

## 2026 New Hampshire and Vermont Legislative Update

### New Hampshire

#### Administration

There are several bills that would impact our operations as a health care organization.

- **[HB 1071](#)** – repealing immunity afforded health care facilities when following directives adopted in response to the COVID-19 state of emergency  
*Status – Passed the House; Senate voted Inexpedient to Legislate*  
**Dartmouth Health position – Opposed**
- **[HB 1293](#)** – taxing the excess value certain properties owned by charitable or non-profit organizations  
Seeks to tax properties, buildings and lands, of charitable organizations that exceed \$1,000,000.  
*Status – Referred to Interim Study*  
**Dartmouth Health position – Monitored**
- **[HB 1352](#)** – relative to payment and dispute resolution for medical bills under workers compensation  
Seeks to extend the amount of time insurance carriers, self-insurers, and payors act to pay uncontested claims, establish an optional mediation process for contested claims, modifies the reasonable effort standard for resolving claims with a good faith standard, and increases civil penalties for failure to engage in good faith efforts.  
*Status – House voted Inexpedient to Legislate*  
**Dartmouth Health position – Monitored**
- **[HB 1378](#)** –relative to parental access to a minor child’s medical records  
*Status – Passed the House, Senate voted Inexpedient to Legislate*  
**Dartmouth Health position – Opposed original bill; monitored after advanced an amendment**
- **[HB 1562](#)**- relative to licensing requirements for health care facilities that operate on a membership-based business model  
*Status – Passed the House, Returned to the House per Senate Rule 3-21*  
**Dartmouth Health position – Monitored**
- **[HB 1653](#)** – relative to emergency medical care provided at freestanding hospital emergency facilities  
*Status – Laid on the House table*  
**Dartmouth Health position – Monitored**
- **[HB 1756](#)** – allowing organizations to file for property tax exemptions once and receive those exemptions unless and until a town assessor finds the organization ineligible for an exemption  
*Status – Passed the House; Passed the Senate; signed into law*  
**Dartmouth Health position – Monitored**
- **[HB 1784](#)** – relative to the health care consumer protection trust fund  
*Status – House voted Interim Study*  
**Dartmouth Health position – Monitored**
- **[HB 1788](#)** – holding state contracts with DEI provisions to be void as a matter of law and establishing a right of action for citizen where public entities of agencies engage with contracts with DEI provisions  
*Status – Passed the House; Senate voted Interim Study*  
**Dartmouth Health position – Monitored**

- [SB 421](#)** – relative to the membership and duties of the trauma medical review committee and establishing a committee to review the member and duties of other boards and an appointment related to emergency medical services  
*Status – Passed the Senate; Passed in the House; signed into law*  
**Dartmouth Health position – Supported**
- [SB 444](#)** – prohibiting the use of animal testing when other comparable methods are available  
*Status – Passed the Senate; House voted Interim Study*  
**Dartmouth Health position – Monitored**
- [SB 476](#)** – relative to consumer health care cost transparency  
 Creates a new requirement for the NH Insurance Dept to give consumers access to health care price-transparency tool and billing information  
*Status – Laid on the Senate table*  
**Dartmouth Health position – Monitored**
- [SB 548](#)** – relative to health carrier provider contract standards  
 Allows the NH Insurance Dept Commissioner to hold an informational public hearing when a health carrier ends a provider contract affecting 1,000 or more patients, and includes requirements for continuity-of-care and patient notification. It also creates a standardized notice process to ensure patients receive information about contract terminations and their rights.  
*Status – Passed Senate; Passed the House with amendment; Senate concurred; signed into law*  
**Dartmouth Health position – Supported**
- [SB 613](#)** – relative to licensing requirements for health care facilities established within a 15 mile radius of a critical access hospital (CAH)  
 Requires a health care facility to provide certified, written notice to a CAH if to be located within 15 miles; establishes standards governing the transfer of patients from freestanding hospital emergency facilities to ensure clinical appropriateness, patient safety, continuity of care, and patient choice; prohibits exclusive transfer practices  
*Status – Laid on the Senate table*  
**Dartmouth Health position – Supported**
- [SB 664](#)** – limiting hospital executive compensation in communities designated as distressed place-based economies under certain circumstances  
*Status – Laid on the Senate table*  
**Dartmouth Health position – Opposed**
- [SB 666](#)** – relative to consumer protection, transparency, and oversight of certain health care transactions and establishing a study committee to analyze health insurance providers, their practices, policies, premiums, management, and the impact to consumers  
 Defines and regulates material health care transactions and requires notice to the Department of Justice (DoJ) of health care transactions that change of control of health care entities and that may reasonably to expected to affect competition, cost of health care services, or access to care. Authorizes the DoJ to review, monitor, and approve such transactions and enforce violations of the regulatory requirement as a violation of the consumer protection act.  
*Status – Referred to Interim Study*  
**Dartmouth Health position – Monitored**

## Workforce

- [HB 1030](#)** – relative to licensed practical nurse (LPN) scope of practice  
 Expands assessment authority and care planning  
*Status – Signed into law*  
**Dartmouth Health position – Supported**
- [HB 1052](#)** – expands qualifications for initial licensure as a LADC, or licensed alcohol and drug counselor  
*Status – Referred to Interim Study*  
**Dartmouth Health position – Monitored**

- [HB 1572](#)** – relative to licensure as a masters licensed alcohol and drug counselors, recreational therapist, and speech-language pathologist  
*Status – Laid on the House Table*  
 Dartmouth Health position – **Monitored**
- [HB 349](#)** – relative to the practice of optometry and authorization to perform ophthalmic laser procedures  
*Status – Passed the House; Passed the Senate and Vetoed by the Governor*  
 Dartmouth Health position – **Monitored**
- [SB 425](#)** – adopting the physician associate licensure compact  
 Prohibits the use of AI as a means of providing services requiring a professional license for psychologist, mental health practitioners, and alcohol and other drug use professionals  
*Status – Passed the Senate; House voted Interim Study*  
 Dartmouth Health position – **Monitored**
- [SB 457](#)** – establishes an application process to grant licenses to physicians who graduate from medical schools outside of the US or Canada  
*Status – Passed the Senate; House voted Inexpedient to Legislate*  
 Dartmouth Health position – **Monitored**
- [SB 640](#)** – relative to the use of artificial intelligence to provide services requiring a professional license  
*Status – Passed the Senate; House voted Inexpedient to Legislate*  
 Dartmouth Health position – **Monitored**
- [SB 667](#)** – establishes felony-level offenses for the assault of an emergency room personnel  
*Status – Passed the Senate; Passed the House; awaiting gubernatorial action*  
 Dartmouth Health position – **Supported**

## Pharmacy

- [HB 1755](#)** – requires participants in the 340B discounted drug purchasing program to report specific data annually to DHHS; requires DHHS to report data to the Legislature  
*Status – Laid on House Table*  
 Dartmouth Health position – **Opposed**
- [SB 477](#)** – Establishes reporting requires for the DHHS, hospitals, and other covered entities participating in the 340B Drug Pricing Program  
*Status – Senate voted Interim Study*  
 Dartmouth Health position – **Opposed**
- [SB 478](#)** – strengthening prescription drug affordability and pharmacy benefit manager accountability  
*Status – Laid on the Senate Table*  
 Dartmouth Health position – **Monitored**
- [SB 504](#)** – relative to the practice of pharmacy and the dispensing of certain medications by pharmacists  
 Authorizing the dispensing of 30 day supply of non-controlled oral anti-cancer medication by pharmacists, allows for direct dispense  
*Status – Passed in the Senate; Passed the House – Senate nonconcurrent with House amendment, but incorporated into HB 1735. Passed and awaiting gubernatorial action.*  
 Dartmouth Health position – **Monitoring**

- **[SB 665](#)** – requiring pharmacies to charge consumers the lowest available price for prescription drugs and prohibits insurers and pharmacy benefit managers from disclosing or offering that lowest price  
*Status – Passed Senate; Passed the House; House voted Inexpedient to Legislate. Incorporated into HB 1584. Passed and awaiting gubernatorial action.*  
Dartmouth Health position – **Monitoring**

## Public Health and Vaccine Access

- **[HB 1449](#)** – prohibits school vaccine clinic during school hours and requires the parent or legal guardian of a child to be present during the administration of any vaccination at such clinic; amended to exclude influenza vaccinations  
*Status – Passed the House; Passed the Senate; House nonconcurrent with Senate amendment*  
Dartmouth Health position – **Opposed**
- **[HB 1584](#)** – requires DHHS to provide notices of medical and religious exemptions for immunization requirements and asserts that written statements attesting religious objective is sufficient for exemption  
*Status – Passed the House; Passed the Senate; House nonconcurrent, Committee of Conference; awaiting gubernatorial action*  
Dartmouth Health position – **Opposing**
- **[HB 1616](#)** – prohibits state agencies and political subdivisions from advertising or expending funds to advertise vaccines  
*Status – Laid on the House Table*  
Dartmouth Health position – **Opposed**
- **[HB 1719](#)** – remove Hep B requirement from pediatric vaccine schedule  
*Status – Passed out of the House; Senate voted Interim Study*  
Dartmouth Health position – **Opposed**
- **[HB 1811](#)** – eliminate all vaccine requirements  
*Status – House voted Inexpedient to Legislate*  
Dartmouth Health position – **Opposed**

## Access to Care

- **[SB 480](#)** – prohibits prior authorization for the first physical therapy, occupational therapy, and similar rehabilitative services and at least 8 medically necessary services, allows carriers to deny claims deemed not medically necessary  
*Status – Passed the Senate; House voted Inexpedient to Legislation*  
Dartmouth Health position – **Supported**
- **[SB 543](#)** – establishes provisional eligibility for Medicaid nursing facility services as part of the long-term care application process and makes an appropriation to DHHS for this purpose  
*Status – Passed the Senate; House voted Inexpedient to Legislate*  
Dartmouth Health position – **Supported**
- **[SB 606](#)** – requires NH Medicaid to reimbursement for biomarker testing  
*Status – Passed Senate; House voted Interim Study*  
Dartmouth Health position – **Supported**

## Behavioral Health

- **[HB 1790](#)** – relative to involuntary admission for certain individuals with a substance use disorder  
*Status – referred to Interim Study*  
Dartmouth Health position – **Monitored**

- **[SB 498](#)** – establishes the NH Children’s Behavioral Health Association to collect assessments from carriers to provide funding for childhood behavioral health services  
*Status – Passed Senate; House Commerce voted 14-4 Interim Study*  
Dartmouth Health position – **Supported**
- **[SB 646](#)** – allows parity in coverage of mental health illnesses consistent with NH Medicaid scope of coverage and reimbursement rates  
*Status – Passed the Senate; House voted Inexpedient to Legislate*  
Dartmouth Health position – **Supported**

## Women’s Health

- **[HB 191](#)** – providing criminal penalties for the transporting of an unemancipated minor in order to obtain a surgical  
*Status – Passed the House; Passed the Senate with amendment; House voted nonconcurrent effectively killed the bill*  
Dartmouth Health position – **Opposed**
- **[HB 232](#)** – relative to the rights of conscience for medical professionals; amended to require health care facilities that provide abortion services to notify employees of their federal right to refuse to participate in abortion services and establishes a complaint process with the Attorney General’s Office  
*Status – Passed the House; Passed the House; vetoed by the Governor*  
Dartmouth Health position – **Opposed original bill; Monitored as amended**
- **[SB 36](#)** – relative to the collection and reporting of abortion statistics by health care providers and medical facilities  
*Status – Passed both bodies, enacted into law*  
Dartmouth Health position – **Opposed original bill; worked with policymakers to amend**
- **[SB 520](#)** – permits a physician to perform breast surgery on a minor in certain instances if the procedure is at the election of the minor in consultation with her primary care physician  
*Status – Passed the Senate; Laid on House table*  
Dartmouth Health position – **Supported**

## LGBTQIA+ Health

- **[HB 1356](#)** – relative to the statute of limitations for bringing a private right of action for violation of the statute prohibiting medical procedures and treatments intended to alter a minor’s gender  
*Status – Passed the House; Passed in the Senate; House nonconcurrent with Senate amendment and requested Committee of Conference; agreement was not reached and bill was killed*  
Dartmouth Health position – **Opposed**

## Childcare

- **[HB 1195](#)** – removes unnecessary zoning barriers that prevent child care providers from operating in certain neighborhoods, allows more providers to open and expand care options  
*Status – Passed the House; Passed the Senate; awaiting gubernatorial action*  
Dartmouth Health position – **Supporting**
- **[HB 1566](#)** – directing the DHHS to seek clarification from the Administration for Children & Families regarding TANF reserve funds and repeal the requirement that the DHHS biennial budget request includes funding for certain child care workforce programs  
*Status – Passed House; Passed the Senate and laid on the table*  
Dartmouth Health position – **Supported**

- **[SB 645](#)** – relative to income eligibility for the NH child care scholarship program and reallocating certain revenue to fund the program  
*Status – Laid on the Senate Table*  
Dartmouth Health position – **Supported**

## Food Insecurity

- **[HB 1797](#)** – strengthens work requirements for SNAP eligibility, directs data-sharing agreements with other state agencies with SNAP eligibility, and prohibits DHHS from using their discretion to set more lenient standards for SNAP eligibility  
*Status – Passed the House; Senate voted Interim Study*  
Dartmouth Health position – **Opposed**
- **[SB 615](#)** – establishes a commission to study the use and regulation of SNAP in NH  
*Status – Passed the Senate; Passed the House; signed into law*  
Dartmouth Health position – **Opposed; Monitored as amended**

## Vermont

Dartmouth Health Office of Government Relations closely monitors Vermont legislation. Collaborating with partners, including our system members, the Vermont Association for Hospitals and Health Systems and other health care stakeholders, we engage in relevant Vermont legislation when appropriate.

### **Vermont Budget Adjustment**

- [Act 74/H.790](#) – Budget Adjustment Act.  
Status: Signed into law.

### **Vermont Budget**

- [H.951](#) - FY27 Budget  
Status: Passed both Chambers. Signed into law. The House and Senate reached agreement on the FY27 budget, which fully funds all statutorily required reserves and totals \$9.38 billion across all funds, including \$2.57 billion in General Funds (GF). This represents an overall increase of 2.10% and a 2.88% increase in GF compared to FY26. The budget also includes an additional \$100.9 million in one-time GF dedicated to property tax relief, along with targeted investments in primary care, homelessness response, housing, and education transformation. The FY27 Budget makes several investments in Vermont's health care system including rate increases for skilled home health, enhanced residential care, home and community-based services, and skilled nursing facilities. The Legislature opted to restore funding to the Area Health Education Centers (AHEC) and provide gap year funding to primary care practices in the time between the end of All Payer Model and potential implementation of the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model.

### **Health Care/Insurance Reform**

- [H.585](#) – **Health insurance reforms**  
Status: Passed House and tabled in Senate. Did not proceed forward. Would have allowed the Governor to appoint two members to the Blue Cross Blue Shield of Vermont (BCBSVT) board of directors and regulate the compensation of BCBSVT executives. In addition, the bill would have required site neutral payments for physical and occupational therapy, and athletic training.
- [S.154](#) – **Biomarker testing insurance coverage**  
Status: Passed Senate and tabled in House. Did not proceed forward. Would have required the Department of Financial Regulation and the Agency of Human Services to analyze and report on costs associated with requiring private health insurers and Vermont Medicaid to cover biomarker testing when it is supported by established medical evidence, including FDA indications,
- [S.189](#) – **Establishing a process for reducing or eliminating hospital services**  
Status: Passed both Chambers. Signed into law. Establishes a notification and public engagement process in instances where a hospital considers elimination of a specified set of services. The process includes an upfront confidential period to allow the hospital, the Agency of Human Services (AHS), and the Green Mountain Care Board (GMCB) to consider alternatives to closing a service. In the event a hospital decides to move forward with eliminating a service, the hospital must undertake a public engagement process to hear feedback prior to making a final determination. The GMCB is tasked with reviewing the impact of the service elimination on the hospital's approved budget, and it may adjust the hospital's budget to reflect the elimination.
- [S.190](#) – **Green Mountain Care Board, reference-based pricing, and studying the creation of a Public Health Benefit Authority**  
Status: Passed both Chambers. Vetoed by the Governor. Requires the Green Mountain Care Board (GMCB) to implement reference-based pricing for hospitals in FY'27, including critical access and Medicare-dependent hospitals, and direct any savings to the Qualified Health Plan (QHP) and Vermont Education Health Initiative (VEHI) markets. The legislation strikes the target for reference-based pricing at 300% for FY'28 and 250% for FY'29. Lawmakers struck the provision that would allow hospitals to increase commercial rates so long as hospitals remain compliant with budget orders. The final bill requires hospitals to report to the GMCB regarding outsourced services and imposes reporting and transparency requirements on critical access hospitals relating to Medicare outpatient cost-sharing.

- **[S.197](#) – Establishing a primary care payment reform program**

Status: Passed both chambers. Signed into law. Updates the Blueprint for Health statute and advances primary care payment reform. It clarifies the intent is to establish a universal primary care system that is accessible, affordable, improves patient experience and population health, and reduces costs. The legislation directs the Blueprint to include in its report a process for transitioning to a health care claims tax to fund its work and requires the Agency of Human Services (AHS) to set per-person, per-month primary care spending targets for residents and develop a schedule to increase them over time. It also tasks AHS, the Green Mountain Care Board (GMCB), and the Department of Financial Regulation (DFR), in collaboration with the Office of the Health Care Advocate, to review over the summer whether their current roles in health care reform and regulation remain appropriate and to recommend any changes. The final report is due Jan. 15, 2027, with interim updates to the Health Reform Oversight Committee required from July through Dec. 2026.

## Public Health

- **[H.545/Act 76](#) – Issuing immunizations recommendations.**

Status: Signed into law. Grants the Commissioner of Health time-limited authority to issue recommended immunization schedules for both adults and children after consulting with the Vermont Immunization Advisory Council and reviewing the recommendations of various professional organizations, such as the Centers for Disease Control’s Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians.

## Workforce

- **[H.84/Act 80](#) – Allowing telehealth appointments to be recorded with patient and provider consent**

Status: Signed into law. Gives health-care providers the option to record telehealth appointments when both the patient and the provider agree to it.

- **[H.237/Act 84](#) – Psychologists prescribing**

Status: Signed into law. Allows doctoral-level psychologists to obtain limited prescribing authority for certain mental health medications after completing postdoctoral training, passing a national exam, and entering collaborative agreements with psychiatrists.

- **[S.64](#) – Scope of practice for optometrists.**

Status: Signed into law. Authorizes optometrists to perform surgical procedures on the eye including laser surgeries, needle injections, and scalpel surgeries. It changes the makeup of the Board of Optometry by requiring an ophthalmologist and ensuring at least one member has the new advanced-procedure certification.

- **[S.142](#) – Pathway to licensure for internationally trained physicians and medical graduates**

Status: Signed into law. Establishes a pathway for licensure for internationally trained physicians. The legislation includes a phased process that includes a report due in January 2027, rulemaking for provisional and full licensure qualifications by July 2027, and implementation of the licensure pathway beginning in January 2028.

- **[S.163/Act 92](#) – Role of advanced practice registered nurses in hospital care**

Status: Signed into law. Allows advanced practice registered nurses (APRNs) and physician assistants (PAs) to serve as attending clinicians to provide attending coverage for inpatient care.

- **[S.230/S.313](#) – Agreement not to compete**

Status: Passed both Chambers. Vetoed by the Governor. In a last-minute maneuver in response to a potential veto of S.230, the Legislature amended S.313, a Career Technical Education bill, with health care language from S.230. If enacted, S.313 would prohibit non-compete and non-solicitation agreements for health care providers, limit the use of non-disparagement clauses, and address certain contract restrictions involving staffing agencies.

## Pharmaceutical/Pharmacy

- [\*\*H.577\*\*](#) – **Establishing the Vermont Prescription Drug Discount Card Program**  
Status: Passed both Chambers. Signed into law. Creates a statewide prescription drug discount card program administered by the State Treasurer to help reduce prescription drug costs for Vermonters, regardless of insurance status. The bill authorizes the Treasurer to partner with an existing multistate discount program and supports implementation through a dedicated fund and a start-up general fund appropriation. It clarifies how prescription purchases made with the discount card apply to insurance cost-sharing by requiring insurers and pharmacy benefit managers to allow consumers to submit proof of payment so they can receive deductible and out-of-pocket credit while accessing lower prices. The State Treasurer must submit an annual report to the Legislature on program participation, cost savings, and any impact the Program has had on the financial viability of Vermont's pharmacies.

## Mental Health & Supports

- [\*\*H.573\*\*](#) – **First certification of an emergency exam**  
Passed House and tabled in Senate. Would have updated who can perform the first certification required for an involuntary emergency mental health exam. The key change was to expand authority to include physician assistants (PAs) and advanced practice registered nurses (APRNs), in addition to physicians. The bill was supported by the Vermont Association of Hospitals and Health Systems (VAHHS). After hearing concerns from the Department of Mental Health, the Senate tabled the legislation.
- [\*\*S.193\*\*](#) – **Establishing a forensic facility for certain criminal justice-involved individuals**  
Status: Signed into law. Establishes a plan to build a secure forensic mental health system for people charged with serious crimes, requiring the Agency of Human Services to launch a temporary program by 2026 and a permanent locked treatment facility by 2029. The bill sets standards for treatment, evaluations, court oversight, and long-term supervision. It also keeps the Department of Corrections largely out of running the facility while AHS develops a full implementation and feasibility plan.
- [\*\*H.657\*\*](#) – **Youth homelessness**  
Status: Signed into law. Allow certain homeless or unaccompanied youth to consent to their own medical, mental health, and substance use treatment.

## Administration

- [\*\*H.582/Act 100\*\*](#) – **Adult protective services**  
Status: Signed into law. Amends the definition of neglect in the adult protective services statute to bring the program into compliance with federal regulations.
- [\*\*H.583\*\*](#) – **Clinical decision making**  
Status: Signed into law. Prohibits the corporate practice of medicine and imposes reporting requirements on health care entities with private equity or hedge fund ownership or investment. Nursing homes, Federally Qualified Health Centers (FQHCs), telehealth companies, and staffing companies are exempt from the reporting requirements. Lawmakers delayed the implementation date for the reporting requirement from July 1, 2026, to March 1, 2027, to allow the Green Mountain Care Board to undertake a stakeholder process to work out the mechanics of the reporting requirement.
- [\*\*H.611/Act 120\*\*](#) – **Miscellaneous provisions affecting the Department of Vermont Health Access**  
Status: Signed into law. Repeals pharmacy reporting requirements, removes a statutory provision prohibiting manufacturer discrimination against 340B entities related to discounts and rebates as well as prohibiting manufacturers from imposing reporting obligations on in-house pharmacies, updates membership of the Clinical Utilization Review Board and the Medicaid and Exchange Advisory Committee, increases Medicaid burial fund limits, clarifies that reflective plans apply only to the individual market, and delays coverage for doula services. It also requires private health insurance plans to cover HIV pre-exposure prophylaxis (PrEP) without cost-sharing, consistent with U.S. Preventive Services Task Force recommendations, while Medicaid and other state-administered programs must cover both PrEP and post-exposure prophylaxis (PEP), along with related supportive services, without cost-sharing, prior authorization, or provider restrictions.

- **[H.814/Act 101](#) – Neurological rights and the use of artificial intelligence technology in health and human services**  
Status: Signed into law. Establishes neurological rights and regulating the ethical use of artificial and augmented intelligence in health, human services, and education. The law recognizes individuals' rights to mental privacy, freedom of thought, and protection from unauthorized neurotechnological manipulation. It also expands and extends the State's Artificial Intelligence (AI) Advisory Council through June 30, 2030, and directs the Council to study AI use, engage the public, and report by January 15, 2027, with recommendations on neurotechnology definitions, generative AI guidelines, and insurance utilization review regulations.
- **[H.816](#) – Regulating the use of artificial intelligence in the provision of mental health services**  
Status: Signed into law. Prohibiting corporations and other entities from independently using artificial intelligence (AI) to provide mental health services without oversight from a licensed or certified professional, ensuring that therapeutic communication, clinical guidance, emotional support, and treatment decisions remain under human supervision. The bill defines key terms, treats violations by licensed providers as unprofessional conduct, and enforces violations by corporations under the state's Consumer Protection Act. It permits mental health professionals to use Health Insurance Portability and Accountability Act (HIPAA)-compliant AI tools with required review and approval and allows Food and Drug Administration (FDA)-authorized digital therapeutics when prescribed or recommended by a mental health professional. The legislation also adds the Attorney General to the state's AI Advisory Council and directs the Council to issue recommendations on regulating AI in mental health care by Jan. 15, 2027.
- **[S.71](#) – Consumer data privacy and online surveillance**  
Status: Signed into law. A comprehensive consumer data privacy bill following a process that began with Senate passage last year and continued with several months of detailed review, testimony, and amendment work in the House. The legislation establishes broad consumer data privacy protection while preserving key exemptions for Health Insurance Portability and Accountability (HIPAA)-covered entities and business associates, and it also extends protections to certain health care providers that follow HIPAA standards but are not formally covered entities, such as free clinics that do not conduct electronic transactions. The bill does not exempt non-profits, and the legislation does not include a private right of action. It will go into effect in January of 2028.
- **[S.210/Act 83](#) – Access to autopsy reports**  
Status: Signed into law. Clarifies how autopsy reports may be disclosed in Vermont under Health Insurance Portability and Accountability Act (HIPAA) and creates an additional court-based process for access. It allows individuals who are not otherwise authorized to obtain a report to petition the Probate Division of the Superior Court, which may grant access upon a finding of good cause. In making this determination, the court must consider factors such as the petitioner's relationship to the decedent, privacy concerns, and any impact on ongoing criminal investigations.