in the opinion of the Commissioner, is less favorable to the persons insured than would be permitted by the provisions set forth in section 4065 of this title. An individual application shall not be required from a person covered under a blanket health policy or contract, nor shall it be necessary for the insurer to furnish each person a certificate. All benefits under any blanket health policy shall, unless for hospital ~~and~~, physician, and advanced practice registered nurse service or surgical benefits, be payable to the person insured, or to ~~his or her~~ the person insured's designated beneficiary or beneficiaries, or to ~~his or her~~ the person insured's estate, except that if the person insured be a minor, such benefits may be made payable to ~~his or her~~ the person insured's parent, guardian, or other person actually supporting ~~his or her~~ the person insured. Nothing contained in this section or section 4081 of this title shall be deemed to affect the legal liability of policyholders for the death of, or injury to, any such members of such group.

* * *

1 Sec. 5. 8 V.S.A. § 4088d is amended to read:

2 § 4088d. COVERAGE FOR COVERED SERVICES PROVIDED BY
3 NATUROPATHIC PHYSICIANS

4 (a) A health insurance plan shall provide coverage for medically necessary
5 health care services covered by the plan when provided by a naturopathic
6 physician licensed in this State for treatment within the scope of practice
7 described in 26 V.S.A. chapter 81 and shall recognize naturopathic physicians
8 who practice primary care to be primary care physicians. Health care services
9 provided by naturopathic physicians may be subject to reasonable deductibles,
10 co-payment and coinsurance amounts, and fee or benefit limits consistent with
11 those applicable to other primary care ~~physicians~~ providers under the plan, as
12 well as practice parameters, cost-effectiveness and clinical efficacy standards,
13 and utilization review consistent with any applicable rules published by the
14 Department of Financial Regulation. Any amounts, limits, standards, and
15 review shall not function to direct treatment in a manner unfairly
16 discriminative against naturopathic care, and collectively shall be not more
17 restrictive than those applicable under the same policy to care or services
18 provided by other primary care ~~physicians~~ providers, but may allow for the
19 management of the benefit consistent with variations in practice patterns and
20 treatment modalities among different types of health care providers. A health
21 insurance plan may require that the naturopathic physician's services be

1 provided by a licensed naturopathic physician under contract with the insurer
2 or shall be covered in a manner consistent with out-of-network provider
3 reimbursement practices for primary care ~~physicians~~ providers; however, this
4 shall not relieve a health insurance plan from compliance with the applicable
5 network adequacy requirements adopted by the Commissioner by rule.

6 Nothing contained in this section shall be construed as impeding or preventing
7 either the provision or the coverage of health care services by licensed
8 naturopathic physicians, within the lawful scope of naturopathic practice, in
9 hospital facilities on a staff or employee basis.

10 * * *

11 Sec. 6. 8 V.S.A. § 4088i is amended to read:

12 § 4088i. COVERAGE FOR DIAGNOSIS AND TREATMENT OF EARLY
13 CHILDHOOD DEVELOPMENTAL DISORDERS

14 * * *

15 (f) As used in this section:

16 * * *

17 (10) “Pharmacy care” means medications prescribed by a licensed
18 physician or an advanced practice registered nurse and any health-related
19 services deemed medically necessary to determine the need for or effectiveness
20 of a medication.

1 (11) “Psychiatric care” means direct or consultative services provided
2 by a licensed physician certified in psychiatry by the American Board of
3 Medical Specialties or a psychiatric or mental health nurse practitioner.

4 * * *

5 Sec. 7. 8 V.S.A. § 4089a is amended to read:

6 § 4089a. MENTAL HEALTH CARE SERVICES REVIEW

7 * * *

8 (b) Definitions. As used in this section:

9 * * *

10 (2) “Mental health care provider” or “mental health care professional”
11 means any person, corporation, facility, or institution certified or licensed by
12 this State to provide mental health care services, including a physician, a ~~nurse~~
13 ~~with recognized psychiatric specialties~~ psychiatric or mental health nurse
14 practitioner, hospital or other health care facility, psychologist, clinical social
15 worker, mental health counselor, alcohol or drug abuse counselor, or an
16 employee or agent of such provider acting in the course and scope of
17 employment or an agency related to mental health care services.

18 * * *

19 (4) “Review agent” means a person or entity performing service review
20 activities within one year of the date of a fully compliant application for
21 licensure who is either affiliated with, under contract with, or acting on behalf

1 of a business entity in this State and who provides or administers mental health
2 care benefits to members of health benefit plans subject to the Department's
3 jurisdiction, including a health insurer, nonprofit health service plan, health
4 insurance service organization, health maintenance organization, or preferred
5 provider organization, including organizations that rely upon primary care
6 ~~physicians~~ providers to coordinate delivery of services.

7 * * *

8 Sec. 8. 8 V.S.A. § 4089d is amended to read:

9 § 4089d. COVERAGE; DEPENDENT CHILDREN

10 * * *

11 (d) A health insurance plan that covers dependent children who are full-
12 time college students beyond 18 years of age shall include coverage for a
13 dependent's medically necessary leave of absence from school for a period not
14 to exceed 24 months or the date on which coverage would otherwise end
15 pursuant to the terms and conditions of the policy or coverage, whichever
16 comes first, except that coverage may continue under subsection (b) of this
17 section as appropriate. To establish entitlement to coverage under this
18 subsection, documentation and certification by the student's treating physician
19 or advanced practice registered nurse of the medical necessity of a leave of
20 absence shall be submitted to the insurer or, for self-insured plans, the health
21 plan administrator. The health insurance plan may require reasonable periodic

1 proof from the student’s treating physician or advanced practice registered
2 nurse that the leave of absence continues to be medically necessary.

3 Sec. 9. 8 V.S.A. § 4089e is amended to read:

4 § 4089e. TREATMENT OF INHERITED METABOLIC DISEASES

5 (a) ~~For the purposes of~~ As used in this section:

6 * * *

7 (3) “Low protein modified food product” means a food product that is
8 specifically formulated to have less than one gram of protein per serving and is
9 intended to be used under the direction of a physician or an advanced practice
10 registered nurse for the dietary treatment of a metabolic disease.

11 (4) “Medical food” means an amino acid modified preparation that is
12 intended to be used under the direction of a physician or an advanced practice
13 registered nurse for the dietary treatment of an inherited metabolic disease.

14 * * *

15 Sec. 10. 8 V.S.A. § 4089g is amended to read:

16 § 4089g. CRANIOFACIAL DISORDERS

17 (a) A health insurance plan shall provide coverage for diagnosis and
18 medically necessary treatment, including surgical and nonsurgical procedures,
19 for a musculoskeletal disorder that affects any bone or joint in the face, neck,
20 or head and is the result of accident, trauma, congenital defect, developmental
21 defect, or pathology. Subject to subsection (b) of this section, this coverage

1 shall be the same as that provided under the health insurance plan for any other
2 musculoskeletal disorder in the body and may be provided when prescribed or
3 administered by a physician, an advanced practice registered nurse, or a
4 dentist. This section shall not be construed to require coverage for dental
5 services for the diagnosis or treatment of dental disorders or dental pathology
6 primarily affecting the gums, teeth, or alveolar ridge.

7 * * *

8 Sec. 11. 8 V.S.A. § 4095 is amended to read:

9 § 4095. DEFINITIONS

10 As used in this subchapter:

11 * * *

12 (2) “Home health care” means care and treatment provided by a home
13 health agency and designed and supervised by a physician or an advanced
14 practice registered nurse, without which care and treatment a person would
15 require institutionalization in a hospital or skilled nursing facility as those are
16 defined by Medicare regulations. The care and treatment shall consist of one
17 or more of the following:

18 * * *

19 Sec. 12. 8 V.S.A. § 4100a is amended to read:

20 § 4100a. MAMMOGRAMS; COVERAGE REQUIRED

21 * * *

1 (d) As used in this subchapter:

2 * * *

3 (3) "Screening" includes the mammography or ultrasound test procedure
4 and a qualified physician's or an advanced practice registered nurse's
5 interpretation of the results of the procedure, including additional views and
6 interpretation as needed.

7 Sec. 13. 8 V.S.A. § 4100g is amended to read:

8 § 4100g. COLORECTAL CANCER SCREENING, COVERAGE

9 REQUIRED

10 (a) ~~For purposes of~~ As used in this section:

11 (1) "Colonoscopy" means a procedure that enables a physician or an
12 advanced practice registered nurse to examine visually the inside of a patient's
13 entire colon and includes the concurrent removal of polyps or biopsy, or both.

14 * * *

15 (b) Insurers shall provide coverage for colorectal cancer screening,

16 including:

17 * * *

18 (2) For an insured who is at high risk for colorectal cancer, colorectal
19 cancer screening examinations and laboratory tests as recommended by the
20 treating physician or advanced practice registered nurse.

1 (c) For the purposes of subdivision (b)(2) of this section, an individual is at
2 high risk for colorectal cancer if the individual has:

3 * * *

4 (4) other predisposing factors as determined by the individual's treating
5 physician or advanced practice registered nurse.

6 (d) Colorectal cancer screening services performed under contract with the
7 insurer shall not be subject to any co-payment, deductible, coinsurance, or
8 other cost-sharing requirement. In addition, an insured shall not be subject to
9 any additional charge for any service associated with a procedure or test for
10 colorectal cancer screening, which may include one or more of the following:

11 * * *

12 (3) physician or advanced practice registered nurse services;

13 * * *

14 Sec. 14. 8 V.S.A. § 4100i is amended to read:

15 § 4100i. ANESTHESIA COVERAGE FOR CERTAIN DENTAL

16 PROCEDURES

17 (a) A health insurance plan shall provide coverage for the hospital or
18 ambulatory surgical center charges and administration of general anesthesia
19 administered by a licensed anesthesiologist or certified registered nurse
20 anesthetist for dental procedures performed on a covered person who is:

21 * * *

1 (2) a child 12 years of age or younger with documented phobias or a
2 documented mental condition or psychiatric disability, as determined by a
3 physician licensed pursuant to 26 V.S.A. chapter 23, by an advanced practice
4 registered nurse licensed by 26 V.S.A. chapter 28, or by a licensed mental
5 health professional, whose dental needs are sufficiently complex and urgent
6 that delaying or deferring treatment can be expected to result in infection, loss
7 of teeth, or other increased oral or dental morbidity; for whom a successful
8 result cannot be expected from dental care provided under local anesthesia; and
9 for whom a superior result can be expected from dental care provided under
10 general anesthesia; or

11 (3) a person who has exceptional medical circumstances or a
12 developmental disability, as determined by a physician licensed pursuant to 26
13 V.S.A. chapter 23 or an advanced practice registered nurse licensed by 26
14 V.S.A. chapter 28, which place the person at serious risk.

* * *

* * * Life and Health Insurance Guaranty Association * * *

Sec. 15. 8 V.S.A. § 4185 is amended to read:

§ 4185. APPLICATION OF SUBCHAPTER 1 TO THE VERMONT
HEALTH MAINTENANCE ORGANIZATION GUARANTY
ASSOCIATION; MAXIMUM BENEFITS

* * *

1 (c)(1) Benefits for which the Association may become liable shall in no
2 event exceed the lesser of:

3 * * *

4 (2) In no event shall the Association be required to pay any provider
5 participating in the insolvent organization any amount for in-plan services
6 rendered by such provider prior to the insolvency of the organization in excess
7 of:

8 (A) the amount provided by a contract between a physician provider
9 or an advanced practice registered nurse provider and the insolvent
10 organization for such services; or

11 * * *

12 * * * Nonprofit Medical Service Corporations * * *

13 Sec. 16. 8 V.S.A. § 4583 is amended to read:

14 § 4583. PURPOSES AND DEFINITION

15 A medical service corporation is a nonprofit sharing corporation without
16 capital stock, organized under the laws of this State for the purpose of
17 establishing, maintaining, and operating a plan through which medical or
18 medical and dental services may be provided at the expense of the corporation
19 by duly licensed physicians, advanced practice registered nurses, and dentists
20 to subscribers under contract, entitling each subscriber to certain medical
21 services or medical and dental services as provided in the contract.

1 Corporations formed under the provisions of this chapter shall have the
2 privileges and be subject to the provisions of Title 11B as well as the
3 applicable provisions of this chapter. In the event of a conflict between the
4 provisions of Title 11B and the provisions of this chapter, the latter shall
5 control.

6 Sec. 17. 8 V.S.A. § 4585 is amended to read:

7 § 4585. REQUIRED CONTRACT PROVISIONS

8 Contracts entered into by a medical service corporation shall be in writing,
9 one copy of which shall be furnished to the subscriber. The contract shall
10 contain the following provisions:

11 * * *

12 (8) A statement that the subscriber shall be entitled to engage the
13 services of a physician, an advanced practice registered nurse, or a surgeon of
14 the subscriber's choosing to perform services covered by the contract, provided
15 that the physician or surgeon is licensed by the State Board of Medical
16 Practice, or the advanced practice registered nurse is registered by the State
17 Board of Nursing, and agrees to be governed by the bylaws of the corporation
18 with respect to payment of fees for the physician's, advanced practice
19 registered nurse's, or surgeon's services.

1 testing algorithm for serum or plasma specimens, used to determine the
2 existence of HIV antibodies or antigens in the blood.

3 * * *

4 (B)(i) No person shall request or require that an individual submit to
5 an HIV-related test unless ~~he or she~~ the person has first obtained the
6 individual's written informed consent to the test. Before written, informed
7 consent may be granted, the individual shall be informed, by means of a
8 printed information statement that shall have been read aloud to the individual
9 by any agent of the insurer at the time of application or later and then given to
10 the individual for review and retention, of the following:

11 * * *

12 (II) an explanation that the individual is free to consult, at
13 personal expense, with a personal physician, an advanced practice registered
14 nurse, or a counselor or the Vermont Department of Health, which shall remain
15 confidential, or to obtain an anonymous test at the individual's choice and
16 personal expense, before deciding whether to consent to testing and that such
17 delay will not affect the status of any application or policy; and

18 * * *

19 * * * Health Maintenance Organization * * *

20 Sec. 19. 8 V.S.A. § 5101 is amended to read:

21 § 5101. DEFINITIONS

1 As used in this chapter:

2 * * *

3 (4) “Health care services” means physician, advanced practice registered
4 nurse, hospitalization, laboratory, x-ray service, and medical equipment and
5 supplies, which may include: medical, surgical, and dental care; psychological,
6 obstetrical, osteopathic, optometric, optic, podiatric, chiropractic, nursing,
7 physical therapy services, and pharmaceutical services; health education;
8 preventive medical, rehabilitative, and home health services; inpatient and
9 outpatient hospital services, extended care, nursing home care, convalescent
10 institutional care, laboratory and ambulance services, appliances, drugs,
11 medicines, and supplies; and any other care, service, or treatment of disease or
12 conditions, or the maintenance of the physical and mental well-being of
13 members.

14 * * *

15 (7) “Provider” means any physician, advanced practice registered nurse,
16 hospital, or other institution, organization, or other person who furnishes health
17 care services.

18 * * *

19 * * * Hunting and Fishing Licenses: Dept. of Fish and Wildlife * * *

20 Sec. 20. 10 V.S.A. § 4255 is amended to read:

21 § 4255. LICENSE FEES

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(c) A permanent or free license may be secured on application to the Department by a person qualifying as follows:

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(3) A Vermont resident with paraplegia as defined in subdivision 4001(30) of this title or a permanent, severe, physical mobility disability certified by a physician or an advanced practice registered nurse may receive a free permanent fishing license or, if the person qualifies for a hunting license, a free combination hunting and fishing license. A person with paraplegia or a person certified by a physician or an advanced practice registered nurse to have permanent, severe, physical mobility disability who is a resident of a state that provides a reciprocal privilege for Vermont residents may receive a free one-year fishing license or, if the person qualifies for a hunting license, a free one-year combination fishing and hunting license.

* * *

* * * Game * * *

Sec. 21. 10 V.S.A. § 4705 is amended to read:
§ 4705. SHOOTING FROM MOTOR VEHICLES OR AIRCRAFT;
SHOOTING FROM OR ACROSS HIGHWAY; PERMIT

* * *

1 (e) Subsections (a) and (c) of this section shall not apply to a licensed
2 hunter with paraplegia or who is certified by a physician or an advanced
3 practice registered nurse to be unable to pursue game because of permanent
4 severe physical disability, if ~~he or she~~ the licensed hunter obtains a permit as
5 provided in this subsection. The Commissioner on receipt of satisfactory
6 proof of the disability of an applicant may issue a permit under this subsection.
7 This permit shall be attached to the license and shall remain in effect until the
8 death of the holder, unless the Commissioner has reason to believe the permit
9 is misused. The holder of the permit shall carry it at all times while hunting
10 and shall produce it on demand for inspection by any game warden or other
11 law enforcement officer authorized to make arrests. The holder of the permit
12 may take game from a vehicle or boat but only if it is stationary and is not
13 within 10 feet of the traveled portion of a public highway. In no event shall the
14 holder of a permit shoot across the traveled portion of a public highway.

15 * * *

16 Sec. 22. 10 V.S.A. § 4715 is amended to read:

17 § 4715. REMOTE-CONTROL HUNTING

18 * * *

19 (e) A person who is physically disabled to the degree that ~~he or she~~ the
20 person cannot operate a device allowed for taking of game under Vermont law
21 may obtain a permit to take game in Vermont with a device that is in the

1 immediate vicinity of the permittee and that the permittee operates using
2 remote-control technology other than the Internet. A person applying for this
3 permit shall personally appear before the Commissioner or the Commissioner's
4 designee and submit certification from a licensed physician or an advanced
5 practice registered nurse describing the person's limitations. The
6 Commissioner may obtain a second medical opinion to verify the disability.
7 Upon satisfactory proof of the disability, the Commissioner may issue a permit
8 describing the device and method the person may use to take game. The
9 Commissioner shall require that the permittee be accompanied while hunting
10 by a person who is licensed to hunt in Vermont unless the permittee can
11 demonstrate that ~~he or she~~ the permittee is able to track injured game and to
12 retrieve and care for a carcass. If the permit is not intended to be a permanent
13 permit, it shall state the date on which the permit expires. The permit shall be
14 attached to the hunting license, and the holder shall carry it at all times while
15 hunting and produce it on demand for inspection by any fish and wildlife
16 warden or other law enforcement officer.

17 * * * Prevention of Fraud and Perjuries * * *

18 Sec. 23. 12 V.S.A. § 181 is amended to read:

19 § 181. AGREEMENTS REQUIRED TO BE WRITTEN

20 An action at law shall not be brought in the following cases unless the
21 promise, contract, or agreement upon which such action is brought or some

1 memorandum or note thereof is in writing, signed by the party to be charged
2 therewith or by some person thereunto by ~~him or her~~ the party lawfully
3 authorized:

4 * * *

5 (6) An agreement to cure, a promise to cure, a contract to cure, or
6 warranty of cure relating to medical care or treatment or the results of a service
7 rendered by a health care professional, which shall mean a person or
8 corporation licensed by this State to provide health care or professional
9 services as a physician, dentist, advanced practice registered nurse, registered
10 or licensed practical nurse, optometrist, podiatrist, chiropractor, physical
11 therapist, or psychologist, or an officer, employee, or agent thereof acting in
12 the course and scope of ~~his or her~~ employment.

13 * * *

14 * * * Witnesses: Qualifications, Privileges, and Credibility * * *

15 Sec. 24. 12 V.S.A. § 1611 is amended to read:

16 § 1611. WRITTEN STATEMENTS; CONSENT OF PHYSICIAN,
17 ADVANCED PRACTICE NURSE PRACTITIONER, OR
18 PARENT

19 In civil cases, a written statement of a person who has been injured and is
20 under the care of a physician or an advanced practice registered nurse and
21 confined in a hospital, taken without the permission of the attending physician

1 or advanced practice registered nurse, or if the person is a minor, without the
2 permission of the parent as well, shall not be admissible in any court
3 proceeding either as an admission or as impeaching evidence.

4 * * * Conduct of Trial * * *

5 Sec. 25. 12 V.S.A. § 1908 is amended to read:

6 § 1908. BURDEN OF PROOF

7 For the purpose of this section, malpractice shall mean professional medical
8 negligence comprised of the elements listed herein. In a malpractice action
9 based on the negligence of the personnel of a hospital, a physician licensed
10 under 26 V.S.A. chapter 23, a dentist licensed under 26 V.S.A. chapter 13, a
11 podiatrist licensed under 26 V.S.A. chapter 7, a chiropractor licensed under 26
12 V.S.A. chapter 9, ~~a~~ an advanced practice registered nurse licensed under 26
13 V.S.A. chapter ~~27~~ 28, or an osteopathic physician licensed under 26 V.S.A.
14 chapter 33, the plaintiff shall have the burden of proving:

15 * * *

16 * * * Breach of the Peace; Disturbances * * *

17 Sec. 26. 13 V.S.A. § 1028 is amended to read:

18 § 1028. ASSAULT OF PROTECTED PROFESSIONAL; ASSAULT WITH
19 BODILY FLUIDS

20 * * *

21 (d) As used in this section:

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(3) “Health care worker” means an employee of a health care facility or a licensed physician or an advanced practice registered nurse who is on the medical staff of a health care facility who provides direct care to patients or who is part of a team-response to a patient or visitor incident involving real or potential violence.

* * *

* * * Sexual Exploitation of Children * * *

Sec. 27. 13 V.S.A. § 2824 is amended to read:

§ 2824. PROMOTING A RECORDING OF SEXUAL CONDUCT

* * *

(b) In any prosecution arising under this section, the defendant may raise any of the following affirmative defenses:

(1) that the recording was promoted for a bona fide medical, psychological, social work, legislative, judicial, or law enforcement purpose, by or to a physician, advanced practice registered nurse, psychologist, social worker, legislator, judge, prosecutor, law enforcement officer, or other person having such a bona fide interest in the subject matter;

* * *

Sec. 28. 13 V.S.A. § 2827 is amended to read:

§ 2827. POSSESSION OF CHILD SEXUAL ABUSE MATERIAL

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* * *

2

(b) This section shall not apply:

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(1) if the depiction was possessed for a bona fide medical, nursing,

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psychological, social work, legislative, judicial, or law enforcement purpose,

5

by a physician, nurse or advanced practice registered nurse, psychologist,

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social worker, legislator, judge, prosecutor, law enforcement officer, or other

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person having such a bona fide interest in the subject matter;

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* * *

9

* * * Trespass and Malicious Injuries to Property: Dead Bodies, Cemeteries,

10

and Monuments * * *

11

Sec. 29. 13 V.S.A. § 3763 is amended to read:

12

§ 3763. EXCEPTION

13

Section 3762 of this title shall not prevent a surgeon ~~or~~, physician, or

14

advanced practice registered nurse from having in ~~his or her~~ the surgeon's,

15

physician's, or advanced practice registered nurse's possession a dead human

16

subject for anatomical investigation and instruction of students, if such subject

17

was obtained without violating the law of the State.

18

* * * Weapons * * *

19

Sec. 30. 13 V.S.A. § 4012 is amended to read:

20

§ 4012. REPORTING TREATMENT OF FIREARM WOUNDS

1 (a) Every physician or advanced practice registered nurse attending or
2 treating a case of bullet wound, gunshot wound, powder burn, or any other
3 injury arising from or caused by the discharge of a gun, pistol, or other firearm,
4 or whenever such case is treated in a hospital, sanitarium, or other institution,
5 the manager, superintendent, or other person in charge shall report such case at
6 once to local law enforcement officials or the State police. The provisions of
7 this section shall not apply to such wounds, burns, or injuries received by a
8 member of the armed forces of the United States or State of Vermont while
9 engaged in the actual performance of duty.

10 * * *

11 * * * Crime Victims: Sexual Assault Nurse Examiners * * *

12 Sec. 31. 13 V.S.A. § 5432 is amended to read:

13 § 5432. SANE BOARD

14 (a) The SANE Board is created for the purpose of advising the Sexual
15 Assault Nurse Examiners Program.

16 (b) The SANE Board shall be composed of the following members:

17 * * *

18 (c) The SANE Board shall advise the SANE Program on the following:

19 * * *

20 (3) a standardized sexual assault protocol and kit to be used by all
21 physicians, nurses, advanced practice registered nurses, and hospitals in this

1 State when providing forensic examinations of victims of alleged sexual
2 offenses; and

3 * * *

4 * * * Estates; Guardianship * * *

5 Sec. 32. 14 V.S.A. chapter 111 is amended to read:

6 CHAPTER 111. GUARDIANSHIP

7 * * *

8 § 2671. VOLUNTARY GUARDIANSHIP

9 * * *

10 (c) A person who requests that a voluntary guardian be appointed shall
11 appear before the court, if physically able. If not physically able to appear, the
12 petition shall be accompanied by a letter from a physician, an advanced
13 practice registered nurse, or a qualified mental health professional stating that
14 the petitioner understands the nature, extent, and consequences of the
15 guardianship requested and the procedure for revoking the guardianship. The
16 letter may support a finding by the court that the petitioner does, in fact,
17 understand the nature, extent, and consequences of the guardianship requested
18 and the procedure for revoking the guardianship.

19 * * *

20 § 3061. DEFINITIONS

21 The words and phrases used in this subchapter shall be defined as follows:

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* * *

(5) “Interested person” means a responsible adult who has a direct interest in a person in need of guardianship and includes the person in need of guardianship, a near relative, a close friend, a guardian, public official, social worker, physician, advanced practice registered nurse, agent named in an advance directive or in a power of attorney, person nominated as guardian in an advance directive, or member of the clergy.

* * *

* * * Domestic Relationships; Abuse Prevention * * *

Sec. 33. 15 V.S.A. § 1140 is amended to read:

§ 1140. DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION

* * *

(b) The Commission shall comprise 17 members, consisting of the following:

* * *

(14) a physician or an advanced practice registered nurse, appointed by the Governor;

* * *

1 * * * Schools; Medication; Health Services * * *

2 Sec. 35. 16 V.S.A. § 1387 is amended to read:

3 § 1387. POSSESSION AND SELF-ADMINISTRATION OF EMERGENCY
4 MEDICATION

5 * * *

6 (b) In each school year for which possession and self-administration of
7 emergency medication is requested, the student's parent or guardian shall
8 provide the school with:

9 * * *

10 (2) written documentation from the student's physician or advanced
11 practice registered nurse:

12 * * *

13 (C) affirming that the student:

14 (i) is capable of, and has been instructed by the physician or
15 advanced practice registered nurse in, the proper method of self-administration
16 of the emergency medication;

17 * * *

18 (c) In each school year for which possession and self-administration of
19 emergency medication is requested, the student's parent or guardian shall
20 develop, in consultation with the school nurse or the designated health care
21 staff at an approved independent school, a plan of action regarding responding

1 to the student's life-threatening allergy or allergies or asthma. The plan of
2 action shall be based upon the written documentation provided by the student's
3 physician or advanced practice registered nurse and shall include the name of
4 each emergency medication, the dosage, and the times and circumstances
5 under which the medication is to be taken. The written plan shall prominently
6 state that the medication is solely for the use of the student covered by the
7 plan. The parties developing the plan of action shall determine both to whom
8 the plan, or notification of the plan, shall be given and the person or persons
9 responsible for distribution or notification. The plan may include a
10 requirement that the student notify a school employee or agent after self-
11 administering emergency medication. The written plan shall become part of
12 the student's health records maintained by the school.

13 * * *

14 * * * State Teachers' Retirement System of Vermont * * *

15 Sec. 36. 16 V.S.A. § 1938 is amended to read:

16 § 1938. DISABILITY RETIREMENT

17 * * *

18 (d) Once each year during the first five years following the retirement of a
19 member on a disability retirement allowance, and once in every three-year
20 period thereafter, the Board of Trustees may, and upon ~~his or her~~ the member's
21 application shall, require any disability beneficiary who has not reached ~~his or~~

1 ~~her~~ the beneficiary's normal retirement date to undergo a medical examination
2 by a Medical Board or by a physician or physicians designated by the Medical
3 Board, or advanced practice registered nurse designated by the Board of
4 Nursing, such examination to be made at the place of residence of such
5 beneficiary or other place mutually agreed upon. Should any disability
6 beneficiary who has not reached ~~his or her~~ the beneficiary's normal retirement
7 date refuse to submit to such medical examination, ~~his or her~~ the beneficiary's
8 allowance may be discontinued until ~~his or her~~ the beneficiary's withdrawal of
9 such refusal, and should ~~his or her~~ the beneficiary's refusal continue for one
10 year, all ~~his or her~~ the beneficiary's rights in and to ~~his or her~~ the beneficiary's
11 pension may be revoked by the Board of Trustees.

12 * * *

13 * * * State Board of Health * * *

14 Sec. 37. 18 V.S.A. chapter 3 is amended to read:

15 CHAPTER 3. STATE BOARD OF HEALTH

16 * * *

17 § 111. FORMS FOR REPORTS OF INFECTIOUS AND CONTAGIOUS

18 DISEASES

19 The Board shall devise and furnish health officers suitable forms upon

20 which to make reports of infectious and contagious diseases. It shall also

1 primary care ~~physicians~~ providers in the State, and it shall be available on the
2 Department of Health's website. The informational packet may contain any
3 other information that the Commissioner of Health deems necessary and shall
4 be revised by the Department when new information about chronic fatigue
5 syndrome becomes available. The Department shall publicize the
6 informational packet and make it widely available to the public.

7 * * *

8 § 120. CONTRACT FOR PAYMENT OF CERTAIN HEALTH BENEFITS

9 The Board of Health may contract with a private organization to process the
10 payment of in-patient hospital care, and physician, advanced practice
11 registered nurse, radiological, and other medical costs related thereto under the
12 maternal, child health, and children with physical disabilities' plans of the
13 Department of Health. Such a contract shall provide for cancellation upon
14 reasonable notification by the Board. In furtherance of the purposes of the
15 contract, the Board may requisition funds, with the approval of the Governor,
16 and the Commissioner of Finance and Management shall issue ~~his or her~~ the
17 Commissioner's warrant in favor of the contracting party to permit the
18 contracting party to make payments to vendors under the contract. The Board
19 shall quarterly, and at such other times as the Commissioner of Finance and
20 Management requires, render an account in such form as the Commissioner of

1 Finance and Management prescribes of the expenditures of monies so
2 advanced.

3 * * *

4 * * * Emergency Medical Services * * *

5 Sec. 38. 18 V.S.A. § 906 is amended to read:

6 § 906. EMERGENCY MEDICAL SERVICES DIVISION;

7 RESPONSIBILITIES

8 To implement the policy of section 901 of this chapter, the Department of
9 Health shall be responsible for:

10 * * *

11 (8) Developing and implementing procedures to ensure that emergency
12 medical services are rendered only with appropriate medical control. For the
13 provision of advanced life support, appropriate medical control shall include at
14 a minimum:

15 * * *

16 (B) where necessary and practicable, direct communication between
17 emergency medical personnel and a physician, an advanced practice registered
18 nurse, or person acting under the direct supervision of a physician or an
19 advanced practice registered nurse;

20 (C) when such communication has been established, a specific order
21 from the physician, advanced practice registered nurse, or person acting under

1 the direct supervision of the physician or advanced practice registered nurse to
2 employ a certain medical procedure;

3 * * *

4 * * * Communicable Diseases * * *

5 Sec. 39. 18 V.S.A. chapter 21 is amended to read:

6 CHAPTER 21. STATE BOARD OF HEALTH

7 § 1001. REPORTS TO COMMISSIONER OF HEALTH

8 (a) When a physician, health care provider, ~~nurse practitioner~~ advanced
9 practice registered nurse, nurse, physician assistant, or school health official
10 has reason to believe that a person is sick with or has died of a diagnosed or
11 suspected disease, identified by the Department of Health as a reportable
12 disease and dangerous to the public health, or if a laboratory director has
13 evidence of such sickness or disease, he or she shall transmit within 24 hours a
14 report thereof and identify the name and address of the patient and the name of
15 the patient's physician or advanced practice registered nurse to the
16 Commissioner of Health or designee. In the case of the human
17 immunodeficiency virus (HIV), "reason to believe" shall mean personal
18 knowledge of a positive HIV test result. The Commissioner, with the approval
19 of the Secretary of Human Services, shall by rule establish a list of those
20 diseases dangerous to the public health that shall be reportable. Nonmedical
21 community-based organizations shall be exempt from this reporting

1 requirement. All information collected pursuant to this section and in support
2 of investigations and studies undertaken by the Commissioner for the purpose
3 of determining the nature or cause of any disease outbreak shall be privileged
4 and confidential. The Department of Health shall, by rule, require that any
5 person required to report under this section has in place a procedure that
6 ensures confidentiality.

7 * * *

8 § 1004. REPORT BY PHYSICIAN OR ADVANCED PRACTICE
9 REGISTERED NURSE; QUARANTINE

10 A physician or an advanced practice registered nurse who knows or
11 suspects that a person whom he or she has been called to attend is sick with or
12 has died of a communicable disease dangerous to the public health shall
13 immediately quarantine and report to the health officer the place where such
14 case exists, but if the attending physician or advanced practice registered nurse,
15 at the time of ~~his or her~~ the physician's or advanced practice registered nurse's
16 first visit, is unable to make a specific diagnosis, ~~he or she~~ the physician or
17 advanced practice registered nurse may quarantine the premises temporarily
18 and until a specific diagnosis is made, and post thereon a card upon which the
19 word "quarantine" should be plainly written or printed. Such quarantine shall
20 continue in force until the health officer examines and quarantines as is
21 provided in this title.

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§ 1007. QUARANTINED PATIENT LEAVING HOSPITAL, REPORT

When a patient who has a communicable disease subject to quarantine leaves a hospital or institution, without the consent of the authorities of such hospital or institution the physician, advanced practice registered nurse, or other person in charge of such a hospital or institution shall notify forthwith the Commissioner that such person has left the hospital or institution and is the bearer of such communicable disease.

§ 1008. VACCINES, ANTIBIOTICS, ANTISERUMS, AND OTHER
AGENTS; PURCHASE AND DISTRIBUTION; PENALTIES

(a) The Department is authorized to procure vaccines, antibiotics, antiserums, and such other agents as may be necessary for the prevention and diagnosis of infectious and communicable diseases or diseases of public health significance in which there is an unmet need and to distribute same free of charge upon application thereof by licensed physicians or advanced practice registered nurses, and under such rules as the Department and Secretary of Human Services may prescribe; and the expense thereof shall be paid by the State.

* * *

§ 1041. REPORTS BY PHYSICIANS, ADVANCED PRACTICE REGISTERED NURSES, AND CERTAIN OTHERS

1 § 1055. TUBERCULOSIS; COMPULSORY EXAMINATIONS

2 When the Commissioner of Health has reasonable cause to believe that any
3 person has tuberculosis in an active stage or in a communicable form, the
4 Commissioner may request the person to undergo an examination at a clinic or
5 hospital approved by the Secretary of Human Services for that purpose at the
6 expense of the State by a physician or an advanced practice registered nurse
7 qualified in chest diseases. If the person refuses the examination, the
8 Commissioner may petition the Superior Court for the unit where the person
9 resides for an order requiring the person to submit to examination. When the
10 court finds that there is reasonable cause to believe that the person has
11 tuberculosis in an active stage or in a communicable form, it may order the
12 person to be examined.

13 * * *

14 § 1060. RIGHTS OF A PERSON IN COMPULSORY MEDICAL
15 MANAGEMENT

16 Any person in compulsory medical management by order of the court who
17 believes ~~his or her~~ the person's physical condition is such as to warrant ~~his or~~
18 ~~her~~ the person's discharge, if the discharge is refused by the Commissioner of
19 Health, is entitled to a physical examination by a qualified physician or an
20 advanced practice registered nurse of ~~his or her~~ the person's own choice. If as
21 a result of examination the physician or advanced practice registered nurse

1 feels that the continued compulsory medical management is no longer justified
2 and the Commissioner of Health does not concur in that opinion, the person
3 may appeal by petition to the court issuing the original order for ~~his or her~~ the
4 person's compulsory medical management. Proceedings before the court shall
5 be de novo, and the court may require such further examination as it considers
6 necessary and may, in its discretion, at the expense of the State appoint ~~no~~ not
7 less than three independent physicians or advanced practice registered nurses,
8 at least one of whom shall have had special experience in respiratory diseases,
9 to examine the person. At the conclusion of the proceedings, the court shall
10 make findings of fact and issue such order as it considers proper. The order of
11 the court may be appealed to the Supreme Court in the manner provided by
12 law for appeals from a Criminal Division of the Superior Court generally. A
13 person may not petition for release from medical management within six
14 months from the date a court order is made, whether an appeal is taken or not.

15 * * *

16 § 1141. COMMUNICABLE DISEASE TESTING

17 (a) A health care provider may order a test for bloodborne pathogens if a
18 health care worker, public safety personnel, or emergency personnel has been
19 exposed to the blood or bodily fluids of the source patient in a manner
20 sufficient to transmit a bloodborne pathogen-related illness to the affected

1 worker while engaged in rendering health services to the source patient, and
2 provided that:

3 * * *

4 (2) the worker has provided a blood sample and consented to testing for
5 bloodborne pathogens and a physician or an advanced practice registered nurse
6 has documented that bloodborne pathogen test results are needed for
7 beginning, continuing, modifying, or discontinuing medical treatment for the
8 worker;

9 (3) a physician or an advanced practice registered nurse with specialty
10 training in infectious diseases has confirmed that the worker has been exposed
11 to the blood or bodily fluids of the source patient in a manner sufficient to
12 transmit a bloodborne pathogen-related illness;

13 * * *

14 * * * Offenses Against Public Health * * *

15 Sec. 40. 18 V.S.A. § 1513 is amended to read:

16 § 1513. TANNING FACILITIES; MINORS; PENALTY

17 * * *

18 (b) This section shall apply to any tanning facility in Vermont; provided,
19 however, that it shall not apply to any physician duly licensed to practice
20 medicine or advanced practice registered nurse licensed in Vermont who uses,
21 in the practice of medicine, medical diagnostic and therapeutic equipment that

1 emits ultraviolet radiation or to any person who owns tanning equipment
2 exclusively for personal, noncommercial use.

3 * * *

4 * * * Lead Poisoning Prevention * * *

5 Sec. 41. 18 V.S.A. chapter 38 is amended to read:

6 CHAPTER 38. LEAD POISONING PREVENTION

7 * * *

8 § 1756. ANNUAL REPORT

9 (a) The Commissioner shall, at least annually, analyze and summarize all
10 aggregate lead screening and testing information provided by physicians or
11 advanced practice registered nurses, health care facilities, and laboratories and
12 provide this information to all other local and State agencies involved with
13 case management and lead hazard reduction.

14 * * *

15 § 1757. CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

16 * * *

17 (c) If a child six years of age or younger has a confirmed blood lead level at
18 or above the level determined by the Commissioner, and if resources permit,
19 the Commissioner:

20 (1) Shall, with the consent of the parent or guardian, provide an
21 inspection of the dwelling occupied by the child or the child-occupied facility

1 the child attends by a State or private lead-based paint inspector-risk assessor,
2 and develop a plan in consultation with the parents, owner, physician,
3 advanced practice registered nurse, licensed midwife, and others involved with
4 the child to minimize the exposure of the child to lead. The plan developed
5 under this subdivision shall require that any lead hazards identified through the
6 inspection be addressed. The owner of rental target housing or a child care
7 facility shall address those lead hazards within the owner's control, and shall
8 not be required to abate lead hazards if interim controls are effective.

9 * * *

10 * * * Bill of Rights for Hospital Patients * * *

11 Sec. 42. 18 V.S.A. § 1852 is amended to read:

12 § 1852. PATIENTS' BILL OF RIGHTS; ADOPTION

13 (a) The General Assembly hereby adopts the "Bill of Rights for Hospital
14 Patients" as follows:

15 * * *

16 (2) The patient shall have an attending physician or advanced practice
17 registered nurse who is responsible for coordinating a patient's care.

18 (3) The patient has the right to obtain, from the physician or advanced
19 practice registered nurse coordinating ~~his or her~~ the patient's care, complete
20 and current information concerning diagnosis, treatment, and any known
21 prognosis in terms the patient can reasonably be expected to understand. If the

1 patient consents or if the patient is incompetent or unable to understand,
2 immediate family members or a guardian may also obtain this information.
3 The patient has the right to know by name the attending physician or advanced
4 practice registered nurse primarily responsible for coordinating ~~his or her~~ the
5 patient's care.

6 (4) Except in emergencies, the patient has the right to receive from the
7 patient's physician or advanced practice registered nurse information necessary
8 to give informed consent prior to the start of any procedure or treatment, or
9 both. Such information for informed consent should include the specific
10 procedure or treatment, or both, the medically significant risks involved, and
11 the probable duration of incapacitation. Where medically significant
12 alternatives for care or treatment exist, or when the patient requests
13 information concerning medical alternatives, the patient has the right to such
14 information. The patient also has the right to know the name of the person
15 responsible for the procedures or treatment, or both.

16 * * *

17 (9) The patient has the right to know the identity and professional status
18 of individuals providing service to ~~him or her~~ the patient, and to know which
19 physician, advanced practice registered nurse, or other practitioner is primarily
20 responsible for ~~his or her~~ the patient's care. This includes the patient's right to
21 know of the existence of any professional relationship among individuals who

1 are treating ~~him or her~~ the patient, as well as the relationship to any other
2 health care or educational institutions involved in ~~his or her~~ the patient's care.

3 * * *

4 (11) The patient has the right to expect reasonable continuity of care.
5 The patient has the right to be informed by the attending physician or advanced
6 practice registered nurse of any continuing health care requirements following
7 discharge.

8 * * *

9 (b) Failure to comply with any provision of this section may constitute a
10 basis for disciplinary action against a physician under 26 V.S.A. chapter 23 or
11 advanced practice registered nurse under 26 V.S.A. chapter 28. A complaint
12 against a physician may be filed with the Board of Medical Practice. A
13 complaint against a nurse may be filed with the Board of Nursing.

14 * * *

15 * * * Licensing of Hospitals * * *

16 Sec. 43. 18 V.S.A. chapter 43 is amended to read:

17 CHAPTER 43. LICENSING OF HOSPITALS

18 * * *

1 § 1905. LICENSE REQUIREMENTS

2 Upon receipt of an application for a license and the license fee, the licensing
3 agency shall issue a license when it determines that the applicant and hospital
4 facilities meet the following minimum standards:

5 * * *

6 (5) All patients admitted to the hospital shall be under the care of a State
7 registered and licensed practicing physician ~~as defined by the laws of the State~~
8 of Vermont or an advanced practice registered nurse where permitted by
9 federal and State laws and regulation. All hospitals shall use the uniform
10 credentialing application form described in subsection 9408a(b) of this title.

11 * * *

12 (8) Professional case records shall be compiled for all patients and
13 signed by the attending physician or advanced practice registered nurse. These
14 records shall be kept on file for a minimum of 10 years.

15 * * *

16 (10) All employees shall have a preemployment screening by a licensed
17 physician, a licensed physician assistant, or ~~licensed an~~ an advanced practice
18 registered nurse who is acting within his or her scope of practice, or by a
19 designee acting under the direction of one of these licensed health care
20 professionals. This screening shall include medically indicated radiological,
21 hematological, biochemical, immunological, or serological screenings to

1 exclude the presence of a communicable disease prior to employment. These
2 screenings may be repeated annually as a condition of employment and the
3 results shall be made available, on request, to the licensing agency for review.

4 * * *

5 § 1908. RULES; EXCEPTIONS

6 * * *

7 (b) No such rules and standards shall be adopted or enforced ~~which~~ that
8 would have the effect of denying a license to a hospital solely by reason of the
9 school or system of practice employed or permitted to be employed by
10 physicians or advanced practice registered nurses therein; provided that such
11 school or system of practice is recognized by the laws of the State. Provided,
12 however, that no rule or requirement shall be made under this chapter for any
13 hospital conducted for those who rely upon treatment by spiritual means or
14 prayer in accordance with the creed or tenets of any recognized church or
15 religious denomination, except as to the sanitary and safe condition of the
16 premises, cleanliness of operation, and its physical equipment.

17 * * *

18 * * * Labeling for Marketing and Sale * * *

19 Sec. 44. 18 V.S.A. § 4064a is amended to read:

20 § 4064a. MISBRANDED DRUGS OR DEVICES SOLD BY
21 PRESCRIPTION

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(b) The labeling requirements of subdivisions (a)(2)(F) and (G) of this section shall not apply to a drug or device if the prescribing physician or advanced practice registered nurse explicitly requests for medical reasons that such information shall be omitted.

(c) The labeling requirements of subsection (a) of this section shall not apply to a drug or device administered under the supervision of a licensed physician or an advanced practice registered nurse to patients within a hospital or nursing home.

(d) Nothing in this section shall be construed to limit the ability of a licensed physician or an advanced practice registered nurse to give, administer, or dispense any drug or device to a patient under ~~his or her~~ the physician's or advanced practice registered nurse's care.

* * *

* * * Possession and Control of Regulated Drugs * * *

Sec. 45. 18 V.S.A. chapter 84 is amended to read:

CHAPTER 84. LICENSING OF HOSPITALS

§ 4201. DEFINITIONS

As used in this chapter, unless the context otherwise requires:

* * *

1 beyond that granted to it by the law under which it is licensed or otherwise
2 authorized to function.

3 * * *

4 (24) “Practitioner” includes a physician, advanced practice registered
5 nurse, dentist, veterinarian, surgeon, or any other person who may be lawfully
6 entitled under this chapter to distribute, dispense, prescribe, or administer
7 regulated drugs to patients.

8 * * *

9 § 4203. PERSONS EXEMPTED

10 The provisions of this chapter, restricting the possession and control of
11 regulated drugs, shall not apply to common carriers or to ~~warehousemen~~
12 warehouse workers while engaged solely in lawfully transporting or storing
13 such drugs while in their original containers, nor to any employee of the same
14 acting within the scope of ~~his or her~~ the employee’s employment, nor to public
15 officers or their employees in the performance of their official duties requiring
16 possession or control of regulated drugs, nor to temporary incidental
17 possession by employees or agents of persons lawfully entitled to possession,
18 including a medical or dental assistant, nurse, intern, resident, and a member of
19 a patient’s family dispensing or administering regulated drugs under a licensed
20 physician’s, advanced practice registered nurse’s, or dentist’s orders, nor by

1 authorized persons whose possession is for the purpose of aiding public
2 officers in performing their official duties.

3 * * *

4 § 4210. AUTHORIZED SALES ON WRITTEN ORDERS, RECORDS

5 (a) Every physician, advanced practice registered nurse, dentist,
6 veterinarian, or other person who is licensed to administer, sell, dispense, or
7 professionally use regulated drugs shall keep a record of such drugs received
8 by ~~him or her~~ any such person and a record of all such drugs administered,
9 dispensed, or professionally used by ~~him or her~~ any such person otherwise than
10 by prescription, in accordance with subsection (d) of this section. It shall,
11 however, be deemed a sufficient compliance with this subsection if any such
12 person using small quantities of solutions or other preparations of such drugs
13 for local application shall keep a record of the quantity, character, and potency
14 of such solutions or other preparations purchased or made up by ~~him or her~~ the
15 person, and of the dates when purchased or made up, without keeping a record
16 of the amount of such solution or other preparation applied by ~~him or her~~ the
17 person to individual patients.

18 * * *

19 § 4212. LABELS

20 (a) Whenever a manufacturer sells or dispenses a regulated drug and
21 whenever a wholesaler sells or dispenses a regulated drug in a package

1 prepared by ~~he or she~~ the wholesaler, ~~he or she~~ the manufacturer or wholesaler
2 shall securely affix to each package in which that drug is contained a label
3 showing in legible English the name and address of the vendor and the
4 quantity, kind, and form of regulated drug contained therein. No person,
5 except a pharmacist or dispensing physician or an advanced practice registered
6 nurse for the purpose of filling a prescription under this chapter, shall alter,
7 deface, or remove any label so affixed.

8 (b) Whenever a pharmacist or an employee of a hospital, infirmary, school,
9 first aid station, or nursing home sells or dispenses any regulated drug, ~~he or~~
10 ~~she~~ the pharmacist or employee shall affix to the container in which such drug
11 is sold or dispensed a label showing ~~his or her~~ the pharmacist's or employee's
12 own name, address, and registry number, or the name, address, and registry
13 number of the pharmacist or hospital or nursing home for whom ~~he or she~~ the
14 pharmacist or employee is lawfully acting, the name and address of the patient,
15 or if the patient is an animal the name and address of the owner of the animal
16 and the species of the animal, the name, address and registry number of the
17 physician, advanced practice registered nurse, dentist, or veterinarian by whom
18 the prescription was written, the kind and form of the drug contained therein
19 unless the practitioner has specifically ordered in that prescription that such
20 information not be specified on the label, such directions as may be stated on
21 the prescription, and the date of the issuance of the prescription. No person

1 shall alter, deface, or remove any label so affixed. This subsection shall not
2 apply to regulated drugs sold or dispensed for use exclusively within a
3 hospital.

4 (c) Physicians, advanced practice registered nurses, dentists, or
5 veterinarians dispensing regulated drugs shall affix to the container a label
6 showing the dispensing practitioner's name, address, and registry number, the
7 name and address of the patient, or if the patient is an animal the name and
8 address of the owner of the animal and the species of the animal, the kind and
9 form of the drug contained therein unless the dispensing practitioner considers
10 that such information should not be so specified for medical reasons, such
11 directions necessary for use, and the date of the issuance of the prescription
12 and the dispensing of the drug. This subsection shall not apply to an amount of
13 regulated drugs equivalent to three days' dosage dispensed to a patient for ~~his~~
14 ~~or her~~ the patient's immediate use without charge by a physician or an
15 advanced practice registered nurse on house call.

16 § 4213. AUTHORIZED SALES OF REGULATED DRUGS

17 (a) A duly licensed manufacturer or wholesaler may sell and dispense
18 regulated drugs to any of the following persons, but only on official written
19 orders:

20 (1) To a manufacturer, wholesaler, or pharmacy.

1 nurse, surgeon, or retired commissioned medical officer of the U.S. Army,
2 Navy, or Public Health Service employed upon such ship or aircraft only in
3 pursuance of an order form approved by a commissioned medical officer or
4 acting assistant surgeon of the U.S. Public Health Service.

5 * * *

6 (e) A person in charge of a hospital or of a laboratory, or in the employ of
7 this State or of any other state, or of any political subdivision thereof, or a
8 master of a ship or a person in charge of any aircraft upon which no physician
9 or advanced practice registered nurse is regularly employed, or a physician,
10 advanced practice registered nurse, or surgeon duly licensed in some state,
11 territory, or the District of Columbia, to practice ~~his or her~~ the physician's,
12 advanced practice registered nurse's, or surgeon's profession, or a retired
13 commissioned medical officer of the U.S. Army, Navy, or Public Health
14 Service employed upon such ship or aircraft, who obtains regulated drugs
15 under the provisions of this section or otherwise, shall not possess, nor
16 administer, nor dispense, nor otherwise use such drugs, within this State,
17 except within the scope of ~~his or her~~ the person's employment or official duty,
18 and then only for scientific or medicinal purposes and subject to the provisions
19 of this chapter.

1 § 4214. AUTHORIZED PROFESSIONAL USE OF REGULATED DRUGS

2 (a) A physician, an advanced practice registered nurse, or a dentist licensed
3 under this chapter, in good faith and in the course of ~~his or her~~ the physician's,
4 advanced practice registered nurse's, or dentist's professional practice only,
5 may prescribe, administer, and dispense regulated drugs and ~~he or she~~ the
6 physician, advanced practice registered nurse, or dentist may cause the same to
7 be administered for medical purposes only by a nurse licensed under this
8 chapter, or an intern, medical or dental assistant, or resident, or in ~~his or her~~ the
9 physician's, advanced practice registered nurse's, or dentist's absence by a
10 responsible member of the family of the patient, under ~~his or her~~ the
11 physician's, advanced practice registered nurse's, or dentist's direction and
12 supervision.

13 (b) A duly licensed veterinarian, in good faith and in the course of ~~his or~~
14 ~~her~~ the veterinarian's professional practice only and not for use by a human
15 being, may prescribe, administer, and dispense regulated drugs and ~~he or she~~
16 the veterinarian may cause them to be administered for medical purposes only
17 by an assistant or orderly or by the owner of the animal, under ~~his or her~~ the
18 veterinarian's direction and supervision.

19 (c) Any person who has obtained from a physician, an advanced practice
20 registered nurse, a dentist, or a veterinarian any regulated drug for
21 administration to a patient during the absence of such physician, advanced

1 practice registered nurse, dentist, or veterinarian under this section shall return
2 to such physician, advanced practice registered nurse, dentist, or veterinarian
3 any unused portion of such drug, or shall take such action as may be specified
4 by regulation adopted by the Board of Health, when such drug is no longer
5 required by the patient.

6 § 4215. AUTHORIZED SALES BY PHARMACISTS

7 * * *

8 (b)(1) The pharmacist filling a schedule II prescription shall write the date
9 of filling and the pharmacist's own signature on the face of the prescription, or
10 if an electronic prescription, shall enter the date of filling and the pharmacist's
11 name into the electronic record.

12 * * *

13 (4) A physician or advanced practice registered nurse who dispenses
14 regulated drugs as part of ~~his or her~~ the physician's or advanced practice
15 registered nurse's regular fee or for an additional fee shall be subject to the
16 same requirements as a pharmacist for the purposes of this section.

17 * * *

18 § 4215a. SALE OF SCHEDULE V DRUGS

19 (a) A duly licensed pharmacist may sell and dispense schedule V drugs
20 only upon written prescription or oral prescription ~~which~~ that is promptly
21 reduced to writing by a pharmacist, of a licensed physician, advanced practice

1 registered nurse, dentist, or veterinarian, dated and signed by the person
2 prescribing or, if an oral prescription, by the pharmacist on the date when
3 written.

4 * * *

5 § 4216. AUTHORIZED POSSESSION BY INDIVIDUALS

6 (a) A person to whom or for whose use any regulated drug has been
7 prescribed, sold, or dispensed, and the owner of any animal for which any such
8 drug has been prescribed, sold, or dispensed, may lawfully possess the same on
9 the condition that such drug was prescribed, sold, or dispensed by a physician,
10 an advanced practice registered nurse, a dentist, a pharmacist, or a veterinarian
11 licensed to practice in this State or under the laws of another state or country
12 wherein such person has ~~his or her~~ a practice, and further that all amounts of
13 the drug are retained in the lawful container in which it was delivered to ~~him or~~
14 ~~her~~ the person by the person selling or dispensing the same.

15 (b) Notwithstanding the requirement in subsection (a) of this section that a
16 regulated drug be retained in its original container, the individual to whom a
17 regulated drug was prescribed, dispensed, or sold by a physician, an advanced
18 practice registered nurse, a dentist, or a pharmacist licensed in Vermont or in
19 another state or country may maintain up to a 14-day supply of the regulated
20 drug outside the original container for ~~his or her~~ the individual's own personal
21 use if the following conditions are met:

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§ 4217. REPORTS BY PHYSICIANS, ADVANCED PRACTICE
REGISTERED NURSES, AND HOSPITALS

It shall be the duty of every physician, advanced practice registered nurse, and every hospital to report to the Board of Health, promptly, all cases wherein a person has been or is being treated for the use of, or for problems arising from the use of, regulated drugs. The reports shall include the type of problem being treated, the class of regulated drug that was used, and such further information as is required by rules of the Board of Health as adopted under section 4202 of this title, except that the rules shall not require the listing or other identification of the names of the persons being so treated.

* * *

§ 4223. FRAUD OR DECEIT

* * *

(b) Information communicated to a physician or an advanced practice registered nurse in an effort unlawfully to procure a regulated drug or unlawfully to procure the administration of any such drug shall not be deemed a privileged communication.

* * *

(d) No person shall, for the purpose of obtaining a regulated drug, falsely assume the title of, or represent himself or herself to be a manufacturer,

1 wholesaler, pharmacist, physician, advanced practice registered nurse, dentist,
2 veterinarian, or other authorized person.

3 * * *

4 (h) Any person who, in the course of treatment, is supplied with regulated
5 drugs or a prescription therefor by one physician or advanced practice
6 registered nurse and who, without disclosing the fact, is knowingly supplied
7 during such treatment with regulated drugs or a prescription therefor by
8 another physician or advanced practice registered nurse, shall be guilty of a
9 violation of this section.

10 * * *

11 § 4226. MINORS; TREATMENT; CONSENT

12 (a)(1) If a minor 12 years of age or older is suspected to be dependent upon
13 regulated drugs as defined in section 4201 of this title, to have venereal
14 disease, or to be an alcoholic as defined in section 8401 of this title, and the
15 finding of such dependency, disease, or alcoholism is verified by a licensed
16 physician or an advanced practice registered nurse, the minor may give:

17 (A) ~~his or her~~ consent to medical treatment and hospitalization; and

18 (B) in the case of a drug dependent or alcoholic person, consent to
19 nonmedical inpatient or outpatient treatment at a program approved by the
20 Agency of Human Services to provide treatment for drug dependency or
21 alcoholism if deemed necessary by the examining physician or advanced

1 practice registered nurse for diagnosis or treatment of such dependency or
2 disease or alcoholism.

3 (2) Consent under this section shall not be subject to disaffirmance due
4 to minority of the person consenting. The consent of the parent or legal
5 guardian of a minor consenting under this section shall not be necessary to
6 authorize care as described in this subsection.

7 (b) The parent, parents, or legal guardian shall be notified by the physician
8 or advanced practice registered nurse if the condition of a minor child requires
9 immediate hospitalization as the result of drug usage, alcoholism, or for the
10 treatment of a venereal disease.

11 * * * Prescription Drug Cost Containment * * *

12 Sec. 46. 18 V.S.A. chapter 91 is amended to read:

13 CHAPTER 91. PRESCRIPTION DRUG COST CONTAINMENT

14 * * *

15 § 4607. INFORMATION; LABELING

16 (a) Every pharmacy in the State shall have posted a sign in a prominent
17 place that is in clear unobstructed view which shall read: “Vermont law
18 requires pharmacists in some cases to select a less expensive generic
19 equivalent drug or interchangeable biological product for the drug or biological
20 product prescribed unless you or your ~~physician~~ prescriber direct otherwise.
21 Ask your pharmacist.”

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§ 4622. EVIDENCE-BASED EDUCATION PROGRAM

(a)(1) The Department of Health, in collaboration with the Attorney General, the University of Vermont area health education centers program, and the Department of Vermont Health Access, shall establish an evidence-based prescription drug education program for health care professionals designed to provide information and education on the therapeutic and cost-effective utilization of prescription drugs to physicians, advanced practice registered nurses, pharmacists, and other health care professionals authorized to prescribe and dispense prescription drugs. To the extent practicable, the program shall use the evidence-based standards developed by the Blueprint for Health. The Department of Health may collaborate with other states in establishing this program.

* * *

(b) The Department of Health shall request information and collaboration from physicians, advanced practice registered nurses, pharmacists, private insurers, hospitals, pharmacy benefit managers, the Drug Utilization Review Board, medical schools, the Attorney General, and any other programs providing an evidence-based education to prescribers on prescription drugs in developing and maintaining the program.

* * *

1 * * * Opioid Use Disorder * * *

2 Sec. 47. 18 V.S.A. § 4753 is amended to read:

3 § 4753. CARE COORDINATION

4 Prescribing physicians or advanced practice registered nurses and
5 collaborating health care and addictions professionals may coordinate care for
6 patients receiving medication-assisted treatment for substance use disorder,
7 which may include monitoring adherence to treatment, coordinating access to
8 recovery supports, and providing counseling, contingency management, and
9 case management services.

10 * * * Birth Records * * *

11 Sec. 48. 18 V.S.A. chapter 103 is amended to read:

12 CHAPTER 103. BIRTH RECORDS

13 § 5071. BIRTH CERTIFICATES; WHO TO MAKE; RETURN

14 (a) On or before the fifth business day of each live birth that occurs in this
15 State, the attending physician, advanced practice registered nurse, or designee,
16 or certified nurse midwife or licensed midwife or, if no attending physician,
17 advanced practice registered nurse, or midwife is present, a parent of the child
18 or a legal guardian of a mother under 18 years of age shall file with the State
19 Registrar a report of birth in the form and manner prescribed by the State
20 Registrar. The State Registrar shall register the report in the Statewide
21 Registration System if it has been completed properly and filed in accordance

1 with this chapter. The portion of the registered birth report that is not
2 confidential under section 5014 of this title is the birth certificate.

3 * * *

4 § 5083. PARTICIPANTS IN ADDRESS CONFIDENTIALITY PROGRAM

5 (a) If a participant in the program described in 15 V.S.A. chapter 21,
6 subchapter 3 who is the parent of a child born during the period of program
7 participation notifies the physician, advanced practice registered nurse,
8 certified nurse midwife, or licensed midwife who delivers the child, or the
9 hospital at which the child is delivered, not later than 10 days after the birth of
10 the child, that the participant's confidential address should not appear on the
11 child's birth certificate, then the address shall not be maintained in the
12 Statewide Registration System and the State Registrar, town clerks, and any
13 other issuing agent shall ensure the confidentiality of the address during the
14 period of program participation in accordance with measures prescribed by the
15 State Registrar. A participant who fails to provide such notice shall be deemed
16 to have waived the provisions of this section.

17 * * *

18 * * * Deaths, Burials, Autopsies * * *

19 Sec. 49. 18 V.S.A. chapter 107 is amended to read:

20 CHAPTER 107. DEATHS, BURIALS, AUTOPSIES

21 * * *

1 § 5205. DEATH CERTIFICATE WHEN NO ATTENDING PHYSICIAN OR
2 ADVANCED PRACTICE REGISTERED NURSE AND IN OTHER
3 CIRCUMSTANCES; AUTOPSY

4 (a) When a person dies from violence, or suddenly when in apparent good
5 health or when unattended by a physician, an advanced practice registered
6 nurse, or a recognized practitioner of a well-established church, or by casualty,
7 or by suicide or as a result of injury or when in jail or prison, or any psychiatric
8 hospital, or in any unusual, unnatural, or suspicious manner, or in
9 circumstances involving a hazard to public health, welfare, or safety, the head
10 of the household, the jailer, or the superintendent of a psychiatric hospital
11 where such death occurred, or the next of kin, or the person discovering the
12 body or any doctor or advanced practice registered nurse notified of the death,
13 shall immediately notify the medical examiner who resides nearest the town
14 where the death occurred and immediately upon being notified, such medical
15 examiner shall notify the State's Attorney of the county in which the death
16 occurred. The State's Attorney shall thereafter be in charge of the body and
17 shall issue such instructions covering the care or removal of the body as ~~he or~~
18 ~~she~~ the State's Attorney shall deem appropriate until ~~he or she~~ the State's
19 Attorney releases ~~same~~ the body.

20 * * *

1 § 5224. DISPOSITION OF REMAINS; PERMITS

2 (a) Fetal remains shall be disposed of by burial, cremation, or natural
3 organic reduction unless released to an educational institution for scientific
4 purposes or disposed of by the hospital or as directed by the attending
5 physician or advanced practice registered nurse in a manner that will not create
6 a public health hazard. Permission shall be obtained from one of the parents, if
7 competent, for disposition in all cases where a funeral director is not involved.
8 One copy of the fetal death report shall be printed in such manner that
9 completion and signing by the physician, advanced practice registered nurse,
10 or medical examiner shall constitute permission to make permanent disposition
11 of the fetal remains.

12 (b) When a funeral director is involved or when the fetal remains are to be
13 privately buried or disposed of by a disposition facility, the funeral director or
14 other person taking charge of the remains shall obtain from the hospital,
15 advanced practice registered nurse, or physician the disposition permit portion
16 of the report and shall deliver it to the sexton or other person having care of the
17 cemetery, tomb, vault, or disposition facility before burial or other disposition
18 takes place. These permits shall be delivered each month to the clerk of the
19 town in which burial or disposition took place, in the same manner as permits
20 for burial of dead bodies; so also shall all other provisions of sections 5209–
21 5216 of this title be applicable to fetal remains as are applicable to dead bodies.

1 (c) When disposition of fetal remains is by means other than those
2 specified in subsection (b) of this section and a funeral director is not involved,
3 the disposition permit copy of the report shall be completed by the appropriate
4 official of the hospital or by the physician, advanced practice registered nurse,
5 or other person in charge of disposition and sent to the Commissioner within
6 10 days ~~of~~ after such disposition. These permits may be destroyed after five
7 years.

8 * * *

9 * * * Revised Uniform Anatomical Gift Act * * *

10 Sec. 50. 18 V.S.A. chapter 110 is amended to read:

11 CHAPTER 110. REVISED UNIFORM ANATOMICAL GIFT ACT

12 * * *

13 § 5250j. MANNER OF MAKING, AMENDING, OR REVOKING

14 ANATOMICAL GIFT OF DECEDENT'S BODY OR PART

15 * * *

16 (c) A revocation under subsection (b) of this section is effective only if,
17 before an incision has been made to remove a part from the donor's body or
18 before invasive procedures have begun to prepare the recipient, the
19 procurement organization, transplant hospital, or physician, advanced practice
20 registered nurse, or technician knows of the revocation.

21 * * *

1 § 5250n. RIGHTS AND DUTIES OF PROCUREMENT ORGANIZATION
2 AND OTHERS

3 * * *

4 (i) Neither the physician or advanced practice registered nurse who attends
5 the decedent at death nor the physician or advanced practice registered nurse
6 who determines the time of the decedent's death may participate in the
7 procedures for removing or transplanting a part from the decedent. As used in
8 this section, "procedures" include actual physical removal and transplantation
9 of a part but do not include the consent, process, disposal, preservation, quality
10 measures, storage, transportation, or research involving a part.

11 (j) A physician, advanced practice registered nurse, or technician may
12 remove a donated part from the body of a donor that the physician, advanced
13 practice registered nurse, or technician is qualified to remove.

14 * * *

15 * * * Health; General Provisions * * *

16 Sec. 51. 18 V.S.A. chapter 171 is amended to read:

17 CHAPTER 171. GENERAL PROVISIONS

18 § 7101. DEFINITIONS

19 As used in this part of this title, the following words, unless the context
20 otherwise requires, shall have the following meanings:

21 * * *

1 psychiatrists, or residents in psychiatry are not available to complete admission
2 certifications to the Vermont State Hospital or its successor in interest, the
3 Commissioner may designate other licensed physicians or advanced practice
4 registered nurses as appropriate to complete certification for purposes of
5 section 7504 of this title.

6 * * *

7 * * * Hospital; Admission Procedures * * *

8 Sec. 52. 18 V.S.A. chapter 179 is amended to read:

9 CHAPTER 179. ADMISSION PROCEDURES

10 * * *

11 § 7504. APPLICATION AND CERTIFICATE FOR EMERGENCY

12 EXAMINATION

13 (a) Upon written application by an interested party made under the pains
14 and penalties of perjury and accompanied by a certificate by a licensed
15 physician or advanced practice registered nurse who is not the applicant, a
16 person shall be held for admission to a hospital for an emergency examination
17 to determine if ~~he or she~~ the person is a person in need of treatment. The
18 application and certificate shall set forth the facts and circumstances that
19 constitute the need for an emergency examination and that show that the
20 person is a person in need of treatment.

21 * * *

1 (c) For the purposes of admission of an individual to a designated hospital
2 for care and treatment under this section, a head of a hospital, as provided in
3 subsection (a) of this section, may include a person designated in writing by
4 the head of the hospital to discharge the authority granted in this section. A
5 designated person must be an official hospital administrator, supervisory
6 personnel, or a licensed physician or advanced practice registered nurse on
7 duty on the hospital premises other than the certifying physician or advanced
8 practice registered nurse under subsection (a) of this section.

9 § 7505. WARRANT AND CERTIFICATE FOR EMERGENCY

10 EXAMINATION

11 (a) In emergency circumstances where certification by a physician or an
12 advanced practice registered nurse is not available without serious and
13 unreasonable delay, and when personal observation of the conduct of a person
14 constitutes reasonable grounds to believe that the person is a person in need of
15 treatment, and ~~he or she~~ the person presents an immediate risk of serious injury
16 to himself or herself or others if not restrained, a law enforcement officer or
17 mental health professional may make an application, not accompanied by a
18 physician's or an advanced practice registered nurse's certificate, to any
19 Superior judge for a warrant for an emergency examination.

20 * * *

1 (c) If the judge is satisfied that a physician's or an advanced practice
2 registered nurse's certificate is not available without serious and unreasonable
3 delay, and that probable cause exists to believe that the person is in need of an
4 emergency examination, ~~he or she~~ the judge may order the person to submit to
5 an evaluation by a physician or an advanced practice registered nurse for that
6 purpose.

7 (d) If necessary, the court may order the law enforcement officer or mental
8 health professional to transport the person to a hospital for an evaluation by a
9 physician or an advanced practice registered nurse to determine if the person
10 should be certified for an emergency examination.

11 (e) A person transported pursuant to subsection (d) of this section shall be
12 evaluated as soon as possible after arrival at the hospital. If after evaluation
13 the licensed physician or advanced practice registered nurse determines that
14 the person is a person in need of treatment, ~~he or she~~ the physician or advanced
15 practice registered nurse shall issue an initial certificate that sets forth the facts
16 and circumstances constituting the need for an emergency examination and
17 showing that the person is a person in need of treatment. Once the physician
18 or advanced practice registered nurse has issued the initial certificate, the
19 person shall be held for an emergency examination in accordance with section
20 7508 of this title. If the physician or advanced practice registered nurse does
21 not certify that the person is a person in need of treatment, ~~he or she~~ the

1 physician or advanced practice registered nurse shall immediately discharge
2 the person and cause ~~him or her~~ the person to be returned to the place from
3 which ~~he or she~~ the person was taken, or to such place as the person reasonably
4 directs.

5 § 7508. EMERGENCY EXAMINATION AND SECOND
6 CERTIFICATION

7 * * *

8 (e)(1)(A) A person shall be deemed to be in the temporary custody of the
9 Commissioner when the first of the following occurs:

10 (i) a physician or an advanced practice registered nurse files an
11 initial certification for the person while the person is in a hospital; or

12 * * *

13 * * * Judicial Proceedings * * *

14 Sec. 53. 18 V.S.A. chapter 181 is amended to read:

15 CHAPTER 181. JUDICIAL PROCEEDINGS

16 * * *

17 § 7612. APPLICATION FOR INVOLUNTARY TREATMENT

18 * * *

19 (e) The application shall be accompanied by:

20 (1) a certificate of a licensed physician or an advanced practice

21 registered nurse, which shall be executed under penalty of perjury stating that

1 ~~he or she~~ the physician or advanced practice registered nurse has examined the
2 proposed patient within five days ~~of~~ after the date the petition is filed and is of
3 the opinion that the proposed patient is a person in need of treatment, including
4 the current and relevant facts and circumstances upon which the physician's or
5 advanced practice registered nurse's opinion is based; or

6 (2) a written statement by the applicant that the proposed patient refused
7 to submit to an examination by a licensed physician or an advanced practice
8 registered nurse.

9 (f) Before an examining physician or advanced practice registered nurse
10 completes the certificate of examination, ~~he or she~~ the physician or advanced
11 practice registered nurse shall consider available alternative forms of care and
12 treatment that might be adequate to provide for the person's needs without
13 requiring hospitalization. The examining physician or advanced practice
14 registered nurse shall document on the certificate the specific alternative forms
15 of care and treatment that ~~he or she~~ the physician or advanced practice
16 registered nurse considered and why those alternatives were deemed
17 inappropriate, including information on the availability of any appropriate
18 alternatives.

19 § 7612a. PROBABLE CAUSE REVIEW

20 (a) Within three days after an application for involuntary treatment is filed,
21 the Family Division of the Superior Court shall conduct a review to determine

1 whether there is probable cause to believe that the person was a person in need
2 of treatment at the time of ~~his or her~~ the person's admission. The review shall
3 be based solely on the application for an emergency examination and
4 accompanying certificate by a licensed physician or advanced practice
5 registered nurse and the application for involuntary treatment.

6 * * *

7 § 7613. NOTICE—APPOINTMENT OF COUNSEL

8 (a) When the application is filed, the court shall appoint counsel for the
9 proposed patient and transmit a copy of the application, the physician's or
10 advanced practice registered nurse's certificate, if any, and a notice of hearing
11 to the proposed patient, ~~his or her~~ the proposed patient's attorney, guardian, or
12 any person having custody and control of the proposed patient, the State's
13 Attorney, or the Attorney General, and any other person the court believes has
14 a concern for the proposed patient's welfare. A copy of the notice of hearing
15 shall also be transmitted to the applicant and certifying physician or advanced
16 practice registered nurse.

17 * * *

18 § 7614. PSYCHIATRIC EXAMINATION

19 As soon as practicable after notice of the commencement of proceedings is
20 given, the court on its own motion or upon the motion of the proposed patient
21 or ~~his or her~~ the proposed patient's attorney or the State of Vermont shall

1 authorize examination of the proposed patient by a psychiatrist other than the
2 physician or advanced practice registered nurse making the original
3 certification. The examination and subsequent report or reports shall be paid
4 for by the State of Vermont. The physician or advanced practice registered
5 nurse shall report ~~his or her~~ the physician's or advanced practice registered
6 nurse's finding to the party requesting the report or to the court if it requested
7 the examination.

8 * * *

9 § 7624. APPLICATION FOR INVOLUNTARY MEDICATION

10 * * *

11 (c) The application shall include a certification from the treating physician
12 or advanced practice registered nurse, executed under penalty of perjury, that
13 includes the following information:

14 * * *

15 (2) that the person is refusing medication proposed by the physician or
16 advanced practice registered nurse;

17 * * *

18 (7) the current relevant facts and circumstances, including any history of
19 psychiatric treatment and medication, upon which the physician's or advanced
20 practice registered nurse's opinion is based;

1 does not so certify, the revocation shall be cancelled and the patient shall be
2 returned to the place from which ~~he or she~~ the patient was taken.

3 * * *

4 § 8009. ADMINISTRATIVE DISCHARGE

5 * * *

6 (b) The head of the hospital shall discharge a judicially hospitalized patient
7 when the patient is no longer a patient in need of further treatment. When a
8 judicially hospitalized patient is discharged, the head of the hospital shall
9 notify the applicant, the certifying physician or advanced practice registered
10 nurse, the Family Division of the Superior Court, and anyone who was notified
11 at the time the patient was hospitalized.

12 * * *

13 * * * Health Care Administration * * *

14 Sec. 55. 18 V.S.A. chapter 221 is amended to read:

15 CHAPTER 221. HEALTH CARE ADMINISTRATION

16 * * *

17 § 9414. QUALITY ASSURANCE FOR MANAGED CARE

18 * * *

19 (c) Consistent with participation in the Blueprint for Health pursuant to
20 subdivision (b)(2) of this section and the accreditation required by subdivision
21 (b)(4) of this section, the managed care organization shall have an internal

1 quality assurance program to monitor and evaluate its health care services,
2 including primary and specialist ~~physician~~ health care provider services, and
3 ancillary and preventive health care services, across all institutional and
4 noninstitutional settings. The internal quality assurance program shall be fully
5 described in written form, provided to all managers, providers, and staff and
6 made available to members of the organization. The components of the
7 internal quality assurance program shall include the following:

8 * * *

9 § 9435. EXCLUSIONS

10 (a) Excluded from this subchapter are offices of physicians, advanced
11 practice registered nurses, dentists, or other practitioners of the healing arts,
12 meaning the physical places that are occupied by such providers on a regular
13 basis in which such providers perform the range of diagnostic and treatment
14 services usually performed by such providers on an outpatient basis unless they
15 are subject to review under subdivision 9434(a)(4) of this title.

16 * * *

17 (c) The provisions of subsection (a) of this section shall not apply to offices
18 owned, operated, or leased by a hospital or its subsidiary, parent, or holding
19 company, outpatient diagnostic or therapy programs, kidney disease treatment
20 centers, independent diagnostic laboratories, cardiac catheterization
21 laboratories, radiation therapy facilities, ambulatory surgical centers, and

1 diagnostic imaging facilities and similar facilities owned or operated by a
2 physician, advanced practice registered nurse, dentist, or other practitioner of
3 the healing arts.

4 * * *

5 * * * Occupational Safety * * *

6 Sec. 56. 21 V.S.A. § 224 is amended to read:

7 § 224. RULES AND STANDARDS

8 * * *

9 (d) Where appropriate, a standard adopted in consultation with the
10 Secretary of Human Services may prescribe the type and frequency of medical
11 examinations or other tests ~~which~~ that shall be made available by an employer
12 or at the expense of the employer, to employees exposed to health hazards in
13 employment, in order to effectively determine whether the health of the
14 employee is adversely affected by exposure to the hazard. In the event medical
15 examinations are in the nature of research, as determined by the Secretary of
16 Human Services, such examinations may be furnished at the expense of the
17 State. The results of the examinations or tests shall be furnished only to the
18 Secretary of Human Services, the Commissioner of Health, the Director of
19 Occupational Health, the Commissioner of Labor, and at the request of the
20 employee, to the employee's physician or advanced practice registered nurse
21 and the employee.

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* * * Employment Practices * * *

Sec. 57. 21 V.S.A. chapter 5 is amended to read:

CHAPTER 5. EMPLOYMENT PRACTICES

* * *

§ 432. RESTRICTIONS

(a) The Commissioner shall not issue a certificate for a child under 16 years of age pursuant to section 431 of this title until the Commissioner has received, examined, approved, and filed the following papers:

* * *

(3) A certificate from a physician or an advanced practice registered nurse who is a resident in of, and licensed to practice in, this State showing that after a thorough examination the child is found to be physically fit to be employed in the proposed occupation. When a certificate is requested for the employment of a child under 16 years of age as an actor or performer in motion pictures, theatrical productions, radio, or television, this provision may be waived at the discretion of the Commissioner.

* * *

§ 471. DEFINITIONS

As used in this subchapter:

* * *

1 § 514. ADMINISTRATION OF TESTS

2 An employer may request an applicant for employment or an employee to
3 submit to a drug test pursuant to this subchapter, provided the drug testing is
4 performed in compliance with all the following requirements:

5 * * *

6 (11) Medical review officer. The employer shall contract with or
7 employ a certified medical review officer who shall be a licensed physician or
8 advanced practice registered nurse with knowledge of the medical use of
9 prescription drugs and the pharmacology and toxicology of illicit drugs. The
10 medical review officer shall review and evaluate all drug test results, ~~assure~~
11 ensure compliance with this section and sections 515 and 516 of this title,
12 report the results of all tests to the individual tested, and report only confirmed
13 drug test results to the employer.

14 * * *

15 * * * Employer's Liability and Workers' Compensation * * *

16 Sec. 58. 21 V.S.A. chapter 9 is amended to read:

17 CHAPTER 9. EMPLOYER'S LIABILITY AND WORKERS'

18 COMPENSATION

19 * * *

1 § 641. VOCATIONAL REHABILITATION

2 (a) When as a result of an injury covered by this chapter, an employee is
3 unable to perform work for which the employee has previous training or
4 experience, the employee shall be entitled to vocational rehabilitation services,
5 including retraining and job placement, as may be reasonably necessary to
6 restore the employee to suitable employment. Vocational rehabilitation
7 services shall be provided as follows:

8 * * *

9 (4) If services are not voluntarily offered and accepted by the employee,
10 the Commissioner, if necessary through informal hearing, may refer the
11 employee to a qualified physician, advanced practice registered nurse, or
12 appropriate facility for evaluation of the practicability of, need for, and kind of
13 service, treatment, or training necessary and appropriate to render the
14 employee fit for a remunerative occupation. Upon receipt of findings and after
15 affording the parties an opportunity to be heard, the Commissioner may order
16 that the services and treatment recommended, or such other rehabilitation
17 treatment or service the Commissioner may deem necessary be provided at the
18 expense of the employer. When vocational rehabilitation requires residence at
19 or near a facility or institution, away from the employee's customary residence,
20 the reasonable cost of board, lodging, or travel, or ~~both~~ any combination of the
21 three, shall be paid for by the employer. In addition, the employer shall pay

1 reasonable costs of books, tools, or other basic materials required in such
2 rehabilitation process. Refusal to accept vocational rehabilitation pursuant to
3 an order of the Commissioner may result in loss of compensation for each
4 week of the refusal, if the Commissioner so directs.

5 * * *

6 § 642a. TEMPORARY TOTAL; INSURER REVIEW

7 The employer shall review every claim for temporary total disability
8 benefits that continues for more than 104 weeks. ~~Not~~ Not later than 30 days
9 after 104 weeks of continuous temporary total disability benefits have been
10 paid, the employer shall file with the Department and the claimant a medical
11 report from a physician or an advanced practice registered nurse that evaluates
12 the medical status of the claimant, the expected duration of the disability, and
13 when or if the claimant is expected to return to work. If the evaluating
14 physician or advanced practice registered nurse concludes that the claimant has
15 reached a medical end result, the employer shall file a notice to discontinue.

16 * * *

17 § 655. PROCEDURE IN OBTAINING COMPENSATION; MEDICAL
18 EXAMINATION; VIDEO AND AUDIO RECORDING

19 After an injury and during the period of disability, if so requested by ~~his or~~
20 ~~her~~ the employee's employer, or ordered by the Commissioner, the employee
21 shall submit to examination, at reasonable times and within a two-hour driving

1 radius of the residence of the injured employee, by a duly licensed physician,
2 advanced practice registered nurse, or surgeon designated and paid by the
3 employer. The Commissioner may in ~~his or her~~ the Commissioner's discretion
4 permit an examination outside the two-hour driving radius if it is necessary to
5 obtain the services of a provider who specializes in the evaluation and
6 treatment specific to the nature and extent of the employee's injury. The
7 employee may make a video or audio recording of any examination performed
8 by the insurer's physician, advanced practice registered nurse, or surgeon or
9 have a licensed health care provider designated and paid by the employee
10 present at the examination. The employer may make an audio recording of the
11 examination. The right of the employee to record the examination shall not be
12 construed to deny to the employer's physician or advanced practice registered
13 nurse the right to visit the injured employee at all reasonable times and under
14 all reasonable conditions during total disability. If an employee refuses to
15 submit to or in any way obstructs the examination, the employee's right to
16 prosecute any proceeding under the provisions of this chapter shall be
17 suspended until the refusal or obstruction ceases, and compensation shall not
18 be payable for the period ~~which~~ that the refusal or obstruction continues.

19 * * *

1 § 682. LIENS AGAINST COMPENSATION

2 Claims of physicians, advanced practice registered nurses, and hospitals for
3 services rendered under the provisions of this chapter and claims of attorneys
4 for services rendered an employee in prosecuting a claim under the provisions
5 of this chapter shall be approved by the Commissioner. When so approved,
6 they may be enforced against compensation awards in such manner as the
7 Commissioner may direct.

8 * * *

9 * * * Unemployment Compensation * * *

10 Sec. 59. 21 V.S.A. § 1301 is amended to read:

11 § 1301. DEFINITIONS

12 The following words and phrases, as used in this chapter, shall have the
13 following meanings unless the context clearly requires otherwise:

14 * * *

15 (17)(A) For benefit years beginning prior to January 3, 1988, the “base
16 period” is the period of 52 weeks ending with the day immediately preceding
17 the first day of a claimant’s benefit year. Such period shall be extended by one
18 week for each week, not to exceed 18, in which the claimant had no earnings
19 because of sickness or disability as certified by a duly licensed physician or
20 advanced practice registered nurse.

21 * * *

1 approved vehicle and at that time the applicable window tinting shall be
2 removed by the seller. Furthermore, if the material described in this subsection
3 tears or bubbles or is otherwise worn to prohibit clear vision, it shall be
4 removed or replaced.

5 * * *

6 § 1203. ADMINISTRATION OF TESTS; RETENTION OF TEST AND
7 VIDEOTAPE

8 * * *

9 (b)(1) Only a physician, ~~licensed~~ advanced practice registered nurse,
10 medical technician, physician assistant, medical technologist, laboratory
11 assistant, intermediate or advanced emergency medical technician, or
12 paramedic acting at the request of a law enforcement officer may, at a medical
13 facility, police or fire department, or other safe and clean location as
14 determined by the individual withdrawing blood, withdraw blood for the
15 purpose of determining the presence of alcohol or another drug. Any
16 withdrawal of blood shall not be taken at roadside, and a law enforcement
17 officer, even if trained to withdraw blood, acting in that official capacity may
18 not withdraw blood for the purpose of determining the presence of alcohol or
19 another drug. These limitations do not apply to the taking of a breath sample.
20 A medical facility or business may not charge more than \$75.00 for services
21 rendered when an individual is brought to a facility for the sole purpose of an

1 evidentiary blood sample or when an emergency medical technician or
2 paramedic draws an evidentiary blood sample.

3 * * *

4 § 1203a. INDEPENDENT CHEMICAL TEST; BLOOD TESTS

5 * * *

6 (d) The physician, ~~licensed~~ advanced practice registered nurse, medical
7 technician, physician assistant, medical technologist, or laboratory assistant
8 drawing a sample of blood shall use a sample collection kit provided by the
9 Department of Public Safety or another type of collection kit. The sample
10 shall be identified as to donor, date, and time; sealed; and mailed to the
11 Department of Public Safety where it shall be held for a period of at least 45
12 days from the date the sample was taken. At any time during that period, the
13 person may direct that the sample be sent to an independent laboratory of the
14 person's choosing for an independent analysis. The Department of Public
15 Safety may recover its costs of supplies, handling, and storage.

16 * * *

17 (f) The facility, physician, ~~licensed~~ advanced practice registered nurse,
18 medical technician, physician assistant, medical technologist, or laboratory
19 assistant drawing blood shall in no manner be liable in any civil or criminal
20 action except for negligence in drawing the blood.

21 * * *

1 § 1282. OPERATOR, EQUIPMENT, AND INSPECTION

2 (a) Before an individual may assume the duty of transporting school pupils
3 in either a Type I or Type II school bus, ~~he or she~~ the individual shall as a
4 minimum:

5 * * *

6 (2) Furnish the Department of Motor Vehicles or, in the case of an
7 individual licensed in another jurisdiction, furnish ~~his or her~~ the individual's
8 employer a certificate signed by a licensed physician, or a certified physician
9 assistant, or a an advanced practice registered nurse practitioner in accordance
10 with written protocols, that ~~he or she~~ the individual is, as far as can be
11 determined by reasonable inquiry and examination, mentally and physically
12 competent to perform ~~his or her~~ the individual's duties. Any newly diagnosed
13 diabetic or established diabetic must be stabilized and must be certified by ~~his~~
14 ~~or her~~ the individual's personal physician or advanced practice registered nurse
15 that ~~he or she~~ the individual has not had a hypoglycemic reaction (loss of
16 consciousness or near loss of consciousness) for the last two years or since ~~his~~
17 ~~or her~~ the individual's last physical, whichever is longer. Any diabetic must be
18 recertified every six months by ~~his or her~~ the individual's personal physician or
19 advanced practice registered nurse who must state that the patient has not had a
20 hypoglycemic reaction during that time.

21 * * *

1 (d)(1) Not less often than every two years, and before the start of a school
2 year, an individual licensed by the Department of Motor Vehicles to assume
3 the duty of transporting school pupils in either a Type I or Type II school bus
4 shall furnish the employer who employs ~~him or her~~ the individual as a school
5 bus driver the following:

6 (A) a certificate signed by a licensed physician, a certified physician
7 assistant, or a an advanced practice registered nurse ~~practitioner~~ in accordance
8 with written protocols, certifying that the licensee is, as far as can be
9 determined by reasonable inquiry and examination, mentally and physically
10 competent to perform ~~his or her~~ the licensee's duties and that ~~he or she~~ the
11 licensee meets or exceeds the minimum hearing standards, based on voice
12 testing, as prescribed by the Commissioner; and

13 (B) a certificate signed by a properly registered and authorized
14 medical doctor, ophthalmologist, optometrist, or advanced practice registered
15 nurse ~~practitioner~~ certifying ~~he or she~~ the licensee meets or exceeds the
16 minimum vision standards as prescribed by the Commissioner.

17 * * *

18 * * * Uniform Water and Sewer Disconnect * * *

19 Sec. 61. 24 V.S.A. chapter 129 is amended to read:

20 CHAPTER 129. UNIFORM WATER AND SEWER DISCONNECT

21 * * *

1 § 5142. DEFINITIONS

2 ~~For the purpose of~~ As used in this chapter:

3 * * *

4 (6) “~~Physician’s~~ Health care provider’s certificate” means a written
5 statement by a duly licensed medical practitioner certifying that a ratepayer or
6 resident within the ratepayer’s household would suffer an immediate and
7 serious health hazard by the disconnection of the utility’s service to that
8 household. The certificate will be considered valid and in force for 30 days, or
9 the duration of the hazard, whichever is less.

10 * * *

11 § 5143. DISCONNECTION OF SERVICE

12 * * *

13 (b) Disconnection shall not be permitted if:

14 * * *

15 (4) The disconnection would represent an immediate and serious hazard
16 to the health of the ratepayer or a resident within the ratepayer’s household, as
17 set forth in a ~~physician’s~~ health care provider’s certificate that is on file with
18 the municipality. Notice by telephone or otherwise that such certificate will be
19 forthcoming will have the effect of receipt, providing the certificate is in fact
20 received within seven days.

21 * * *

1 § 5144. UNIFORM NOTICE FORM

2 The notice form required under section 5143 of this chapter, and defined in
3 section 5142 of this chapter, shall be clearly printed on a pink colored sheet of
4 paper; and shall be according to the following form:

5 Date _____

6 \$ _____

7 AMOUNT IN ARREARS

8 Dear Customer:

9 According to our records, your (water) (sewer) service account is still
10 unpaid. Please make full payment of the account or contact our office to make
11 satisfactory arrangements before If this is not done, we will no longer
12 be able to extend credit and will have to discontinue your service, on that day
13 or any one of the following four business days. (Under the law, “Business
14 days” means Monday through Thursday, excluding legal holidays, when the
15 offices are not open to the public). An unpaid bill is a lien on your real
16 property, and may lead to tax sale proceedings.

17 SPECIAL CHARGES—24 V.S.A. § 5151 provides that we charge a fee for
18 coming to your location to collect the amount overdue. Also, the same statute
19 provides that we shall charge a reconnection fee for restoration of service if
20 your service has been disconnected for nonpayment. These fees are as follows:

21 Collection Trips—\$ 25.00, regardless of number

1 Reconnection—Normal Hours—\$ 25.00

2 Overtime—\$ 37.50

3 Interest according to 32 V.S.A. § 5136(a)

4 If payment has already been sent, we recommend that you contact our office to
5 make certain that payment is recorded on your account by the indicated date as
6 such payment may have become delayed or lost in the mail. Payment in the
7 mail does not constitute payment until received by us.

8 THIS IS A FINAL REQUEST FROM:

9 (Name of Credit Supervisor)

10 (Name of Municipality)

11 (Address of Municipality)

12 (Town)

13 Vermont (Zip Code)

14 (Telephone Number)

15 OTHER IMPORTANT INFORMATION—If you have a question concerning
16 this bill or if you want to seek an agreement with us to pay the balance due in
17 partial payments over a period of time, you should contact this office as soon
18 as possible after receipt of this notice. In the event an agreement is entered
19 into, failure to abide by the terms of agreement can lead to disconnection
20 without further notice. If disconnection would result in an immediate and
21 serious health hazard to you or to a resident within your household,

1 disconnection will be postponed upon presentation of a duly licensed
2 ~~physician's~~ health care provider's certificate.

3 APPEALS—If you cannot reach agreement as to payment of this bill with the
4 credit supervisor whose name appears above, you may appeal to:

5 (Name of Chairman of the Local Legislative Body)

6 (Name of Town, City or Village)

7 (Address of Office)

8 (Mailing Address)

9 or by calling:

10 (Telephone Number)

11 An appeal cannot be taken unless you first attempt to settle with the credit
12 supervisor. You may appeal only as to the proper amount of your bill or the
13 correctness of application of the rules and regulations. You may not appeal as
14 to the level or design of the rates themselves. No charge shall be made for the
15 appeal. However, undisputed portions of the charges giving rise to this notice
16 must be paid before the disconnection date given above.

17 * * *

18 * * * Charter; City of Newport * * *

19 Sec. 62. 24 App. V.S.A. chapter 7, § 23 is amended to read:

20 § 23. CITY COUNCIL POWERS

1 * * *

2 * * * Medicine; Quality Assurance Data * * *

3 Sec. 64. 26 V.S.A. § 1445 is amended to read:

4 § 1445. FINDINGS

5 The General Assembly finds that the Vermont Program for Quality in
6 Health Care, Inc., a nonprofit corporation, is organized for the purpose of
7 implementing and maintaining a statewide quality assurance system based on
8 the collection and interpretation of clinical data, feedback of such data to
9 physicians and advanced practice registered nurses and, when necessary, the
10 provision of professional accountability.

11 * * *

12 * * * Social Workers * * *

13 Sec. 65. 26 V.S.A. § 3205a is amended to read:

14 § 3205a. LICENSED INDEPENDENT CLINICAL SOCIAL WORKER

15 ELIGIBILITY

16 (a) To be eligible for licensure as a licensed independent clinical social
17 worker, an applicant must have:

18 * * *

19 (3) completed 3,000 hours of supervised practice of independent clinical
20 social work as defined by rule under the supervision of a:

21 * * *

1 (D) licensed physician or a licensed osteopathic physician who has
2 completed a residency in psychiatry or a psychiatric or mental health nurse
3 practitioner; or

4 * * *

5 * * * Audiologists and Hearing Aid Dispensers * * *

6 Sec. 66. 26 V.S.A. § 3295 is amended to read:

7 § 3295. EXAMINATION FOR LICENSURE AS HEARING AID
8 DISPENSER

9 * * *

10 (b) The examination shall cover the following: the basic physics of sound,
11 anatomy, and physiology of the ear, structure and function of hearing aids,
12 pure tone audiometry, voice and recorded speech audiometry, interpretation of
13 audiograms as related to hearing aid usage, selection and adaptation of hearing
14 aids, counseling people who are hard of hearing in the appropriate use of
15 hearing aids, identifying situations in which referrals to a physician or
16 advanced practice registered nurse are appropriate, knowledge of medical and
17 rehabilitation facilities for people who are hard of hearing in this State, and
18 State and federal laws relating to dispensing hearing aids and other areas of
19 knowledge determined by the Director to be necessary.

20 * * *

1 and pain. In connection with such system of health care, an individual licensed
2 under this chapter may:

3 * * *

4 (B) Use diagnostic procedures commonly used by physicians or
5 advanced practice registered nurses in general practice, including physical and
6 orificial examinations, electrocardiograms, diagnostic imaging techniques,
7 phlebotomy, clinical laboratory tests and examinations, and physiological
8 function tests.

9 * * *

10 * * * Midwives * * *

11 Sec. 71. 26 V.S.A. chapter 85 is amended to read:

12 CHAPTER 85. MIDWIVES

13 * * *

14 § 4182. EXEMPTIONS

15 In recognition that, in Vermont, a variety of practitioners provides care to
16 women during pregnancy and birth, this chapter does not apply to the
17 following:

18 * * *

19 (2) Licensed physicians, advanced practice registered nurses, or other
20 licensed health care providers authorized to provide midwifery care.

21 * * *

1 § 4190. WRITTEN PLAN FOR CONSULTATION, EMERGENCY
2 TRANSFER, AND TRANSPORT

3 (a) Every licensed midwife shall develop a written plan for consultation
4 with physicians licensed under chapter 23 of this title, advanced practice
5 registered nurses licensed under chapter 28 of this title, and other health care
6 providers for emergency transfer, for transport of an infant to a newborn
7 nursery or neonatal intensive care nursery, and for transport of a woman to an
8 appropriate obstetrical department or patient care area. The written plan shall
9 be submitted to the Director on an approved form with the application required
10 by section 4184 of this title and biennially thereafter with the renewal form
11 required by section 4187 of this title. The written transport plan shall be
12 reviewed and approved by the advisors appointed pursuant to section 4186 of
13 this title and shall be provided to any health care facility or health care
14 professional identified in the plan. The Director, in consultation with the
15 advisors, the Commissioner of Health, and other interested parties, shall
16 develop a single, uniform form for use in all cases in which a transfer or
17 transport occurs, which shall include the medical information needed by the
18 facility or professional receiving the transferred or transported patient.

19 * * *

1 ~~practitioner~~ an advanced practice registered nurse that pertains to the practice
2 of respiratory care.

3 * * *

4 (D) Implementing report, referral, and respiratory care protocols or
5 changes in treatment, based on observed abnormalities, pursuant to a
6 physician, a physician assistant, an anesthesiologist assistant, or ~~nurse~~
7 ~~practitioner's~~ an advanced practice registered nurse's prescription.

8 * * *

9 (F) Respiratory care may be practiced in any clinic, hospital, skilled
10 nursing facility, private dwelling, or other place deemed appropriate or
11 necessary by the Director and in accordance with the prescription or verbal
12 orders of a licensed physician, a physician assistant, an anesthesiologist
13 assistant, or ~~nurse practitioner~~ an advanced practice registered nurse.

14 (9) "Respiratory care" means the allied health profession responsible for
15 the treatment, management, diagnostic testing, control, and care of patients
16 with deficiencies and abnormalities associated with cardiopulmonary systems
17 under the direction of a physician, a physician assistant, an anesthesiologist
18 assistant, or ~~nurse practitioner~~ an advanced practice registered nurse.

19 Respiratory care also includes inhalation therapy and respiratory therapy.

20 * * *

1 § 4712. EXEMPTIONS FROM LICENSURE

2 (a) A person shall not practice respiratory care or represent himself or
3 herself to be a respiratory care practitioner unless ~~he or she~~ the person is
4 licensed under this chapter, except that this chapter shall not prohibit:

5 (1) A person matriculated in an education program approved by the
6 Director who is pursuing a degree in respiratory care or respiratory therapy
7 from satisfying supervised clinical education requirements related to the
8 person's respiratory care education while under direct supervision of a
9 respiratory care practitioner, an advanced practice registered nurse, or a
10 physician.

11 * * *

12 (11) A polysomnographic technologist, technician, or trainee from
13 performing activities within the scope of practice adopted by the association of
14 polysomnographic technologists, while under the direction of a Vermont
15 licensed physician or an advanced practice registered nurse who has training in
16 sleep medicine.

17 (12) A perfusionist from performing those activities contained within
18 the perfusion scope of practice adopted by the American Society of
19 Extracorporeal Technologists, or its successor organization, while under the
20 supervision of a licensed physician or an advanced practice registered nurse.

21 * * *

1 * * * Supervision of Adult Inmates at Correctional Facilities * * *

2 Sec. 73. 28 V.S.A. chapter 11 is amended to read:

3 CHAPTER 11. SUPERVISION OF ADULT INMATES AT
4 CORRECTIONAL FACILITIES

5 * * *

6 § 701a. SEGREGATION OF INMATES WITH A SERIOUS FUNCTIONAL
7 IMPAIRMENT

8 (a) The Commissioner shall adopt rules pursuant to 3 V.S.A. chapter 25
9 regarding the classification, treatment, and segregation of an inmate with a
10 serious functional impairment as defined and identified under subchapter 6 of
11 this chapter; provided that the length of stay in segregation for an inmate with
12 a serious functional impairment:

13 * * *

14 (2) shall not exceed 30 days if the inmate requested the segregation,
15 except that the inmate may remain segregated for successive 30-day periods
16 following assessment by a qualified mental health professional and approval of
17 a physician or an advanced practice registered nurse for each extension; and

18 (3) shall not exceed 30 days if the inmate is segregated for any reason
19 other than the reasons set forth in subdivision (1) or (2) of this subsection,
20 except that the inmate may remain segregated for successive 30-day periods
21 following a due process hearing for each extension, which shall include

1 assessment by a qualified mental health professional and approval of a
2 physician or an advanced practice registered nurse.

3 * * *

4 § 751b. GENERAL PROVISIONS GOVERNING OFFENDER WORK

5 * * *

6 (b) An offender shall not be required to engage in unreasonable labor or to
7 perform any work for which ~~he or she~~ the offender is declared unfit by a
8 physician or an advanced practice registered nurse employed or retained by the
9 Department.

10 * * *

11 § 853. PUNISHMENT; MAINTENANCE OF RECORDS;

12 RECOMMENDATION OF TRANSFER

13 (a)(1) Except in serious cases as provided in subdivision (2) of this
14 subsection, punishment for a breach of the rules and regulations of the facility
15 shall consist of deprivation of privileges.

16 (2) Serious breaches of the rules and regulations shall include assault,
17 escape, attempt to escape, and other serious breaches. In cases involving a
18 serious breach, the disciplinary committee may recommend to the supervising
19 officer of the facility, who may then order, other forms of discipline in addition
20 to or as substitution for a loss of privileges. If the serious breach results in
21 damage to State-owned property, the disciplinary committee may fix an

1 amount of restitution or reparation, which shall not exceed an amount the
2 inmate can or will be able to pay, and shall fix the manner of performance.

3 Other forms of discipline for a serious breach of the rules may include:

4 * * *

5 (B) Segregation, in accordance with the regulations of the
6 Department, in a cell or room, apart from the accommodations provided for
7 inmates who are participating in programs of the facility; provided:

8 * * *

9 (ii) ~~he~~ the inmate shall be supplied with a sufficient quantity of
10 wholesome and nutritious food, which shall be of the same quantity and
11 nutritional quality as that provided to the general population of inmates at the
12 facility;

13 * * *

14 (iv) the supervising officer of the facility shall comply with any
15 recommendation that may be made by the facility's physician or advanced
16 practice registered nurse for measures with respect to dietary needs or
17 conditions of segregation of each inmate required to maintain the health of the
18 inmate.

19 * * *

20 § 906. DEFINITIONS

21 As used in this subchapter:

1

* * *

2

(2) “Qualified mental health professional” means a person with professional training, experience, and demonstrated competence in the treatment of mental conditions or psychiatric disabilities or serious functional impairments who is a physician, psychiatrist, psychologist, social worker, ~~nurse~~ psychiatric or mental health nurse practitioner, or other qualified person determined by the Commissioner of Mental Health.

8

* * *

9

* * * Health Care Fund Contribution Assessment * * *

10

Sec. 74. 32 V.S.A. § 10502 is amended to read:

11

§ 10502. DEFINITIONS

12

As used in this chapter:

13

* * *

14

(4) “Health care coverage” shall mean any private or public plan that includes both hospital and physician or advanced practice registered nurse services.

17

* * *

18

* * * Division of Rate Setting * * *

19

Sec. 75. 33 V.S.A. § 900 is amended to read:

20

§ 900. DEFINITIONS

1 Unless otherwise required by the context, the words and phrases in this
2 chapter shall be defined as follows:

3 * * *

4 (4) “Provider” means any entity, excluding a hospital ~~or~~ a physician or
5 an advanced practice registered nurse, providing services to State-assisted
6 persons pursuant to a contract or other form of agreement with the State.

7 * * *

8 * * * Medical Assistance * * *

9 Sec. 76. 33 V.S.A. § 1952 is amended to read:

10 § 1952. GENERAL PROVISIONS

11 * * *

12 (c) The budget of any hospital assessed under the provisions of this
13 subchapter that includes a nursing home, home health agency, or physician’s or
14 an advanced practice registered nurse’s office practice shall have its
15 assessment based only on the hospital portion of its budget. The nursing home
16 and home health agency components of the budget shall be assessed separately
17 as provided for in this subchapter.

18 * * *

19 * * * Child Welfare Services * * *

20 Sec. 77. 33 V.S.A. § 4915b is amended to read:

21 § 4915b. PROCEDURES FOR INVESTIGATION

1
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* * *

(c) The Commissioner, designee, or any person required to report under section 4913 of this title or any other person performing an investigation may take or cause to be taken photographs of trauma visible on a child who is the subject of a report. The Commissioner or designee may seek consultation with a physician or advanced practice registered nurse. If it is indicated appropriate by the physician or advanced practice registered nurse, the Commissioner or designee may cause the child who is subject of a report to undergo a radiological examination without the consent of the child’s parent or guardian.

* * *

* * * Medicare and General Assistance Beneficiaries; Balance Billing * * *
Sec. 78. 33 V.S.A. chapter 65 is amended to read:

CHAPTER 65. MEDICARE AND GENERAL ASSISTANCE
BENEFICIARIES; BALANCE BILLING

* * *

§ 6502. BALANCE BILLING PROHIBITED

A physician or advanced practice registered nurse who agrees to treat a Medicare or General Assistance beneficiary shall not balance bill the beneficiary except as provided in section 6503 of this chapter.

1 § 6503. EXCEPTIONS

2 The provisions of section 6502 of this title shall not apply and the physician
3 or advanced practice registered nurse may balance bill a Medicare beneficiary
4 if:

5 * * *

6 (3) The service for which the beneficiary is to be billed is either an
7 office or home visit. Office or home visits are listed as procedure codes 90000
8 through 90170 in the Physicians' Current Procedural Terminology, Fourth
9 Edition (1986) published by the American Medical Association, as amended
10 annually. Office or home visit codes for dentists, podiatrists, optometrists, and
11 chiropractors shall be the same (or equivalent) procedure codes used for
12 doctors of medicine or osteopathy and advanced practice registered nurses.

13 § 6504. MEDICARE BENEFICIARY TO SIGN STATEMENT

14 Annually and prior to treatment, a physician or an advanced practice
15 registered nurse may request that a Medicare beneficiary sign a statement
16 prepared in accordance with this section to determine whether or not the
17 beneficiary may be balance billed. The exceptions contained in subdivision
18 6503(1) of this title shall not apply if the physician or advanced practice
19 registered nurse does not request that the beneficiary sign the statement. The
20 statement shall be prepared by the Department of Disabilities, Aging, and

1 Independent Living, and shall incorporate the exceptions contained in
2 subdivision 6503(1) of this title.

3 § 6505. ASSISTANCE WITH CLAIMS REQUIRED

4 A physician or an advanced practice registered nurse who agrees to treat a
5 Medicare beneficiary shall prepare the Medicare claim for the beneficiary.

6 § 6506. POSTING

7 A physician or an advanced practice registered nurse who treats Medicare
8 or General Assistance beneficiaries shall post a summary of the provisions of
9 this chapter in a conspicuous place in ~~his or her~~ the physician's or advanced
10 practice registered nurse's office. The summary shall include the statement
11 that any person aggrieved by a physician's or an advanced practice registered
12 nurse's failure to comply with the provisions of this chapter may contact the
13 Department of Disabilities, Aging, and Independent Living for assistance or
14 file a complaint with the State Board of Medical Practice within the
15 Department of Health and shall include toll-free telephone numbers to be used
16 for these purposes. The summary shall be written by the Department of
17 Disabilities, Aging, and Independent Living and distributed by the Secretary of
18 State.

19 § 6507. ADMINISTRATION; ENFORCEMENT

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(O) Shall have the right to choose the resident's own personal physician or advanced practice registered nurse and the right to request a second opinion from a physician or an advanced practice registered nurse of the resident's choice if significant alternatives for care or treatment exist. If the resident requests information concerning care or treatment alternatives, the resident has the right to receive such information from the resident's doctor or advanced practice registered nurse or the administrators as appropriate.

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§ 7306. RESIDENT'S REPRESENTATIVE

(a) Except as provided in subsection (b) of this section, the rights and obligations established under this chapter shall devolve to a resident's guardian, next of kin, sponsoring agency, or representative payee (except when the facility itself is a representative payee) if the resident:

* * *

(2) has been found by ~~his or her~~ the resident's physician or advanced practice registered nurse to be medically incapable of understanding or exercising the rights granted under this chapter; or

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