

<u>Statute</u>	<u>Subchapter</u>	<u>Reason for amendment</u>	<u>VANP Note</u>
<a href="#">8 V.S.A. § 4089i</a>	Prescription Drug Coverage	There has not been an issue so far but the the but the exclusion of NDs may result in inability of ND patients to get drug coverage for purchases of drugs from Canada, allow payers to bypass the out of pocket limits and/ or benefit limit for drugs, allow patients to pay > \$100/ month for insulin.	This statute addresses prescription drugs purchased in CA, prevents an annual dollar limit on drug benefits by payers, requires payers to have an out of pocket limit for prescription drugs, workflow for drug trials for prior authorization, limit of out of pocket expenses for insulin. All providers with prescriptive authority are considered HCPs for this law except NDs which are excluded
<a href="#">12 V.S.A. § 1612 Patient's privilege</a>	Patient Privileges	This does not explicitly include or exclude NDs as there is not definition. However the practice of protecting PHI is currently used by NDs in VT. However we do not want to see and ND interpret this law as not applying to NDs.	Unless the patient waives the privilege or unless the privilege is waived by an express provision of law, a person authorized to practice medicine, chiropractic, or dentistry, a registered professional or licensed practical nurse, or a mental health professional as defined in 18 V.S.A. § 7101(13) shall not be allowed to disclose any information acquired in attending a patient in a professional capacity, including joint or group counseling sessions, and which was necessary to enable the provider to act in that capacity.
<a href="#">16 V.S.A. § 1388 Stock supply and emergency administration of epinephrine auto-injectors</a>	Stock supply and emergency administration of epinephrine auto-injectors	The definition of HCP "Health care professional" means a physician licensed pursuant to 26 V.S.A. chapter 23 or 33, an advanced practice registered nurse licensed to prescribe drugs and medical devices pursuant to 26 V.S.A. chapter 28, or a physician assistant licensed to prescribe drugs and medical devices pursuant to 26 V.S.A. chapter 31. NDs (26 V.S.A. chapter 81) need to be included as a prescriber of epinephrine in a schools name for administration according to the statute. Also including the ability for self-administration according to a plan of action for managing the student's life-threatening allergy	A health care professional may prescribe an epinephrine auto-injector in a school's name, which may be maintained by the school for use as described in subsection (d) of this section.
<a href="#">18 V.S.A. § 4201 Definitions</a>	Regulated Drugs	This statute does not identify NDs 26 V.S.A. chapter 81 as prescribers. This is in conflict with NDs administrative rules indicating NDs with a prescribing endorsement can prescribe controlled substances	OPR supports this and is planning to address this issue through the report from the taskforce on prescribing and compounding
<a href="#">18 V.S.A. § 4999 Definitions</a>	Vital Records	NDs should have the ability to sign all vital records. Currently, VT DOH will not accept a death certificate from NDs. ND midwives are providing home births and technically cannot file a birth certificate.	OPR is deferring to the DOH. There will be a vital records overhaul, possible to sneak in
<a href="#">18 V.S.A. § 5250b Definitions</a>	Uniform Anatomical Gift 5250 c.	This statute prevents a physician who attends the decedent at death or the physician who determines the time of the decedent's death from participating in the procedures for removing or transplanting a part from the decedent.	This relates to being able to sign death certificates. If the law changes to allow NDs to sign death certificates, this law should be updated so that NDs are included.
<a href="#">18 V.S.A. § 5281 Definitions</a>	Patients end of Life	As PCPs NDs need to be able to participate in a patients decision to pursue death with dignity. Would provide the authority to oversee the process to administer or witness end of life. Follow the 6 month diagnoses and illness/condition to be eligible.	Some have training and want to practice
<a href="#">18 V.S.A. § 9701 Definitions</a>	Advance Directives And Disposition Of Remains	As PCPs NDs need to be able to sign COLST and DNR orders as part of end of life planning with patients.	
<a href="#">26 V.S.A. § 1572 Definitions</a>	General Provisions; Nursing (3)(G)	By including ND, this would allow LPNs to function at the direction of an ND.	This is part of practice currently but we need to know what OPR thinks