

1 Introduced by Committee on Health and Welfare

2 Date:

3 Subject: Health; health insurance; telehealth; telephone; store and forward

4 Statement of purpose of bill as introduced: This bill proposes to extend the  
5 applicability of several health care-related provisions from 2020 Acts and  
6 Resolves No. 91 beyond the end of the COVID-19 state of emergency. It  
7 would move up the effective date for health insurance reimbursement for  
8 health care services delivered by store-and-forward means and direct the  
9 Department of Financial Regulation to convene a working group to develop  
10 recommendations regarding health insurance and Medicaid coverage of health  
11 care services delivered by telephone after the COVID-19 state of emergency  
12 ends. The bill would also direct the Vermont Program for Quality in Health  
13 Care, Inc., to identify broadband access needs and funding opportunities  
14 related to telehealth and to support health care providers in pursuing these  
15 opportunities to increase Vermonters' access to health care services delivered  
16 through telehealth.

17 An act relating to access to health care services during and after the  
18 COVID-19 state of emergency

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

20 \* \* \* Extending Certain Act 91 Provisions Beyond State of Emergency \* \* \*

1 Sec. 1. 2020 Acts and Resolves No. 91 is amended to read:

2 \* \* \* Supporting Health Care and Human Service Provider Sustainability\* \* \*

3 Sec. 1. AGENCY OF HUMAN SERVICES; HEALTH CARE AND  
4 HUMAN SERVICE PROVIDER SUSTAINABILITY

5 ~~During a declared state of emergency in Vermont as a result of COVID-19~~  
6 ~~Through March 31, 2021,~~ the Agency of Human Services shall consider  
7 ~~waiving or~~ modifying existing rules; or adopting emergency rules; to protect  
8 access to health care services, long-term services and supports, and other  
9 human services under the Agency’s jurisdiction. In ~~waiving,~~ modifying, or  
10 adopting rules, the Agency shall consider the importance of the financial  
11 viability of providers that rely on funding from the State, federal government,  
12 or Medicaid, or a combination of these, for a major portion of their revenue.

13 Sec. 2. AGENCY OF HUMAN SERVICES; TEMPORARY PROVIDER  
14 TAX MODIFICATION AUTHORITY (no extension – remove?)

15 (a) During a declared state of emergency in Vermont as a result of COVID-  
16 19 and for a period of six months following the termination of the state of  
17 emergency, the Secretary of Human Services may modify payment of all or a  
18 prorated portion of the assessment imposed on hospitals by 33 V.S.A. § 1953,  
19 and may waive or modify payment of all or a prorated portion of the  
20 assessment imposed by 33 V.S.A. chapter 19, subchapter 2 for one or more  
21 other classes of health care providers, if the following two conditions are met:

1           (1) the action is necessary to preserve the ability of the providers to  
2 continue offering necessary health care services; and

3           (2) the Secretary has obtained the approval of the Joint Fiscal  
4 Committee and the Emergency Board as set forth in subsections (b) and (c) of  
5 this section.

6           (b)(1) If the Secretary proposes to waive or modify payment of an  
7 assessment in accordance with the authority set forth in subsection (a) of this  
8 section, the Secretary shall first provide to the Joint Fiscal Committee:

9                   (A) the Secretary’s rationale for exercising the authority, including  
10 the balance between the fiscal impact of the proposed action on the State  
11 budget and the needs of the specific class or classes of providers; and

12                   (B) a plan for mitigating the fiscal impact to the State.

13           (2) Upon the Joint Fiscal Committee’s approval of the plan for  
14 mitigating the fiscal impact to the State, the Secretary may waive or modify  
15 payment of the assessment as proposed unless the mitigation plan includes one  
16 or more actions requiring the approval of the Emergency Board.

17           (c)(1) If the mitigation plan includes one or more actions requiring the  
18 approval of the Emergency Board, the Secretary shall obtain the Emergency  
19 Board’s approval for the action or actions prior to waiving or modifying  
20 payment of the assessment.



1 Services may waive or permit variances from the following State rules and  
2 standards governing providers of health care services and human services as  
3 necessary to prioritize and maximize direct patient care, support children and  
4 families who receive benefits and services through the Department for  
5 Children and Families, and allow for continuation of operations with a reduced  
6 workforce and with flexible staffing arrangements that are responsive to  
7 evolving needs, to the extent such waivers or variances are permitted under  
8 federal law:

9 (1) Hospital Licensing Rule;

10 (2) Hospital Reporting Rule;

11 (3) Nursing Home Licensing and Operating Rule;

12 (4) Home Health Agency Designation and Operation Regulations;

13 (5) Residential Care Home Licensing Regulations;

14 (6) Assisted Living Residence Licensing Regulations;

15 (7) Home for the Terminally Ill Licensing Regulations;

16 (8) Standards for Adult Day Services;

17 (9) Therapeutic Community Residences Licensing Regulations;

18 (10) Choices for Care High/Highest Manual;

19 (11) Designated and Specialized Service Agency designation and

20 provider rules;

21 (12) Child Care Licensing Regulations;

- 1           (13) Public Assistance Program Regulations;
- 2           (14) Foster Care and Residential Program Regulations; and
- 3           (15) other rules and standards for which the Agency of Human Services
- 4 is the adopting authority under 3 V.S.A. chapter 25.

5           Sec. 5. GREEN MOUNTAIN CARE BOARD RULES; WAIVER OR

6                           VARIANCE PERMITTED (no extension – remove?)

7           Notwithstanding any provision of 18 V.S.A. chapter 220 or 221, 8 V.S.A.

8 § 4062, 33 V.S.A. chapter 18, subchapter 1, or the Green Mountain Care

9 Board’s administrative rules, guidance, or standards to the contrary, during a

10 declared state of emergency in Vermont as a result of COVID-19 and for a

11 period of six months following the termination of the state of emergency, the

12 Green Mountain Care Board may waive or permit variances from State laws,

13 guidance, and standards with respect to the following regulatory activities, to

14 the extent permitted under federal law, as necessary to prioritize and maximize

15 direct patient care, safeguard the stability of health care providers, and allow

16 for orderly regulatory processes that are responsive to evolving needs related to

17 the COVID-19 pandemic:

- 18           (1) hospital budget review;
- 19           (2) certificates of need;
- 20           (3) health insurance rate review; and
- 21           (4) accountable care organization certification and budget review.

1           Sec. 6. MEDICAID AND HEALTH INSURERS; PROVIDER  
2                           ENROLLMENT AND CREDENTIALING (DVHA wants  
3           extension; DFR does not)

4           During a declared state of emergency in Vermont as a result of COVID-19,  
5           to the extent permitted under federal law, the Department of Vermont Health  
6           Access shall relax provider enrollment requirements for the Medicaid program,  
7           and the Department of Financial Regulation shall direct health insurers to relax  
8           provider credentialing requirements for health insurance plans, in order to  
9           allow for individual health care providers to deliver and be reimbursed for  
10          services provided across health care settings as needed to respond to  
11          Vermonters’ evolving health care needs.

12          Sec. 7. INVOLUNTARY TREATMENT; DOCUMENTATION AND  
13                           REPORTING REQUIREMENTS; WAIVER PERMITTED (no  
14          extension – remove?)

15          (a) Notwithstanding any provision of statute or rule to the contrary, during  
16          a declared state of emergency in Vermont as a result of COVID-19, the court  
17          or the Department of Mental Health may waive any financial penalties  
18          associated with a treating health care provider’s failure to comply with one or  
19          more of the documentation and reporting requirements related to involuntary  
20          treatment pursuant to 18 V.S.A. chapter 181, to the extent permitted under  
21          federal law.

1 (b) Nothing in this section shall be construed to suspend or waive any of  
2 the requirements in 18 V.S.A. chapter 181 relating to judicial proceedings for  
3 involuntary treatment and medication.

4 \* \* \* Access to Health Care Services and Human Services \* \* \*

5 Sec. 8. ACCESS TO HEALTH CARE SERVICES; DEPARTMENT OF  
6 FINANCIAL REGULATION; EMERGENCY RULEMAKING

7 It is the intent of the General Assembly to increase Vermonters' access to  
8 medically necessary health care services during and after a declared state of  
9 emergency in Vermont as a result of COVID-19. During such a declared state  
10 of emergency, the Until July 1, 2021, and notwithstanding any provision of 3  
11 V.S.A. § 844 to the contrary, the Department of Financial Regulation shall  
12 consider adopting, and shall have the authority to adopt, emergency rules to  
13 address the following for the duration of the state of emergency through June  
14 30, 2021:

15 (1) expanding health insurance coverage for, and waiving or limiting  
16 cost-sharing requirements directly related to, COVID-19 diagnosis, treatment,  
17 and prevention;

18 (2) modifying or suspending health insurance plan deductible  
19 requirements for all prescription drugs, except to the extent that such an action  
20 would disqualify a high-deductible health plan from eligibility for a health  
21 savings account pursuant to 26 U.S.C. § 223; and

1 (3) expanding patients’ access to and providers’ reimbursement for  
2 health care services, including preventive services, consultation services, and  
3 services to new patients, delivered remotely through telehealth, audio-only  
4 telephone, and brief telecommunication services.

5 Sec. 9. PRESCRIPTION DRUGS; MAINTENANCE MEDICATIONS;  
6 EARLY REFILLS

7 (a) As used in this section, “health insurance plan” means any health  
8 insurance policy or health benefit plan offered by a health insurer, as defined in  
9 18 V.S.A. § 9402. The term does not include policies or plans providing  
10 coverage for a specified disease or other limited benefit coverage.

11 (b) ~~During a declared state of emergency in Vermont as a result of COVID-~~  
12 ~~19~~ Through June 30, 2021, all health insurance plans and Vermont Medicaid  
13 shall allow their members to refill prescriptions for chronic maintenance  
14 medications early to enable the members to maintain a 30-day supply of each  
15 prescribed maintenance medication at home.

16 (c) As used in this section, “maintenance medication” means a prescription  
17 drug taken on a regular basis over an extended period of time to treat a chronic  
18 or long-term condition. The term does not include a regulated drug, as defined  
19 in 18 V.S.A. § 4201.

20 Sec. 10. PHARMACISTS; CLINICAL PHARMACY; EXTENSION OF  
21 PRESCRIPTION FOR MAINTENANCE MEDICATION

1 (a) ~~During a declared state of emergency in Vermont as a result of COVID-~~  
2 ~~19 Through June 30, 2021~~, a pharmacist may extend a previous prescription  
3 for a maintenance medication for which the patient has no refills remaining or  
4 for which the authorization for refills has recently expired if it is not feasible to  
5 obtain a new prescription or refill authorization from the prescriber.

6 (b) A pharmacist who extends a prescription for a maintenance medication  
7 pursuant to this section shall take all reasonable measures to notify the  
8 prescriber of the prescription extension in a timely manner.

9 (c) As used in this section, “maintenance medication” means a prescription  
10 drug taken on a regular basis over an extended period of time to treat a chronic  
11 or long-term condition. The term does not include a regulated drug, as defined  
12 in 18 V.S.A. § 4201.

13 Sec. 11. PHARMACISTS; CLINICAL PHARMACY; THERAPEUTIC  
14 SUBSTITUTION DUE TO LACK OF AVAILABILITY

15 (a) ~~During a declared state of emergency in Vermont as a result of COVID-~~  
16 ~~19 Through March 31, 2021~~, a pharmacist may, with the informed consent of  
17 the patient, substitute an available drug or insulin product for an unavailable  
18 prescribed drug or insulin product in the same therapeutic class if the available  
19 drug or insulin product would, in the clinical judgment of the pharmacist, have  
20 substantially equivalent therapeutic effect even though it is not a therapeutic  
21 equivalent.

1 (b) As soon as reasonably possible after substituting a drug or insulin  
2 product pursuant to subsection (a) of this section, the pharmacist shall notify  
3 the prescribing clinician of the drug or insulin product, dose, and quantity  
4 actually dispensed to the patient.

5 Sec. 12. BUPRENORPHINE; PRESCRIPTION RENEWALS

6 ~~During a declared state of emergency in Vermont as a result of COVID-19~~  
7 ~~Through March 31, 2021,~~ to the extent permitted under federal law, a health  
8 care professional authorized to prescribe buprenorphine for treatment of  
9 substance use disorder may authorize renewal of a patient’s existing  
10 buprenorphine prescription without requiring an office visit.

11 Sec. 13. 24-HOUR FACILITIES AND PROGRAMS; BED-HOLD DAYS

12 ~~During a declared state of emergency in Vermont as a result of COVID-19~~  
13 ~~Through March 31, 2021,~~ to the extent permitted under federal law, the  
14 Agency of Human Services may reimburse Medicaid-funded long-term care  
15 facilities and other programs providing 24-hour per day services for their bed-  
16 hold days.

17 \* \* \* Regulation of Professions \* \* \*

18 Sec. 14. 3 V.S.A. § 129 is amended to read: (OPR wants authority beyond  
19 current state of emergency – either do in session law or amend outside Act 91)

20 § 129. POWERS OF BOARDS; DISCIPLINE PROCESS

1 (a) In addition to any other provisions of law, a board may exercise the  
2 following powers:

3 \* \* \*

4 (10)(A) Issue temporary licenses during a declared state of emergency.

5 The person to be issued a temporary license must be:

6 (i) currently licensed, in good standing, and not subject to  
7 disciplinary proceedings in any other jurisdiction; or

8 (ii) a graduate of an approved education program during a period  
9 when licensing examinations are not reasonably available.

10 (B) The temporary license shall authorize the holder to practice in  
11 Vermont until the termination of the declared state of emergency or 90 days,  
12 whichever occurs first, ~~as long as~~ provided the licensee remains in good  
13 standing, and may be reissued by the board if the declared state of emergency  
14 continues longer than 90 days.

15 (C) Fees shall be waived when a license is required to provide  
16 services under this subdivision.

17 \* \* \*

18 \* \* \*

1           Sec. 17. OFFICE OF PROFESSIONAL REGULATION; BOARD OF  
2                           MEDICAL PRACTICE; OUT-OF-STATE HEALTH CARE  
3                           PROFESSIONALS

4           (a) Notwithstanding any provision of Vermont’s professional licensure  
5 statutes or rules to the contrary, **during a declared state of emergency in**  
6 **Vermont as a result of COVID-19 through March 31, 2021**, a health care  
7 professional, including a mental health professional, who holds a valid license,  
8 certificate, or registration to provide health care services in any other U.S.  
9 jurisdiction shall be deemed to be licensed, certified, or registered to provide  
10 health care services, including mental health services, to a patient located in  
11 Vermont using telehealth or as part of the staff of a licensed facility, provided  
12 the health care professional:

13           (1) is licensed, certified, or registered in good standing in the other U.S.  
14 jurisdiction or jurisdictions in which the health care professional holds a  
15 license, certificate, or registration;

16           (2) is not subject to any professional disciplinary proceedings in any  
17 other U.S. jurisdiction; and

18           (3) is not affirmatively barred from practice in Vermont for reasons of  
19 fraud or abuse, patient care, or public safety.

20           (b) A health care professional who plans to provide health care services in  
21 Vermont as part of the staff of a licensed facility shall submit or have

1 submitted on the individual’s behalf the individual’s name, contact  
2 information, and the location or locations at which the individual will be  
3 practicing to:

4 (1) the Board of Medical Practice for medical doctors, physician  
5 assistants, and podiatrists; or

6 (2) the Office of Professional Regulation for all other health care  
7 professions.

8 (c) A health care professional who delivers health care services in Vermont  
9 pursuant to subsection (a) of this section shall be subject to the imputed  
10 jurisdiction of the Board of Medical Practice or the Office of Professional  
11 Regulation, as applicable based on the health care professional’s profession, in  
12 accordance with Sec. 19 of this act.

13 (d) This section shall remain in effect ~~until the termination of the declared~~  
14 ~~state of emergency in Vermont as a result of COVID-19 and through March~~  
15 ~~31, 2021.~~ provided the health care professional remains licensed, certified, or  
16 registered in good standing.

17 Sec. 18. RETIRED HEALTH CARE PROFESSIONALS; BOARD OF  
18 MEDICAL PRACTICE; OFFICE OF PROFESSIONAL  
19 REGULATION (OPR wants to extend)

20 (a)(1) During a declared state of emergency in Vermont as a result of  
21 COVID-19, a former health care professional, including a mental health

1 professional, who retired not more than three years earlier with the individual's  
2 Vermont license, certificate, or registration in good standing may provide  
3 health care services, including mental health services, to a patient located in  
4 Vermont using telehealth or as part of the staff of a licensed facility after  
5 submitting, or having submitted on the individual's behalf, to the Board of  
6 Medical Practice or Office of Professional Regulation, as applicable, the  
7 individual's name, contact information, and the location or locations at which  
8 the individual will be practicing.

9 (2) A former health care professional who returns to the Vermont health  
10 care workforce pursuant to this subsection shall be subject to the regulatory  
11 jurisdiction of the Board of Medical Practice or the Office of Professional  
12 Regulation, as applicable.

13 (b) During a declared state of emergency in Vermont as a result of COVID-  
14 19, the Board of Medical Practice and the Office of Professional Regulation  
15 may permit former health care professionals, including mental health  
16 professionals, who retired more than three but less than 10 years earlier with  
17 their Vermont license, certificate, or registration in good standing to return to  
18 the health care workforce on a temporary basis to provide health care services,  
19 including mental health services, to patients in Vermont. The Board of  
20 Medical Practice and Office of Professional Regulation may issue temporary  
21 licenses to these individuals at no charge and may impose limitations on the

1 scope of practice of returning health care professionals as the Board or Office  
2 deems appropriate.

3 Sec. 19. OFFICE OF PROFESSIONAL REGULATION; BOARD OF  
4 MEDICAL PRACTICE; IMPUTED JURISDICTION

5 A practitioner of a profession or professional activity regulated by Title 26  
6 of the Vermont Statutes Annotated who provides regulated professional  
7 services to a patient in the State of Vermont without holding a Vermont  
8 license, as may be authorized **in during or after** a declared state of emergency,  
9 is deemed to consent to, and shall be subject to, the regulatory and disciplinary  
10 jurisdiction of the Vermont regulatory agency or body having jurisdiction over  
11 the regulated profession or professional activity.

12 Sec. 20. OFFICE OF PROFESSIONAL REGULATION; BOARD OF  
13 MEDICAL PRACTICE; EMERGENCY AUTHORITY TO ACT  
14 FOR REGULATORY BOARDS **(OPR wants to extend)**

15 (a)(1) During a declared state of emergency in Vermont as a result of  
16 COVID-19, if the Director of Professional Regulation finds that a regulatory  
17 body attached to the Office of Professional Regulation by 3 V.S.A. § 122  
18 cannot reasonably, safely, and expeditiously convene a quorum to transact  
19 business, the Director may exercise the full powers and authorities of that  
20 regulatory body, including disciplinary authority.

1           (2) During a declared state of emergency in Vermont as a result of  
2 COVID-19, if the Executive Director of the Board of Medical Practice finds  
3 that the Board cannot reasonably, safely, and expeditiously convene a quorum  
4 to transact business, the Executive Director may exercise the full powers and  
5 authorities of the Board, including disciplinary authority.

6           (b) The signature of the Director of the Office of Professional Regulation  
7 or of the Executive Director of the Board of Medical Practice shall have the  
8 same force and effect as a voted act of their respective boards.

9           (c)(1) A record of the actions of the Director of the Office of Professional  
10 Regulation taken pursuant to the authority granted by this section shall be  
11 published conspicuously on the website of the regulatory body on whose  
12 behalf the Director took the action.

13           (2) A record of the actions of the Executive Director of the Board of  
14 Medical Practice taken pursuant to the authority granted by this section shall  
15 be published conspicuously on the website of the Board of Medical Practice.

16           Sec. 21. OFFICE OF PROFESSIONAL REGULATION; BOARD OF  
17                           MEDICAL PRACTICE; EMERGENCY REGULATORY  
18                           ORDERS (OPR wants to extend)

19           During a declared state of emergency in Vermont as a result of COVID-19,  
20 the Director of Professional Regulation and the Commissioner of Health may  
21 issue such orders governing regulated professional activities and practices as

1 may be necessary to protect the public health, safety, and welfare. If the  
2 Director or Commissioner finds that a professional practice, act, offering,  
3 therapy, or procedure by persons licensed or required to be licensed by Title 26  
4 of the Vermont Statutes Annotated is exploitative, deceptive, or detrimental to  
5 the public health, safety, or welfare, or a combination of these, the Director or  
6 Commissioner may issue an order to cease and desist from the applicable  
7 activity, which, after reasonable efforts to publicize or serve the order on the  
8 affected persons, shall be binding upon all persons licensed or required to be  
9 licensed by Title 26 of the Vermont Statutes Annotated, and a violation of the  
10 order shall subject the person or persons to professional discipline, may be a  
11 basis for injunction by the Superior Court, and shall be deemed a violation of 3  
12 V.S.A. § 127.

13 \* \* \* Quarantine and Isolation for COVID-19 as Exception

14 to Seclusion \* \* \*

15 Sec. 22. ISOLATION OR QUARANTINE FOR COVID-19 NOT

16 SECLUSION (no response from DMH or DCF; VAHHS wants to  
17 extend)

18 (a) Notwithstanding any provision of statute or rule to the contrary, it shall  
19 not be considered the emergency involuntary procedure of seclusion for a  
20 voluntary patient, or for an involuntary patient in the care and custody of the  
21 Commissioner of Mental Health, to be placed in quarantine if the patient has



1 with 8 V.S.A. § 4100k(i), as amended by this act, if it is not practicable to use  
2 such a connection under the circumstances;

3 (2) representing to a patient that the health care services, including  
4 dental services, will be delivered using a connection that complies with the  
5 requirements of the Health Insurance Portability and Accountability Act of  
6 1996, Pub. L. No. 104-191 in accordance with 18 V.S.A. § 9361(c), if it is not  
7 practicable to use such a connection under the circumstances; and

8 (3) obtaining and documenting a patient’s oral or written informed  
9 consent for the use of telemedicine or store-and-forward technology prior to  
10 delivering services to the patient in accordance with 18 V.S.A. § 9361(c), if  
11 obtaining or documenting such consent, or both, is not practicable under the  
12 circumstances.

13 \* \* \*

14 \* \* \* Effective Dates \* \* \*

15 Sec. 38. EFFECTIVE DATES

16 This act shall take effect on passage, except that:

17 (1) In Sec. 24, 8 V.S.A. § 4100k(e) (coverage of health care services  
18 delivered by store-and-forward means) shall take effect on **January 1, 2021**  
19 **May 1, 2020** (for private insurance only or including Medicaid?).

20 \* \* \*

21 Sec. 2. COVERAGE FOR HEALTH CARE SERVICES DELIVERED BY

1 TELEPHONE; WORKING GROUP

2 (a) The Department of Financial Regulation shall convene a working group  
3 to develop recommendations for health insurance and Medicaid coverage of  
4 health care services delivered by telephone after the COVID-19 state of  
5 emergency ends. The working group shall include representatives of the  
6 Department of Vermont Health Access, health insurers, the Vermont Medical  
7 Society, Bi-State Primary Care Association, the VNAs of Vermont, the  
8 Vermont Association of Hospitals and Health Systems, the Office of the  
9 Health Care Advocate, and other interested stakeholders.

10 (b) On or before December 1, 2020, the Department of Financial  
11 Regulation shall provide to the House Committee on Health Care and the  
12 Senate Committees on Health and Welfare and on Finance the working group’s  
13 recommendations for ongoing coverage of health care services delivered by  
14 telephone.

15 Sec. 3. TELEHEALTH; CONNECTIVITY; FUNDING OPPORTUNITIES

16 (a) The Vermont Program for Quality in Health Care, Inc., shall consult  
17 with its Statewide Telehealth Workgroup, the Department of Public Service,  
18 and organizations representing health care providers and health care consumers  
19 to identify:

20 (1) areas of the State that do not have access to broadband service and  
21 that are also medically underserved or have high concentrations of high-risk or

1 vulnerable patients, or both, and where equitable access to telehealth services  
2 would result in improved patient outcomes or reduced health care costs, or  
3 both; and

4 (2) opportunities to use federal funds and funds from other sources to  
5 increase Vermonters’ access to clinically appropriate telehealth services,  
6 including opportunities to maximize access to federal grants through strategic  
7 planning, coordination, and resource and information sharing.

8 (b) Based on the information obtained pursuant to subsection (a) of this  
9 section, the Vermont Program for Quality in Health Care, Inc., and the  
10 Department of Public Service, with input from organizations representing  
11 health care providers and health care consumers, shall provide technical  
12 assistance to support health care providers eligible efforts to pursue available  
13 funding opportunities in order to increase Vermonters’ access to clinically  
14 appropriate telehealth services via information dissemination and technical  
15 assistance to the extent feasible under the current billback funding mechanism  
16 under 18 V.S.A. § 9416(c).

17 (c) In coordinating and administering the efforts described in this section,  
18 the Vermont Program for Quality in Health Care, Inc. shall use federal funds to  
19 the greatest extent possible.

20 Sec. 4. EFFECTIVE DATES

- 1        (a) Notwithstanding 1 V.S.A. § 214, in Sec. 1 (2020 Acts and Resolves No.  
2        91), the amendment to Sec. 38 (effective date for store and forward) shall take  
3        effect on passage and shall apply retroactively to March 30, 2020.
- 4        (b) The remaining sections shall take effect on passage.