

1 H.830

2 Introduced by Representative Sweaney of Windsor

3 Referred to Committee on

4 Date:

5 Subject: Professions and occupations; doctors and physicians; other health care
6 providers

7 Statement of purpose of bill as introduced: This bill proposes to allow other
8 health care providers to have the same authority as physicians in certain
9 instances.

10 An act relating to authority of health care providers

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

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, nurse practitioner,
19 certified nurse midwife, or osteopath. No sick leave shall be authorized
20 beyond mandatory retirement age under the retirement system.

1 participate in the retirement system. If required, other physicians or nurse
2 practitioners may be employed to report on special cases. The medical board
3 shall arrange for and pass upon all medical examinations required under the
4 provisions of this subchapter, shall investigate all essential medical statements
5 and certificates by or on behalf of a member in connection with a claim of
6 disability or accidental and ~~occupationally related~~ occupationally related death,
7 and shall report in writing to the ~~retirement board~~ Retirement Board of its
8 conclusions and recommendations upon all such matters.

9 Sec. 4. 3 V.S.A. § 3085b(b) is amended to read:

10 (b) The Commission shall be composed of 17 members: the Commissioner
11 of Disabilities, Aging, and Independent Living or a designee, one Senator
12 chosen by the Committee on Committees of the Senate, one Representative
13 chosen by the Speaker of the House, and 14 members appointed by the
14 Governor. The members appointed by the Governor shall represent the
15 following groups: physicians, advanced practice registered nurses, social
16 workers, nursing home managers, the clergy, adult day center providers, the
17 business community, registered nurses, residential care home operators, family
18 care providers, the home health agency, the legal profession, mental health
19 service providers, the area agencies on aging, and the Alzheimer's Association.
20 The members appointed by the Governor shall represent, to the degree
21 possible, the five regions of the State.

1 Sec. 5. 6 V.S.A. § 920(b) is amended to read:

2 (b) It shall be unlawful for any person to use for his or her own advantage
3 or to reveal, other than to the ~~secretary~~ Secretary or proper officials or
4 employees of the ~~state~~ State or to the courts of this ~~state~~ State in response to a
5 subpoena, or to physicians, or advanced practice registered nurses, or in
6 emergencies to pharmacists and other qualified persons for use in the
7 preparation of antidotes, any information relative to formulas of products
8 acquired by authority of section 918 of this title.

9 Sec. 6. 8 V.S.A. § 3838(a) is amended to read:

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

1 Sec. 7. 8 V.S.A. § 3843 is amended to read:

2 § 3843. GENERAL RULES

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

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

8 * * *

9 (g)(1) In order to assure 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~~ Commissioner may waive the requirements of this subdivision:

13 * * *

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

1 of life expectancy, based on medical records. The second physician's or nurse
2 practitioner's decision shall be final.

3 * * *

4 Sec. 8. 8 V.S.A. § 3844(a)(3)(B)(v) is amended to read:

5 (v) The policy owner becomes physically or mentally disabled and
6 a physician, nurse practitioner, or certified nurse midwife determines that the
7 disability prevents the policy owner from maintaining full-time employment;

8 Sec. 9. 8 V.S.A. § 4082(a) is amended to read:

9 (a) No such blanket health insurance policy shall contain any provision
10 relative to notice of claim, proofs of loss, time of payment of claims, or time
11 within which legal action must be brought upon the policy which, in the
12 opinion of the Commissioner, is less favorable to the persons insured than
13 would be permitted by the provisions set forth in section 4065 of this title. An
14 individual application shall not be required from a person covered under a
15 blanket health policy or contract, nor shall it be necessary for the insurer to
16 furnish each person a certificate. All benefits under any blanket health policy
17 shall, unless for hospital and physician and advanced practice registered nurse
18 service or surgical benefits, be payable to the person insured, or to his or her
19 designated beneficiary or beneficiaries, or to his or her estate, except that if the
20 person insured be a minor, such benefits may be made payable to his or her
21 parent, guardian, or other person actually supporting him or her. Nothing

1 contained in this section or section 4081 of this title shall be deemed to affect
2 the legal liability of policyholders for the death of, or injury to, any such
3 members of such group.

4 Sec. 10. 8 V.S.A. § 4088d(a) is amended to read:

5 (a) A health insurance plan shall provide coverage for medically necessary
6 health care services covered by the plan when provided by a naturopathic
7 physician licensed in this State for treatment within the scope of practice
8 described in 26 V.S.A. chapter 81 and shall recognize naturopathic physicians
9 who practice primary care to be primary care physicians. Health care services
10 provided by naturopathic physicians may be subject to reasonable deductibles,
11 co-payment and co-insurance amounts, and fee or benefit limits consistent with
12 those applicable to other primary care ~~physicians~~ providers under the plan, as
13 well as practice parameters, cost-effectiveness and clinical efficacy standards,
14 and utilization review consistent with any applicable regulations published by
15 the Department of Financial Regulation. Any amounts, limits, standards, and
16 review shall not function to direct treatment in a manner unfairly
17 discriminative against naturopathic care, and collectively shall be no more
18 restrictive than those applicable under the same policy to care or services
19 provided by other primary care ~~physicians~~ providers, but may allow for the
20 management of the benefit consistent with variations in practice patterns and
21 treatment modalities among different types of health care providers. A health

1 insurance plan may require that the naturopathic physician's services be
2 provided by a licensed naturopathic physician under contract with the insurer
3 or shall be covered in a manner consistent with out-of-network provider
4 reimbursement practices for primary care ~~physicians~~ providers; however, this
5 shall not relieve a health insurance plan from compliance with the applicable
6 Rule H-2009-03 network adequacy requirements adopted by the
7 Commissioner. Nothing contained herein shall be construed as impeding or
8 preventing either the provision or the coverage of health care services by
9 licensed naturopathic physicians, within the lawful scope of naturopathic
10 practice, in hospital facilities on a staff or employee basis.

11 Sec. 11. 8 V.S.A. § 4088i(f) is amended to read:

12 (f) As used in this section:

13 * * *

14 (10) "Pharmacy care" means medications prescribed by a licensed
15 physician or advanced practice registered nurse and any health-related services
16 deemed medically necessary to determine the need for or effectiveness of a
17 medication.

18 (11) "Psychiatric care" means direct or consultative services provided
19 by a licensed physician certified in psychiatry by the American Board of
20 Medical Specialties or a licensed psychiatric nurse practitioner.

21 * * *

1 Sec. 12. 8 V.S.A. § 4089a(b)(4) is amended to read:

2 (4) “Review agent” means a person or entity performing service review
3 activities within one year of the date of a fully compliant application for
4 licensure who is either affiliated with, under contract with, or acting on behalf
5 of a business entity in this State and who provides or administers mental health
6 care benefits to members of health benefit plans subject to the Department’s
7 jurisdiction, including a health insurer, nonprofit health service plan, health
8 insurance service organization, health maintenance organization or preferred
9 provider organization, including organizations that rely upon primary care
10 ~~physicians~~ providers to coordinate delivery of services.

11 Sec. 13. 8 V.S.A. § 4089d(d) is amended to read:

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

1 plan administrator. The health insurance plan may require reasonable periodic
2 proof from the student's treating physician or advanced practice registered
3 nurse that the leave of absence continues to be medically necessary.

4 Sec. 14. 8 V.S.A. § 4089e(a) is amended to read:

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

6 (1) "Inherited metabolic disease" means a disease caused by an inherited
7 abnormality of body chemistry for which the ~~state~~ State screens newborn
8 infants.

9 (2) "Insurer" means any health insurance company, nonprofit hospital
10 and medical service corporation, managed care organization and health
11 maintenance organization. The term does not apply to coverage for specified
12 disease or other limited benefit coverage.

13 (3) "Low protein modified food product" means a food product that is
14 specifically formulated to have less than one gram of protein per serving and is
15 intended to be used under the direction of a physician or advanced practice
16 registered nurse for the dietary treatment of a metabolic disease.

17 (4) "Medical food" means an amino acid modified preparation that is
18 intended to be used under the direction of a physician or advanced practice
19 registered nurse for the dietary treatment of an inherited metabolic disease.

1 Sec. 15. 8 V.S.A. § 4089g(a) is amended to read:

2 (a) A health insurance plan shall provide coverage for diagnosis and
3 medically necessary treatment, including surgical and nonsurgical procedures,
4 for a musculoskeletal disorder that affects any bone or joint in the face, neck,
5 or head and is the result of accident, trauma, congenital defect, developmental
6 defect, or pathology. Subject to subsection (b) of this section, this coverage
7 shall be the same as that provided under the health insurance plan for any other
8 musculoskeletal disorder in the body and may be provided when prescribed or
9 administered by a physician, advanced practice registered nurse, or a dentist.

10 This section shall not be construed to require coverage for dental services for
11 the diagnosis or treatment of dental disorders or dental pathology primarily
12 affecting the gums, teeth, or alveolar ridge.

13 Sec. 16. 8 V.S.A. § 4095(2) is amended to read:

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

20 * * *

1 Sec. 17. 8 V.S.A. § 4100g is amended to read:

2 § 4100g. COLORECTAL CANCER SCREENING, COVERAGE

3 REQUIRED

4 * * *

5 (b) Insurers shall provide coverage for colorectal cancer screening,
6 including:

7 (1) Providing an insured 50 years of age or older with the option of:

8 (A) Annual fecal occult blood testing plus one flexible

9 sigmoidoscopy every five years; or

10 (B) One colonoscopy every 10 years.

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

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

16 (1) ~~A~~ a family medical history of colorectal cancer or a genetic
17 syndrome predisposing the individual to colorectal cancer;

18 (2) ~~A~~ a prior occurrence of colorectal cancer or precursor polyps;

19 (3) ~~A~~ a prior occurrence of a chronic digestive disease condition such as
20 inflammatory bowel disease, Crohn's disease, or ulcerative colitis; or

1 sufficiently complex and urgent that delaying or deferring treatment can be
2 expected to result in infection, loss of teeth, or other increased oral or dental
3 morbidity; for whom a successful result cannot be expected from dental care
4 provided under local anesthesia; and for whom a superior result can be
5 expected from dental care provided under general anesthesia; or

6 (3) a person who has exceptional medical circumstances or a
7 developmental disability, as determined by a licensed psychiatric mental health
8 nurse practitioner or a physician licensed pursuant to 26 V.S.A. chapter 23,
9 which place the person at serious risk.

10 * * *

11 Sec. 19. 8 V.S.A. § 4185(c) is amended to read:

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

14 (A) the contractual obligations for which the Health Maintenance
15 Organization is liable or would have been liable if it were not impaired or
16 insolvent; or

17 (B) \$300,000.00 with respect to any one natural person.

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

1 such physician, advanced practice registered nurse, or surgeon is licensed by
2 the State Board of Medical Practice or State Board of Nursing and agrees to be
3 governed by the bylaws of the corporation with respect to payment of fees for
4 his or her services.

5 Sec. 22. 8 V.S.A. § 5101 is amended to read:

6 § 5101. DEFINITIONS

7 As used in this chapter:

8 * * *

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

20 (5) “Member” means any individual who has entered into a contract
21 with a health maintenance organization for health care services or for services

1 related to ~~but not limited to~~ processing, administering, or the payment of
2 claims for health care services or in whose behalf such an arrangement has
3 been made.

4 (6) "Evidence of coverage" means any certificate, agreement, or
5 contract issued to a member setting out the coverage to which he or she is
6 entitled and the rates therefor.

7 (7) "Provider" means any physician, advanced practice registered nurse,
8 hospital, or other institution, organization, or other person who furnishes health
9 care services.;

10 * * *

11 Sec. 23. 10 V.S.A. § 4705(e) is amended to read:

12 (e) Subsection (a) of this section shall not apply to a licensed hunter who is
13 a paraplegic or is certified by a physician or nurse practitioner to be unable to
14 pursue game because of permanent severe physical disability, if he or she
15 obtains a permit as provided in this subsection. The Commissioner on receipt
16 of satisfactory proof of the disability of an applicant may issue a permit under
17 this subsection. This permit shall be attached to the license, and shall remain
18 in effect until the death of the holder, unless the Commissioner has reason to
19 believe the permit is misused. The holder of the permit shall carry it at all
20 times while hunting, and shall produce it on demand for inspection by any
21 game warden or other law enforcement officer authorized to make arrests. The

1 holder of the permit may take game from a vehicle or boat but only if it is
2 stationary and off of a public highway. In no event shall the holder of a permit
3 shoot across the traveled portion of a public highway.

4 Sec. 24. 10 V.S.A. § 4711 is amended to read:

5 § 4711. CROSSBOW HUNTING; PERMIT

6 A person who is impaired to the degree that he or she cannot operate a
7 standard bow may obtain a permit to take game with a crossbow. The permit
8 fees shall be \$25.00 for a permanent permit and \$5.00 for a temporary permit.

9 A person who has lost a crossbow permit may request a new permit from the
10 agent of original issue. The fee shall be \$5.00. All fees shall be deposited in
11 the fish and wildlife fund. A person applying for this permit must personally
12 appear before the ~~commissioner of fish and wildlife~~, Commissioner of Fish and
13 Wildlife or his or her designee, with certification from a licensed physician or
14 nurse practitioner that he or she is so disabled. The ~~commissioner~~
15 Commissioner may obtain a second medical opinion to verify the disability.

16 Upon satisfactory proof of the disability, the ~~commissioner~~ Commissioner may
17 issue a permit under this section. The permit shall set forth whether it was
18 issued because of an inability to use a standard bow, and be attached to the
19 license. The holder of the permit shall carry it at all times while hunting, and
20 produce it on demand for inspection by any game warden or other law
21 enforcement officer authorized to make arrests. Unless it is uncocked, a

1 person shall not possess or transport a crossbow in or on a motor vehicle,
2 motorboat, airplane, snowmobile, or other motor-propelled craft or any vehicle
3 drawn by a motor-propelled vehicle except as permitted under subsection
4 4705(e) of this title.

5 Sec. 25. 10 V.S.A. § 4715(e) is amended to read:

6 (e) A person who is physically impaired to the degree that he or she cannot
7 operate a device allowed for taking of game under Vermont law may obtain a
8 permit to take game in Vermont with a device which is in the immediate
9 vicinity of the permittee and which the permittee operates using remote-control
10 technology other than the Internet. A person applying for this permit shall
11 personally appear before the ~~commissioner~~ Commissioner or the
12 ~~commissioner's~~ Commissioner's designee and submit certification from a
13 licensed physician or nurse practitioner describing the person's limitations.
14 The ~~commissioner~~ Commissioner may obtain a second medical opinion to
15 verify the disability. Upon satisfactory proof of the disability, the
16 ~~commissioner~~ Commissioner may issue a permit describing the device and
17 method the person may use to take game. The ~~commissioner~~ Commissioner
18 shall require that the permittee be accompanied while hunting by a person who
19 is licensed to hunt in Vermont unless the permittee can demonstrate that he or
20 she is able to track injured game and to retrieve and care for a carcass. If the
21 permit is not intended to be a permanent permit, it shall state the date on which

1 the permit expires. The permit shall be attached to the hunting license, and the
2 holder shall carry it at all times while hunting and produce it on demand for
3 inspection by any fish and wildlife warden or other law enforcement officer.

4 Sec. 26. 12 V.S.A. § 181(6) is amended to read:

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 Sec. 27. 12 V.S.A. § 1611 is amended to read:

14 § 1611. WRITTEN STATEMENTS; CONSENT OF PHYSICIAN, NURSE
15 PRACTITIONER, OR PARENT

16 In civil cases, a written statement of a person who has been injured and is
17 under the care of a physician or nurse practitioner and confined in a hospital,
18 taken without the permission of the attending physician or nurse practitioner,
19 or if the person is a minor, without the permission of the parent as well, shall
20 not be admissible in any court proceeding either as an admission or as
21 impeaching evidence.

1 Sec. 28. 12 V.S.A. § 7001 is amended to read:

2 § 7001. LISTS ESTABLISHED

3 The Court Administrator shall select and maintain insofar as obtainable for
4 each Superior Court district a list of 12 laymen, 12 ~~medical doctors~~ physicians,
5 12 dentists, 12 osteopaths, 12 chiropractors, 12 nurses or advanced practice
6 registered nurses, and 12 hospital administrators. Members of the lists
7 established by this section need not reside in the Superior Court district for
8 which the lists are maintained, but shall reside in this State.

9 Sec. 29. 12 V.S.A. § 7002(a) is amended to read:

10 (a) After discovery of an alleged injury, persons asserting a claim based on
11 medical malpractice may submit the claim in writing to arbitration prior to the
12 commencement of any trial as to ~~said~~ the claim, but not thereafter, providing
13 that all parties having an interest in the claim agree to arbitration. A patient
14 may not be requested to enter into such an agreement to arbitrate until after the
15 patient is aware of the nature and the existence of the claim. Once a claim has
16 been filed, a party to the proceeding may withdraw and a claim may be
17 withdrawn from arbitration only upon written consent of all the other parties.

18 The arbitration panel shall consist of three persons: a judicial referee selected
19 by the Court Administrator, a layman selected from the panel of laymen, and a
20 member of the same profession as the respondent selected insofar as possible
21 from the appropriate list of professionals maintained under section 7001 of this

1 title. The lay and professional members shall be chosen by lot as provided in
2 subsection (c) of this section. If the respondent is not a member of a
3 profession for which a list is established under section 7001 of this title, the
4 professional member of the panel shall be selected from the list of ~~medical~~
5 ~~doctors~~ physicians. The judicial referee shall preside as chairman of the
6 arbitration panel.

7 Sec. 30. 13 V.S.A. § 1028(d)(2) is amended to read:

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

13 Sec. 31. 13 V.S.A. § 2824(b)(1) is amended to read:

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

1 Sec. 32. 13 V.S.A. § 3763 is amended to read:

2 § 3763. EXCEPTION

3 Section 3762 of this title shall not prevent a surgeon or physician or nurse
4 practitioner from having in his or her possession a dead human subject for
5 anatomical investigation and instruction of students, if such subject was
6 obtained without violating the law of the ~~state~~ State.

7 Sec. 33. 13 V.S.A. § 4012 is amended to read:

8 § 4012. REPORTING TREATMENT OF FIREARM WOUNDS

9 (a) Every physician or advanced practice registered nurse attending or
10 treating a case of bullet wound, gunshot wound, powder burn, or any other
11 injury arising from or caused by the discharge of a gun, pistol, or other firearm,
12 or whenever such case is treated in a hospital, sanitarium, or other institution,
13 the manager, superintendent, or other person in charge shall report such case at
14 once to local law enforcement officials or the ~~state police~~ State Police. The
15 provisions of this section shall not apply to such wounds, burns, or injuries
16 received by a member of the ~~armed forces~~ Armed Forces of the United States
17 or ~~state~~ of the State of Vermont while engaged in the actual performance of
18 duty.

19 (b) A person violating the provisions of this section shall be fined not more
20 than \$100.00.

1 Sec. 34. 14 V.S.A. § 2671(c) is amended to read:

2 (c) A person who requests that a voluntary guardian be appointed shall
3 appear before the court, if physically able. If not physically able to appear, the
4 petition shall be accompanied by a letter from a physician, nurse practitioner,
5 or qualified mental health professional stating that the petitioner understands
6 the nature, extent, and consequences of the guardianship requested and the
7 procedure for revoking the guardianship. The letter may support a finding by
8 the court that the petitioner does, in fact, understand the nature, extent, and
9 consequences of the guardianship requested and the procedure for revoking the
10 guardianship.

11 Sec. 35. 14 V.S.A. § 3061(5) is amended to read:

12 (5) "Interested person" means a responsible adult who has a direct
13 interest in a person in need of guardianship and includes the person in need of
14 guardianship, a near relative, a close friend, a guardian, public official, social
15 worker, physician, nurse practitioner, agent named in an advance directive or
16 in a power of attorney, person nominated as guardian in an advance directive,
17 or member of the clergy.

18 Sec. 36. 15 V.S.A. § 1140(b)(14) is amended to read:

19 (14) a physician, or nurse practitioner, appointed by the ~~governor~~
20 Governor;

1 (h) The ~~registry~~ Registry shall prescribe a reasonable procedure for
2 verifying the identity of an individual who requests or furnishes information
3 under this section.

4 Sec. 38. 16 V.S.A. § 1387 is amended to read:

5 § 1387. POSSESSION AND SELF-ADMINISTRATION OF EMERGENCY
6 MEDICATION

7 (a) Pursuant to the requirements of this section, each public and approved
8 independent school in the ~~state~~ State shall permit students with life-threatening
9 allergies or with asthma to possess and self-administer emergency medication
10 at school, on school grounds, at school-sponsored activities, on
11 school-provided transportation, and during school-related programs.

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

15 (1) ~~Written~~ written authorization, on a form to be provided by the
16 school, for the student to possess and self-administer emergency medication;

17 (2) ~~Written~~ written documentation from the student's physician or
18 advanced practice registered nurse:

19 (A) ~~Stating~~ stating that the student has one or more life-threatening
20 allergies or asthma or both;

1 (B) ~~Providing~~ providing the name of the emergency medication, the
2 dosage, and the times and circumstances under which the medication is to be
3 taken-; and

4 (C) ~~Affirming~~ affirming that the student:

5 (i) ~~Is~~ is capable of, and has been instructed by the physician or
6 advanced practice registered nurse in, the proper method of self-administration
7 of the emergency medication-;

8 (ii) ~~Has~~ has been advised of possible side-effects of the
9 medication-; and

10 (iii) ~~Has~~ has been informed of when and how to access emergency
11 services.

12 (c) In each school year for which possession and self-administration of
13 emergency medication is requested, the student's parent or guardian shall
14 develop, in consultation with the school nurse or the designated health care
15 staff at an approved independent school, a plan of action regarding responding
16 to the student's life-threatening allergy or allergies or asthma. The plan of
17 action shall be based upon the written documentation provided by the student's
18 physician or advanced practice registered nurse and shall include the name of
19 each emergency medication, the dosage, and the times and circumstances
20 under which the medication is to be taken. The written plan shall prominently
21 state that the medication is solely for the use of the student covered by the

1 plan. The parties developing the plan of action shall determine both to whom
2 the plan, or notification of the plan, shall be given and the person or persons
3 responsible for distribution or notification. The plan may include a
4 requirement that the student notify a school employee or agent after
5 self-administering emergency medication. The written plan shall become part
6 of the student's health records maintained by the school.

7 * * *

8 Sec. 39. 16 V.S.A. § 1938(d) is amended to read:

9 (d) Once each year during the first five years following the retirement of a
10 member on a disability retirement allowance, and once in every ~~three-year~~
11 three-year period thereafter, the ~~board of trustees~~ Board of Trustees may, and
12 upon his or her application shall, require any disability beneficiary who has not
13 attained ~~age sixty~~ 60 years of age to undergo a medical examination, by a
14 medical board or by a nurse practitioner a physician or physicians designated
15 by the medical board, such examination to be made at the place of residence of
16 such beneficiary or other place mutually agreed upon. Should any disability
17 beneficiary who has not attained ~~age sixty~~ 60 years of age refuse to submit to
18 such medical examination, his or her allowance may be discontinued until his
19 withdrawal of such refusal, and should his or her refusal continue for one year,
20 all his or her rights in and to his or her pension may be revoked by the ~~board of~~
21 ~~trustees~~ Board of Trustees.

1 Sec. 40. 16 V.S.A. § 1942(k) is amended to read:

2 (k) The ~~board~~ Board shall designate a medical board of three physicians or
3 advanced practice registered nurses who are not eligible to participate in the
4 system. The medical board shall arrange for and pass upon all medical
5 examinations required under the provisions of this chapter, shall investigate all
6 essential statements and certificates by or on behalf of a member in connection
7 with application for disability retirement, and shall report in writing to the
8 ~~board~~ Board its conclusions and recommendations upon all the matters referred
9 to it. If required, other physicians or advanced practice registered nurses may
10 be employed to report on special cases.

11 Sec. 41. 18 V.S.A. § 101(b) is amended to read:

12 (b) Three members of such board shall be ~~doctors~~ physicians, one of whom
13 shall be licensed to practice medicine and surgery in the ~~state~~ State, one of
14 whom shall possess special training and ability in psychiatry and one of whom
15 shall be licensed to practice osteopathy, surgery, and obstetrics in the ~~state~~
16 State; one member of such board shall be licensed to practice dentistry in the
17 ~~state~~ State and three members of such board shall be persons not of the medical
18 or dental profession.

19 Sec. 42. 18 V.S.A. § 104(a) is amended to read:

20 (a) The ~~secretary~~ Secretary shall appoint a ~~commissioner of health~~
21 Commissioner of Health, as provided in 3 V.S.A. § 3051, who shall be either a

1 physician licensed to practice medicine and surgery in this ~~state~~ State, an
2 advanced practice registered nurse who is licensed to practice in this State, or a
3 health care professional who has at least a master's degree in public health or a
4 related health care field and who, in addition, has had practical experience in
5 the field of public health.

6 Sec. 43. 18 V.S.A. § 111 is amended to read:

7 § 111. FORMS FOR REPORTS OF INFECTIOUS AND CONTAGIOUS
8 DISEASES

9 The ~~board~~ Board shall devise and furnish health officers suitable forms
10 upon which to make reports of infectious and contagious diseases. It shall also
11 devise and furnish forms for physicians and advanced practice registered
12 nurses to report to health officers.

13 Sec. 44. 18 V.S.A. § 112 is amended to read:

14 § 112. CIRCULARS OF INFORMATION

15 The ~~board~~ Board shall prepare and distribute to local boards of health,
16 physicians, advanced practice registered nurses, and other persons such printed
17 circulars as it deems necessary and such rules and regulations as the ~~board~~
18 Board may promulgate and, upon request of the ~~board~~ Board, the
19 ~~commissioner~~ Commissioner thereof shall give information relative to the
20 cause and prevention of disease and directions as to modes of management,
21 quarantine, and means of prevention of contagious and infectious diseases.

1 Sec. 45. 18 V.S.A. § 117(b) is amended to read:

2 (b) The ~~department~~ Department shall work in collaboration with the
3 Vermont CFIDS Association, Inc. and health care providers with expertise in
4 chronic fatigue syndrome to prepare an informational packet about the clinical
5 significance, diagnosis, and treatment of chronic fatigue syndrome. The
6 informational packet shall be based upon the publication “A Consensus
7 Manual for the Primary Care and Management of Chronic Fatigue Syndrome”
8 published by the Academy of Medicine of New Jersey and the New Jersey
9 Department of Health and Senior Services, to the extent allowable under
10 federal copyright protections. The ~~department~~ Department shall distribute the
11 informational packet to all primary care ~~physicians~~ providers in the ~~state~~ State,
12 and it shall be available on the ~~department of health’s~~ Department of Health’s
13 website. The informational packet may contain any other information that the
14 ~~commissioner of health~~ Commissioner of Health deems necessary and shall be
15 revised by the ~~department~~ Department when new information about chronic
16 fatigue syndrome becomes available. The ~~department~~ Department shall
17 publicize the informational packet and make it widely available to the public.

18 Sec. 46. 18 V.S.A. § 120 is amended to read:

19 § 120. CONTRACT FOR PAYMENT OF CERTAIN HEALTH BENEFITS

20 The ~~board of health~~ Board of Health may contract with a private
21 organization to process the payment of in-patient hospital care, and physician,

1 advanced practice registered nurse, radiological, and other medical costs
2 related thereto under the maternal, child health, and crippled children's plans
3 of the ~~department of health~~ Department of Health. Such a contract shall
4 provide for cancellation upon reasonable notification by the ~~board~~ Board. In
5 furtherance of the purposes of the contract, the ~~board~~ board may requisition
6 funds, with the approval of the ~~governor~~ Governor, and the ~~commissioner of~~
7 ~~finance~~ Commissioner of Finance and Management shall issue his or her
8 warrant in favor of the contracting party to permit the contracting party to
9 make payments to vendors under the contract. The ~~board~~ Board shall
10 quarterly, and at such other times as the ~~commissioner of finance~~
11 Commissioner of Finance and Management requires, render an account in such
12 form as the ~~commissioner of finance~~ Commissioner of Finance and
13 Management prescribes of the expenditures of monies so advanced.

14 Sec. 47. 18 V.S.A. § 706(c)(2) is amended to read:

15 (2) Consistent with the recommendation of the Blueprint expansion
16 design and evaluation committee, the director of the Blueprint may implement
17 changes to the payment amounts or to the payment reform methodologies
18 described in subdivision (1) of this subsection, including by providing for
19 enhanced payment to health care professional practices which operate as a
20 medical home, including primary care nurse practitioners' and naturopathic
21 physicians' practices; payment toward the shared costs for community health

1 teams; or other payment methodologies required by the Centers for Medicare
2 and Medicaid Services (CMS) for participation by Medicaid or Medicare.

3 Sec. 48. 18 V.S.A. § 906 is amended to read:

4 § 906. EMERGENCY MEDICAL SERVICES DIVISION;
5 RESPONSIBILITIES

6 To implement the policy of section 901 of this title, the ~~department of~~
7 ~~health~~ Department of Health shall be responsible for:

8 * * *

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

13 (A) written protocols between the appropriate officials of receiving
14 hospitals and emergency medical services districts defining their operational
15 procedures;

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

19 (C) when such communication has been established, a specific order
20 from the physician, nurse practitioner, or person acting under the direct
21 supervision of the physician to employ a certain medical procedure;

1 under this section has in place a procedure that ensures confidentiality. In
2 addition, in relation to the reporting of HIV and the acquired immune
3 deficiency syndrome (AIDS), the Health Department shall, by rule:

4 * * *

5 Sec. 50. 18 V.S.A. § 1004 is amended to read:

6 § 1004. REPORT BY PHYSICIAN OR ADVANCED PRACTICE
7 REGISTERED NURSE; QUARANTINE

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

18 Sec. 51. 18 V.S.A. § 1007 is amended to read:

19 § 1007. QUARANTINED PATIENT LEAVING HOSPITAL, REPORT

20 When a patient who has a communicable disease subject to quarantine
21 leaves a hospital or institution without the consent of the authorities of such

1 hospital or institution the physician, advanced practice registered nurse, or
2 other person in charge of such a hospital or institution shall notify forthwith the
3 ~~commissioner~~ Commissioner, that such person has left the hospital or
4 institution and is the bearer of such communicable disease.

5 Sec. 52. 18 V.S.A. § 1008(a) is amended to read:

6 (a) The ~~department~~ Department is authorized to procure vaccines,
7 antibiotics, antiserums, and such other agents as may be necessary for the
8 prevention and diagnosis of infectious and communicable diseases or diseases
9 of public health significance in which there is an unmet need and to distribute
10 same free of charge upon application thereof by licensed physicians, or
11 advanced practice registered nurse, and under such rules and regulations as the
12 ~~department~~ Department and ~~secretary of human services~~ Secretary of Human
13 Services may prescribe; and the expense thereof shall be paid by the ~~state~~
14 State.

15 Sec. 53. 18 V.S.A. § 1010 is amended to read:

16 § 1010. OPHTHALMIA NEONATORUM

17 The ~~department~~ Department and the ~~secretary of human services~~ Secretary
18 of Human Services may make such rules and regulations as it deems necessary
19 for the prevention of blindness caused by the disease known as ophthalmia
20 neonatorum, and it may furnish, at the expense of the ~~state~~ State, such

1 prophylactic outfits as are necessary for the use of physicians and nurse
2 practitioners.

3 Sec. 54. 18 V.S.A. § 1041 is amended to read:

4 § 1041. REPORTS BY PHYSICIANS, NURSE PRACTITIONERS, AND
5 CERTAIN OTHERS

6 A physician or nurse practitioner who is consulted by a person infected with
7 tuberculosis in any form shall submit the name and address of such person to
8 the ~~commissioner~~ Commissioner upon such forms as he or she may furnish,
9 with such other facts as may be required, within one week after such
10 consultation.

11 Sec. 55. 18 V.S.A. § 1048 is amended to read:

12 § 1048. EXAMINATION; REPORT; TREATMENT

13 A nurse practitioner licensed to practice in the State or a physician, licensed
14 to practice medicine and surgery in the ~~state~~, State shall immediately after
15 examination of an indigent person wishing treatment for tuberculosis or other
16 chronic respiratory disease make a report of his or her findings to the
17 ~~commissioner of health~~ Commissioner of Health. Upon receipt of such report,
18 the ~~commissioner~~ Commissioner may authorize treatment of the afflicted
19 person. Such person's physician or nurse practitioner shall thereupon prescribe
20 the time of treatment and designate the facility at which treatment shall be
21 given; ~~2~~ provided, however, that in a case of tuberculosis suspected of being

1 infectious, the ~~commissioner~~ Commissioner may apply all the laws and
2 regulations of communicable disease control.

3 Sec. 56. 18 V.S.A. § 1055 is amended to read:

4 § 1055. TUBERCULOSIS; COMPULSORY EXAMINATIONS

5 When the ~~commissioner of health~~ Commissioner of Health has reasonable
6 cause to believe that any person has tuberculosis in an active stage or in a
7 communicable form, the ~~commissioner~~ Commissioner may request the person
8 to undergo an examination at a clinic or hospital approved by the ~~secretary of~~
9 ~~human services~~ Secretary of Human Services for that purpose at the expense of
10 the ~~state~~ State by a physician or nurse practitioner qualified in chest diseases.
11 If the person refuses the examination, the ~~commissioner~~ Commissioner may
12 petition the ~~superior court~~ Superior Court for the unit where the person resides
13 for an order requiring the person to submit to examination. When the court
14 finds that there is reasonable cause to believe that the person has tuberculosis
15 in an active stage or in a communicable form, it may order the person to be
16 examined.

17 Sec. 57. 18 V.S.A. § 1060 is amended to read:

18 § 1060. RIGHTS OF A PERSON IN COMPULSORY MEDICAL

19 MANAGEMENT

20 Any person in compulsory medical management by order of the court who
21 believes his or her physical condition is such as to warrant his or her discharge,

1 if the discharge is refused by the ~~commissioner of health~~ Commissioner of
2 Health, is entitled to a physical examination by a qualified physician or nurse
3 practitioner of his or her own choice. If as a result of examination the
4 physician or nurse practitioner feels that the continued compulsory medical
5 management is no longer justified and the ~~commissioner of health~~
6 Commissioner of Health does not concur in that opinion, the person may
7 appeal by petition to the court issuing the original order for his or her
8 compulsory medical management. Proceedings before the court shall be de
9 novo, and the court may require such further examination as it considers
10 necessary and may, in its discretion, at the expense of the ~~state~~ State appoint no
11 less than three independent physicians or nurse practitioners, at least one of
12 whom shall have had special experience in respiratory diseases, to examine the
13 person. At the conclusion of the proceedings, the court shall make findings of
14 fact and issue such order as it considers proper. The order of the court may be
15 appealed to the ~~supreme court~~ Supreme Court in the manner provided by law
16 for appeals from a ~~criminal division~~ Criminal Division of the ~~superior court~~
17 Superior Court generally. A person may not petition for release from medical
18 management within six months from the date a court order is made, whether an
19 appeal is taken or not.

1 Sec. 58. 18 V.S.A. § 1091 is amended to read:

2 § 1091. VENEREAL DISEASES; DEFINITIONS

3 In this subchapter, unless the context requires otherwise:

4 (1) “Authoritative source” means a physician or nurse practitioner
5 licensed in the ~~state~~ State, superintendent of a ~~state~~ State institution or private
6 hospital, medical officers of the ~~armed forces~~ Armed Forces of the ~~state~~ State
7 or United States, ~~state~~ State and territorial health officers, and personnel of the
8 ~~health department~~ Department of Health designated by the ~~board of health~~
9 Board of Health.

10 (2) “Venereal disease” means syphilis, gonorrhea, and any other
11 sexually transmitted disease which the ~~department~~ Department finds to be of
12 significance and amenable to control.

13 Sec. 59. 18 V.S.A. § 1092 is amended to read:

14 § 1092. TREATMENTS, REFUSAL, PENALTY

15 A physician, advanced practice registered nurse, or other person, except
16 persons who merely practice the religious tenets of their church without
17 pretending a knowledge of medicine or surgery; ~~;~~ provided however, that
18 sanitary laws, rules, and regulations are complied with, who knows or has
19 reason to believe that a person whom he or she treats or prescribes for, or to
20 whom he or she sells patent or proprietary medicine purporting to cure or
21 alleviate the symptoms of gonorrhea or syphilis, has one of these diseases,

1 shall immediately report the name, nationality, race, marital state, address, age,
2 and sex of such person, and, if obtainable, the date and source of contracting
3 the same, to the ~~commissioner~~ Commissioner on forms furnished for that
4 purpose. Such persons so reported shall submit to regular treatment prescribed
5 by a physician or advanced practice registered nurse until discharged by the
6 physician or advanced practice registered nurse. A person who ~~wilfully~~
7 willfully refuses to regularly submit to prescribed treatment shall be reported at
8 once to the state's attorney for immediate prosecution. Such ~~wilful~~ willful
9 refusal shall be punishable by a fine of not more than \$100.00 or three months'
10 imprisonment or both.

11 Sec. 60. 18 V.S.A. § 1093 is amended to read:

12 § 1093. EXAMINATION AND REPORT

13 Whenever the ~~board~~ Board shall receive information from an authoritative
14 source to the effect that a person is suspected of being infected with an
15 infectious venereal disease and is likely to infect or to be the source of
16 infection of another person, such ~~board~~ board shall cause a medical
17 examination to be made of such person, for the purpose of ascertaining
18 whether or not such person is in fact infected with such disease in a
19 communicable stage, and such person shall submit to such examination and
20 permit specimens of blood or bodily discharges to be taken for laboratory
21 examinations as may be necessary to establish the presence or absence of such

1 disease or infection, and such person may be detained until the results of such
2 examinations are known. The required examination shall be made by a
3 physician or advanced practice registered nurse licensed to practice in this ~~state~~
4 State, or a licensed physician or advanced practice registered nurse designated
5 by the person to be examined. Such licensed physician or advanced practice
6 registered nurse making such examination shall report thereon to the ~~board~~
7 Board and to the person examined.

8 Sec. 61. 18 V.S.A. § 1105 is amended to read:

9 § 1105. MARRYING WHEN INFECTED WITH VENEREAL DISEASE

10 A person, having been told by a physician or advanced practice registered
11 nurse that he or she was infected with gonorrhea or syphilis in a stage which is
12 or may become communicable to a marital partner, or knowing that he or she is
13 so infected, who marries, without assurance and certification from a legally
14 qualified practitioner of medicine and surgery or osteopathy that he or she is
15 free from such disease in a stage which is or may become communicable to the
16 marital partner shall be imprisoned not less than two years or fined not less
17 than \$500.00, or both.

18 Sec. 62. 18 V.S.A. § 1140(7) is amended to read:

19 (7) "Manner sufficient to transmit" means consistent with current
20 guidelines of the Centers for Disease Control and Prevention, as determined by

1 a physician or advanced practice registered nurse licensed to practice medicine
2 in Vermont.

3 Sec. 63. 18 V.S.A. § 1141 is amended to read:

4 § 1141. COMMUNICABLE DISEASE TESTING

5 (a) A health care provider may order a test for bloodborne pathogens if a
6 health care worker, public safety personnel, or emergency personnel has been
7 exposed to the blood or bodily fluids of the source patient in a manner
8 sufficient to transmit a bloodborne pathogen-related illness to the affected
9 worker while engaged in rendering health services to the source patient, and
10 provided that:

11 (1) the source patient:

12 (A) has provided informed consent, as defined in subdivision
13 9701(17) of this title; or

14 (B) is deceased;

15 (2) the worker has provided a blood sample and consented to testing for
16 bloodborne pathogens and a physician or advanced practice registered nurse
17 has documented that bloodborne pathogen test results are needed for
18 beginning, continuing, modifying, or discontinuing medical treatment for the
19 worker;

20 (3) a physician or advanced practice registered nurse with specialty
21 training in infectious diseases has confirmed that the worker has been exposed

1 to the blood or bodily fluids of the source patient in a manner sufficient to
2 transmit a bloodborne pathogen-related illness;

3 * * *

4 Sec. 64. 18 V.S.A. § 1513(b) is amended to read:

5 (b) This section shall apply to any tanning facility in Vermont; provided,
6 however, that it shall not apply to any physician or nurse practitioner duly
7 licensed to practice medicine who uses, in the practice of medicine, medical
8 diagnostic and therapeutic equipment that emits ultraviolet radiation or to
9 any person who owns tanning equipment exclusively for personal,
10 noncommercial use.

11 Sec. 65. 18 V.S.A. § 1756(a) is amended to read:

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

17 Sec. 66. 18 V.S.A. § 1757(c) is amended to read:

18 (c) If a child six years of age or younger has a confirmed blood lead level at
19 or above 10 micrograms of lead per deciliter of blood, and if resources permit,
20 the ~~commissioner~~ Commissioner:

1 concerning diagnosis, treatment, and any known prognosis in terms the patient
2 can reasonably be expected to understand. If the patient consents or if the
3 patient is incompetent or unable to understand, immediate family members, a
4 reciprocal beneficiary, or a guardian may also obtain this information. The
5 patient has the right to know by name the attending physician or nurse
6 practitioner primarily responsible for coordinating his or her care.

7 (4) Except in emergencies, the patient has the right to receive from the
8 patient's physician or nurse practitioner information necessary to give
9 informed consent prior to the start of any procedure or treatment, or both.

10 Such information for informed consent should include ~~but not necessarily be~~
11 ~~limited to~~ the specific procedure or treatment, or both, the medically significant
12 risks involved, and the probable duration of incapacitation. Where medically
13 significant alternatives for care or treatment exist, or when the patient requests
14 information concerning medical alternatives, the patient has the right to such
15 information. The patient also has the right to know the name of the person
16 responsible for the procedures or treatment, or both.

17 * * *

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

1 professional relationship among individuals who are treating him or her, as
2 well as the relationship to any other health care or educational institutions
3 involved in his or her care.

4 (10) The patient has the right to be advised if the hospital proposes to
5 engage in or perform human experimentation affecting the patient's care or
6 treatment. Participation by patients in clinical training programs or in the
7 gathering of data for research purposes shall be voluntary. The patient has the
8 right to refuse to participate in such research projects.

9 (11) The patient has the right to expect reasonable continuity of care.
10 The patient has the right to be informed by the attending physician or nurse
11 practitioner of any continuing health care requirements following discharge.

12 * * *

13 (b) Failure to comply with any provision of this section may constitute a
14 basis for disciplinary action against a physician or nurse practitioner under
15 26 V.S.A. chapter 23. A complaint may be filed with the ~~board of medical~~
16 ~~practice~~ Board of Medical Practice.

17 (c) A summary of the hospital's obligations under this section, written in
18 clear language and in easily readable print, shall be distributed to patients upon
19 admission and posted conspicuously at each nurse's station. Such notice shall
20 also indicate that as an alternative or in addition to the hospital's complaint
21 procedures, the patient may directly contact the licensing agency or the ~~board~~

1 ~~of medical practice~~ Board of Medical Practice. The address and phone number
2 of the licensing agency and ~~board of medical practice~~ Board of Medical
3 Practice shall be included in the notice.

4 Sec. 68. 18 V.S.A. § 1905 is amended to read:

5 § 1905. LICENSE REQUIREMENTS

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

9 * * *

10 (5) All patients admitted to the hospital shall be under the care of a ~~state~~
11 State registered and licensed practicing physician or nurse practitioner as
12 defined by the laws of the ~~state~~ State of Vermont.

13 (6) The nursing service of the hospital shall be directed at all times by a
14 registered professional nurse currently licensed to practice nursing in Vermont.

15 (7) The care of maternity patients and newborn shall comply with such
16 reasonable regulations as the licensing agency may establish and thereafter
17 modify in the public interest.

18 (8) Professional case records shall be compiled for all patients and
19 signed by the attending physician or nurse practitioner. These records shall be
20 kept on file for a minimum of 10 years.

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

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

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

12 Sec. 71. 18 V.S.A. § 4201 is amended to read:

13 § 4201. DEFINITIONS

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

15 * * *

16 (11) "Hospital" means an institution for the care and treatment of the
17 sick and injured licensed as a hospital under chapter 43 of this title and a
18 hospital conducted, maintained, and operated by the United States or the State
19 of Vermont, approved under this chapter as proper to be entrusted with the
20 custody and use of regulated drugs under the direction of a physician,

1 advanced practice registered nurse, or dentist, confirmed by an official written
2 order signed by a person authorized to prescribe such drugs.

3 * * *

4 (18) "Nursing home" means a facility, other than a hospital, operated for
5 the purpose of providing lodging, board, and nursing care to sick, invalid,
6 infirm, disabled, or convalescent persons, approved under this chapter as
7 proper to be entrusted with the custody and use of regulated drugs prescribed
8 for such individual patients under its care under the direction of a physician,
9 nurse practitioner, or dentist, confirmed by an official written order signed by a
10 person authorized to prescribe such drugs. No nursing home shall be granted a
11 certificate of approval for the possession and use of such drugs unless such
12 nursing home has a registered nurse or a licensed practical nurse on duty or on
13 call 24 hours daily who will have sole responsibility for those drugs. Nothing
14 in this chapter shall be construed as conferring on any nursing home,
15 convalescent home, or home for the aged any authority, right, or privilege
16 beyond that granted to it by the law under which it is licensed or otherwise
17 authorized to function.

18 * * *

19 (24) "Practitioner" includes a physician, advanced practice registered
20 nurse, dentist, veterinarian, surgeon, or any other person who may be lawfully

1 entitled under this chapter to distribute, dispense, prescribe, or administer
2 regulated drugs to patients.

3 (25) "Prescribe" means an order for a patient made or given by a
4 practitioner.

5 (26) "Prescription" means an order for a regulated drug made by a
6 physician, advanced practice registered nurse, physician assistant, advanced
7 practice registered nurse, dentist, or veterinarian licensed under this chapter to
8 prescribe such a drug which shall be in writing except as otherwise specified in
9 this subdivision. Prescriptions for such drugs shall be made to the order of an
10 individual patient, dated as of the day of issue and signed by the prescriber.
11 The prescription shall bear the full name, address, and date of birth of the
12 patient, or if the patient is an animal, the name and address of the owner of the
13 animal and the species of the animal. Such prescription shall also bear the full
14 name, address, and registry number of the prescriber and, unless electronically
15 prescribed, shall be written with ink, indelible pencil, or typewriter; if
16 typewritten, it shall be signed by the prescriber. A written or typewritten
17 prescription for a controlled substance, as defined in 21 C.F.R. Part 1308, shall
18 contain the quantity of the drug written both in numeric and word form.

19 * * *

1 Sec. 72. 18 V.S.A. § 4203 is amended to read:

2 § 4203. PERSONS EXEMPTED

3 The provisions of this chapter, restricting the possession and control of
4 regulated drugs, shall not apply to common carriers or to warehousemen while
5 engaged solely in lawfully transporting or storing such drugs while in their
6 original containers, nor to any employee of the same acting within the scope of
7 his or her employment, nor to public officers or their employees in the
8 performance of their official duties requiring possession or control of regulated
9 drugs, nor to temporary incidental possession by employees or agents of
10 persons lawfully entitled to possession, including a medical or dental assistant,
11 nurse, intern, resident, and a member of a patient's family dispensing or
12 administering regulated drugs under a licensed physician's, advanced practice
13 registered nurse's, or dentist's orders nor by authorized persons whose
14 possession is for the purpose of aiding public officers in performing their
15 official duties.

16 Sec. 73. 18 V.S.A. § 4210(a) is amended to read:

17 (a) Every physician, advanced practice registered nurse, dentist,
18 veterinarian, or other person who is licensed to administer, sell, dispense, or
19 professionally use regulated drugs shall keep a record of such drugs received
20 by him or her and a record of all such drugs administered, dispensed, or
21 professionally used by him or her otherwise than by prescription, in

1 accordance with subsection (d) of this section. It shall, however, be deemed a
2 sufficient compliance with this subsection if any such person using small
3 quantities of solutions or other preparations of such drugs for local application
4 shall keep a record of the quantity, character, and potency of such solutions or
5 other preparations purchased or made up by him or her, and of the dates when
6 purchased or made up, without keeping a record of the amount of such solution
7 or other preparation applied by him or her to individual patients.

8 Sec. 74. 18 V.S.A. § 4212 is amended to read:

9 § 4212. LABELS

10 (a) Whenever a manufacturer sells or dispenses a regulated drug and
11 whenever a wholesaler sells or dispenses a regulated drug in a package
12 prepared by him or her, he or she shall securely affix to each package in which
13 that drug is contained a label showing in legible English the name and address
14 of the vendor and the quantity, kind, and form of regulated drug contained
15 therein. No person, except a pharmacist or dispensing physician or advanced
16 practice registered nurse for the purpose of filling a prescription under this
17 chapter, shall alter, deface, or remove any label so affixed.

18 (b) Whenever a pharmacist or an employee of a hospital, infirmary, school,
19 first aid station, or nursing home sells or dispenses any regulated drug, he or
20 she shall affix to the container in which such drug is sold or dispensed a label
21 showing his or her own name, address, and registry number, or the name,

1 address, and registry number of the pharmacist or hospital or nursing home for
2 whom he or she is lawfully acting, the name and address of the patient, or if
3 the patient is an animal the name and address of the owner of the animal and
4 the species of the animal, the name, address and registry number of the
5 physician, advanced practice registered nurse, dentist, or veterinarian by whom
6 the prescription was written, the kind and form of the drug contained therein
7 unless the practitioner has specifically ordered in that prescription that such
8 information not be specified on the label, such directions as may be stated on
9 the prescription, and the date of the issuance of the prescription. No person
10 shall alter, deface, or remove any label so affixed. This subsection shall not
11 apply to regulated drugs sold or dispensed for use exclusively within a
12 hospital.

13 (c) Physicians, advanced practice registered nurse, dentists, or veterinarians
14 dispensing regulated drugs shall affix to the container a label showing the
15 dispensing practitioner's name, address, and registry number, the name and
16 address of the patient, or if the patient is an animal the name and address of the
17 owner of the animal and the species of the animal, the kind and form of the
18 drug contained therein unless the dispensing practitioner considers that such
19 information should not be so specified for medical reasons, such directions
20 necessary for use, and the date of the issuance of the prescription and the
21 dispensing of the drug. This subsection shall not apply to an amount of

1 regulated drugs equivalent to three days' dosage dispensed to a patient for his
2 or her immediate use without charge by a physician or advanced practice
3 registered nurse on house call.

4 Sec. 75. 18 V.S.A. § 4213 is amended to read:

5 § 4213. AUTHORIZED SALES OF REGULATED DRUGS

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

9 (1) ~~To~~ to a manufacturer, wholesaler, or pharmacy;

10 (2) ~~To~~ to a physician, advanced practice registered nurse, dentist, or
11 veterinarian except that an official written order shall not be required when
12 regulated drugs are provided in person by a representative of a duly licensed
13 manufacturer or wholesaler in quantities as samples for which there is no
14 charge, either direct or indirect, and do not exceed ten times the manufacturer's
15 recommended maximum individual dose and are clearly marked "Sample" or
16 "Not For Sale" on each individual tablet or capsule;

17 (3) ~~To~~ to a person in charge of a hospital having in effect a certificate of
18 approval but only for use by or in that hospital for scientific or medical
19 purposes; or

1 (4) ~~To~~ to a person in charge of a laboratory having in effect a certificate
2 of approval but only for use in that laboratory for scientific or medical
3 purposes.

4 (b) A duly licensed manufacturer or wholesaler may sell regulated drugs to
5 any of the following persons:

6 (1) On an official written order, accompanied by a certificate of
7 exemption, as and if required by the federal drug laws, and in compliance with
8 regulations adopted by the ~~board of health~~ Board of Health to a person in the
9 employ of the government of the United States or of any state, territory,
10 district, county, municipality, or insular government, purchasing, receiving,
11 possessing, or dispensing regulated drugs by reason of his or her official
12 duties.

13 (2) To a master of a ship or a person in charge of any aircraft upon
14 which no physician or advanced practice registered nurse is regularly
15 employed or to a physician, advanced practice registered nurse, or surgeon
16 duly licensed in some state, territory, or the District of Columbia to practice his
17 or her profession, or to a retired commissioned medical officer of the ~~United~~
18 ~~States~~ U.S. Army, Navy, or Public Health Service employed upon such ship or
19 aircraft, for the actual medical needs of persons on board such ship or aircraft,
20 when not in port. However, such regulated drugs shall be sold to the master of
21 such ship or person in charge of such aircraft or to a physician, advanced

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

6 * * *

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

1 Sec. 76. 18 V.S.A. § 4214 is amended to read:

2 § 4214. AUTHORIZED PROFESSIONAL USE OF REGULATED DRUGS

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

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

15 (c) Any person who has obtained from a physician, advanced practice
16 registered nurse, dentist, or veterinarian any regulated drug for administration
17 to a patient during the absence of such physician, advanced practice registered
18 nurse, dentist or veterinarian under this section shall return to such physician,
19 advanced practice registered nurse, dentist, or veterinarian any unused portion
20 of such drug, or shall take such action as may be specified by regulation

1 adopted by the ~~board of health~~ Board of Health, when such drug is no longer
2 required by the patient.

3 Sec. 77. 18 V.S.A. § 4215(b) is amended to read:

4 (b) The pharmacist filling a schedule II prescription shall write the date of
5 filling and the pharmacist's own signature on the face of the prescription.

6 Pharmacists shall be subject to the requirements of 21 U.S.C. chapter 13.

7 Notwithstanding the foregoing, no prescription for a schedule II drug written
8 without a future fill date may be filled more than 30 days after the date the
9 prescription was issued. No prescription for a schedule II drug written to be
10 filled at a future date may be filled more than 90 days after the date the
11 prescription was issued. A physician or advanced practice registered nurse
12 who dispenses regulated drugs as part of his or her regular fee or for an
13 additional fee shall be subject to the same requirements as a pharmacist for the
14 purposes of this section.

15 Sec. 78. 18 V.S.A. § 4215a(a) is amended to read:

16 (a) A duly licensed pharmacist may sell and dispense schedule V drugs
17 only upon written prescription or oral prescription which is promptly reduced
18 to writing by a pharmacist, of a licensed physician, advanced practice
19 registered nurse, dentist, or veterinarian, dated and signed by the person
20 prescribing or, if an oral prescription, by the pharmacist on the date when
21 written.

1 Sec. 79. 18 V.S.A. § 4216 is amended to read:

2 § 4216. AUTHORIZED POSSESSION BY INDIVIDUALS

3 A person to whom or for whose use any regulated drug has been prescribed,
4 sold, or dispensed, and the owner of any animal for which any such drug has
5 been prescribed, sold, or dispensed, may lawfully possess the same on the
6 condition that such drug was prescribed, sold, or dispensed by a physician,
7 advanced practice registered nurse, dentist, pharmacist, or veterinarian licensed
8 under this chapter or under the laws of another state or country wherein such
9 person has his or her practice, and further that all amounts of the drug are
10 retained in the lawful container in which it was delivered to him or her by the
11 person selling or dispensing the same; provided however, that for the purposes
12 of this section an amount of regulated drugs of not more than two days'
13 individual prescribed dosage may be possessed by a patient for his or her
14 personal use.

15 Sec. 80. 18 V.S.A. § 4217 is amended to read:

16 § 4217. REPORTS BY PHYSICIANS, ADVANCED PRACTICE
17 REGISTERED NURSES, AND HOSPITALS

18 It shall be the duty of every physician, advanced practice registered nurse,
19 and every hospital to report to the ~~board of health~~ Board of Health, promptly,
20 all cases wherein a person has been or is being treated for the use of, or for
21 problems arising from the use of, regulated drugs. ~~Said~~ The reports shall

1 include the type of problem being treated, the class of regulated drug which
2 was used, and such further information as is required by regulation of the
3 ~~board of health~~ Board of Health as ~~promulgated~~ adopted under section 4202 of
4 this title, except that the regulations shall not require the listing or other
5 identification of the names of the persons being so treated.

6 Sec. 81. 18 V.S.A. § 4223 is amended to read:

7 § 4223. FRAUD OR DECEIT

8 (a) No person shall obtain or attempt to obtain a regulated drug, or procure
9 or attempt to procure the administration of a regulated drug;

10 (1) by fraud, deceit, misrepresentation, or subterfuge;

11 (2) by the forgery or alteration of a prescription or of any written order;

12 (3) by the concealment of a material fact; or

13 (4) by the use of a false name or the giving of a false address.

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

18 (c) No person shall ~~wilfully~~ willfully make a false statement in, or fail to
19 prepare or obtain or keep, or refuse the inspection or copying under this
20 chapter of, any prescription, order, report, or record required by this chapter.

1 (d) No person shall, for the purpose of obtaining a regulated drug, falsely
2 assume the title of, or represent himself or herself to be a manufacturer,
3 wholesaler, pharmacist, physician, advanced practice registered nurse, dentist,
4 veterinarian, or other authorized person.

5 (e) No person shall make or utter any false or forged prescription or false or
6 forged written order.

7 (f) No person shall affix any false or forged label to a package or receptacle
8 containing regulated drugs.

9 (g) The provisions of this section shall apply to all transactions relating to
10 amounts or types of drugs excepted from the provisions of this chapter by
11 regulation of the ~~board of health~~ Board of Health under section 4204 of this
12 title, in the same way as they apply to transactions relating to any other
13 regulated drug.

14 (h) Any person who in the course of treatment, is supplied with regulated
15 drugs or a prescription therefor by one physician or advanced practice
16 registered nurse and who, without disclosing the fact, is knowingly supplied
17 during such treatment with regulated drugs or a prescription therefor by
18 another physician, shall be guilty of a violation of this section.

19 (i) A person who violates this section shall be imprisoned not more than
20 two years and one day or fined not more than \$5,000.00, or both.

1 Sec. 82. 18 V.S.A. § 4226 is amended to read:

2 § 4226. MINORS; TREATMENT; CONSENT

3 (a) If a minor 12 years of age or older is suspected either (1) to be
4 dependent upon regulated drugs as defined in section 4201 of this title, or (2)
5 to have venereal disease or (3) to be an alcoholic as defined in section 8401 of
6 this title, and the finding of such dependency or disease or alcoholism is
7 verified by a licensed physician or advanced practice registered nurse, the
8 minor may give ~~(1)~~ his or her consent to medical treatment and hospitalization
9 and, ~~(2)~~ in the case of a drug dependent or alcoholic person, nonmedical
10 inpatient or outpatient treatment at a program approved by the ~~agency of~~
11 ~~human services~~ Agency of Human Services to provide treatment for drug
12 dependency or alcoholism if deemed necessary by the examining physician or
13 advanced practice registered nurse for diagnosis or treatment of such
14 dependency or disease or alcoholism. Consent under this section shall not be
15 subject to disaffirmance due to minority of the person consenting. The consent
16 of the parent or legal guardian of a minor consenting under this section shall
17 not be necessary to authorize care as described in this subsection.

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

1 Sec. 83. 18 V.S.A. § 4471 is amended to read:

2 § 4471. CANNABIS THERAPEUTIC RESEARCH PROGRAM;

3 ESTABLISHMENT; PARTICIPATION

4 (a) There is established in the ~~department of health~~ Department of Health
5 the cannabis therapeutic research program. The program shall be administered
6 by the ~~commissioner of health~~ Commissioner of Health who shall ~~promulgate~~
7 adopt rules ~~and regulations~~ necessary to enable physicians and advanced
8 practice registered nurses entitled to prescribe regulated drugs under chapter 84
9 of this title to prescribe cannabis. In ~~promulgating~~ adopting such rules ~~and~~
10 ~~regulations~~, the ~~department~~ Department shall take into consideration those
11 pertinent rules and regulations promulgated by the federal Drug Enforcement
12 Agency, the federal Food and Drug Administration, and the National Institute
13 on Drug Abuse.

14 (b) The ~~program~~ Program shall be used only for treating cancer patients
15 and for such other medical uses as are prescribed by the ~~commissioner~~
16 Commissioner by rule.

17 (c) The ~~commissioner of health~~ Commissioner of Health shall have the
18 authority to obtain and shall be the sole distributor for Vermont physicians and
19 advanced practice registered nurses of cannabis administered under this
20 ~~program~~ Program. Distribution directly to a patient may take place only

1 pursuant to the instructions of a physician or advanced practice registered
2 nurse.

3 Sec. 84. 18 V.S.A. § 4601(5) is amended to read:

4 (5) “Prescriber” means any duly licensed physician, advanced practice
5 registered nurse, dentist, veterinarian, or other practitioner licensed to write
6 prescriptions for the treatment or prevention of disease in man or animal.

7 Sec. 85. 18 V.S.A. § 4607(a) is amended to read:

8 (a) Every pharmacy in the ~~state~~ State shall have posted a sign in a
9 prominent place that is in clear unobstructed view which shall read: “Vermont
10 law requires pharmacists in some cases to select a less expensive generic
11 equivalent for the drug prescribed unless you or your physician or advanced
12 practice registered nurse direct otherwise. Ask your pharmacist.”

13 Sec. 86. 18 V.S.A. § 4622 is amended to read:

14 § 4622. EVIDENCE-BASED EDUCATION PROGRAM

15 (a)(1) The ~~department of health~~ Department of Health, in collaboration
16 with the ~~attorney general~~ Attorney General, the University of Vermont ~~area~~
17 ~~health education centers program~~ Area Health Education Centers Program, and
18 the ~~department of Vermont health access~~ Department of Vermont Health
19 Access, shall establish an evidence-based prescription drug education program
20 for health care professionals designed to provide information and education on
21 the therapeutic and cost-effective utilization of prescription drugs to

1 physicians, advanced practice registered nurses, pharmacists, and other health
2 care professionals authorized to prescribe and dispense prescription drugs. To
3 the extent practicable, the ~~program~~ Program shall use the evidence-based
4 standards developed by the Blueprint for Health. The ~~department of health~~
5 Department of Health may collaborate with other states in establishing this
6 ~~program~~ Program.

7 (2) The ~~program~~ Program shall notify prescribers about commonly used
8 brand-name drugs for which the patent has expired within the last 12 months or
9 will expire within the next 12 months. The ~~departments of health and of~~
10 ~~Vermont health access~~ Departments of Health and of Vermont Health Access
11 shall collaborate in issuing the notices.

12 (3) To the extent permitted by funding, the ~~program~~ Program may
13 include population-based medication management.

14 (b) The ~~department of health~~ Department of Health shall request
15 information and collaboration from physicians, advanced practice registered
16 nurses, pharmacists, private insurers, hospitals, pharmacy benefit managers,
17 the ~~drug utilization review board~~ Drug Utilization Review Board, medical
18 schools, the ~~attorney general~~ Attorney General, and any other programs
19 providing an evidence-based education to prescribers on prescription drugs in
20 developing and maintaining the ~~program~~ Program.

21 * * *

1 Sec. 87. 18 V.S.A. § 4633(a) is amended to read:

2 (a) When a pharmaceutical marketer engages in any form of prescription
3 drug marketing directly to a physician, advanced practice registered nurse, or
4 other person authorized to prescribe prescription drugs, the marketer shall
5 disclose to the physician or other prescriber the average wholesale price
6 (AWP) of the drugs being marketed. Disclosure shall include the AWP per pill
7 and the price relationship between the drug being marketed and other drugs
8 within the same therapeutic class.

9 Sec. 88. 18 V.S.A. § 5020 is amended to read:

10 § 5020. SUPERVISOR OF VITAL RECORDS REGISTRATION

11 The ~~commissioner~~ Commissioner shall designate a member of the
12 ~~department~~ Department as supervisor of vital records registration who shall
13 provide consultation to town and county clerks, hospital personnel, physicians,
14 nurse practitioners, certified nurse midwives, funeral directors, ~~clergymen~~
15 clergy, probate Probate judges, and all other persons involved in vital records
16 registration for the purpose of promoting uniformity of procedures in reaching
17 a complete, accurate, and timely registration of vital records.

18 Sec. 89. 18 V.S.A. § 5071 is amended to read:

19 § 5071. BIRTH CERTIFICATES; WHO TO MAKE; RETURN

20 (a) Unless a physician, certified nurse midwife, or midwife is present, the
21 head of the family in which a birth occurs, within 10 days thereafter, shall fill

1 out and file with the town clerk a certificate of birth in the form prescribed by
2 the ~~department~~ Department. Otherwise, the certificate shall be filed by the
3 attendant physician, certified nurse midwife, or midwife.

4 (b) At the time of the birth of a child, each parent shall furnish the
5 following information on a form provided for that purpose by the ~~department~~
6 ~~of health~~ Department of Health: the parent's name, address and ~~social security~~
7 Social Security number, and the name and date of birth of the child. The forms
8 and a copy of the birth certificate shall be filed with the ~~department of health~~
9 Department of Health not later than 10 days after birth of the child.

10 (c) Whoever assumes the custody of a live-born infant of unknown
11 parentage shall complete a certificate of birth as follows:

12 (1) ~~Name~~ name of child as given by the custodian, and sex;

13 (2) ~~Approximate~~ approximate date of birth as determined in consultation
14 with a physician, certified nurse midwife, or midwife;

15 * * *

16 Sec. 90. 18 V.S.A. § 5083(a) is amended to read:

17 (a) If a participant in the ~~program~~ Program described in 15 V.S.A.
18 chapter 21, subchapter 3 who is the parent of a child born during the period of
19 ~~program~~ Program participation notifies the physician, certified nurse midwife,
20 or midwife who delivers the child, or the hospital at which the child is
21 delivered, not later than 24 hours after the birth of the child, that the

1 participant's confidential address should not appear on the child's birth
2 certificate, then the ~~department~~ Department shall not disclose such confidential
3 address or the participant's town of residence on any public records. A
4 participant who fails to provide such notice shall be deemed to have waived the
5 provisions of this section. If such notice is received, then notwithstanding
6 section 5071 of this title, the attendant physician, certified nurse midwife, or
7 midwife shall file the certificate with the ~~supervisor of vital records registration~~
8 Supervisor of Vital Records Registration within ten days of the birth, without
9 the confidential address or town of residence, and shall not file the certificate
10 with the town clerk.

11 Sec. 91. 18 V.S.A. § 5112(b) is amended to read:

12 (b) An affidavit by a licensed physician or nurse practitioner who has
13 treated or evaluated the individual stating that the individual has undergone
14 surgical, hormonal, or other treatment appropriate for that individual for the
15 purpose of gender transition shall constitute sufficient evidence for the court to
16 issue an order that sexual reassignment has been completed. The affidavit
17 shall include the medical license number and signature of the physician or
18 nurse practitioner.

1 Sec. 92. 18 V.S.A. § 5202 is amended to read:

2 § 5202. DEATH CERTIFICATE; DUTIES OF PHYSICIAN, NURSE

3 PRACTITIONER, CERTIFIED NURSE MIDWIFE, AND

4 AUTHORIZED LICENSED HEALTH CARE PROFESSIONAL

5 (a) The licensed health care professional who is last in attendance upon a
6 deceased person shall immediately fill out a certificate of death on a form
7 prescribed by the ~~commissioner~~ Commissioner. ~~For the purposes of~~ As used
8 in this section, a licensed health care professional means a physician, a
9 physician assistant, or an ~~advance~~ advanced practice registered nurse. If the
10 licensed health care professional who attended the death is unable to state the
11 cause of death, he or she shall immediately notify the physician, nurse
12 practitioner, or nurse midwife, if any, who was in charge of the patient's care
13 to fill out the certificate. If the physician, nurse practitioner, or certified nurse
14 midwife is unable to state the cause of death, the provisions of section 5205 of
15 this title apply. The licensed health care professional may, with the consent of
16 the funeral director, delegate to the funeral director the responsibility of
17 gathering data for and filling out all items except the medical certification of
18 cause of death. All entries, except signatures, on the certificate shall be typed
19 or printed and shall contain answers to the following questions:

20 * * *

1 Sec. 93. 18 V.S.A. § 5202a is amended to read:

2 § 5202a. CORRECTION OF DEATH CERTIFICATE

3 (a) Within six months after the date of death, the town clerk may correct or
4 complete a death certificate upon application by the certifying physician, nurse
5 practitioner, certified nurse midwife, medical examiner, hospital, nursing
6 home, or funeral director. The town clerk may correct or complete the
7 certificate accordingly and shall certify thereon that such correction or
8 completion was made pursuant to this section, with the date thereof. In his or
9 her discretion, the town clerk may refuse an application for correction or
10 completion, in which case, the applicant may petition the ~~probate division of~~
11 ~~the superior court~~ Probate Division of the Superior Court for such correction or
12 completion.

13 * * *

14 (c) Provided, however, that only the medical examiner or the certifying
15 physician, nurse practitioner, or certified nurse midwife may apply to correct
16 or complete the certificate as to the medical certification of the cause of death.

17 Sec. 94. 18 V.S.A. § 5205 is amended to read:

18 § 5205. DEATH CERTIFICATE WHEN NO ATTENDING PHYSICIAN,
19 NURSE PRACTITIONER, OR CERTIFIED NURSE MIDWIFE;
20 AUTOPSY

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

17 * * *

18 Sec. 95. 18 V.S.A. § 5206 is amended to read:

19 § 5206. PENALTY FOR FAILURE TO FURNISH DEATH CERTIFICATE

20 A physician, nurse practitioner, or certified nurse midwife who fails to
21 furnish a certificate of death within 24 hours after the death of a person

1 containing a true statement of the cause of such death, and all the other facts
2 provided for in the form of death certificates, so far as these facts are
3 obtainable, shall be fined not more than \$100.00.

4 Sec. 96. 18 V.S.A. § 5207 is amended to read:

5 § 5207. CERTIFICATE FURNISHED FAMILY; BURIAL PERMIT

6 The physician, nurse practitioner, certified nurse midwife, or person filling
7 out the certificate of death, within 36 hours after death, shall deliver the same
8 to the family of the deceased, if any, or the undertaker or person who has
9 charge of the body. Such certificate shall be filed with the person issuing the
10 certificate of permission for burial, entombment, or removal obtained by the
11 person who has charge of the body before such dead body shall be buried,
12 entombed, or removed from the town. When such certificate of death is so
13 filed, such officer or person shall immediately issue a certificate of permission
14 for burial, entombment, or removal of the dead body under legal restrictions
15 and safeguards.

16 Sec. 97. 18 V.S.A. § 5222 is amended to read:

17 § 5222. REPORTS

18 (a) The following fetal deaths shall be reported by the hospital, physician,
19 nurse practitioner, certified nurse midwife, or funeral director directly to the
20 ~~commissioner~~ Commissioner within seven days after delivery on forms
21 prescribed by the ~~board~~ Board:

1 (1) ~~All~~ all fetal deaths of 20 or more weeks of gestation or, if gestational
2 age is unknown, of 400 or more grams, 15 or more ounces, fetal weight shall
3 be reported;

4 (2) ~~All~~ all therapeutic or induced abortions, as legally authorized to be
5 performed, of any length gestation or weight shall be reported; and

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

8 (b) The physician, nurse practitioner, or certified nurse midwife who treats
9 a woman as a result of a miscarriage or abortion shall report the fetal death if it
10 is not known to be previously reported under subsection (a) of this section. If
11 there is evidence of violence or other unusual or suspicious circumstances, the
12 medical examiner shall be immediately notified, and he or she shall complete
13 at least the medical items on the report. If a funeral director is to be involved,
14 the physician, nurse practitioner, or certified nurse midwife may delegate to the
15 funeral director the responsibility for completing items other than those of a
16 medical nature. Similarly, the physician, nurse practitioner, or certified nurse
17 midwife may delegate the responsibility for completion of nonmedical items to
18 appropriate personnel having access to records containing the information.

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

1 (d) Fetal death reports are for statistical purposes only and are not public
2 records. They shall be destroyed after five years.

3 Sec. 98. 18 V.S.A. § 5224 is amended to read:

4 § 5224. DISPOSITION OF REMAINS; PERMITS

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

15 (b) When a funeral director is involved or when the fetal remains are to be
16 privately buried or disposed of by a commercial crematory, the funeral director
17 or other person taking charge of the remains shall obtain from the hospital,
18 nurse practitioner, certified nurse midwife, or physician the disposition permit
19 portion of the report and shall deliver it to the sexton or other person having
20 care of the cemetery, tomb, vault, or crematory before burial or other
21 disposition takes place. These permits shall be delivered each month to the

1 clerk of the town in which burial or disposition took place, in the same manner
2 as permits for burial of dead bodies; so also shall all other provisions of
3 sections 5209-5216 of this title be applicable to fetal remains as are applicable
4 to dead bodies.

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

12 Sec. 99. 18 V.S.A. § 5250j(c) is amended to read:

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

18 Sec. 100. 18 V.S.A. § 5250n is amended to read:

19 § 5250n. RIGHTS AND DUTIES OF PROCUREMENT ORGANIZATION
20 AND OTHERS

21 * * *

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

9 (j) A physician, nurse practitioner, certified nurse midwife, or technician
10 may remove a donated part from the body of a donor that the physician, nurse
11 practitioner, certified nurse midwife or technician is qualified to remove.

12 Sec. 101. 18 V.S.A. § 7101(9) is amended to read:

13 (9) "Interested party" means a guardian, spouse, parent, adult child,
14 close adult relative, a responsible adult friend, or person who has the individual
15 in his or her charge or care. It also means a mental health professional, a law
16 enforcement officer, a licensed physician, an advanced practice registered
17 nurse, a head of a hospital, a selectman, a town service officer, or a town health
18 officer.

1 Sec. 102. 18 V.S.A. § 7110 is amended to read:

2 § 7110. CERTIFICATION OF MENTAL ILLNESS

3 A certification of mental illness by a licensed physician ~~or nurse practitioner~~
4 required by section 7504 of this title shall be made by a ~~board~~ Board eligible
5 psychiatrist, a ~~board~~ Board certified psychiatrist, a psychiatric nurse
6 practitioner, or a resident in psychiatry, under penalty of perjury. In areas of
7 the ~~state~~ State where ~~board~~ Board eligible psychiatrists, board certified
8 psychiatrists, or residents in psychiatry are not available to complete admission
9 certifications to the Vermont State Hospital or its successor in interest, the
10 ~~commissioner~~ Commissioner may designate other licensed physicians ~~or nurse~~
11 practitioners as appropriate to complete certification for purposes of section
12 7504 of this title.

13 Sec. 103. 18 V.S.A. § 7301 is amended to read:

14 § 7301. CREATION

15 The ~~state board of mental health~~ State Board of Mental Health is created. It
16 shall consist of seven persons, two of whom are physicians, one nurse
17 practitioner, and one an attorney. A member may not be a trustee, officer, or
18 employee of any institution for mental patients. Biennially, the ~~governor~~
19 Governor shall appoint, with the advice and consent of the ~~senate~~ Senate, two
20 or three members for terms of six years in such manner that three terms expire
21 in each third biennial year and two in other biennial years. The ~~board~~ Board,

1 with the advice of the ~~commissioner~~ Commissioner, shall make ~~department~~
2 Department policy. Biennially or when a vacancy occurs, the ~~board~~ Board
3 shall elect a ~~chairman~~ chair and a secretary.

4 Sec. 104. 18 V.S.A. § 7302 is amended to read:

5 § 7302. SUBCOMMITTEE ON INSTITUTIONS

6 The ~~board~~ Board may delegate to a subcommittee on institutions, composed
7 of two ~~doctors~~ physicians or nurse practitioners and a lawyer, its functions
8 under sections 7305, 7306, and 7308-7313 of this title; and the action of a
9 majority of the subcommittee shall be that of the ~~board~~ Board.

10 Sec. 105. 18 V.S.A. § 7401 is amended to read:

11 § 7401. POWERS AND DUTIES

12 Except insofar as this part of this title specifically confers certain powers,
13 duties, and functions upon others, the ~~commissioner~~ Commissioner shall be
14 charged with its administration. The ~~commissioner~~ Commissioner may:

15 * * *

16 (7) prescribe the form of applications, records, reports, and medical
17 certificates required by the statutes, and the information to be contained therein
18 and to supply them to physicians, nurse practitioners, and ~~probate division of~~
19 ~~the superior courts~~ the Probate Division of the Superior Courts;

20 * * *

1 (21) ensure the coordination of public mental health and substance
2 abuse services with mental health and substance abuse services offered through
3 the private health care delivery system, including services offered by primary
4 care ~~physicians~~ providers; and

5 (22) oversee and seek to have patients receive treatment in secure
6 residential recovery facilities as defined in subsection 7620(e) of this title.

7 Sec. 106. 18 V.S.A. § 7504 is amended to read:

8 § 7504. APPLICATION FOR EMERGENCY EXAMINATION

9 (a) A person shall be admitted to a designated hospital for an emergency
10 examination to determine if he or she is a person in need of treatment upon
11 written application by an interested party accompanied by a certificate by a
12 licensed physician or nurse practitioner who is not the applicant. The
13 application and certificate shall set forth the facts and circumstances which
14 constitute the need for an emergency examination and which show that the
15 person is a person in need of treatment.

16 (b) The application and certificate shall be authority for transporting the
17 person to a designated hospital for an emergency examination, as provided in
18 section 7511 of this title.

19 (c) For the purposes of admission of an individual to a designated hospital
20 for care and treatment under this section, a head of a hospital, as provided in
21 subsection (a) of this section, may include a person designated in writing by

1 the head of the hospital to discharge the authority granted in this section. A
2 designated person must be an official hospital administrator, supervisory
3 personnel, or a licensed physician or nurse practitioner on duty on the hospital
4 premises other than the certifying physician or nurse practitioner under
5 subsection (a) of this section.

6 Sec. 107. 18 V.S.A. § 7505 is amended to read:

7 § 7505. WARRANT FOR IMMEDIATE EXAMINATION

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

17 (b) The law enforcement officer or mental health professional may take the
18 person into temporary custody and shall apply to the court without delay for
19 the warrant.

20 (c) If the judge is satisfied that a physician's or a nurse practitioner's
21 certificate is not available without serious and unreasonable delay, and that

1 probable cause exists to believe that the person is in need of an immediate
2 examination, he or she may order the person to submit to an immediate
3 examination at a designated hospital.

4 (d) If necessary, the court may order the law enforcement officer or mental
5 health professional to transport the person to a designated hospital for an
6 immediate examination.

7 (e) Upon admission to a designated hospital, the person shall be
8 immediately examined by a licensed physician or nurse practitioner. If the
9 physician or nurse practitioner certifies that the person is a person in need of
10 treatment, the person shall be held for an emergency examination in
11 accordance with section 7508 of this title. If the physician or nurse practitioner
12 does not certify that the person is a person in need of treatment, he or she shall
13 immediately discharge the person and cause him or her to be returned to the
14 place from which he or she was taken, or to such place as the person
15 reasonably directs.

16 Sec. 108. 18 V.S.A. § 7508(b) is amended to read

17 (b) If the person is admitted on an application and physician's or nurse
18 practitioner's certificate, the examining psychiatrist shall not be the same
19 physician or nurse practitioner who signed the certificate.

1 Sec. 109. 18 V.S.A. § 7612 is amended to read:

2 § 7612. APPLICATION FOR INVOLUNTARY TREATMENT

3 * * *

4 (e) The application shall be accompanied by:

5 (1) ~~A~~ a certificate of a licensed physician or nurse practitioner, which
6 shall be executed under penalty of perjury stating that he or she has examined
7 the proposed patient within five days of the date the petition is filed, and is of
8 the opinion that the proposed patient is a person in need of treatment, including
9 the current and relevant facts and circumstances upon which the physician's or
10 nurse practitioner's opinion is based; or

11 (2) ~~A~~ a written statement by the applicant that the proposed patient
12 refused to submit to an examination by a licensed physician or nurse
13 practitioner.

14 (f) Before an examining physician or nurse practitioner completes the
15 certificate of examination, he or she shall consider available alternative forms
16 of care and treatment that might be adequate to provide for the person's needs,
17 without requiring hospitalization.

18 Sec. 110. 18 V.S.A. § 7613(a) is amended to read:

19 (a) When the application is filed, the court shall appoint counsel for the
20 proposed patient, and transmit a copy of the application, the physician's or
21 nurse practitioner's certificate, if any, and a notice of hearing to the proposed

1 patient, his or her attorney, guardian, or any person having custody and control
2 of the proposed patient, the ~~state's attorney~~ State's Attorney, or the ~~attorney~~
3 ~~general~~ Attorney General, and any other person the court believes has a
4 concern for the proposed patient's welfare. A copy of the notice of hearing
5 shall also be transmitted to the applicant and certifying physician or nurse
6 practitioner.

7 Sec. 111. 18 V.S.A. § 7614 is amended to read:

8 § 7614. PSYCHIATRIC EXAMINATION

9 As soon as practicable after notice of the commencement of proceedings is
10 given, the court on its own motion or upon the motion of the proposed patient
11 or his or her attorney or the ~~state~~ State of Vermont shall authorize examination
12 of the proposed patient by a psychiatrist other than the physician or nurse
13 practitioner making the original certification. The examination and subsequent
14 report or reports shall be paid for by the ~~state~~ State of Vermont. The physician
15 or nurse practitioner shall report his or her finding to the party requesting the
16 report or to the court if it requested the examination.

17 Sec. 112. 18 V.S.A. § 7624(c) is amended to read:

18 (c) The petition shall include a certification from the treating physician or
19 nurse practitioner, executed under penalty of perjury, that includes the
20 following information:

21 (1) the nature of the person's mental illness;

- 1 (2) the necessity for involuntary medication, including the person's
2 competency to decide to accept or refuse medication;
- 3 (3) any proposed medication, including the method, dosage range, and
4 length of administration for each specific medication;
- 5 (4) a statement of the risks and benefits of the proposed medications,
6 including the likelihood and severity of adverse side effects and its effect on:
- 7 (A) the person's prognosis with and without the proposed
8 medications; and
- 9 (B) the person's health and safety, including any pregnancy;
- 10 (5) the current relevant facts and circumstances, including any history of
11 psychiatric treatment and medication, upon which the physician's or nurse
12 practitioner's opinion is based;
- 13 (6) what alternate treatments have been proposed by the ~~doctor,~~
14 physician, the nurse practitioner, the patient or others, and the reasons for
15 ruling out those alternatives; and
- 16 (7) whether the person has executed a durable power of attorney for
17 health care in accordance with the provisions of ~~18 V.S.A.~~ chapter 111,
18 subchapter 2 of this title, and the identity of the health care agent designated by
19 the durable power of attorney.

1 Sec. 113. 18 V.S.A. § 7626(c) is amended to read:

2 (c) In the case of a person subject to an order entered pursuant to
3 subsection (a) of this section, and upon the certification by the person's
4 treating physician or nurse practitioner to the court that the person has received
5 treatment or no treatment consistent with the durable power of attorney for
6 health care for 45 days after the order under subsection (a) of this section has
7 been entered, then the court shall reconvene the hearing on the petition.

8 * * *

9 Sec. 114. 18 V.S.A. § 8008 is amended to read:

10 § 8008. REVOCATION OF CONDITIONAL DISCHARGE

11 * * *

12 (c) Immediately upon his or her return to the hospital, the patient shall be
13 examined by a physician or nurse practitioner who shall orally explain to the
14 patient the purpose of the examination and the reasons why the patient was
15 returned to the hospital.

16 (d) If the examining physician or nurse practitioner certifies in writing to
17 the head of the hospital that, in his or her opinion, the patient is a person in
18 need of treatment, setting forth the recent and relevant facts supporting this
19 opinion, the revocation shall become effective and the patient shall be
20 readmitted to the hospital. If the examining physician or nurse practitioner

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 was taken.

3 (e) If the patient is readmitted to the hospital, he or she may apply
4 immediately for a judicial review of his or her admission, and he or she shall
5 be given a written notice of this right and of his or her right to legal counsel.

6 Sec. 115. 18 V.S.A. § 8009(b) is amended to read:

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

13 Sec. 116. 18 V.S.A. § 9375a(b)(1) is amended to read:

14 (b)(1) Annually the ~~board~~ Board shall prepare a three-year projection of
15 health care expenditures made on behalf of Vermont residents, based on the
16 format of the health care budget and expenditure analysis adopted by the ~~board~~
17 Board under this section, projecting expenditures in broad sectors such as
18 hospital, physician, advanced practice registered nurse, home health, or
19 pharmacy. The projection shall include estimates for:

20 (A) expenditures for the health plans of any hospital and medical
21 service corporation, health maintenance organization, Medicaid program, or

1 other health plan regulated by this ~~state~~ State which covers more than five
2 percent of the ~~state~~ State population; and

3 (B) expenditures for Medicare, all self-insured employers, and all
4 other health insurance.

5 Sec. 117. 18 V.S.A. § 9410(e) is amended to read:

6 (e) Records or information protected by the provisions of the
7 ~~physician-patient~~ health care provider-patient privilege under 12 V.S.A.
8 § 1612(a), or otherwise required by law to be held confidential, shall be filed in
9 a manner that does not disclose the identity of the protected person.

10 Sec. 118. 18 V.S.A. § 9414(c) is amended to read:

11 (c) The managed care organization shall have an internal quality assurance
12 program to monitor and evaluate its health care services, including primary and
13 specialist physician and advanced practice registered nurse services, and
14 ancillary and preventive health care services, across all institutional and
15 noninstitutional settings. The internal quality assurance program shall be fully
16 described in written form, provided to all managers, providers, and staff and
17 made available to members of the organization. The components of the
18 internal quality assurance program shall include, ~~but not be limited to,~~ the
19 following:

20 * * *

1 Sec. 119. 18 V.S.A. § 9418f(a)(2)(A) is amended to read:

2 (2)(A) “Provider” means a physician, advanced practice registered
3 nurse, a physician organization, or a physician hospital organization that is
4 acting exclusively as an administrator on behalf of a provider to facilitate the
5 provider’s participation in health care contracts.

6 Sec. 120. 18 V.S.A. § 9435 is amended to read:

7 § 9435. EXCLUSIONS

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

14 (b) Excluded from this subchapter are community mental health or
15 developmental disability center health care projects proposed by a designated
16 agency and supervised by the ~~commissioner of mental health~~ Commissioner of
17 Mental Health or the ~~commissioner of disabilities, aging, and independent~~
18 ~~living~~ Commissioner of Disabilities, Aging, and Independent Living, or both,
19 depending on the circumstances and subject matter of the project, provided the
20 appropriate commissioner or commissioners make a written approval of the

1 proposed health care project. The designated agency shall submit a copy of the
2 approval with a letter of intent to the board.

3 (c) The provisions of subsection (a) of this section shall not apply to offices
4 owned, operated, or leased by a hospital or its subsidiary, parent, or holding
5 company, outpatient diagnostic or therapy programs, kidney disease treatment
6 centers, independent diagnostic laboratories, cardiac catheterization
7 laboratories, radiation therapy facilities, ambulatory surgical centers, and
8 diagnostic imaging facilities and similar facilities owned or operated by a
9 physician, advanced practice registered nurse, dentist, or other practitioner of
10 the healing arts.

11 * * *

12 Sec. 121. 21 V.S.A. § 224(d) is amended to read:

13 (d) Where appropriate, a standard ~~promulgated~~ adopted by the ~~secretary of~~
14 ~~human services~~ Secretary of Human Services may prescribe the type and
15 frequency of medical examinations or other tests which shall be made available
16 by an employer or at the expense of the employer, to employees exposed to
17 health hazards in employment, in order to effectively determine whether the
18 health of the employee is adversely affected by exposure to the hazard. In the
19 event medical examinations are in the nature of research, as determined by the
20 ~~secretary of human services~~ Secretary of Human Services, such examinations
21 may be furnished at the expense of the ~~state~~ State. The results of the

1 examinations or tests shall be furnished only to the ~~secretary of human services~~
2 Secretary of Human Services, the ~~commissioner of health~~ Commissioner of
3 Health, the ~~director of occupational health~~ Director of Occupational Health, the
4 ~~commissioner of labor~~ Commissioner of Labor, and at the request of the
5 employee, to the employee's physician, nurse practitioner, and the employee.

6 Sec. 122. 21 V.S.A. § 432(a)(3) is amended to read:

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

14 Sec. 123. 21 V.S.A. § 471(5) amended to read:

15 (5) "Serious illness" means an accident, disease, or physical or mental
16 condition that:

- 17 (A) poses imminent danger of death;
- 18 (B) requires inpatient care in a hospital; or
- 19 (C) requires continuing in-home care under the direction of a
20 physician or advanced practice registered nurse.

1 Sec. 124. 21 V.S.A. § 472(e) is amended to read:

2 (e) An employee shall give reasonable written notice of intent to take leave
3 under this subchapter. Notice shall include the date the leave is expected to
4 commence and the estimated duration of the leave. In the case of the adoption
5 or birth of a child, an employer shall not require that notice be given more than
6 six weeks prior to the anticipated commencement of the leave. In the case of
7 serious illness of the employee or a member of the employee's family, an
8 employer may require certification from a physician or advanced practice
9 registered nurse to verify the condition and the amount and necessity for the
10 leave requested. An employee may return from leave earlier than estimated
11 upon approval of the employer. An employee shall provide reasonable notice
12 to the employer of his or her need to extend leave to the extent provided by this
13 chapter.

14 Sec. 125. 21 V.S.A. § 514(11) is amended to read:

15 (11) Medical review officer. The employer shall contract with or
16 employ a certified medical review officer who shall be a licensed physician or
17 nurse practitioner with knowledge of the medical use of prescription drugs and
18 the pharmacology and toxicology of illicit drugs. The medical review officer
19 shall review and evaluate all drug test results, assure compliance with this
20 section and sections 515 and 516 of this title, report the results of all tests to

1 the individual tested, and report only confirmed drug test results to the
2 employer.

3 Sec. 126. 21 V.S.A. § 641(a)(4) is amended to read:

4 (4) If services are not voluntarily offered and accepted by the employee,
5 the ~~commissioner~~ Commissioner, if necessary through informal hearing, may
6 refer the employee to a qualified physician, nurse practitioner, or appropriate
7 facility for evaluation of the practicability of, need for, and kind of service,
8 treatment, or training necessary and appropriate to render the employee fit for a
9 remunerative occupation. Upon receipt of findings and after affording the
10 parties an opportunity to be heard, the Commissioner may order that the
11 services and treatment recommended, or such other rehabilitation treatment or
12 service the Commissioner may deem necessary be provided at the expense of
13 the employer. When vocational rehabilitation requires residence at or near a
14 facility or institution, away from the employee's customary residence, the
15 reasonable cost of board, lodging, ~~or~~ travel, or ~~both~~ any combination thereof,
16 shall be paid for by the employer. In addition, the employer shall pay
17 reasonable costs of books, tools, or other basic materials required in such
18 rehabilitation process. Refusal to accept vocational rehabilitation pursuant to
19 an order of the Commissioner may result in loss of compensation for each
20 week of the refusal, if the Commissioner so directs.

1 Sec. 127. 21 V.S.A. § 642a is amended to read:

2 § 642a. TEMPORARY TOTAL; INSURER REVIEW

3 The employer shall review every claim for temporary total disability
4 benefits that continues for more than 104 weeks. No later than 30 days after
5 104 weeks of continuous temporary total disability benefits have been paid, the
6 employer shall file with the ~~department~~ Department and the claimant a medical
7 report from a physician or advanced practice registered nurse that evaluates the
8 medical status of the claimant, the expected duration of the disability, and
9 when or if the claimant is expected to return to work. If the evaluating
10 physician or advanced practice registered nurse concludes that the claimant has
11 reached a medical end result, the employer shall file a notice to discontinue.

12 Sec. 128. 21 V.S.A. § 655 is amended to read:

13 § 655. PROCEDURE IN OBTAINING COMPENSATION; MEDICAL
14 EXAMINATION; VIDEO AND AUDIO RECORDING

15 After an injury and during the period of disability, if so requested by his or
16 her employer, or ordered by the Commissioner, the employee shall submit to
17 examination, at reasonable times and places, by a duly licensed physician,
18 nurse practitioner, or surgeon designated and paid by the employer. The
19 employee may make a video or audio recording of any examination performed
20 by the insurer's physician, nurse practitioner, or surgeon or have a licensed
21 health care provider designated and paid by the employee present at the

1 examination. The employer may make an audio recording of the examination.
2 The right of the employee to record the examination shall not be construed to
3 deny to the employer's physician or nurse practitioner the right to visit the
4 injured employee at all reasonable times and under all reasonable conditions
5 during total disability. If an employee refuses to submit to or in any way
6 obstructs the examination, the employee's right to prosecute any proceeding
7 under the provisions of this chapter shall be suspended until the refusal or
8 obstruction ceases, and compensation shall not be payable for the period which
9 the refusal or obstruction continues.

10 Sec. 129. 21 V.S.A. § 682 is amended to read:

11 § 682. LIENS AGAINST COMPENSATION

12 Claims of physicians, advanced practice registered nurses, and hospitals for
13 services rendered under the provisions of this chapter and claims of attorneys
14 for services rendered an employee in prosecuting a claim under the provisions
15 of this chapter shall be approved by the ~~commissioner~~ Commissioner. When
16 so approved, they may be enforced against compensation awards in such
17 manner as the ~~commissioner~~ Commissioner may direct.

18 Sec. 130. 21 V.S.A. § 1301(17)(A) is amended to read:

19 (17)(A) For benefit years beginning prior to January 3, 1988, the "base
20 period" is the period of 52 weeks ending with the day immediately preceding
21 the first day of a claimant's benefit year. Such period shall be extended by one

1 week for each week, not to exceed 18, in which the claimant had no earnings
2 because of sickness or disability as certified by a duly licensed physician, nurse
3 practitioner, or certified nurse midwife.

4 Sec. 131. 23 V.S.A. § 304a(b)(5) is amended to read:

5 (5) If the authenticity of the medical need for the special registration is
6 challenged with reasons in writing, the Commissioner may have physicians or
7 advanced practice registered nurses with the Vermont Department of Health
8 review the medical facts, with the knowledge of the person with a disability
9 and the licensed physician, certified physician assistant, or licensed advanced
10 practice registered nurse who filled in the medical form for the special
11 registration, in order to determine eligibility and so notify all concerned of the
12 facts and the recommendations.

13 Sec. 132. 23 V.S.A. § 637 is amended to read:

14 § 637. EXAMINERS OF PHYSICAL AND MENTAL CONDITIONS

15 The ~~commissioner~~ Commissioner may designate physicians, nurse
16 practitioners, ophthalmologists, oculists, and optometrists properly registered
17 and authorized to practice in this ~~state~~ State as examiners of operators. The
18 ~~commissioner~~ Commissioner may refer any matter relative to the issuing,
19 suspending, or reinstating of licenses which concern the physical or mental
20 condition or eyesight of any applicant for or holder of a license or any
21 petitioner for reinstatement to, and require the applicant or other person to be

1 examined by, such examiner in the vicinity of the person's residence as he
2 determines to be qualified to examine and report. Such examiner shall report
3 to the ~~commissioner~~ Commissioner the true and actual result of examinations
4 made by him or her together with his decision as to whether the person
5 examined should be granted or allowed to retain an operator's license or
6 permitted to operate a motor vehicle.

7 Sec. 133. 23 V.S.A. § 638 is amended to read:

8 § 638. DISSATISFACTION WITH PHYSICAL AND MENTAL
9 EXAMINATION

10 If any person is dissatisfied with the result of an examination given by any
11 one examiner, as provided in section 637 of this title, he or she may apply to
12 the ~~commissioner~~ Commissioner for and shall be granted an examination by
13 two physicians, nurse practitioners, ophthalmologists, oculists, or optometrists
14 selected from a list of examiners approved by the ~~commissioner~~
15 Commissioner, and their decision shall be final. The ~~commissioner~~
16 Commissioner may designate the area of specialization from which the
17 examiners are to be selected in each case, but in no event shall he or she limit
18 the choice of an examiner to any one individual within the profession from
19 which he or she is to be chosen.

1 Sec. 134. 23 V.S.A. § 1125(a)(6) is amended to read:

2 (6) the ~~commissioner~~ Commissioner may grant an exemption upon
3 application from a person required for medical reasons to be shielded from the
4 rays of the sun and who attaches to the application a document signed by a
5 licensed physician, nurse practitioner, or optometrist certifying that shielding
6 from the rays of the sun is a medical necessity. The physician, nurse
7 practitioner, or optometrist certification shall be renewed every four years.
8 However, when a licensed physician, nurse practitioner, or optometrist has
9 previously certified to the ~~commissioner~~ Commissioner that an applicant's
10 condition is both permanent and stable, the exemption may be renewed by the
11 applicant without submission of a form signed by a licensed physician, nurse
12 practitioner, or optometrist. Additionally, the window shading or tinting
13 permitted under this subdivision shall be limited to the vent windows or side
14 windows located immediately to the left and right of the operator. The
15 exemption provided in this subdivision shall terminate upon the sale of the
16 approved vehicle and at that time the applicable window tinting shall be
17 removed by the seller. Furthermore, if the material described in this
18 subdivision tears or bubbles or is otherwise worn to prohibit clear vision, it
19 shall be removed or replaced.

1 Sec. 135. 23 V.S.A. § 1282 is amended to read:

2 § 1282. OPERATOR, EQUIPMENT AND INSPECTION

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

5 (1) For Type I, have a valid State of Vermont commercial driver license
6 with a passenger endorsement and a school bus driver's endorsement or, for
7 Type II, have a valid State of Vermont license with a school bus driver's
8 endorsement or have a license from another jurisdiction valid for the class or
9 type of vehicle to be driven;

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

1 certified nurse midwife who must state that the patient has not had a
2 hypoglycemic reaction during that time;

3 * * *

4 (d)(1) A person licensed by the Department of Motor Vehicles to assume
5 the duty of transporting school pupils in either a Type I or Type II school bus
6 shall annually before the commencement of the school year furnish his or her
7 employer, where he or she is employed as a school bus driver, the following:

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

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

18 * * *

1 Sec. 136. 24 V.S.A. § 2605 is amended to read:

2 § 2605. PHYSICIAN'S AND ADVANCED PRACTICE REGISTERED
3 NURSE'S RESIDENCE—PURCHASE

4 Municipalities, separately or by compact, may purchase and maintain a
5 residence for a physician or advanced practice registered nurse, and may
6 contract with the physician or advanced practice registered nurse for his
7 occupancy on a lease-purchase option basis, upon approval of the question and
8 the money therefor, by vote at a regular or special meeting, duly warned for
9 that purpose.

10 Sec. 137. 24 V.S.A. § 2651 is amended to read:

11 § 2651. DEFINITIONS

12 As used in this chapter:

13 (1) “Advanced emergency medical treatment” means those portions of
14 emergency medical treatment as defined by the Department of Health, which
15 may be performed by licensed emergency medical services personnel acting
16 under the supervision of a physician or advanced practice registered nurse
17 within a system of medical control approved by the Department of Health.

18 * * *

19 (11) “Medical control” means the entire system of quality assurance and
20 medical accountability for basic and advanced emergency medical treatment as
21 prescribed by this chapter. “Prehospital medical control” shall include

1 direction and advice given to emergency medical personnel by a physician,
2 advanced practice registered nurse, or a person acting under the direct
3 supervision of a physician provided through:

4 * * *

5 Sec. 138. 24 V.S.A. § 2657(a)(9) is amended to read:

6 (9) Establish medical control within the district with physicians,
7 advanced practice registered nurses, and representatives of medical facilities,
8 including written protocols with the appropriate officials of receiving hospitals
9 defining their operational procedures.

10 Sec. 139. 24 V.S.A. § 5051(12) is amended to read:

11 (12) "Medical Board" means the ~~board~~ Board of physicians and nurse
12 practitioners provided for in section 5062 of this title.

13 Sec. 140. 24 V.S.A. § 5056(a) is amended to read:

14 (a) Upon application of a member not more than 90 days before, or later
15 than 90 days, or longer for cause shown, the date a member separates from
16 service, any member who has not reached his or her normal retirement date
17 and has had five or more years of creditable service, may be retired by the
18 retirement board on a disability retirement allowance on the first of the month
19 following separation from service; provided that the ~~medical board~~ Medical
20 Board, after an examination of the medical records of the member or a medical
21 examination by a physician, nurse practitioner, or physicians or nurse

1 practitioners designated by the ~~medical board~~ Medical Board, shall certify that
2 the member is mentally or physically incapacitated for the further performance
3 of the member's specific job requirements, that such incapacity has existed at
4 and since the time of the member's separation from service and is likely to be
5 permanent, and that he or she should be retired. If the member has applied for
6 and been granted a disability retirement allowance from the Social Security
7 Administration prior to submission of municipal application, an automatic
8 approval will be granted upon receipt of proof of Social Security disability
9 allowance.

10 Sec. 141. 24 V.S.A. § 5057(a) is amended to read:

11 (a) Once each year, the ~~retirement board~~ Retirement Board or the ~~medical~~
12 ~~board~~ Medical Board may require any disability beneficiary who has not
13 reached his or her normal retirement date to undergo a medical examination,
14 by a physician, nurse practitioner, or physicians or nurse practitioners
15 designated by the ~~medical board~~ Medical Board, the examination to be made at
16 the place of residence of the beneficiary or other place mutually agreed upon.
17 In lieu of a medical examination, the ~~retirement board~~ Retirement Board may
18 request current medical records or evidence to substantiate the continued
19 disability status.

1 Sec. 142. 24 V.S.A. § 5062(i) is amended to read:

2 (i) The Retirement Board shall designate a Medical Board to be composed
3 of three physicians or nurse practitioners not eligible to participate in the
4 Retirement System. If required, other physicians or nurse practitioners may be
5 employed to report on special cases. The Medical Board shall arrange for and
6 pass upon all medical examinations required under the provisions of this
7 chapter, shall investigate all essential statements and certificates by or on
8 behalf of a member in connection with an application for disability retirement,
9 and shall report in writing to the Retirement Board of its conclusions and
10 recommendations upon all matters referred to it.

11 Sec. 143. 24 V.S.A. § 5142(6) is amended to read:

12 (6) "~~Physician's~~ Health care provider's certificate" means a written
13 statement by a duly licensed medical practitioner, including physicians, nurse
14 practitioners, and certified nurse midwives, certifying that a ratepayer or
15 resident within the ratepayer's household would suffer an immediate and
16 serious health hazard by the disconnection of the utility's service to that
17 household. The certificate will be considered valid and in force for 30 days, or
18 the duration of the hazard, whichever is less.

19 Sec. 144. 24 V.S.A. § 5143(b)(4) is amended to read:

20 (4) The disconnection would represent an immediate and serious hazard
21 to the health of the ratepayer or a resident within the ratepayer's household, as

1 set forth in a ~~physician's~~ health care provider's certificate which is on file with
2 the municipality. Notice by telephone or otherwise that such certificate will be
3 forthcoming will have the effect of receipt, providing the certificate is in fact
4 received within seven days.

5 Sec. 145. 24 V.S.A. § 5144 is amended to read:

6 § 5144. UNIFORM NOTICE FORM

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

10 Date _____
11 \$ _____
12 AMOUNT IN ARREARS

13 Dear Customer:

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

1 SPECIAL CHARGES—~~Section 24 V.S.A. § 5151 of Title 24~~, Vermont
2 Statutes Annotated, provides that we charge a fee for coming to your location
3 to collect the amount overdue. Also, the same statute provides that we shall
4 charge a reconnection fee for restoration of service if your service has been
5 disconnected for nonpayment. These fees are as follows:

6 Collection Trips—\$ 25.00, regardless of number

7 Reconnection—Normal Hours—\$ 25.00

8 Overtime—\$ 37.50

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

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

14 THIS IS A FINAL REQUEST FROM:

15 (Name of Credit Supervisor)

16 (Name of Municipality)

17 (Address of Municipality)

18 (Town)

19 Vermont (Zip Code)

20 (Telephone Number)

1 OTHER IMPORTANT INFORMATION—If you have a question concerning
2 this bill or if you want to seek an agreement with us to pay the balance due in
3 partial payments over a period of time, you should contact this office as soon
4 as possible after receipt of this notice. In the event an agreement is entered
5 into, failure to abide by the terms of agreement can lead to disconnection
6 without further notice. If disconnection would result in an immediate and
7 serious health hazard to you or to a resident within your household,
8 disconnection will be postponed upon presentation of a duly licensed
9 ~~physician's~~ health care provider's certificate.

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

12 (Name of Chairman of the Local Legislative Body)

13 (Name of Town, City or Village)

14 (Address of Office)

15 (Mailing Address)

16 or by calling:

17 (Telephone Number)

18 An appeal cannot be taken unless you first attempt to settle with the credit
19 supervisor. You may appeal only as to the proper amount of your bill or the
20 correctness of application of the rules and regulations. You may not appeal as
21 to the level or design of the rates themselves. No charge shall be made for the

1 appeal. However, undisputed portions of the charges giving rise to this notice
2 must be paid before the disconnection date given above.

3 Sec. 146. 26 V.S.A. § 566 is amended to read:

4 § 566. NONDENTAL ANESTHESIA

5 (a) A dentist may administer nondental anesthesia if he or she meets the
6 following requirements:

7 * * *

8 (5) The dentist practicing nondental anesthesia is held to the same
9 standard of care as a physician or certified registered nurse anesthetist
10 administering anesthesia under the same or similar circumstances.

11 (b) The ~~board~~ Board shall refer a complaint or disciplinary proceeding
12 about a dentist arising from his or her administration of nondental
13 anesthesiology to the ~~board of medical practice~~ Board of Medical Practice or
14 the Board of Nursing, which shall have jurisdiction to investigate and sanction
15 and limit or revoke the dentist's license to the same extent that it may for
16 physicians licensed under chapter 23 of this title or certified registered nurse
17 anesthetists.

18 Sec. 147. 26 V.S.A. § 1354(a)(26) is amended to read:

19 (26) any physician who, in the course of a collaborative agreement with
20 a nurse practitioner allows the nurse practitioner to perform a medical ~~aet~~ or
21 nursing procedure which is outside the usual scope of the physician's own

1 practice or which the nurse practitioner is not qualified to perform by training
2 or experience, or which the ordinary reasonable and prudent physician engaged
3 in a similar practice would not agree should be written into the scope of the
4 nurse practitioner's practice, shall be subject to disciplinary action by the ~~board~~
5 Board in accordance with chapter 23 of this title;

6 Sec. 148. 26 V.S.A. § 1731 is amended to read:

7 § 1731. POLICY AND PURPOSE

8 The ~~general assembly~~ General Assembly recognizes the need to provide
9 means by which physicians and advanced practice registered nurses in this
10 ~~state~~ State may increase the scope and efficiency of their practice in order to
11 ensure that quality medical services are available to all Vermonters at
12 reasonable cost.

13 Sec. 149. 26 V.S.A. § 1751 is amended to read:

14 § 1751. APPLICATION OF LAWS; RIGHTS

15 Osteopathic physicians and surgeons shall be subject to the provisions of
16 law relating to communicable diseases and to the granting of certificates of
17 births and deaths and the issuance of certificates relating to the commitment of
18 ~~mentally ill~~ individuals with mental illness, and such reports and certificates
19 shall be accepted by the office or department to whom the same are made or
20 presented, equally with the reports and certificates of physicians or advanced
21 practice registered nurse of any other school of medicine or nursing; and such

1 physicians or advanced practice registered nurses shall have the same rights
2 with respect to the rendering of medical services under the provisions of public
3 health, welfare, and assistance laws and rules.

4 Sec. 150. 26 V.S.A. § 1753(b) is amended to read:

5 (b) The provisions of subdivision 1752(a)(1) of this title shall not apply to
6 any person or persons giving aid, assistance, or relief in emergency or accident
7 cases pending the arrival of a licensed physician, advanced practice registered
8 nurse, or surgeon.

9 Sec. 151. 26 V.S.A. § 2041(a) is amended to read:

10 (a) It shall be unlawful for any person to engage in the practice of
11 pharmacy unless licensed to so practice under the provisions of this chapter;
12 provided, however, physicians, advanced practice registered nurses, dentists,
13 veterinarians, osteopaths, or other practitioners of the healing arts who are
14 licensed under the laws of this ~~state~~ State may dispense and administer
15 prescription drugs to their patients in the practice of their respective
16 professions where specifically authorized to do so by statute of this ~~state~~ State.

17 Sec. 152. 26 V.S.A. § 2424(c)(4) is amended to read:

18 (4) has no physical or mental impairment related to drugs, alcohol, or a
19 finding of mental incompetence by a physician or nurse practitioner that would
20 limit the applicant's ability to undertake the practice of veterinary medicine in
21 a manner consistent with the safety of a patient or the public;

1 Sec. 153. 26 V.S.A. § 3295(b) is amended to read:

2 (b) The examination shall cover the following: the basic physics of sound,
3 anatomy, and physiology of the ear, structure and function of hearing aids,
4 pure tone audiometry, voice and recorded speech audiometry, interpretation of
5 audiograms as related to hearing aid usage, selection and adaptation of hearing
6 aids, counseling the hearing impaired, identifying situations in which referrals
7 to a physician or nurse practitioner are appropriate, knowledge of medical and
8 rehabilitation facilities for the hearing impaired in this ~~state~~ State, and ~~state~~
9 State and federal laws relating to dispensing hearing aids and other areas of
10 knowledge determined by the director to be necessary.

11 Sec. 154. 26 V.S.A. § 4037(3) is amended to read:

12 (3) Shall have successfully completed a two-calendar-year work
13 experience in marriage and family therapy under the supervision of either a
14 licensed marriage and family therapist or licensed clinical social worker in this
15 ~~state~~ State or a marriage and family therapist or licensed clinical social worker
16 in another state who would meet the license requirements. The ~~board~~ Board
17 may, when a qualified marriage and family therapist is not reasonably
18 available, permit a person licensed as a clinical mental health counselor,
19 clinical social worker, psychologist, psychiatric mental health nurse
20 practitioner, or licensed physician certified in psychiatry by the American
21 Board of Medical Specialties, to serve as a supervisor. Persons engaged in the

1 work experience shall be entered on the roster of psychotherapists who are
2 nonlicensed and noncertified and shall comply with the laws of that profession.
3 The ~~board~~ Board shall adopt rules establishing standards and procedures for
4 satisfying the requirements of this subdivision.

5 Sec. 155. 26 V.S.A. § 4059(a) is amended to read:

6 (a) Any person who has met the educational and clinical criteria established
7 under subdivision 4057(a)(2) of this title and is licensed or certified under this
8 title as a physician, osteopath, psychologist, psychiatric mental health nurse
9 practitioner, clinical social worker, clinical mental health counselor, or
10 marriage and family therapist shall be exempt from the provisions of this
11 chapter.

12 Sec. 156. 26 V.S.A. § 4101 is amended to read:

13 § 4101. DEFINITIONS

14 As used in this chapter:

15 * * *

16 (5) "Practice of body piercing" means the piercing of any part of the
17 body by someone other than a licensed physician or nurse practitioner who
18 utilizes a needle or other instrument for the purpose of inserting an object into
19 the body for nonmedical purposes. Body piercing includes ear piercing, except
20 when performed on the lower lobe of the ear:

21 * * *

1 (A) Without further referral, to athletes participating in organized
2 sports or athletic teams at an interscholastic, intramural, instructional,
3 intercollegiate, amateur, or professional level.

4 (B) With a referral from a physician, osteopathic physician, nurse
5 practitioner, dentist, or chiropractor, to athletes or the physically active who
6 have an athletic or orthopedic injury and have been determined, by a
7 physician's or nurse practitioner's examination, to be free of an underlying
8 pathology that would affect treatment.

9 * * *

10 (11) "Settings" means any areas in which an athletic trainer may
11 practice athletic training. These areas include:

12 (A) "Traditional setting" means working with any organized sports or
13 athletic teams at an interscholastic, intramural, instructional, intercollegiate,
14 amateur, or professional level.

15 (B) "Clinical setting" means an outpatient orthopaedic or sports
16 medicine clinic that employs one of the following: physician, nurse
17 practitioner, osteopathic physician, chiropractor, or physical therapist.

18 (12) "Underlying pathology" means any disease process, including ~~but~~
19 ~~not limited to~~ neuromuscular disease, diabetes, spinal cord injuries, and
20 systemic diseases.

1 Sec. 158. 26 V.S.A. § 4182 is amended to read:

2 § 4182. EXEMPTIONS

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

6 (1) Certified nurse midwives authorized under the ~~board of nursing~~
7 Board of Nursing to practice in Vermont, unless they have chosen to become
8 licensed midwives. Notwithstanding this subsection, certified nurse midwives
9 who choose to become licensed midwives remain subject to the jurisdiction of
10 the ~~board of nursing~~ Board of Nursing as well as to the provisions of this
11 chapter.

12 (2) Licensed physicians, certified nurse midwives, or other licensed
13 health care providers authorized to provide midwifery care.

14 (3) Student midwives in training with licensed midwives.

15 Sec. 159. 26 V.S.A. § 4190(a) is amended to read:

16 (a) Every licensed midwife shall develop a written plan for consultation
17 with physicians licensed under chapter 23 of this title, advanced practice
18 registered nurses, and other health care providers for emergency transfer, for
19 transport of an infant to a newborn nursery or neonatal intensive care nursery,
20 and for transport of a woman to an appropriate obstetrical department or
21 patient care area. The written plan shall be submitted to the ~~director~~ Director

1 on an approved form with the application required by section 4184 of this title
2 and biennially thereafter with the renewal form required by section 4187 of
3 this title. The written transport plan shall be reviewed and approved by the
4 advisors appointed pursuant to section 4186 of this title and shall be provided
5 to any health care facility or health care professional identified in the plan.

6 The ~~director~~ Director, in consultation with the advisors, the ~~commissioner of~~
7 ~~health~~ Commissioner of Health, and other interested parties, shall develop a
8 single, uniform form for use in all cases in which a transfer or transport occurs,
9 which shall include the medical information needed by the facility or
10 professional receiving the transferred or transported patient.

11 Sec. 160. 26 V.S.A. § 4701 is amended to read:

12 § 4701. DEFINITIONS

13 As used in this chapter:

14 * * *

15 (7) "Performance of respiratory care" means respiratory care in
16 accordance with the prescription of a licensed physician, licensed osteopath,
17 certified physician assistant, certified registered nurse anesthetist, certified
18 anesthesiologist assistant, or licensed nurse practitioner, including the
19 diagnostic and therapeutic use of the following:

20 * * *

21 (8) "Practice of respiratory care" means:

1 (A) Direct and indirect respiratory care services, including the
2 administration of pharmacologic, diagnostic, and therapeutic agents necessary
3 to implement a treatment, disease prevention, pulmonary rehabilitative, or
4 diagnostic regimen by a licensed physician, physician assistant,
5 anesthesiologist assistant, or nurse practitioner.

6 (B) Transcription and implementation of written or verbal orders of a
7 licensed physician, certified registered nurse anesthetist, physician assistant,
8 anesthesiologist assistant, or nurse practitioner which pertains to the practice of
9 respiratory care.

10 (C) Observing and monitoring signs and symptoms, general behavior,
11 general physical response to respiratory care treatment and diagnostic testing,
12 including determination of whether such signs, symptoms, reactions, behavior,
13 or general response exhibits abnormal characteristics.

14 (D) Implementing report, referral, and respiratory care protocols or
15 changes in treatment, based on observed abnormalities, pursuant to a
16 physician, certified registered nurse anesthetist, physician assistant,
17 anesthesiologist assistant, or nurse practitioner's prescription.

18 (E) Initiating emergency procedures pursuant to rules adopted by the
19 ~~director~~ Director or as otherwise provided under this chapter.

20 (F) Respiratory care may be practiced in any clinic, hospital, skilled
21 nursing facility, private dwelling, or other place deemed appropriate or

1 necessary by the ~~director~~ Director and in accordance with the prescription or
2 verbal orders of a licensed physician, certified registered nurse anesthetist,
3 physician assistant, anesthesiologist assistant, or nurse practitioner.

4 (9) "Respiratory care" means the allied health profession responsible for
5 the treatment, management, diagnostic testing, control, and care of patients
6 with deficiencies and abnormalities associated with cardiopulmonary systems
7 under the direction of a physician, certified registered nurse anesthetist,
8 physician assistant, anesthesiologist assistant, or nurse practitioner.

9 Respiratory care also includes inhalation therapy and respiratory therapy.

10 * * *

11 Sec. 161. 26 V.S.A. § 4712 is amended to read:

12 § 4712. EXEMPTIONS FROM LICENSURE

13 (a) No person shall practice respiratory care or represent himself or herself
14 to be a respiratory care practitioner unless he or she is licensed under this
15 chapter, except that this chapter shall not prohibit:

16 (1) A person matriculated in an education program approved by the
17 board who is pursuing a degree in respiratory care or respiratory therapy from
18 satisfying supervised clinical education requirements related to the person's
19 respiratory care education while under direct supervision of a respiratory care
20 practitioner ~~or~~, physician, or advanced practice registered nurse.

21 * * *

1 officer of the facility, who may then order, other forms of discipline in addition
2 to or as substitution for a loss of privileges. If the serious breach results in
3 damage to ~~state-owned~~ State-owned property, the disciplinary committee may
4 fix an amount of restitution or reparation, which shall not exceed an amount
5 the inmate can or will be able to pay, and shall fix the manner of performance.
6 Other forms of discipline for a serious breach of the rules may include:

7 (A) ~~Recommendation~~ recommendation by the disciplinary committee
8 and by the supervising officer to the ~~commissioner~~ Commissioner that the
9 inmate be transferred to another facility;

10 (B) ~~Segregation~~ segregation, in accordance with the regulations of
11 the ~~department~~ Department, in a cell or room, apart from the accommodations
12 provided for inmates who are participating in programs of the facility;
13 provided:

14 (i) ~~The~~ the period of such segregation shall not exceed 30 days
15 consecutively;

16 (ii) ~~The~~ the inmate shall be supplied with a sufficient quantity of
17 wholesome and nutritious food, which shall be of the same quantity and
18 nutritional quality as that provided to the general population of inmates at the
19 facility;

20 (iii) ~~Adequate~~ adequate sanitary and other conditions required for
21 the health of the inmate shall be maintained; and

1 Sec. 168. 33 V.S.A. § 708 is amended to read:

2 § 708. TREATMENT AND SERVICES

3 * * *

4 (d) A person judged by a law enforcement officer to be incapacitated, and
5 who has not been charged with a crime, may be lodged in protective custody in
6 a secure facility not operated by the Department of Corrections for up to 24
7 hours or until judged by the person in charge of the facility to be no longer
8 incapacitated, if and only if:

9 (1) ~~The~~ the person refuses to be transported to an appropriate facility for
10 treatment, or if once there, refuses treatment or leaves the facility before he or
11 she is considered by the responsible staff of that facility to be no longer
12 incapacitated; or

13 (2) ~~No~~ no approved substance abuse treatment program with
14 detoxification capabilities and no staff physician, advanced practice registered
15 nurse, or other ~~medical~~ health care professional at the nearest licensed general
16 hospital can be found who will accept the person for treatment.

17 * * *

18 Sec. 169. 33 V.S.A. § 900(5) is amended to read:

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

1 Sec. 170. 33 V.S.A. § 1951(2) is amended to read:

2 (2) “Core home health care services” means those ~~medically necessary~~
3 medically necessary skilled nursing, home health aide, therapeutic, and
4 personal care attendant services, provided exclusively in the home by home
5 health agencies. Core home health services do not include private duty
6 nursing, hospice, homemaker, or physician services, advanced practice
7 registered nurse services, or services provided under early periodic screening,
8 diagnosis, and treatment (EPSDT), traumatic brain injury (TBI), high
9 technology programs, or services provided by a home for the terminally ill as
10 defined in subdivision 7102(10) of this title.

11 Sec. 171. 33 V.S.A. § 1952(c) is amended to read:

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 advanced practice registered nurse’s office practice shall have its assessment
15 based only on the hospital portion of its budget. The nursing home and home
16 health agency components of the budget shall be assessed separately as
17 provided for in this subchapter.

18 Sec. 172. 33 V.S.A. § 1973(f)(2) is amended to read:

19 (2) An individual who had no private insurance or employer-sponsored
20 coverage that includes both hospital and physician or advanced practice
21 registered nurse services within 12 months prior to the month of application.

1 provisions of Title 26, any resident physician, intern, or any hospital
2 administrator in any hospital in this ~~state~~ State, whether or not so registered,
3 and any registered nurse, licensed practical nurse, medical examiner,
4 emergency medical personnel as defined in 24 V.S.A. § 2651(6), dentist,
5 psychologist, pharmacist, any other health care provider, child care worker,
6 school superintendent, headmaster of an approved or recognized independent
7 school as defined in 16 V.S.A. § 11, school teacher, student teacher, school
8 librarian, school principal, school guidance counselor, and any other individual
9 who is employed by a school district or an approved or recognized independent
10 school, or who is contracted and paid by a school district or an approved or
11 recognized independent school to provide student services, mental health
12 professional, social worker, probation officer, any employee, contractor, and
13 grantee of the Agency of Human Services who have contact with clients,
14 police officer, camp owner, camp administrator, camp counselor, or member of
15 the clergy who has reasonable cause to believe that any child has been abused
16 or neglected shall report or cause a report to be made in accordance with the
17 provisions of section 4914 of this title within 24 hours. As used in this
18 subsection, “camp” includes any residential or nonresidential recreational
19 program.

1 Sec. 176. 33 V.S.A. § 4915b(c) is amended to read:

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

10 Sec. 177. 33 V.S.A. § 6502 is amended to read:

11 § 6502. BALANCE BILLING PROHIBITED

12 A physician or advanced practice registered nurse who agrees to treat a
13 Medicare or general assistance beneficiary shall not balance bill the
14 beneficiary except as hereinafter provided.

15 Sec. 178. 33 V.S.A. § 6503 is amended to read:

16 § 6503. EXCEPTIONS

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

20 * * *

1 (3) The service for which the beneficiary is to be billed is either an
2 office or home visit. Office or home visits are listed as procedure codes 90000
3 through 90170 in the Physicians' Current Procedural Terminology, Fourth
4 Edition (1986) published by the American Medical Association, as amended
5 annually. Office or home visit codes for dentists, podiatrists, optometrists ~~and,~~
6 chiropractors, and advanced practice registered nurse shall be the same (or
7 equivalent) procedure codes used for doctors of medicine or osteopathy.
8 Sec. 179. 33 V.S.A. § 6504 is amended to read:

9 § 6504. MEDICARE BENEFICIARY TO SIGN STATEMENT

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

18 Sec. 180. 33 V.S.A. § 6505 is amended to read:

19 § 6505. ASSISTANCE WITH CLAIMS REQUIRED

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

1 Sec. 181. 33 V.S.A. § 6506 is amended to read:

2 § 6506. POSTING

3 A physician or advanced practice registered nurse who treats Medicare or
4 General Assistance beneficiaries shall post a summary of the provisions of this
5 chapter in a conspicuous place in his or her office. The summary shall include
6 the statement that any person aggrieved by a physician's or advanced practice
7 registered nurse's failure to comply with the provisions of this chapter may
8 contact the Department of Disabilities, Aging, and Independent Living for
9 assistance or file a complaint with the Division of Registration, Licensing and
10 Secretarial Services within the Office of the Secretary of State and shall
11 include toll-free telephone numbers to be used for these purposes. The
12 summary shall be written by the Department of Disabilities, Aging, and
13 Independent Living and distributed by the Secretary of State.

14 Sec. 182. 33 V.S.A. § 6507 is amended to read:

15 § 6507. ADMINISTRATION; ENFORCEMENT

16 (a) A person aggrieved by a violation of the provisions of this chapter may
17 file a complaint with the division of registration, licensing, and secretarial
18 services within the ~~office~~ Office of the ~~secretary of state~~ Secretary of State.
19 The matter shall be heard by the ~~secretary of state~~ Secretary of State, or a
20 hearing officer designated by the ~~secretary~~ Secretary, and shall be subject to
21 the provisions of 3 V.S.A. chapter 25 ~~of Title 3,~~ relating to contested cases.

1 (b) The ~~secretary of state~~ Secretary of State or the hearing officer may,
2 after hearing, impose an administrative penalty of not more than \$50.00 against
3 any physician or advanced practice registered nurse who violates the
4 provisions of ~~sections~~ section 6505 or 6506 of this title, relating to assistance
5 and posting.

6 (c) The ~~secretary of state~~ Secretary of State or the hearing officer may, after
7 hearing, order a physician or advanced practice registered nurse who balance
8 billed in violation of the provisions of this chapter to make restitution of any
9 monies received from a Medicare or general assistance beneficiary as a result
10 of such billing.

11 Sec. 183. 33 V.S.A. § 7107(b) is amended to read:

12 (b) No physician, advanced practice registered nurse, surgeon, osteopath,
13 chiropractor, or physician assistant licensed, certified, or registered under the
14 provisions of Title 26; any resident physician, intern, or any hospital
15 administrator in any hospital in this State; any registered nurse, licensed
16 practical nurse, medical examiner, psychologist, mental health professional,
17 social worker, probation officer, police officer, nursing home administrator, or
18 employee; or any owner, operator, or employee of a facility shall knowingly
19 place, refer, or recommend placement of a person to such a facility if that
20 facility is operating without a license.

