As of June 19, 2018, the Vermont Legislature has adjourned the 2018 Legislative session, but is still engaged in the 2018 Special Session in order to finalize the FY2019 Budget. The VMS Policy team has prepared this **2018 VMS Legislative Bulletin** to be as comprehensive as possible at this time. Below you'll find summaries of legislation that VMS engaged in this session on behalf of our members, grouped into six categories:

- **Health Financing/Health Reform**
- **Mental Health**
- **Pharmacy and Prescription Drugs**
- **Practice of Medicine**
- **Professional Regulation / Scope of Practice**
- **Public Health**

At this time differences between the Governor and the legislature regarding the FY2019 Budget have not been resolved. As this is the second year of the 2017-2018 legislative biennium, all bills that did not pass the legislature before the fall of the gavel of the regular 2018 legislative session are now considered dead. But during the current special session the legislature can bring up bills that were close to completion, rename them and vote them out. The start of the 2019 session will

2018 is an election year, which means all Vermont legislators, the Governor and the Lt. Governor will be campaigning this summer. VMS will hold four region-specific 2018 Election "meet & greets" leading up to Election Day. Please stay tuned for more information.

Thank you to all members who have testified and reached out to lawmakers this session. Your dedication to your patients and profession is clear and apparent. Your voice has a real and profound effect on the lives of all Vermonters.

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Health Financing/Health Reform

FY19 Budget Restores Funding to Primary Care and AHEC Loan Repayment Program

2018 Legislative Session Action: Governor Phil Scott's FY19 Recommended Budget included a proposed elimination of the $2.50 Primary Care Case Management (PCCM) PMPM payment to primary care practices for Medicaid patients and a proposed $667,000 cut to the state-funded loan repayment program administered by the Area Health Education Centers (AHEC).

The FY19 Budget that passed the House and Senate includes full restoration of the AHEC loan repayment program and a two-thirds restoration ($2.2 million) for Primary Care Case Management payments, but could change during the special session. Lawmakers directed the PCCM funding to be added to the per member per month payment received by Blueprint for Health practices.

VMS Position: Did Not Support the Cut
Status: Vetoed

2018 Special Session Action: H.13 is the compromise budget the legislature has passed during the special session that contains most of the original FY2019 Budget except any language dealing with taxes, surplus revenues or education finance. The Governor vetoed the compromise budget Thursday, June 14 and the path to a finalized budget is unclear at this time. Vermont's 2018 fiscal

organizations in the state to respond to a potential shutdown, as this could potentially impact Medicaid payments. The bill is currently on the Notice Calendar for a potential veto override.

Status: Vetoed

MAT Pilot Program Signed into Law

S.225 (Act 159) requires the Department of Vermont Health Access to develop pilot programs in collaboration with Vermont's commercial insurers to contribute additional funding for spoke MAT practices. The proposed pilots would be designed to align with current Blueprint, Medicare or ACO funding for opioid treatment programs. Stakeholders could also align the commercial insurer funding with other payment models they develop to best provide opportunities for spoke practices to be able to be covered for medication-assisted-therapy for opioid use disorder. The bill requires the Commissioner to report to the House Health Care and Senate Health and Welfare Committees on the design and implementation plan of the pilot programs by January 15, 2019.

This bill was signed into law May 21st and becomes effective July 1, 2018.

VMS Position: Support
Status: Enacted

(Back to the top)

Chiropractor and Physical Therapy Copayments

2018 Legislative Session Action: S.224, a Senate bill that would require insurance companies to limit chiropractor visit co-payment amounts to no more than the co-payment applicable to primary care visits, was amended in the House to provide a third tier co-payment that would be 140-160 percent higher than primary care co-pays, but less than the co-pays for specialty care. VMS had been concerned that if co-pays equaled those of primary care, this could lead insurers to raise co-payment amounts for both primary care and chiropractic services. The Senate did not concur with the House changes and the bill was in Conference Committee upon the fall of the gavel. House amendments included:

- For bronze and silver plans, if an insurer requires a co-pay for chiropractic services it must be between 140-160 percent of the co-pay required for primary care services.

must be between 140-160 percent of the co-pay required for primary care services.

- By January 1, 2019 insurers must prepare a report on the projected impact of the decreased co-payment amounts for chiropractic and physical therapy services. In November 2021, insurers must prepare a report on the actual import on these co-payment levels.
- The Department of Vermont Health Access must convene a working group to develop recommendations related to insurance coverage for non-opioid approaches, including non-pharmacological approaches to treat and manage pain. The working group would be composed of the following members: (1) the Commissioner of Financial Regulation or designee; (2) one representative of each health insurance carrier offering qualified health benefit plans on the Vermont Health Benefit Exchange; (3) the Chief Health Care Advocate or designee; and (4) a pain management clinician selected by the Vermont Medical Society.

If this bill passed the copay requirement for both chiropractic and physical therapy services would have become effective January 1, 2020 for the 2020 health insurance plans.

VMS Position: Opposed as Introduced
Status: Did Not Pass

2018 Special Session Action: S.1 was introduced early on in the special session with generally the same language regarding co-pay requirements for chiropractic services and physical therapy as S.224, except this bill bumps up the timeline to include reduced co-pays for these services in the 2019 plan year. Originally, insurers said they could not create a third tier co-pay for the 2019 plan year because those rates have already been established. The House concurred with the Senate change, which would require co-pays for chiropractic services and physical therapy in the 2019 plan year to be equal to those of primary care services. In 2020, the co-pays would go up to 140-160 percent higher than primary care co-pays. It is unclear whether this special session bill will be signed into law. The legislature passed this bill June 8th, 2018, but no further action has taken place. VMS will keep you updated.

VMS Position: Monitor
Status: Passed

Universal Primary Care Bill Fails to Make it to the Finish

S.53, a bill seeking to establish a Universal Primary Care (UPC) system for all Vermonters to

margin of 6-5, before advancing it to the House Appropriations Committee. Proponents of the legislation had been advocating for the Healthcare Committee to revert back to the bill as passed by the Senate Health and Welfare Committee,in contrast to the version that passed the full Senate, which stripped the public financing out of the bill and significantly streamlined the scope of the proposal. The House Health Care Committee ended up voting for the Senate and Health and Welfare version, but significant questions remained regarding how the State will build it, who will pay for it and if it will add to the administrative burden most primary care practices currently experience. Ultimately, the House Appropriations Committee did not move the bill, as they were grappling with the potential cost of the studies and preliminary start-up funding, which ranged from $337,500 to $835,500. UPC supporters have said they will bring this proposal back in 2019.

VMS Position: Monitor

Status: Did Not Pass

(Back to the top)

GMCB bill to appoint Health Care Professional to Board Voted Down in the House

S.212**,** the bill requiring a currently or recently-practicing health care professional to get a seat on the Green Mountain Care Board (GMCB) at the next vacancy was added to H.912 in the Senate Health and Welfare Committee, passed by the Senate, but was then stripped from the bill before final passage in the House.

Even after testimony from VMS and consistent advocacy and support from thirteen key Vermont health care organizations, the House Health Care Committee was concerned about how the implementation of this requirement would impact the application and appointment process and said there were too many unanswered questions to address in the time left in the session. The Senate also created more questions by voting to limit the individuals who could apply for a GMCB seat to only those practitioners who are not regulated by the Board. The chair of the House Healthcare Committee has indicated a willingness to work with VMS before the 2019 session in order to try to find consensus on these remaining questions.

VMS Position: Support

Status: Did Not Pass

GMCB Bill to Update CON and the State Health Resources Plan Processes Passes

H.542/Act 167 passed the legislature and was signed by the Governor on May 22. This new law gives the Green Mountain Care Board (GMCB) the regulatory authority to modify the scope and functions of the Health Resource Allocation Plan and annual health care expenditure analysis and to revise the certificate of need (CON) process for hospitals and other health care facilities, for example, raising the threshold that subject hospital equipment costs or neo-technology to the CON process. The law also authorizes the GMCB to perform annual Medicaid advisory rate cases for health care services to be delivered through the ACO.

VMS Position: Support

Status: Enacted

Legislature Passes Three Bills to Protect Against Federal Changes to the Insurance Market

The House Health Care Committee passed Act 88 in response to the federal loss of cost-sharing reduction payments (CSRs), that lowered the cost of marketplace health plans for those who qualified. This bill passed early on in the session and was signed into law on February 20. This bill was called the "silver solution" and allows insurance carriers to offer silver-level health benefit plans off of the Vermont Health Connect allowing those plans to keep a lower premium for those who will no longer receive assistance paying for their plan. Costs for silver-level plans on Vermont Health Connect would rise, but be covered by other federal subsidies. This bill became effective immediately.

VMS Position: Monitor

Status: Enacted

H.892/Act 131 passed the legislature and was signed by the Governor on May 16. This new law regulates short-term, limited-duration health insurance coverage, including limiting the duration of the coverage to less than three months, prohibiting renewal, and requiring prominent disclosures regarding the scope of the coverage. It also provides the Department of Financial Regulation with rule-making authority to regulate association health plans to the extent permitted under federal law. This bill became effective immediately.

VMS Position: Support

Status: Enacted

H.696/Act 182 establishes a mandate that all Vermonters must maintain minimum essential health insurance coverage effective beginning January 1, 2020. The bill also creates an Individual

report by November 1, 2018. This bill was signed by the Governor on May 28, 2018.

VMS Position: Monitor

Status: Enacted

Comprehensive Breast Screening Legislation Passes

H.639/Act 141 requires insurers to cover breast cancer screenings with zero cost-sharing and was signed into law May 21, 2018. Vermont's existing statute already required full coverage, with no cost-sharing, for mammography services. This law expands the statute to include coverage for ultrasound services for patients with incomplete screenings and/or dense breast tissue. The mammography and ultrasound coverage will not be subject to co-pays, deductibles, coinsurance or any other cost-sharing requirements.

This bill also requires the Department of Financial Regulation to issue a bulletin by October 1, 2018 to provide health insurers coding clarification for breast cancer screenings, including coding requirements for call-back mammograms and ultrasounds in order for insurers, coders and billing departments to achieve zero out-of-pocket costs for the patient. This law becomes effective January 1, 2019.

VMS Position: Support

Status: Enacted

VITL Bill Signed and Became Effective Immediately

H.901/Act 187**,** known as the "VITL bill," requires the Department of Vermont Health Access (DVHA) and the Vermont Information Technology Leaders (VITL) to present five successive updates to the legislature and to the Green Mountain Care Board regarding the development of a work plan to implement the recommendations of the Act 73 Health Information Technology Report from 2017.

The law, which was signed by the Governor May 28, includes legislative intent requiring VITL to successfully implement the recommendations of the report within the timeline adopted in the work plan or VITL will lose the contract to run the statewide health information exchange network. This law became effective upon passage.

Status: Enacted

Mental Health

(Back to the top)

Mental Health: Psychiatric Beds and Non-Hospitalization Orders Enacted

S.203/Act 200, a bill seeking to provide expanded access to mental health services and inpatient psychiatric bed capacity across the state, was signed by the Governor May 30th. This far-reaching mental health omnibus bill starts with a legislative intent directing the Agency of Human Services (AHS) to:

- Replace the temporary Middlesex Secure Residential Recovery Facility with a permanent facility with a 16-bed capacity;
- Assist the University of Vermont Health Network in identifying the appropriate number and type of additional inpatient psychiatric beds needed in the State; and
- Work to ensure any increase in the number of inpatient psychiatric beds maximizes the State's ability to leverage Medicaid dollars.

This new law also:

- Creates an "Order of Non-Hospitalization Study Committee" in order to analyze Vermont's orders of non-hospitalization for the purpose of improving patient care and to develop a plan to build upon any existing strengths within the system. The Committee's recommendations are due by November 1, 2018.
- Waives CON requirements to expand inpatient psychiatric bed capacity at the Brattleboro Retreat and the Central Vermont Medical Campus.
- Requires AHS to provide a report to the legislature by January 15, 2019 regarding patient transport from facilities.
- Requires the Commissioner of Mental Health to collect data regarding individuals seeking psychiatric care voluntarily, lengths of stay and emergency involuntary procedures at emergency departments.
- Requires the AHS to evaluate the rates of the community-based services provided by designated and specialized service agencies, in order to provide timely increases.
- Requires the Department of Mental Health to provide mental health parity and equal access to mental health services.

VMS Position: Monitor

Status: Enacted

Pharmacy and Prescription Drugs

Biosimilar Dispensing and Prescription Drug Price Transparency

S.92/Act 193, a bill known as the "biosimilar bill," was signed into law by the Governor May 30th and requires a pharmacist who receives a prescription for a biological pharmaceutical to select the lowest priced interchangeable biological product and to notify the prescriber of the substituted specific biological product within 5 days. The pharmacist will have satisfied the notification requirement if they notify the prescriber through: electronic medical record systems, electronic prescribing systems, pharmacy benefit management systems or pharmacy records, unless the prescriber indicates on the prescription they need communication through other means. Health insurers are required to cover the interchangeable biological product with the same cost-sharing requirements as generics are covered under the patient's health care plan.

This law also requires all health insurers that cover 1,000 lives in Vermont to provide data to the Green Mountain Care Board regarding the highest priced prescription drugs. The Board is required to prepare a report demonstrating the impact the high cost of prescription drugs have on health plan premiums.

This bill also creates a working group on prescription drug cost savings and price transparency in order to find potential savings within the pharmaceutical system. The sections regarding biosimilars and disclosures by pharmacists will become effective July 1, 2018.

VMS Position: Monitor

Status: Enacted

Drug Repository Report Authorized

S.164/Act 114 requires the Agency of Human Services, after consulting with the Board of Pharmacy and the Board of Medical Practice, to analyze and provide recommendations on creating an unused prescription drug repository program. This law requires the Boards to report

effective upon the Governor's signature, May 1, 2018.

VMS Position: Neutral

Status: Enacted

Prescription Drug Importation Bill Passed and Signed by Governor Scott

S.175/Act 133 directs the Agency of Human Services to design a plan to import less expensive prescription drugs into Vermont from Canada by January 2019. AHS will request approval for a federal waiver in order to implement the plan by July 1, 2019. This bill passed the legislature and was signed by Governor Scott on May 16, 2018.

VMS Position: Monitor

Status: Enacted

Practice of Medicine

(Back to the top)

Bill to Regulate Ambulatory Surgical Centers (ASC) Fails

S. 278 would have required ambulatory surgical centers in Vermont to be licensed and subject to various quality, budgeting and reporting requirements. One ASC is operational in Vermont (Vermont Eye Surgery and Laser Center), while one more received a Certificate of Need from the Green Mountain Care Board and plans to become operational in 2019. Ambulatory surgical center physicians, staff and advocates testified that while some of the requirements overlapped with requirements already imposed by the Certificate of Need Process or were already undertaken by ASCs, others were overly burdensome. After several days of hearings, the Senate Health and Welfare Committee voted unanimously not to move forward with the bill.

The legislature did include a study in H.912 that requires the Secretary of Human Services to convene a working group to provide recommendations on the appropriate regulation of freestanding health clinics, including ambulatory surgical centers and urgent care centers.

Status: Did Not Pass

VMS Bill Requiring Timely Enrollment in Medicaid, Examination of Recoupment Practices Signed into Law

S. 282/Act 116, an Act Relating to Health Care Providers Participating in Vermont's Medicaid Program was signed into law by the Governor on May 1, 2018. Senator Clare Ayer introduced the bill this session at the request of VMS. The bill addresses two issues brought to the attention of VMS by members:

- Section 1 of S. 282 addresses the length of time it has taken Vermont Medicaid (the Department of Vermont Health Access or DVHA) to enroll new clinicians in the Medicaid program. The bill requires that by July 1, 2019 screening and enrollment be completed within 60 days of receiving a complete application. VMS testified that the process has been taking up to 120 days. DVHA has been working with VMS and other partners to address the delays in enrollment and reported that they already meet the 60-day requirement. While DVHA testified that the legislation was unnecessary given their progress to address the issue, VMS stated that the 60-day timeframe should be in statute, as it is for private insurance companies.

- Section 2 of S. 282 addresses concerns related to DVHA's audit and recoupment processes raised by several small practices. Section 2 seeks to bring DVHA to the table in a meaningful way to gather practice input regarding the Medicaid program and its administration, to evaluate the state and federal fraud and abuse programs and assess the feasibility of exceptions to recoupment when the practice has attempted in good faith to comply with statutory requirements or information provided by the Department or its contractors. It requires the Department to present a report by December 1, 2018 with recommendations.

VMS Position: Support

Status: Enacted

Professional Regulation/Scope of Practice

Psychologist Prescribing

pharmacology and have passed an examination developed by the Board of Psychology.

VMS worked in coordination with the Vermont Psychiatric Association to educate legislators regarding concerns with the proposal and expect this legislation to come up again during the 2019 session.

VMS Position: Oppose
Status: Did Not Pass

Bill to Increase Reporting of Professional Disciplinary Actions Fails to Proceed

S. 243, which would have significantly expanded the situations in which a hospital, clinic or other health care institution would have to report to the Board of Medical Practice a disciplinary action taken against an MD, PA or other Board licensee by the institution, did not proceed after receiving one hearing in the Senate Health and Welfare Committee. Current law requires institutions to report disciplinary action that "significantly limits the licensee's privilege to practice," suspension, expulsion, non-renewal of medical staff membership or restriction of privileges related to unprofessional conduct. The bill would have expanded the list to include situations of "censure," "written reprimand or admonition," "required education, counseling or monitoring" as well as mandatory participation in an employee wellness program. Both VMS and the Vermont Association of Hospitals and Health Systems opposed the bill on the grounds that it was overly broad and would threaten to undermine work between hospital administration and medical staffs to improve quality, safety and communication. VMS expects to continue to work on this issue with the Board of Medical Practice over the summer and fall.

VMS Position: Oppose
Status: Did Not Pass

Governor Signs Interstate Medical Licensure Compact Bill

S. 253/Act 115, authorizes Vermont to enter the Interstate Medical Licensure Compact. The Interstate Medical Licensure Compact offers a new, voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple states. Under this agreement, licensed physicians can qualify to practice medicine in multiple states within the Compact if they meet the agreed upon eligibility requirements. VMS testified in favor of the bill, stating that streamlining the licensing process could help with recruitment efforts, especially to help fill short-term, telemedicine

Governor signed this bill into law on May 4, 2018 and the law becomes effective January 1, 2020.

VMS Position: Support

Status: Enacted

(Back to the top)

House Committee Rejected Regulation of Medical Assistants

Early in the session, the House Government Operations Committee rejected H.496, which would have directed the Office of Professional Regulation (OPR) to study the licensure of medical assistants. The Vermont Medical Society testified that given there is a lack of evidence that medical assistants pose a risk to patient safety, and that the risks of additional regulation including increased cost and decreased flexibility to medical practices would outweigh potential benefits. In the end, the Committee voted not to proceed with studying the necessity of licensure this session.

VMS Position: Opposed

Status: Did Not Pass

Office Of Professional Regulation Bill with APRN Licensure Changes Signed

H.684/Act 144, the 2018 Office of Professional Regulation (OPR) bill, which includes a change to Vermont's Advanced Practice Registered Nurse (APRN) licensing requirements, was signed into law. The bill was introduced with language that would have removed practice guideline requirements and current transition to practice collaborative provider agreement requirements for new APRNs. VMS advocated strongly to retain the collaborative provider agreements, to ensure structural support and mentoring is provided to new graduate APRNs.

After hearing testimony from APRNs requesting reduced administrative burdens and learning OPR had support for some changes from the House Government Operations Committees, VMS endeavored to find a compromise approach. VMS agreed with OPR to remove the practice guideline requirements and negotiated language that would allow for more flexibility in meeting the requirement for collaborating with new graduates. OPR and VMS were aligned on the amended version, but the Vermont Nurse Practitioner Association and the Vermont Association of Nurse Anesthetists did not accept the compromise and so ultimately all parties agreed to keep the current collaborative practice agreement requirements and to remove the practice guidelines.

professionals.

VMS: Opposed as introduced, Supports outcome

Status: Enacted

Public Health

S.107 Safe Injection Site Legislation Postponed

The Vermont Legislature decided to postpone action on S.107 this session, but VMS expects the proposal to come back up in 2019. This legislation would have created a pilot program to authorize supervised, drug injection facilities across the state. The Senate Judiciary Committee preferred to wait until Vermont's Opioid Coordinating Council can analyze whether safe injection sites would increase or decrease opioid use in Vermont. The Committee heard testimony on the bill and Chittenden County State's Attorney, Sarah George delivered a Commission Report: A Public Health & Safety Analysis in Support of Supervised Injection Facilities.

VMS Position: Monitor

Status: Did Not Pass

(Back to the top)

Adverse Childhood Experiences Bill Signed by Governor Scott

The Senate Health & Welfare Committee spent both the 2017 and 2018 sessions working on a bill aimed at creating a consistent support system for all families in Vermont that have experienced childhood trauma and toxic stress. The outcome is a system designed to enhance opportunities to build child and family resilience throughout the entire State. **S.261/Act 204**, which was signed into law May 30, 2018, provides the following in order to accomplish that goal:

- Links pediatric primary care with support services in each county of the State. The Commissioner of Children and Families in collaboration with the State's parent-child network shall select at least one new county annually to implement a program based on regional need and available pediatric and parent-child center partners.

- Reduce or eliminate ongoing sources of childhood trauma and toxic stress;
- Strengthen existing programs and establish new programs that build resilience;
- Provide advice and support to the Secretary of AHS and facilitate communication and coordination among Agency departments;
- Train all Agency employees on childhood trauma, toxic stress, resilience building and the Agency's Trauma-Informed System of Care policy and post training opportunities on the website;
- Collaborate with community partners to build consistency between trauma-informed systems that address medical and social service needs.
- Establishes that providers are responsible for assessing trauma and toxic stress to ensure that the needs of the whole person are addressed and opportunities to build resilience and community supports are maximized for each patient.

This new law goes into effect July 1, 2018.

VMS Position: Support

Status: Enacted

Legalization of Non-Medical Marijuana Passed in January

One of the first actions of the legislature was to pass **H.511/Act 86** in the first full week of the session, which allows for the personal possession of an ounce of marijuana and the cultivation of two mature marijuana plants per person. The Governor signed the bill on January 22nd and it will take effect July 1, 2018.

VMS expects bills to move the state to a tax-and-regulate system of authorized marijuana sales to be introduced in 2019

VMS Position: Opposed

Status: Enacted

Two Bills Seek to Expand Access to Medication-Assisted-Treatment

S.166/Act 176, a bill that aims to expand access to medication-assisted-treatment for Vermont inmates with opioid use disorders was signed by Governor Scott on May 25, 2018. Earlier in the session, the American Medical Association partnered with the Vermont Medical Society to file a

legislation to provide continuation of care for inmates by ensuring a person currently receiving MAT remains on MAT or that a person who screens positive for an opioid use disorder can begin treatment.

This bill was significantly amended and now includes provisions that require:

- Within 24 hrs of entry into a State Corrections facility, inmates will be screened for substance use disorders.
- Inmates currently on MAT may continue to receive this treatment.
- If a facility practitioner decides not to discontinue the MAT, they must provide the inmate with a reason in writing and their community prescriber must be made aware of the change in treatment.
- This bill would specifically provide access to buprenorphine-medication-assisted-therapy for inmates who screen positive for opioid use.

This law goes into effect July 1, 2018.

VMS Position: Support
Status: Enacted

Inmate Access to Prescriptions Bill

A very similar bill, **H.874/Act 153**, was signed into law by the Governor on May 21st and becomes effective July 1, 2018. This new law also requires:

- Within 24 hrs of entry into a State Corrections facility, inmates to be screened for substance use disorders.
- Inmates currently on MAT may continue to receive this treatment.
- If a facility practitioner decides not to discontinue the MAT, they must provide the inmate with a reason in writing and their community prescriber must be made aware of the change in treatment.

VMS Position: Support
Status: Enacted

Bill to Expand Medical Marijuana Conditions Fails in the House

S.216 ultimately failed to come up for a vote in the House. VMS was opposed to the changes this bill aimed to make, including expanding the definition of “debilitating medical conditions” for which

determined in writing by a qualifying patient's health care professional.

Before it passed the Senate, VMS had submitted a memo to the Senate Judiciary and Health and Welfare Committees expressing our concerns that this language would qualify any physical or mental health condition, regardless of current evidence or age of patient, as appropriately treated with medical marijuana. At the urging of the Senate President Pro Tem Tim Ashe, the bill also included language that would provide: "The use of marijuana by a registered patient shall not be the sole factor disqualifying the patient from any needed medical procedure or treatment, including organ and tissue transplants." VMS testified that physicians have critical considerations to make in determining the appropriateness of a treatment and the legislature should not legally prohibit physicians from weighing any one factor that may impact the the patient's health or ability to respond to treatment.

Later in the session, Senate proponents amended **S.222** to include many provisions of S.216, but after significant advocacy the Senate removed the proposals regarding both medical marijuana conditions and organ transplants.

VMS Position: Opposed

Status: Vetoed

Legislature Passes Major Gun Safety Legislation

Wednesday, April 11th, amidst a rowdy bunch of supporters and protestors, Governor Phil Scott kept a steady gaze and a clear voice as he told the crowd why he would be signing the three gun safety bills that had passed the Vermont Legislature and were sent to his desk. For the Governor's full speech click here.

Read the letter Rebecca Bell, MD, MPH, FAAP sent to the Vermont Senate on behalf of the American Academy of Pediatrics Vermont Chapter and the Vermont Medical Society, with Senate President Pro Tem Tim Ashe reading from the letter on the Senate floor.

S.55/Act 94 requires background checks for all firearm sales, prohibits sales to anyone under age 21 and bans the use of bumpstocks. The first two provisions became effective immediately, whereas, the bumpstock prohibition becomes effective October 1, 2018.

S.221/Act 97 allows the State's Attorney or the Office of the Attorney General to file a petition to request that the court issue an **extreme risk protection order** prohibiting a person from

S.422/Act 92 allows law enforcement to remove firearms when they arrest, cite or obtain a warrant for someone for domestic violence. This law takes effect September 1, 2018.

VMS Position: Support

Status: Enacted