FINAL PROPOSED RULE # 26-P013

Final Proposed Filing - Coversheet

Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the "Rule on Rulemaking" adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms shall be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of "Proposed Rule Postings" online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

PLEASE REMOVE ANY COVERSHEET OR FORM NOT REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!

Certification Statement: As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

Rules for Out-of-State Telehealth Licensure and Registration

/s/ Sarah Copeland Hanzas , on 11/3/2026

(signature) (date)

Printed Name and Title:
Sarah Copeland Hanzas, Secretary of State

RECEIVED BY: _____

- ☐ Coversheet
- ☐ Adopting Page
- ☐ Economic Impact Analysis
- ☐ Environmental Impact Analysis
- ☐ Strategy for Maximizing Public Input
- ☐ Scientific Information Statement (if applicable)
- ☐ Incorporated by Reference Statement (if applicable)
- ☐ Clean text of the rule (Amended text without annotation)
- ☐ Annotated text (Clearly marking changes from previous rule)
- ☐ ICAR Minutes
- ☐ Copy of Comments
- ☐ Responsiveness Summary

1. TITLE OF RULE FILING:
   Rules for Out-of-State Telehealth Licensure and Registration

2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE
   26P013

3. ADOPTING AGENCY:
   Office of Professional Regulation, Secretary of State

4. PRIMARY CONTACT PERSON:
   (A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

   Name: Emily Tredeau

   Agency: Office of Professional Regulation, Secretary of State

   Mailing Address: 89 Main St., Montpelier, VT 05620

   Telephone: 802-828-1505 Fax:

   E-Mail: emily.b.tredeau@vermont.gov

   Web URL *(WHERE THE RULE WILL BE POSTED)*:
   https://sos.vermont.gov/opr/about-opr/telehealth-registrations-and-licensing/

5. SECONDARY CONTACT PERSON:
   (A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).

   Name: Emily Carr

   Agency: Office of Professional Regulation, Secretary of State

   Mailing Address: 89 Main St., Montpelier, VT 05620

   Telephone: 802-828-1505 Fax:

   E-Mail: emily.carr@vermont.gov

6. RECORDS EXEMPTION INCLUDED WITHIN RULE:
   (DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE, EXEMPTING IT FROM INSPECTION AND COPYING?) No

   IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

   PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

7. LEGAL AUTHORITY / ENABLING LEGISLATION:

(THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).

26 V.S.A. § 3061, "Rulemaking"

8. EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:
   The agency is authorized to "adopt rules … to carry out the purposes of [26 V.S.A. ch. 56], including, in consultation with the appropriate boards and advisor appointees for professions regulated by the Office, rules regarding any profession-specific requirements related to telehealth licenses and telehealth registrations." 26 V.S.A. § 3061. Ch. 56 also grants authority to make rules specifically about mandatory disclosures.
9. THE FILING HAS CHANGED SINCE THE FILING OF THE PROPOSED RULE.
10. THE AGENCY HAS INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.
11. SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.
12. THE AGENCY HAS INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.
13. THE AGENCY HAS INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.
14. CONCISE SUMMARY (**150 WORDS OR LESS**):
    These rules govern the licensing and registration of out-of-state healthcare professionals practicing with Vermont patients via telehealth only. These rules create the permanent system mandated by Act 4 (2023) to replace a system currently operating on an interim basis. The rules provide for eligibility requirements, standards of practice, and mandatory disclosures by out-of-state telehealth professionals.

    These rules do not apply to practice via telehealth by professionals who hold regular Vermont credentials.

15. EXPLANATION OF WHY THE RULE IS NECESSARY:

Until these rules are in effect, telehealth registration is operating on a temporary basis. This means that no licensing fees are being collected and caps on patient numbers are not in effect. The rule is necessary to fully and permanently implement the intention behind 26 V.S.A. ch. 56.

16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:

The rules were developed after consultation with the advisors and governor-appointed Board members of every affected profession. We also solicited feedback from every current telehealth registrant. The rule rationally and appropriately operationalizes the requirements of Chapter 56.

17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:

Office of Professional Regulation

Department of Vermont Health Access

Current interim telehealth registrants

18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):

Currently, interim telehealth registrants pay no fees. This rule will operationalize the application and renewal fee schedule in 26 V.S.A. ch. 56. Depending on the profession and credential, those fees are $73 to $285 for initial applications and $109 to $491 for biannual renewals.

We estimate the rule's implementation will generate approximately $430,000 in the first year and $280,000 annually after that.

19. A HEARING WAS HELD.

20. HEARING INFORMATION

(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING, PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date: 7/14/2026

Time: 06:00 PM

Street Address: 89 Main St., Ste. 3, Montpelier, VT

Zip Code: 05620

URL for Virtual:
https://teams.microsoft.com/meet/284881494093673?p=d2VOkCVhviNMQlQtZ5

Meeting ID: 284 881 494 093 673

Passcode: cM6i7cs9

Date: 7/14/2026

Time: 01:00 PM

Street Address: 89 Main St., Ste. 3, Montpelier, VT

Zip Code: 05620

URL for Virtual:
https://teams.microsoft.com/meet/221232032731688?p=fo6S4yZFop7HcCxeD8

Meeting ID: 221 232 032 731 688

Passcode: zK9rm2Wz

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING):

KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

Telehealth

Telemedicne

Remote medicine

Office of Professional Regulation

Remote

Telepractice

Adopting Page

Instructions:

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

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1. TITLE OF RULE FILING:
   Rules for Out-of-State Telehealth Licensure and Registration
2. ADOPTING AGENCY:
   Office of Professional Regulation, Secretary of State
3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW*):

   - **AMENDMENT -** Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment if the rule is replaced with other text.
   - **NEW RULE -** A rule that did not previously exist even under a different name.
   - **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

   This filing is **A NEW RULE** .

4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE)*:

Interagency Committee on Administrative Rules (ICAR) Minutes

Date/Time: May 11, 2026, 2:00 PM

Location: Virtually via Microsoft Teams

Members Present: Heidi Moreau, Earl Fechter, Diane Sherman, Jennifer Mojo, John Kessler, Chair Nick Kramer

Members Absent: Patrick Murphy

Minutes By: Chrissy Gilhuly

- 2:00 p.m. meeting called to order.
- Review and approval of minutes from the April 13, 2026 meeting.
- No additions/deletions to agenda. Agenda approved as drafted.
- No public comments made.
- Presentation of Proposed Rules with recommended changes on pages to follow.
    1. Secretary of State (SOS) – Telehealth Credentialing Rules
        a. Telehealth credentials were created during COVID lockdown and have been administered on an interim, temporary basis ever since. Under Act 4 (2023), the requirements of 26 V.S.A. Chapter 56 do not take effect until this rulemaking is complete. These rules give force to Chapter 56 and telehealth credential eligibility and mandated disclosures.

- Other business
    - Advice for completing APA forms – Approved forms for posting.
- Next scheduled meeting is June 8, 2026, at 2:00 p.m.
- 2:54 p.m. meeting adjourned.

To receive this information in an alternative format or for other accessibility requests, please contact:

Agency of Administration
ADM.Secretary@vermont.gov, 802-828-3322

DRAFT

Proposed Rule: Secretary of State (SOS) – Telehealth Credentialing Rules

Presented By: Emily Tredeau, Staff Attorney

Motion made to accept the rule by John Kessler, seconded by Jennifer Mojo, and passed unanimously, with the following recommendations:

1) **Cover Sheet**
    a. #7: Typo to 25 VSA 3061 to correct to 26 VSA 3061
    b. #8: Identify that this is a limited scope with a brief description of what telehealth credentials are.
    c. #9: “not in accordance with” – recommend rewording “not yet intended by”
    d. #10: T missing in consolation – should be consultation
    e. #12: Economic Impact section of the form, if referencing the revenues, recommend referencing the fees as a range
2) **Economic Impact**
    a. #3: Typo on page 2, end of first sentence, first paragraph in the word telehealth, missing an A
    b. #6: Indicate what impact the rule will have on professional licensure vs. telehealth licensure
3) **Environmental Impact**
    a. Decided to cut the recreation success
4) **Proposed Rule (itself)**
    a. The title in the forms typically matches the title of actual rule

DRAFT

Economic Impact Analysis

Instructions:

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose. If no impacts are anticipated, please specify "No impact anticipated" in the field.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn't appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

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1. TITLE OF RULE FILING:

   Rules for Out-of-State Telehealth Licensure and Registration

2. ADOPTING AGENCY:

   Office of Professional Regulation, Secretary of State

3. CATEGORY OF AFFECTED PARTIES:

   LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:

   Affected entities: health care providers; hospitals; behavioral health care providers; Vermont Department of Health; Department of Vermont Health Access; Department of Mental Health.

   We estimate that when these rules become effective

approximately $430,000 in application fees will be generated in the first year. Thereafter, we expect roughly $560,000 in renewal fees each biennium, or $280,000 annually.

These fees will be part of the cost of doing business for telehealth licensees and registrants, and for current interim telehealth registration holders who choose to get regular Vermont licenses instead of telehealth credentials. Indirectly, the costs will be borne by these professionals' patients and their insurers.

OPR is funded solely through licensing fees, not taxes. These fees cover the administration of licensing programs for over 53 professions; policy work mandated by 26 V.S.A. ch. 57 and required any time a new profession becomes regulated; and a team of investigators and prosecutors who protect Vermonters by holding professionals accountable for unprofessional conduct.

These rules require telehealth professionals to pay their fair share of the cost of professional regulation. Currently, that cost is borne by the fee-paying holders of regular Vermont credentials. Charging fees to telehealth professionals will distribute the cost of professional regulation more fairly among providers.

4. IMPACT ON SCHOOLS:
INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:

No impact on schools is anticipated due to the nature of the rules.

5. ALTERNATIVES: *CONSIDERATION OF ALTERNATIVES TO THE RULE TO REDUCE OR AMELIORATE COSTS TO LOCAL SCHOOL DISTRICTS WHILE STILL ACHIEVING THE OBJECTIVE OF THE RULE.*

There are no anticipated costs to ameliorate.

6. IMPACT ON SMALL BUSINESSES:

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):

Interim telehealth registrants working in small businesses will be required to obtain telehealth licensure or telehealth registration. Small businesses may have to replace staff who choose not to obtain a telehealth or regular Vermont license.

OPR can't quantify this impact because we have no way of predicting how many current interim telehealth registrants will choose to obtain a telehealth or regular Vermont credential. OPR also has no data on what portion of these professionals work in small businesses.

7. SMALL BUSINESS COMPLIANCE: *EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.*

Small businesses can reduce the cost of compliance by ensuring that any employees who are interim telehealth registrants are prepared to apply for telehealth licensure or regular Vermont licensure when these rules become effective.

8. COMPARISON:

COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:

Having no rule would mean failing to operationalize 26 V.S.A. ch. 56. This would perpetuate the status quo, under which the cost of regulating telehealth professionals is borne by the fee-paying holders of regular Vermont licenses.

Having separate requirements for small businesses would be redundant. A large percentage of interim telehealth registrants are solo mental health practitioners or employees of small counseling practices. These rules are already designed with those professionals in mind.

9. SUFFICIENCY: *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*

The analysis was conducted based on a count of current interim telehealth registrants and OPR's statutorily established fee schedule. We can only guess at one of the most important numbers: the percentage of current interim telehealth registrants who will apply for telehealth licensure or telehealth registration, rather than let their interim registrations lapse.

For this estimate, we assumed that 50% of current interim registrants will let their interim registrations lapse rather than obtain any Vermont credential; 20% will obtain telehealth licenses and renew them biannually; 20% will obtain regular Vermont credentials and renew them biennially; and 10% will obtain telehealth registrations.

Environmental Impact Analysis

Instructions:

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis. If no impacts are anticipated, please specify "No impact anticipated" in the field.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

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1. TITLE OF RULE FILING:

   Rules for Out-of-State Telehealth Licensure and Registration

2. ADOPTING AGENCY:

   Office of Professional Regulation, Secretary of State

3. GREENHOUSE GAS: *EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):*
   No greenhouse gas impact is anticipated due to the nature of the rules.

4. WATER: *EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):*
   No water impact is anticipated due to the nature of the rules.

5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*

No land impact is anticipated due to the nature of the rules.

6. RECREATION: *EXPLAIN HOW THE RULE IMPACTS RECREATION IN THE STATE:*
   NO recreation impact is anticipated due to the nature of the rules.
7. CLIMATE: *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*
   No climate impact is anticipated due to the nature of the rules.
8. OTHER: *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*
   No other environmental impact is anticipated due to the nature of the rules.
9. SUFFICIENCY: *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*
   No sources were used because no impacts are anticipated due to the nature of the rules.

Public Input Maximization Plan

Instructions:

Agencies are encouraged to hold hearings as part of their strategy to maximize the involvement of the public in the development of rules. Please complete the form below by describing the agency's strategy for maximizing public input (what it did do, or will do to maximize the involvement of the public).

This form must accompany each filing made during the rulemaking process:

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1. TITLE OF RULE FILING:

   Rules for Out-of-State Telehealth Licensure and Registration

2. ADOPTING AGENCY:

   Office of Professional Regulation, Secretary of State

3. PLEASE DESCRIBE THE AGENCY'S STRATEGY TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE, LISTING THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

   The Office shared the proposed rules and solicited input from:
   -all current interim telehealth registrants
   -all advisors and Board members of affected professions
   -UVM Medical Center
   -Vermont Department of Health
   -Department of Financial Reguation
   -Department of Vermont Health Access
   All of these stakeholders were invited to submit written feedback. Additionally, advisors and Board members were invited to a hybrid meeting for discussion. The Office held two hybrid public meetings (one at night, one during business hours) to which all current interim telehealth registrants were invited.

4. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

In addition to the entities listed in response to #3, we received feedback from Blue Cross Blue Shield of Vermont.

Office of Professional Regulation's Final Proposed *Rules for Out-of-State Telehealth Licensure and Registration*: Summary of Substantial Arguments and Responses

Introduction

To maximize public participation, OPR directly solicited from all 6,000+ interim telehealth registrants, in addition to all full Vermont licensees in the affected professions who have out-of-state addresses. We also held two hybrid public meetings, one during business hours and one in the evening. All substantive written comments are attached.

Because the comments clustered around the same few themes, their summaries and responses are grouped together below.

Summary of Comments and Responses

Comment: Access and continuity of care.
Nearly every commenter emphasized the importance of interstate telehealth practice for continuity of and access to care. One commenter in particular mentioned the importance of specialized multistate teams for patients with rare conditions or complex medical needs.

Response: The Office understands the importance of interstate telehealth practice in providing access to specialty care and continuity of care. For this reason, the Office has fully supported Vermont's participation in interstate medical licensing compacts. Telehealth credentialing is an additional option for out-of-state providers who do not hold compact credentials.

We do not predict that the transition to permanent telehealth credentialing will significantly disrupt care by out-of-state providers. MDs, PAs and podiatrists made that transition two years ago, when the Board of Medical Practice adopted its rules, and we heard no comments whatsoever about problems those professions. One commenter who discussed the importance of multistate teams cited telehealth meetings that included PAs, APRNs, PTs and MDs all the same meeting. The commenter worried that telehealth licensing would disrupt this type of multidisciplinary care. The fact that the

commenter is still accessing out-of-state MDs shows how providers can continue serving Vermont patients through whatever credentialing avenue they choose.

Comment: Administrative burden.
A health insurer provider commented that the 120-day limit for telehealth registrants is challenging for insurers, because enrolling new providers in can take 6+ weeks.

Response: The 120-day limit is mandated in statute, and so no change has been made. Providers for whom the 120-day limit presents an obstacle are welcome to apply instead for 2-year renewable telehealth licenses, full Vermont licenses, or compact privileges.

Comment: Applied behavior analysts.
One commenter noted that not every state licenses applied behavior analysts (ABAs), and that ABAs who have no state licensure would be ineligible for telehealth credentialing.

Response: This is true and unavoidable under 26 V.S.A. § 3052(4). Fortunately, nationally certified ABAs qualify for full Vermont licensure even if they hold no current state credential. 26 V.S.A. § 4923(1)(B).

Comment: Compacts and other alternatives to TH credentialing.
Several commenters pointed to interstate compacts, reciprocity, or broader recognition of home-state licensure as part of the long-term solution to interstate practice. They urged Vermont to avoid duplicative requirements where other cross-state practice frameworks exist. One commenter called telehealth credentialing "reinvent[ing] the wheel."

Response: The Office fully agrees that duplicative requirements should be avoided. Fortunately, no duplicative requirements exist in the telehealth statute or the proposed rules. A person with compact credentials or full Vermont credentials is not required, or even eligible, to obtain telehealth credentials. The rules have been revised to make clearer that telehealth credentialing is never necessary when redundant with other credentials.

To some extent, telehealth credentialing *is* redundant with interstate compacts. At the

time the telehealth statute was enacted, Vermont participated only in the physician and nursing compacts. In the intervening years, Vermont has joined the interstate licensing compacts for psychology, physical therapy, audiology and speech-language pathology, mental-health counseling, occupational therapy, and social work. Vermont's participation in those compacts has shrunk the pool of professionals that would benefit from telehealth credentialing. Many may now find compact privileges a better value, with lower fees and no patient caps.

However, not every medical profession has an interstate compact, and not all states participate in those that do exist. Telehealth credentialing remains a separate option that out-of-state providers may choose to use and that in no way burdens compact participants or full Vermont licensees.

Comment: Profession-specific requirements.
The draft rules require that dietitians, midwives, and APRNs meet additional requirements in addition to holding out-of-state licensure. One commenter questioned why these professionals "have more requirements for licensure than MDs."

Response: Licensing requirements for MDs, and many other medical professions, are very consistent nationally. Dietitians and midwives, in contrast, are not regulated in every state, and in many states lack prescriptive authority. In Vermont, however, certified dietitians can prescribe IV nutrition, and licensed midwives can prescribe drugs within a formulary. Done incorrectly, either of those prescribing activities could be lethal. To protect the public, OPR must ensure that dietitians and midwives practicing within the broader Vermont scope of practice are qualified to do so safely.

As for APRNs, Vermont requires APRNs with fewer than 2400 hours and 24 months in an initial specialty or 1600 hours and 12 months in a secondary specialty to maintain a collaborating provider agreement with an APRN, MD, or DO with 4 years' experience caring for the same patient population. As there are variations in requirements for collaborating provider agreements across jurisdictions, this language is intended to clarify Vermont scope-of-practice requirements.

The requirement for APRNs to disclose the entity on whose behalf they are working has been removed.

Comment: Enforcement of patient caps.
Seven commenters questioned whether OPR would monitor compliance with patient caps and how insurers would verify eligibility.

Response: Just like with other OPR-credentialed professionals, insurers can verify credentials through the *Find a Professional* feature on the OPR website.

OPR will not proactively monitor compliance with patient caps, just as we do not actively monitor compliance with most aspects of professional practice. OPR investigations usually begin with complaints filed with our office. The staffing levels needed for preemptive monitoring would lead to astronomical licensing fees.

Insurers may be in the best position to know if a telehealth professional exceeds their patient caps. Insurers are welcome to file complaints with OPR if they suspect that is happening.

Comment: Enforcement of dietitians' requirement to be credentialed.
One commenter questioned OPR's ability to enforce telehealth credentialing requirements, stating that there is widespread unauthorized practice by non-credentialed dietitians, based on the offerings of large telehealth companies.

Response: In Vermont, dietetics is a certification profession, not a licensed profession, meaning state credentialing is optional. Therefore, uncertified dietetics practice is not an enforcement red flag because that practice is not unlawful.

More broadly, the risk of unauthorized interstate practice is the same regardless of whether a telehealth credential is available.

Comment: Fees.
OPR received numerous comments about telehealth license and registration fees, which are mandated by 26 V.S.A. § 3054. Under § 3054, telehealth registration fees are the same or lower than a profession's initial application fees. Telehealth licensing fees vary by profession. For many professions, telehealth application fees are higher than the fees for the equivalent full Vermont credentials. A table breaking down telehealth fees is attached to this summary.

By way of background: OPR runs on licensing fees and does not routinely receive general

funds. The cost of professional regulation is paid by the regulated professionals. If one group of profession has reduced or waived fees, in practice that means other professionals must pay higher fees to cover the costs of regulating the reduced- or waived-fee group.

OPR received the following comments on fees:

- 22 commenters had general doubt about the idea of fees
- 5 commenters supported of charging fees
- 9 commenters commented that fees should be "low" or "reasonable," with some arguing that fees should be reduced to reflect the narrowed scope of practice relative to regular licenses.
- 8 spoke against fees of any kind.

Response: The fee schedule is mandated by statute. OPR has no authority to change it through rulemaking.

The point about scaling fees to scope of practice is well taken. For most professions, the statutory fee schedule will result in telehealth licenses—with patient caps and no in-person practice—costing more than regular licenses that have no such limitations.

The vast majority of commenters who objected to telehealth credential fees would be eligible for regular Vermont licenses or compact privileges, which they might find a better value.

Comment: Patient caps.

By statute, telehealth licensees are limited to 20 unique patients per 2-year licensing cycle, and telehealth registrants are limited to 10 unique patients per 120-day registration period.

Twenty commenters spoke about patient caps, with the vast majority objecting to them. Commenters described the caps as too low, arbitrary, disruptive to continuity of care, and difficult to keep track of. A few commenters pointed out that patient caps, combined with the fee structure, mean that telehealth licensees would be paying higher fees for a narrower scope of practice than if they just obtained regular Vermont licenses.

Response: The telehealth patient caps are mandated in statute. 26 V.S.A. § 3054(a)(1), 3054(b)(1)(B). OPR has no authority to change them through rulemaking.

Most commenters who opposed patient caps would be eligible for compact privileges or full Vermont licensure, which have no such caps. All are welcome to apply for those credentials instead if they prefer.

Comment: Patient minimums.
A few commenters thought that the rules required telehealth licensees and registrants to maintain a minimum number of patients. The commenters recommended this requirement be removed.

Response: The rules (and statute) have patient maximums, not minimums. The Office's letter soliciting rule comments was somewhat confusing on this point. We agree that there should not be patient minimums, and none is required in the proposed rules.

Comment: Quality of care.
A health insurance provider expressed concern that telehealth credentialing would be "an avenue for inexperienced out-of-state providers."

Response: This is a critique of the whole concept of interstate mobility, not of anything developed in the rules. No change has been made. We have not seen any data suggesting that inexperienced out-of-state providers pose any greater danger to Vermonters than inexperienced in-state providers.

Comment: Vermont residency.
The rules provide that a person who resides primarily in Vermont is ineligible for telehealth credentialing. This is consistent with the intent behind telehealth credentialing, which was not to replace regular credentialing but to provide a limited avenue for out-of-state professionals to practice remotely with Vermont patients. One commenter called this requirement "reasonable." Another said that the rules should allow telehealth professionals to practice while visiting Vermont.

Response: The rules do allow telehealth professionals to practice via telehealth while visiting Vermont. The rules exclude only those who live primarily in Vermont, who are expected to obtain regular Vermont credentials.

Profession Type	Initial Applications				Renewal Applications	
	Vermont license[1]	Compact privilege[2]	Telehealth registration[3]	Telehealth license[4]	Vermont[1] or Telehealth[4] License	Compact Privilege[2]
Licensed Alcohol & Drug Abuse Counselor	$115		$115	$195	$260	
Licensed Clinical Mental Health Counselor	$150	$50	$100	$150	$200	$50
Licensed Marriage and Family Therapist	$175		$143	$214	$285	
Non-Licensed & Non-Certified Psychotherapist	$95		$88	$131	$175	
Athletic Trainer	$115		$115	$203	$270	
Audiologist	$115		$115	$203	$270	

[1] In-person and telehealth allowed; no patient caps.

[2] In-person allowed for all professions except psychologists; telehealth allowed for all professions; no patient caps.

[3] Telehealth only; max 10 patients; nonrenewable.

[4] Telehealth only; max 20 patients per 2-year renewal cycle; renewable.

Profession Type	Initial Applications				Renewal Applications	
	Vermont license[1]	Compact privilege[2]	Telehealth registration[3]	Telehealth license[4]	Vermont[1] or Telehealth[4] License	Compact Privilege[2]
Applied Behavior Analyst	$115		$115	$203	$270	
Chiropractic Physician	$225		$148	$221	$295	
Dentist	$285		$285	$491	$655	
Dietitian	$115		$115	$203	$270	
Midwife	$115		$115	$203	$270	
Naturopathic Physician	$115		$115	$203	$270	
Advanced Practice Registered Nurse	$115		$73	$109	$145	
Registered Nurse	$75	Varies[5]	$75	$165	$220	Varies[5]
Nursing Home Administrator	$115		$115	$203	$270	

[5] The nurse's home state determines and collects the fee for a multistate license, which is valid in all compact member states.

Profession Type	Initial Applications				Renewal Applications	
	Vermont license[1]	Compact privilege[2]	Telehealth registration[3]	Telehealth license[4]	Vermont[1] or Telehealth[4] License	Compact Privilege[2]
Occupational Therapist	$115	$50	$90	$135	$180	$50
Optometrist	$115		$115	$203	$270	
Limited Temporary Osteopathic Physician	$115		$115	$203	$270	
Osteopathic Physician	$450	$450[6]	$175	$263	$350	$350[6]
Physical Therapist	$115	$50	$90	$135	$180	$50
Psychoanalyst	$115		$115	$203	$270	
Psychologist - Doctorate	$240	$440[7]	$98	$146	$195	$140[7]
Psychologist - Master	$240		$98	$146	$195	
Respiratory Care Practitioner	$115		$115	$203	$270	

[6] The physicians compact still requires full licensure in the state of practice but creates a streamlined application process.

[7] The psychology compact commission determines and collects this fee, which covers telehealth-only practice in all compact states.

Profession Type	Initial Applications				Renewal Applications	
	Vermont license[1]	Compact privilege[2]	Telehealth registration[3]	Telehealth license[4]	Vermont[1] or Telehealth[4] License	Compact Privilege[2]
Licensed Independent Clinical Social Worker	$120	$20[8]	$90	$135	$180	$20[8]
Licensed Master's Social Worker	$115		$115	$203	$270	
Speech-Language Pathologist	$115	$50	$115	$203	$270	$50
Veterinarian	$115		$115	$203	$270	

[8] The social work compact commission determines and collects this fee, which covers practice in all compact states.

Tredeau, Emily B (she/her)

From: Kyle Rundles <kyle@kylerundlespsyd.com>
Sent: Tuesday, July 21, 2026 2:39 PM
To: SOS - OPR Comments
Subject: Comments on Draft Telehealth Rules

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Hello,

I am unable to make the hearing about these telehealth rules and choose to submit comment via email.

I am a psychologist based in NJ and hold full licenses in both NJ and MA. When a client of mine moved to VT, I opted into the temporary telehealth licensure for out-of-state psychologists. This has been essential to the continuation of care and I so appreciated Vermont prioritizing healthcare by easing the road to licensure for telehealth work. I completely understand and support adding fees and making this licensure permanent and offsetting dues for other VT License holders. I would encourage those assessing fees to consider the continuation of care for the people in VT receiving services from psychologists who hold this temporary telehealth license. Setting fees too high will mean many people served will lose continuity of care. Please keep in mind that, as stated in the draft, most temporary license holders run small businesses and may have niche specialty areas. High fees would therefore be both a financial burden that could be passed to clients and an interruption to appropriate clinical care.

Thank you for taking my comments into consideration. I look forward to following any updates related to this draft and subsequent rulings. I am also happy to speak further or to provide any clarification or additional information.

Thanks and take care,

--
Kyle Rundles, PsyD she/her/hers
Licensed Clinical Psychologist (MA, VT, NJ)
kylerundlespsyd.com

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Tredeau, Emily B (she/her)

From: Sebastian Arduengo <ArduengoS@bcbsvt.com>
Sent: Monday, July 20, 2026 4:27 PM
To: Tredeau, Emily B (she/her)
Cc: Carr, Emily; Lou McLaren
Subject: Rules for Out-of-State Telehealth Licensure Public Comment
Attachments: BCBSVT commennt re 2026 OPR Telehealth Licensure Rule.pdf

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Hi Emily,

Please find attached Blue Cross VT's written comment on the above-referenced proposed rule. Let me know if you'd like to discuss further.

Thanks,

E. Sebastian Arduengo | Senior Assistant General Counsel & Compliance Officer
Blue Cross® and Blue Shield® of Vermont
www.bluecrossvt.org
(802) 371-3772
P.O. Box 186 • Montpelier, VT 05601-0186

BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association

BERLIN
445 INDUSTRIAL LANE
BERLIN, VERMONT 05602

P.O. BOX 186
MONTPELIER
VT 05601-0186

800 247 2583
800 922 8778
800 255 4550

VIA ELECTRONIC MAIL

Emily Tredeau
Staff Attorney, General Counsel Division
Office of Professional Regulation
89 Main St., 3rd Fl.
Montpelier, VT 05620

July 15, 2026

Re: Proposed Rules for Out-of-State Telehealth Licensure & Registration

Dear Emily,

Thank you for taking the time to meet with us last month to discuss the above-referenced Proposed Rule. We would like to provide some additional information and insights as you consider rules for licensing out-of-state telehealth professionals. Blue Cross and Blue Shield of Vermont (Blue Cross VT) widely supports and promotes telehealth. Telehealth increases access to care for rural and lower income populations, including those with transportation and childcare issues, and for parents who are juggling busy family and school schedules. We are constantly seeking to improve our members' access while being responsive to their concerns around the spiraling cost of care.

As we discussed, our primary concern with respect to the Proposed Rule is the limited scope of practice contemplated for out-of-state health care professionals with a Vermont telehealth credential.

We understand that the Legislature established patient limits and timeframes in 26 V.S.A. § 3054(a)(1) to encourage providers who have many patients or clients located in Vermont to obtain a full license to practice in Vermont. However, the Proposed Rule provides no mechanism for payers, or even OPR, to know how many Vermont patients or clients a provider with an out-of-state telehealth license has rostered, and whether they are practicing within the scope of their license. Without such a mechanism, Blue Cross VT would face significant operational challenges ensuring that providers with the telehealth license or registration established by the Proposed Rule are qualified and competent to practice in their respective specialties, specifically that they meet our standards for performance and delivery of high-quality clinical care and services.

We also appreciate that the Proposed Rule is intended to replace a system that has operated on an interim basis since the COVID-19 pandemic, under which thousands of providers from across the country have been able to practice remotely in Vermont with little oversight. We are concerned, however, that the Proposed Rule simply creates an avenue for inexperienced out-of-state providers to provide services to Vermont patients since most experienced providers who would be eligible for the out-of-state telehealth license would also be eligible for a full license to practice in Vermont.

Finally, the short 120-day term of telehealth registrations would present operational challenges for us that would make it difficult to enroll providers with that qualification. Credentialing a provider, regardless of license type, can take up to six weeks. Due to the short timeframe, we would have to

track licensure expiration almost immediately after credentialing, possibly necessitating recredentialing for providers with telehealth registrations should they choose not to get a regular VT license. Moreover, under DFR Rule H-2009-03 Sec. 5.1(H), if Blue Cross VT terminated a contract with a telehealth registrant because their qualification expired, i.e., "for cause," we would then be responsible for ensuring the orderly transfer of any affected members to other contracted providers. In short, the temporary nature of telehealth registration as proposed is inconsistent with the spirit of continuity of care required of health insurers.

For these reasons, Blue Cross VT requests that OPR further clarify in the Final Rule that the out-of-state telehealth license and registration are credentials of convenience intended for providers with few Vermont patients that are limited in scope and differentiated in title from a full license to practice in the state.

Thank you for role in continuing to support access to telehealth services.

Sincerely,

/s/ E. Sebastian Arduengo

E. Sebastian Arduengo
Senior Assistant General Counsel & Compliance Officer
Blue Cross and Blue Shield of Vermont

Tredeau, Emily B (she/her)

From: Mandy LeComte <Mandy@comealivecounseling.care>
Sent: Sunday, July 19, 2026 7:43 AM
To: SOS - OPR Comments
Subject: Public Hearing on Draft Telehealth Rules submission

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To whom it may concern

Please submit my comments for review.

I hold the telehealth license for VT as an LICSW to help college students / people who travel for work between RI, MA, and VT. I am not sure it is worth paying a fee higher than $50 a year or $100 every 2 years for a handful of clients who need this service. Please keep in mind that many of us are paying for multiple state licenses to help individuals traveling back and forth between different states in New England for school or work. I don't have an issue with the number of unique clients we can have but the fee seems a little high for small practices to incur.

Thank you in advance for your time,

Mandy LeComte

--
Mandy LeComte, LICSW
cell phone: (401) 263-2885
https://www.comealivecounseling.care/
Mandy LeComte Psychology Today Profile

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Tredeau, Emily B (she/her)

From: Jeffrey Madonna <jeffreyamadonna@gmail.com>
Sent: Thursday, July 16, 2026 3:27 PM
To: SOS - OPR Comments
Subject: Draft Telehealth Rules- Public Hearing

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Hello, I currently hold an InterimTelehealth Registration in the state of Vermont (#068.0136979TELE). I am a LMHC practicing primarily in Massachusetts. I obtained the telehealth registration so that I could provide continuity of care for a long standing therapy relationship with one of my patients that moved from Massachusetts to Vermont. I only have one Vermont resident in my practice and would be open to doing more, but would stay within the capped number of patients. If some providers are capped on the number of patients they can see, would the fee be lowered, or would they need to pay the same amount as a provider without limits on the number of patients they can see? I would request that a reduction in fee be considered given the patient cap. I am trying to do what is clinical best for the patient who is now a Vermont resident but carrying additional costs while being limited is difficult.

Thank you for reviewing my feedback.

Jeffrey Madonna, LMHC
(617) 462-0798

--

Jeffrey A. Madonna

Tredeau, Emily B (she/her)

From: Kayla Scrandis CRNP PMH <kscrandiscrnp@gmail.com>
Sent: Thursday, July 16, 2026 2:54 PM
To: SOS - OPR Comments
Subject: New legislation

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I am concerned that people will drop VT licenses if the fee schedule is implemented- I have patients who have to drive to Mass or NH to receive care for some specialties - the interim is allowing to give care to those in need.

Maryland Psychiatric NP
Kayla Scrandis

Tredeau, Emily B (she/her)

From: Dr. Steven Moore <steven.moore@newenglandwellnessgroup.com>
Sent: Thursday, July 16, 2026 12:18 PM
To: SOS - OPR Comments
Subject: Comments on Proposed Rules for Out-of-State Telehealth Licensure and Registration

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July 16, 2026

Office of Professional Regulation

Re: Proposed Rules for Out-of-State Telehealth Licensure and Registration

Thank you for the opportunity to comment on the proposed Rules for Out-of-State Telehealth Licensure and Registration.

As a Vermont-licensed naturopathic physician, I appreciate OPR's work to establish a permanent framework for out-of-state telehealth practice. Vermont patients benefit from access to specialty care through telehealth, and I support creating a process that provides appropriate oversight while distinguishing telehealth credentials from full Vermont licensure.

Overall, I support the proposed rules. At the same time, I believe there are several areas that deserve additional consideration before the rules are finalized.

The proposed patient limits of 20 unique patients during a two-year telehealth license and 10 unique patients during a 120-day registration seem somewhat arbitrary. I understand the goal is to prevent large-scale telehealth practices from operating indefinitely without obtaining Vermont licensure. However, it is not clear how these particular thresholds were established or whether they reflect actual workforce or patient access needs. In some situations, these limits could unnecessarily interrupt continuity of care or make it more difficult for Vermonters to access specialty services.

I also believe it is important that Vermont continue to recognize the value of full Vermont licensure. Vermont licensees invest significant time and resources in meeting state licensing requirements, maintaining continuing education, complying with Vermont laws and regulations, and participating in Vermont's healthcare system. The proposed distinction between a telehealth credential and full Vermont licensure appropriately recognizes those commitments, and I encourage OPR to preserve that distinction.

Like many states, Vermont continues to face healthcare workforce shortages, particularly in rural communities. Although these rules are directed toward out-of-state practitioners, they should be implemented in a way that supports patient access rather than creating additional barriers. I would encourage OPR to monitor the practical effects of these rules after implementation and to be willing to revisit the patient limits if they are shown to restrict access to care without providing a corresponding public benefit.

I also think additional guidance would be helpful regarding how compliance with the patient limits will be monitored. The proposed rules establish numerical limits but provide little information about documentation, reporting, or enforcement. Clarifying those expectations would help applicants understand their responsibilities and promote consistent administration of the program.

Finally, I appreciate that these rules require telehealth practitioners to contribute to the costs of professional regulation through licensing fees. That approach is equitable and helps ensure that the cost of oversight is shared by those who benefit from practicing in Vermont.

As implementation moves forward, I encourage OPR to evaluate these rules using objective workforce and utilization data. If experience demonstrates that the current patient limits unnecessarily restrict access to care, particularly in underserved areas of the state, I hope the Office will consider appropriate revisions through future rulemaking.

Thank you for considering these comments and for your continued work to protect the public while supporting access to high-quality healthcare throughout Vermont.

Respectfully,

Steven Moore, ND
Vermont Licensed Naturopathic Physician

Tredeau, Emily B (she/her)

From: Tredeau, Emily B (she/her)
Sent: Wednesday, July 15, 2026 4:06 PM
To: jrzweber@gmail.com
Subject: RE: Contact form completion from Jeff Zweber

Dear Mr. Zweber:

Thank you for this thoughtful and heartfelt message. My colleagues and I are grateful for your perspective on the pending rules. The evening meeting has been rescheduled to Tuesday, July 28, from 6 to 8 pm. You are very welcome to attend in person or over Teams through the OPR public calendar.

We appreciate the importance of interstate practice mobility for medical professionals. Currently, no state has open-border mobility for medical professionals without some kind of in-state or multistate credential required. If it worked that way, states would have no way to hold professionals accountable for practicing competently and consistent with professional standards of care.

However, there is a national movement toward greater interstate mobility in the form of interstate licensing compacts. OPR fully supports this trend, for all the reasons you have identified. Please be assured that these telehealth rules will not affect practice under interstate compacts. M=edical professionals from compact-participating states can practice in Vermont, including in person, with reduced fees and streamlined applications. Eligible professionals include MDs, osteopathic physicians, nurses, physical therapists, occupational therapists, psychologists, mental-health counselors, clinical social workers, and speech-language pathologists.

Thank you again for your thoughts.

Sincerely,

Emily Tredeau (she/her)
Staff Attorney, General Counsel Division
Secretary of State
Office of Professional Regulation
89 Main St., 3rd Fl.
Montpelier, VT 05602
emily.b.tredeau@vermont.gov

OFFICE OF PROFESSIONAL REGULATION
VERMONT SECRETARY OF STATE

From: SOS - No Reply <sos.noreply@vermont.gov>
Sent: Tuesday, July 14, 2026 7:13 PM

To: SOS - Contact Us <SOS.ContactUs@vermont.gov>
Subject: Contact form completion from Jeff Zweber

The following information was submitted via the website contact form:

Name:
Jeff Zweber

Email:
jrzweber@gmail.com

Street address:
83 Whitetail Ridge Rd

City/Town:
Hinesburg

State:
VT

Phone:
8022335240

Message:
Dear Secretary Copeland Hanzas, I am writing regarding the out-of-state telehealth rules and the cancelled 6:00 PM OPR public meeting that I understood was scheduled for this evening, July 14. I could not attend the 1:00–3:00 PM meeting because I had a 1:40 PM telehealth appointment for my son, which captures the issue almost perfectly. My son receives care from a large out-of-state hospital with nationally recognized pediatric specialty programs because the same level of specialty care is not realistically available in Vermont. His care is expected to become more involved, not less. Treatment for a serious, complex disease like his does not involve one doctor making one decision. It requires consultation with numerous physicians, specialists, nurses, and care-team members across different departments. Telehealth is part of how those clinicians remain involved and how we keep his care coordinated. My concern is that these rules will not simply regulate out-of-state clinicians. In practice, they may cause out-of-state experts and hospital compliance departments to decide that Vermont is not worth the administrative risk for the small number of Vermont patients they may serve. A major specialty hospital with thousands of licensed clinicians may conclude that navigating a separate Vermont registration system is not worth the compliance burden. The likely result is that Vermont patients lose access. The hospital's solution may be simple but devastating: "We do not provide telehealth to Vermont residents." That is the question I keep coming back to: why are we making this harder? Vermont already knows how to recognize out-of-state authority while preserving accountability. A person with an out-of-state driver's license can automatically drive in Vermont without first registering with Vermont, but Vermont can still enforce its laws and restrict that person's ability to drive here if necessary. Out-of-state medical specialists should be approached with the same basic logic: recognize legitimate home-state licensure for telehealth access while preserving Vermont's ability to respond if a provider harms a

Vermonter. If properly structured, automatic recognition without separate pre-registration with OPR could still function as a revocable Vermont authorization and remain consistent with the statutory purpose. Where the statute is silent, OPR should not treat that silence as indifference to patient access. OPR should use whatever discretion it has to protect Vermonters' ability to receive care from out-of-state specialists. If OPR believes the statute prevents that, then OPR should say so plainly and advocate for a legislative fix. My son is lucky. We can advocate for him, travel for care, track the rules, and push back when something threatens his access to treatment. Many Vermonters are not in that position. Elderly patients, rural families, medically complex children, and people without the time, money, or ability to fight through bureaucracy may simply lose access and never be heard from. Families like mine are already doing everything we can. When your child is seriously ill, you seek the best care available. You make the calls, travel the miles, manage the appointments, and use telehealth when it is clinically appropriate. At some point, you need to know that you have done everything you can for your child. Vermont should not put unnecessary regulatory barriers between families and that care. Please let me know what the next steps are, whether another public meeting will be scheduled, and how affected families can still provide meaningful input before these rules move forward. Sincerely, Jeff Zweber

Tredeau, Emily B (she/her)

From: Ingrid Ponciano, LCMFT <ingrid@vertexcw.com>
Sent: Wednesday, July 15, 2026 7:23 AM
To: SOS - OPR Comments
Subject: Telehealth Administrative Rules Input

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Dear Office of Professional Regulation,

Thank you for the opportunity to provide feedback regarding the proposed administrative rules for telehealth credentials.

I am writing to express my concern regarding the requirement for application and renewal fees, coupled with the proposed patient caps. I currently have 18 clinicians in Maryland who are licensed in Vermont and provide vital teletherapy services to Vermont residents, many of whom are currently facing limited access to care.

While we are eager to continue offering these services, the proposed fee structure makes maintaining these licenses financially unfeasible, given the limited number of clients these clinicians serve. If these rules are implemented as proposed, I will be forced to cancel our registrations and withdraw these 18 licensed clinicians from the state, effectively reducing the mental health support available to your residents.

Could you please clarify when these changes are expected to take effect? I need this timeline to ensure we can ethically terminate treatment for our current Vermont clients and initiate the cancellation of our licenses.

Best regards,

Ingrid Ponciano, LCMFT (she/her)

www.VertexCW.com

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Tredeau, Emily B (she/her)

From: Catherine Marsh <catherine@marshpsychotherapy.com>
Sent: Monday, July 13, 2026 2:26 PM
To: SOS - OPR Comments
Subject: feedback on current telehealth draft

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Hi there,

I think your rules are just fine. However, the fee is excessive. I only see 2 clients in Vermont. I do not see any fee above $100 worth continuing to service these two people. May I suggest a lower fee. I already pay fees to New York and Connecticut.

Warmly,

Catherine

Catherine Marsh, PhD
Owner & Psychologist
Marsh Psychotherapy
www.marshpsychotherapy.org
347-871-5931

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Tredeau, Emily B (she/her)

From: Sherry Bougard <bougardsb@yahoo.com>
Sent: Saturday, July 11, 2026 8:03 AM
To: SOS - OPR Comments
Subject: Suggestions from Sherry Bougard

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1. Application and Renewal Fees The current fee structure should be reevaluated to reflect the limited number of clients telehealth providers are permitted to serve under Vermont's telehealth registration and licensing rules.

Sherry's suggestion: When a provider is restricted to a small caseload, the financial cost of full licensure fees becomes disproportionate to the scope of practice allowed.

If Vermont chooses to maintain full-fee requirements, then the number of clients permitted should be expanded accordingly and if a providers pay full licensure fees they should be allowed to serve an unlimited number of clients, or at minimum a significantly higher threshold than the current limits.

2. Patient Limits for Telehealth Providers The current restrictions—allowing only **10 unique patients per telehealth registration** and **20 unique patients per licensing term**

Sherry's suggestion: are not practical for modern telehealth practice models. These limits reduce access to care for Vermont residents and create unnecessary administrative barriers for clinicians who are fully licensed in their home states.

- Increase the allowable number of unique patients to reflect realistic caseloads for mental health and healthcare providers.
- Allow providers who meet all professional standards to serve clients based on clinical need rather than numerical caps.
- Consider aligning Vermont's limits with other states that allow broader telehealth practice without restrictive patient ceilings.

3. Residency Requirements for Telehealth Providers

Sherry's suggestion: The requirement that telehealth providers "live primarily outside of Vermont" should be modernized. Telehealth providers who are temporarily visiting Vermont—whether for travel, family, or short-term stays—should still be permitted to practice via telehealth with Vermont clients as long as they maintain licensure in their home state.
This flexibility supports continuity of care and ensures that clients do not experience disruptions simply because their provider is physically present in Vermont for a short period.

Sherry Bougard, LCSW
Tennessee, Texas, Vermont (telehealth)

Tredeau, Emily B (she/her)

From: Justine Meyer <justine@clovernutritioninfo.com>
Sent: Saturday, July 11, 2026 1:01 AM
To: SOS - OPR Comments
Subject: Input regarding dietitian telehealth registration and telehealth license

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EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

Hello,

I am a current holder of a Vermont interim telehealth registration for registered dietitians. My feedback regarding the draft update is what does any of this matter if there is no enforcement? The telehealth company Nourish is I believe at this point the largest employer of registered dietitians providing medical nutrition therapy across the United States. From many dietitians I know who work for them and from simply looking at their website, I am aware of the fact that they ignore the laws in many states, including Vermont. It is extremely easy to verify, choose Vermont as the state to find a dietitian and then compare the number of listed dietitians to another state that doesn't even have licensure for dietitians like California, Arizona or Virginia, and the same number of available dietitians comes up (and it's the same names). However, if you change the state to one that Nourish is actually worried enforces the law to tell their dietitians to actually get a license there like Alabama or Maine the number changes to a few hundred dietitians. Also your website, like those in other states provides very quick and easy verification of licensing and I've checked and the majority of the Nourish dietitians listed as available to see residents of Vermont as patients do not in fact have a license or interem telehealth registration on file with your state - not that I can check all 5,000+ listed but I checked like a dozen and this is pretty consistent they aren't licensed or registered in Vermont. I know your site works to check because I can easily pull up myself as having the interim telehealth registration.

So having been on many online discussion boards and Facebook groups for dietitians, many have the attitude of these rules mean nothing because no one is enforcing them. Only if someone feels personally compelled to play by the rules so to speak do people get a license in several of the states that require it for telehealth providers. Many just ignore state laws they believe that exist on paper only. I found many insurances don't actually check as unbeknownst to me a different telehealth company I never finished onboarding with was getting be contracting in states where I have never held a license.

I choose to be a rule follower for both my own conscious and protect myself from liability, but this also means I have to pay for state licenses that thousands of other dietitians working for telehealth companies or independently working are not paying for. Many of these dietitians, even if they leave Nourish to start their own practice, continue to believe these state licenses aren't required.

Basically makes me question if this free interim telehealth registration ends for Vermont and I have to pay for a telehealth license to see a limited number of patients who live in Vermont, or pay I assume even more for a full license in Vermont, but thousands of dietitians across the country are advertising to see

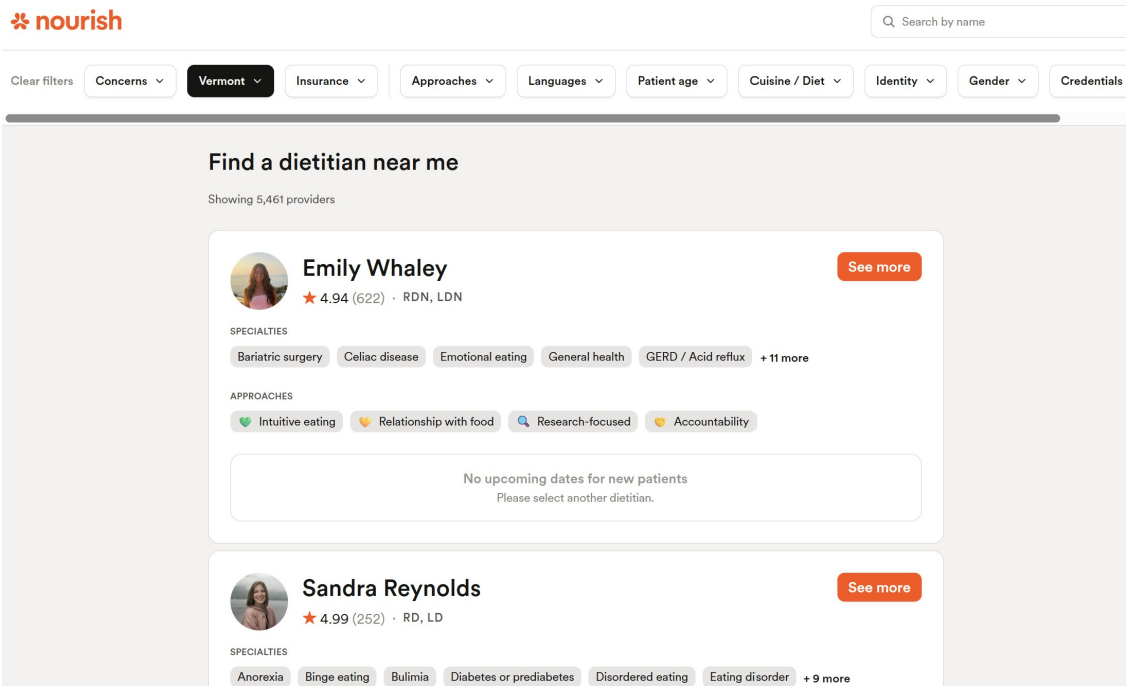
an unlimited patients in Vermont without any license in your state, maybe I should just leave your state to them. I essentially don't like the idea of being charged for something like a state license that apparently is so unenforced that most dietitians just disregard your state's rules already and see patients by telehealth without any license or even the free interim telehealth registration. When I worked for a competitor of Nourish last year another telehealth company, I informed your office that they were telling all their dietitians which is in the thousands as well, that they did not need to obtain any kind of license/registration from Vermont. Even after I told the company that your office confirmed to me that for out-of-state telehealth dietitians the interim telehealth registration or a full license for Vermont was required and that I obtained the interim telehealth registration they refused to tell their dietitians to obtain this free telehealth registration or a license. I believe the company only removed thousands of dietitians listed on their website for Vermont—who lacked Vermont licensing or registration—months after I left, once they began having issues with some insurance companies noticing their dietitians' lack of licensure across various states.

So again, as the purposed rule states " These rules require telehealth professionals to pay their fair share of the cost of professional regulation. Currently, that cost is borne by the feepaying holders of regular Vermont credentials. Charging fees to telehealth professionals will distribute the cost of professional regulation more fairly among providers." I agree with this in theory, but if in practice Nourish and other employers of dietitians or self-employed dietitians are going to continue to see Vermont as a state weak on enforcement they will I believe continue to forgo actually paying these fees. Instead, the cost will be shared by a small number of out-of-state dietitians like myself providing telehealth with a license along with full Vermont licensed dietitians who choose to follow the rules. While we will bear this cost of doing business, staggering numbers of dietitians who now dominate the market of telehealth nutrition care in the United States through Nourish and other telehealth companies may just continue on seeing unlimited numbers of Vermont patients without bearing the cost of Vermont licensure.

I hope you take in to consideration what enforcement looks like so that fairness is actually carried out regarding the cost of professional regulation in your state.

Thank you

Screenshot of what I'm talking about with Nourish below



--

Clover Nutrition Counseling LLC
Justine Violet Meyer
MPH, RDN, CSG
Licensed/Certified Dietitian

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www.clovernutritioninfo.com

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Tredeau, Emily B (she/her)

From: Jeff Zweber <jrzweber@gmail.com>
Sent: Thursday, July 9, 2026 2:42 PM
To: SOS - OPR Comments
Subject: Public Comment on Proposed Rules for Out-of-State Telehealth Licensure and Registration

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Privacy request: This comment concerns access to medical care for a minor child. I authorize full use of these comments and request redaction of my name in the public record to the extent that it identifies my child and protects his privacy. To the extent my name cannot be lawfully redacted, I authorize its use when handling public comments.

To the Office of Professional Regulation:

I am a Vermont parent of a minor child with a serious and refractory pediatric disease. My son has a condition that affects the large intestine and has caused severe inflammation, loss of bowel control, impaired growth, and weight loss. He has failed to grow normally, and at points has been near the bottom of the growth chart for his age. His condition is not routine, and it is not something that can realistically be managed only through ordinary local care in Vermont.

Because of the severity and complexity of his disease, my son has been treated for the last several years by a large out-of-state hospital with nationally recognized pediatric specialty programs. This is not a small specialty practice or a convenience-based provider relationship. It is a major hospital system providing complex pediatric specialty care that is not realistically available to him in Vermont.

We currently expect that my son will need to have his large intestine removed at that out-of-state hospital within the next month. His care is therefore not becoming simpler or less dependent on that hospital. It is becoming more involved. He will likely need ongoing coordination with surgeons, gastroenterologists, nurses, dietitians, ostomy specialists, medication providers, and other members of a large interdisciplinary care team. Some of that care will require in-person visits, procedures, hospital care, and testing. These trips average four hours of travel each way in good weather with a child who has limited bowel control, but they are worth making. Other parts of his care can and should be handled through telehealth when clinically appropriate.

That combination of in-person specialty care and telehealth has been essential. It reduces unnecessary travel, allows specialists to remain involved when his condition changes, and helps avoid forcing a medically fragile child and his family to repeatedly travel out of state for matters that can safely be handled remotely. During a single telehealth call, we have routinely spoken with two nurses or nurse practitioners, a physician assistant, and two physicians, each contributing specialized information directly to my son and his parents. Over the course of his specialized treatment, we have discussed his care with countless clinicians.

For families like mine, out-of-state telehealth is not a convenience. It is part of how Vermont children with serious medical conditions obtain specialty care that is not realistically available in Vermont. The proposed rules should be evaluated from that perspective.

My central concern is that the proposed rule appears to regulate out-of-state specialty care as if it is simply a matter of individual clinicians choosing whether to register with Vermont. That does not reflect how specialty care is actually delivered at a large hospital or academic medical center. A child treated by a major out-of-state hospital may interact with attending physicians, fellows, advanced practice providers, nurses, dietitians, psychologists, pharmacists, social workers, ostomy specialists, scheduling staff, and other members of an interdisciplinary team. The care relationship is often with the hospital, its department, and its specialty program, not only with one isolated clinician.

If Vermont requires each individual employee in a specialty program at a large out-of-state hospital to separately decide whether to obtain and maintain a Vermont telehealth credential for a small number of Vermont patients, the predictable result is that **many institutions will limit or discontinue telehealth access for Vermont families. That may be rational from the institution's perspective, but it would be harmful to Vermont patients.**

OPR's proposed rule should therefore include a hospital or specialty-center registration model. At a minimum, OPR should allow a nationally recognized out-of-state hospital, academic medical center, specialty department, or pediatric specialty program to obtain a single Vermont telehealth registration that automatically covers all of its credentialed employees and clinicians when they are providing care within the scope of that hospital's services.

Such a model could still protect patients. The hospital or specialty center could be required to:

-Maintain licensure and good standing in its home jurisdiction;

-Maintain institutional credentialing and privileging standards;

-Maintain malpractice or self-insurance coverage;

-Designate a responsible institutional contact for Vermont;

-Maintain a current internal roster of covered clinicians;

-Produce that roster to OPR upon request; and

-Notify OPR of disciplinary or licensing issues affecting covered clinicians.

This would provide accountability without creating a clinician-by-clinician administrative barrier that discourages specialty programs at large regional hospitals from serving Vermont patients.

If OPR believes that the statute does not currently allow a single institutional registration to cover all credentialed employees of a hospital or specialty center, then OPR should say that clearly in the rulemaking record and identify it as a necessary legislative correction. But OPR should not proceed as though the practical burden of individual registration is minor or merely administrative. For complex pediatric care, it is a structural access issue.

I am also concerned that the proposed rulemaking record does not appear to include a meaningful patient-access or continuity-of-care analysis. OPR's own materials appear to assume that a substantial portion of current interim telehealth registrants may allow their registrations to lapse rather than obtain a Vermont credential. If that occurs, the question is not only how much fee revenue OPR receives or how much paperwork providers must complete. The real question is what happens to Vermont patients whose out-of-state specialists no longer participate.

The analysis should address whether the rule may:

Reduce access to out-of-state specialty care;

Disrupt established treatment relationships;

Disproportionately affect children with serious or rare conditions;

Increase wait times;

Force families to travel out of state for appointments that could otherwise occur by telehealth;

Increase costs for patients, insurers, and public programs; and

Shift care to emergency departments or higher-cost settings when specialty follow-up becomes harder to obtain.

The proposed environmental analysis also appears incomplete. If reduced telehealth participation causes Vermont families to make more in-person trips to Massachusetts, New Hampshire, New York, or other states for specialty care, that means additional vehicle miles traveled, greenhouse-gas emissions, missed work, lodging costs, and family disruption. A rule that limits telehealth access can have transportation and climate impacts. The record should not simply assume no greenhouse-gas impact without analyzing substituted travel.

I am also concerned that the public-input process appears weighted toward regulators, licensed professionals, institutions, insurers, and administrative agencies. Those stakeholders matter, but they are not the only people affected. If the rule is being justified as a patient-protection measure, then patients and families should have been central to the process before the rule was drafted.

Before proceeding, I ask OPR to answer the following:

How many Vermont patients, parents, or family caregivers were consulted before the proposed rule was filed?

What patient or family organizations were contacted?

Were families relying on out-of-state specialty care specifically included?

Did OPR speak with families whose care could be disrupted if out-of-state clinicians, hospitals, or specialty centers decline to participate?

Did patient or family input change the proposed rule in any specific way?

A rule designed to protect patients should not be developed primarily through conversations with institutional and regulatory stakeholders while affected patients and families are brought in only after the rule has already been drafted.

I respectfully request that OPR revise the proposed rule before final adoption. The rule should include, or OPR should seek legislative authority for, a hospital or specialty-center registration model that allows a single approved out-of-state hospital, academic medical center, specialty department, or pediatric specialty program to cover all of its credentialed clinicians and employees when serving Vermont patients by telehealth. The rulemaking record should also be revised to include a real patient-access analysis, a continuity-of-care analysis, and an environmental analysis that addresses substituted travel.

The goal should not be to exempt out-of-state specialty providers from accountability. The goal should be to regulate telehealth in a way that protects Vermont patients without unintentionally cutting them off from the hospital-based specialty care they need.

Respectfully submitted,

A Vermont parent of a minor patient receiving out-of-state specialty care

Tredeau, Emily B (she/her)

From: Olivia Baylor <obaylor@liferevisions.com>
Sent: Wednesday, July 8, 2026 10:45 AM
To: SOS - OPR Comments
Subject: Public Comment — Proposed Telehealth Rules (Interim Telehealth Registration Holder)

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To the Vermont Office of Professional Regulation,
I am writing as a licensed clinical mental health professional and current holder of a Vermont Interim Telehealth Registration to submit written comment on the proposed telehealth rules.
I am a Licensed Clinical Professional Counselor (LCPC) with active licensure in seven states, a Board Certified TeleMental Health Provider (BC-TMH), and the founder of a Maryland-based clinical practice serving trauma-informed care to underserved populations. I appreciate the OPR's effort to modernize telehealth regulation, but I have significant concerns about the proposed rules as currently drafted.

1. Cumulative fee burden on already-licensed clinicians.

Clinicians holding an Interim Telehealth Registration already pay for full licensure in their home state, annual continuing education, malpractice insurance, and often multiple state licensure and renewal fees. Layering a Vermont application fee and renewal fee on top of these existing costs — without a clear explanation of what the fees fund — reads as a revenue measure rather than a patient-protection measure. This structure disproportionately affects solo practitioners and small practices, particularly those serving lower-fee clients in underserved communities.

2. Patient caps of 10–20 unique patients are unusually restrictive.

For clinicians who have built ongoing relationships with Vermont patients, a hard cap of 10 unique patients per telehealth registration term creates a real risk of interrupting continuity of care. Vermont patients — particularly those in rural areas — already have limited access to specialized clinicians. Restricting the caseload we can carry incentivizes providers to disenroll from Vermont entirely, which ultimately harms Vermont patients, not out-of-state clinicians.

3. Recognition of BC-TMH credential.

Providers holding the NBCC Board Certified TeleMental Health credential (BC-TMH) have already completed rigorous training and testing in telehealth ethics, competency, and practice standards. Vermont could reduce redundancy — and reward clinicians who have invested in advanced telehealth credentialing — by creating an expedited pathway or reduced fee structure for BC-TMH holders. This aligns with the standard-of-care language already in the proposed rules.

4. Suggestion: Fee transparency and impact analysis.

Before finalization, I respectfully request that OPR publish the specific proposed fee amounts along with an impact analysis showing how many current Interim Telehealth Registration holders would likely maintain their Vermont credentials under the new rules. If a significant percentage of providers would exit the Vermont market, that outcome should be evaluated against the state's goal of expanding access to mental health care.
Thank you for the opportunity to submit comment. I appreciate your consideration.

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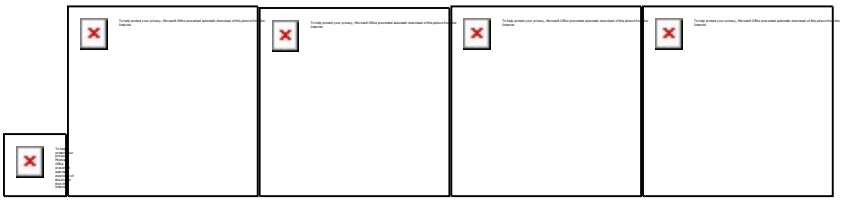


Olivia L. Baylor, LCPC, NCC, BC-TMH
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- *The Crisis Center in Montgomery County is open 24/7. You can find them at 1301 Piccard Dr, Rockville, MD 20850, and their number is 240-777-4000*
- *The Baltimore Crisis Response Inc is open 24/7. You can also just text or call 988 for immediate assistance.*
- *Dial 211 and reach Grassroots Intervention, located in the Columbia and Jessup areas. They are also 24/7 at 8990 Old Annapolis Road, Suite A, Columbia, MD 21045. Their 24-hour crisis line can be reached at 410-537-6677.*
- *You can also dial 211 for any other type of crisis you may be experiencing, such as housing, food, shelter, etc.*

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Tredeau, Emily B (she/her)

From: Kimberly MacLeod <buxtontherapy@gmail.com>
Sent: Wednesday, July 8, 2026 9:44 AM
To: SOS - OPR Comments
Subject: Interim Telehealth Registration Thoughts

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Good morning,

As an out-of-state provider who resides in Vermont, I believe several of the proposed requirements could benefit from further consideration. In their current form, some of these provisions may unintentionally discourage providers like myself from offering services to Vermonters.

Vermont continues to experience shortages of both mental health and medical providers, and the state has historically faced challenges in attracting and retaining healthcare professionals. With that in mind, I encourage consideration of policies that reduce unnecessary barriers while maintaining appropriate standards for patient care.

One area worth exploring is reciprocity for providers who have been serving Vermont residents since the expansion of telehealth during the public health emergency. These clinicians have already demonstrated a commitment to providing care to Vermonters, and recognizing that experience could help preserve access to needed services.

I would also encourage reconsideration of any proposed patient limit. Decisions regarding patient panel size are generally based on a provider's clinical judgment, specialty, practice model, and ability to safely meet patients' needs. Imposing a statewide limit on the number of patients a provider may serve could unnecessarily restrict access to care without necessarily improving quality or patient safety.

My hope is that any final regulations strike a balance between appropriate oversight and creating an environment that encourages qualified providers to continue serving Vermont residents.

--
Warmly,

Kimberly MacLeod, LPC, LCMHC, NCC
"Take The Time Now For You." SM

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Tredeau, Emily B (she/her)

From: Jane Rosenblum <rosenblum.janee@gmail.com>
Sent: Wednesday, July 8, 2026 8:27 AM
To: SOS - OPR Comments
Subject: telehealth holders

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Hello Vermont Office of Professional Regulation,

Per the proposed rules and draft for telehealth professionals seen in the email.

It appears to be in line with other states.

I may have missed it but you may need to clarify LCSW, PHD, or any other counseling professional, listed as well to put it in the language for a telehealth licence.

Thank you for moving forward in this area.

Jane Rosenblum LCSW

Tredeau, Emily B (she/her)

From: Jillian Luz, LMFT, ATR <jillianluzlmft@hushmail.com>
Sent: Tuesday, July 7, 2026 8:48 PM
To: SOS - OPR Comments
Subject: Regarding Proposed Rules for Telehealth Credentials

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Hello,

I hold a VT Interim Telehealth Registration for LMFT and have the following questions/input regarding new proposed rules regarding telehealth credentials:

1-7 “Telehealth license” means a professional credential that: (b) limits practice to up to 20 unique patients per 2-year term; *Why is there a limit on how many patients a licensed telehealth provider/therapist can treat per 2-year term? Would you consider a "patient" to be one patient who is seen just one time (ex. while they are visiting VT) or do you mean an ongoing patient, etc? Also, what if a long-time VT licensed therapist/clinician with a full VT-based caseload moves to another state and takes on the telehealth licensure status; how would they navigate needing to transfer care of part of their caseload in order to stay within the 20/year cap, and how may a transfer of care due to this restriction cause potential harm to patients? I am licensed by reciprocity in 10 states (with 2 more pending) and have not seen such restrictions before.*

Thank you for inviting professionals to provide feedback. I appreciate your consideration of my feedback and questions in regards to the proposed rules. Please contact me with any additional questions, etc.

Kindly,

Jillian Luz, LMFT, ATR
CA Licensed Marriage and Family Therapist #111449
NY Licensed Marriage and Family Therapist #002311
MA Licensed Marriage and Family Therapist #10000002
ME Licensed Marriage and Family Therapist #MF7454
RI Licensed Marriage and Family Therapist #00222
NM Licensed Marriage and Family Therapist #0222061
UT Licensed Marriage and Family Therapist #12925572-3902
NV Licensed Marriage and Family Therapist #5001-R
VT Licensed Marriage and Family Therapist #100.0134512TELE
AZ Licensed Marriage and Family Therapist #LMFT-16499
SC Registered Telehealth Provider MFT #969

Clinical Art Therapist
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Tredeau, Emily B (she/her)

From: Patricia Worsley <worsley.patricia@gmail.com>
Sent: Tuesday, July 7, 2026 8:39 PM
To: SOS - OPR Comments
Subject: current draft

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Vermont has been kind enough to allow me to have telehealth privileges, however I will admit it will depend upon the fee structure for this license if I will keep the out of state telehealth license.
Thank you
Patricia Worsley, LCMHC

Tredeau, Emily B (she/her)

From: Rachel Destito <crdestito@gmail.com>
Sent: Tuesday, July 7, 2026 7:19 PM
To: SOS - OPR Comments

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What is the rationale for dieticians, midwives and APRN's to have more requirements for licensure than MD's?

Sincerely,
Rachel Destito

Tredeau, Emily B (she/her)

From: Jennifer Schiavi CIMHP, ADHD-CCSP, FNP-BC <jenniferschiavi@ithacaadhd.com>
Sent: Tuesday, July 7, 2026 6:11 PM
To: SOS - OPR Comments
Subject: Re: new telehealth draft

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Thank you for considering my opinions on the new law.

I am open to paying renewal and application fees as long as they are within a reasonable budget. Do you know the costs yet?

I currently have one VT patient, who recently moved from NYS and wished to maintain consistency of care with me. So, I am concerned about the law stating we must have at least 10 patients. I hope this requirement can be changed to at least 1.

Thank you!

Jennifer Schiavi FNP-BC
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Tredeau, Emily B (she/her)

From: Julie Holt <julie@julieholtcounseling.com>
Sent: Tuesday, July 7, 2026 5:58 PM
To: SOS - OPR Comments
Subject: Vermont out of state telehealth proposed rules

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Hello,

I've been seeing a client of mine who moved to Vermont for a bit now and have been happy to have a telehealth ability to continue seeing her as our work is deep and powerful.

I'm seeing these proposed rules which I understand why the state would do them, but I'm starting to worry that I will be effectively paying for a full license for only one client if these go into effect because I don't have an intention of expanding my already full practice to see more clients from your lovely state.

Sadly, if this starts to increase my cost as much as I think it might, I may have to discontinue with this person. My hope is that the cost to have a telehealth license in your state or whatever the equivalent would be could be on par with the Counseling Compact fees which seem to be much lower as those get rolling out.

Anyway, you all had asked for feedback so I wanted to provide that. Please use it as you see fit, or disregard.

In kindness,

Julie

--
Julie Holt, MA, LMHC {she/her}
http://julieholtcounseling.com
(206) 979-6764

Tredeau, Emily B (she/her)

From: Melissa Potter <melissapotterlicsw@gmail.com>
Sent: Tuesday, July 7, 2026 5:53 PM
To: SOS - OPR Comments
Subject: Interim Telehealth Proposal

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Dear Office of Professional Regulation,

Thank you for informing me about what is going on regarding your proposal for requiring the registration or licensing of interim telehealth providers. I am a Licensed Independent Clinical Social Worker in New Hampshire. I have appreciated being able to see a client who moved from New Hampshire to Vermont last year. I see her approximately twice per month; sometimes once per month. I respect the need for Vermont to require an application and fees. I saw that there is a spectrum of payment amounts and wonder if you can let me know what you will charge mental health providers. I do not plan to see more than the client I currently have unless another client happens to move to Vermont. The registration option would be my preferred option, as it appears it will be more affordable.

Thank you for including me on the news and providing me the opportunity to read the draft proposal.

Kind Regards,

Melissa Potter, LICSW

Tredeau, Emily B (she/her)

From: Jeanne Guilbault <jmlmg2@gmail.com>
Sent: Tuesday, July 7, 2026 5:51 PM
To: SOS - OPR Comments
Subject: Suggestions

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I moved to Maine several years ago. I continue to zoom with several of our military families. I currently hold a telehealth license allowing me to continue to support them. I am hopeful that the regulations will remain the same. As a result of Covid so many folks have become accustomed to this method of communication. As an LCMHC for 25 years I have witnessed the transition. As an LCP or LCMHC depending upon what state you live in, there is an interstate compact allowing us to provide care in states in which we are licensed. I think if anything, give this ability to LSW's as they do not have this currently. I am grateful that finally mobile crisis units are cropping up in VT. In NC they have been there for years. VT needs not try to invent the wheel.

Tredeau, Emily B (she/her)

From: proton.gamma554 <t_masters93@pm.me>
Sent: Tuesday, July 7, 2026 5:46 PM
To: SOS - OPR Comments
Subject: Mental Healthcare Telehealth Rule Proposal

You don't often get email from t_masters93@pm.me. Learn why this is important

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Hello,

I have previously been given an out of state telehealth license to practice in Vermont. I think an alternative to the proposed rule changes may be a better solution, at least for some professions. Professional Counselors from out of state could practice via the LPC interstate compact if Vermont were to fully implement the compact, eliminating the need for a telehealth only license. Similarly, social workers and psychologists have interstate compacts that could fill the same need. If those are already being considered, which it appears they are, as Vermont has enacted legislation to become members of the compact (but is not yet issuing compact licenses) and the rules for telehealth licenses are being established in the interim period while those are setup, I think the rule for issuance stating that the person receiving the license must primarily live outside Vermont is reasonable. If someone lives primarily within Vermont they should be required to obtain full licensure to practice there.

The rule allowing only a limited number of clients, however, does not seem reasonable to me. I don't understand the purpose of limiting the number of active and total patients over the period of licensing. Vermont has been identified by federal agencies as well as agencies within Vermont as having a shortage of mental health providers, so making an arbitrary limit on the number of patients is not in the best interest of the people living in the state of Vermont. The only reason I can make sense of is that the rule would push out of state people to attain full licensure in Vermont. As someone licensed in 4 states, I think I can speak to the difficulty of maintaining multiple licenses. Each state has different rules for different things like what CEUs are required/accepted, documents needed for the application/renewal, different ways of physically applying, etc. It's a lot to keep track of, and it's expensive to maintain multiple licenses. So limiting client numbers with a telehealth license and pushing out of state people to get licensed in Vermont could be a barrier to not just people getting licensed there, but for the people of Vermont having access to needed healthcare. I know if Vermont had limits on patient numbers or other arbitrary limiting rules, I would probably not have bothered trying to practice there via telehealth license, and surely would not have seeked out full licensure.

Aside from the aforementioned rule, I think the other rules are reasonable and in line with rules other states have.

Please consider what is best for the people of the State of Vermont and our nation as a whole when making these rules. Increasing access to care is always a good thing, so please don't limit it. When the people of Vermont have good mental health, it benefits not only them, but our country as well. As a mental health provider, I want all of my patients to have improved mental health, but I also want my

community, my state, and my country to thrive, and access to quality mental Healthcare is one piece of how we can make that happen.

With respect,

Tim Masters, MSW, LCSW (WY, ME, CA), LISW-S (OH)

Sent from Proton Mail for Android.

Tredeau, Emily B (she/her)

From: Merchand, Morgan R. <Morgan.Merchand@uvmhealth.org>
Sent: Tuesday, July 7, 2026 4:38 PM
To: SOS - OPR Comments
Subject: Telehealth proposed rules

You don't often get email from morgan.merchand@uvmhealth.org. Learn why this is important

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To whom it may concern,
Please do not include patient volume limitations on this statute as it is a barrier to practice for all the subspecialties practicing telehealth. I see there is a note about visit caps under Vermont law. This will restrict access and hiring ability. Vermont already has a hard time to recruit and retain providers, these constraints will worsen the current issues.
Please instead decrease barriers to practice for telehealth visits especially as patients seek care from across the country to meet their needs.
Thank you,
Morgan Merchand
Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android
This message and any attachments may contain information that is confidential, privileged and/or protected from disclosure under state and federal laws. If you received this message in error or through inappropriate means, please reply to this message to notify the Sender that the message was received by you in error, and then permanently delete this message from all storage media, without forwarding or retaining a copy.

Tredeau, Emily B (she/her)

From: Courtney Jackson <ccutru1993@gmail.com>
Sent: Tuesday, July 7, 2026 4:23 PM
To: SOS - OPR Comments
Subject: Public comment on proposed telehealth rules

You don't often get email from ccutru1993@gmail.com. Learn why this is important

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Dear Vermont Office of Professional Regulation,

Thank you for the opportunity to comment on the proposed telehealth regulations.

I am a Vermont resident and a registered nurse currently pursuing my Psychiatric-Mental Health Nurse Practitioner (PMHNP) degree. As someone who plans to continue caring for patients throughout my career, I appreciate OPR's efforts to ensure patient safety while modernizing telehealth regulations. However, I respectfully ask that several of the proposed restrictions be reconsidered to avoid unintentionally reducing access to healthcare for Vermonters.

Vermont has long struggled with shortages of healthcare providers, particularly in psychiatry and other behavioral health specialties. Many patients already face months-long waitlists, and telehealth has become one of the most effective ways to improve access for individuals living in rural communities or those with transportation, mobility, or financial barriers.

I am particularly concerned about the proposed limitation of **10 unique patients for telehealth registrations and 20 unique patients per licensing term for telehealth licenses.** While I understand the goal of regulating out-of-state practice, these caps could significantly reduce the number of qualified clinicians willing to provide care to Vermonters. At a time when our state needs to expand access to mental health services—not restrict it—these limitations may have unintended consequences.

These concerns are even more significant given the uncertainty surrounding future federal Medicaid funding. Vermont officials have estimated that proposed federal Medicaid changes could result in tens of thousands of Vermonters losing health insurance while placing additional financial strain on hospitals, community mental health agencies, and healthcare providers. As access to care becomes more challenging, Vermont should be encouraging qualified providers to care for patients through telehealth rather than creating additional barriers.

As someone who lives in Vermont and is preparing to become a psychiatric nurse practitioner, I have seen firsthand how difficult it can be for patients to obtain mental healthcare. I hope the final regulations reflect Vermont's ongoing provider shortages and prioritize expanding access to safe, high-quality care for those who need it most.

Thank you for considering my comments and for the opportunity to participate in the rulemaking process.

Sincerely,

Courtney Beth Jackson, BSN, RN

Tredeau, Emily B (she/her)

From: David Chiddix <chiddixdavid@gmail.com>
Sent: Tuesday, July 7, 2026 3:58 PM
To: SOS - OPR Comments
Subject: Feedback on telehealth licensure

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Hi,
For the proposed licensure requirements, I don't like how there would be a limited number of telehealth clients allowed to be seen by someone like me who lives in Idaho. I believe you proposed that the rule be that I would be allowed 10 or 20 patients and that is all. I would rather be able to see an unlimited amount of clients, as long as I am obeying all the rules otherwise.
Thanks,
David Chiddix LCSW
Capstone Therapy
Idaho Falls, Idaho

Tredeau, Emily B (she/her)

From: Dr Jonathan Mangin <frankfortvet@gmail.com>
Sent: Tuesday, July 7, 2026 3:55 PM
To: SOS - OPR Comments
Subject: Proposed rules

[You don't often get email from frankfortvet@gmail.com. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

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I have been doing telehealth daily this entire year.
I have not had the first patient from Vermont.
If a license fee is required I will not renew my licensure in the state.
I would disagree with the proposed changes.
Sent from my iPhone

Tredeau, Emily B (she/her)

From: Tracy Newman <tracylnewman2015@gmail.com>
Sent: Tuesday, July 7, 2026 3:43 PM
To: SOS - OPR Comments
Subject: License Change Feedback

You don't often get email from tracylnewman2015@gmail.com. Learn why this is important

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Hi,
My comments are the limit on number of patients will greatly cripple the services. Most of my clients are in Vermont and have been waiting on services in their state to no avail. Only allowing 10 per registration would be counter productive and again keep people from getting services.

Tracy L. Newman, Esquire
Law Office of Tracy L. Newman
1299 Bedford Drive B-2
Melbourne, Florida 32940
tracylnewman2015@gmail.com
321-549-8187



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Tredeau, Emily B (she/her)

From: sigrid alexandersen <sigridalexandersen@sbcglobal.net>
Sent: Tuesday, July 7, 2026 3:43 PM
To: SOS - OPR Comments
Subject: telehealth credential

You don't often get email from sigridalexandersen@sbcglobal.net. Learn why this is important

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Hello! Right now, I would not pay to have a telehealth license in Vermont because economically it wouldn't make sense. I have never treated a patient from Vermont. If I were able to market myself to actually acquire clients, they would be capped at 10, again making it economically unattractive. I will look into the fast-track license to see what the fees are and if there is any economic advantage to it.

Sigrid Alexandersen

Tredeau, Emily B (she/her)

From: Sara Rosenberg <sararosenberglpc@gmail.com>
Sent: Tuesday, July 7, 2026 3:26 PM
To: SOS - OPR Comments
Subject: Proposed changes suggestions

You don't often get email from sararosenberglpc@gmail.com. Learn why this is important

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Not set a minimum number of clients to be seen (email says 10 unique clients). We sometimes get telehealth licenses to continue care with clients that move and we may not be able to easily get more clients in that state. If you require a minimum number of clients, that results in clients not receiving continuity of care and services

Sara Rosenberg NCC LPC

Tredeau, Emily B (she/her)

From: Carol Boerner <carol.boerner@icloud.com>
Sent: Saturday, June 20, 2026 7:11 AM
To: Tredeau, Emily B (she/her)
Subject: Telehealth

[You don't often get email from carol.boerner@icloud.com. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

As a physician, and somebody with multiple health issues, I get a lot of my care in Boston. I have had to switch doctors because they would not talk to me in Vermont. This is absolutely ridiculous. I have a relationship with a doctor in Boston and they cannot advise me because my body happens to be in Vermont with my Vermont phone number? This is not care by the state !This is harassment by the state.
I believe that if a patient has a relationship, has been seen and treated by any physician anywhere, that that physician should be able to care for that patient wherever that patient happens to be. What about all the snowbirds in Vermont ?.Their doctor can't talk to them when they're in Florida in February and have a medical issue? That's absurd.
What can I do to make the situation better, not better, rational?
Sincerely, Carol F Boerner MD
Sent from my iPhone, please excuse the auto correct... it’s AI humor, I guess

Tredeau, Emily B (she/her)

From: Carol Boerner <carol.boerner@icloud.com>
Sent: Saturday, June 20, 2026 7:11 AM
To: Tredeau, Emily B (she/her)
Subject: Telehealth

[You don't often get email from carol.boerner@icloud.com. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

As a physician, and somebody with multiple health issues, I get a lot of my care in Boston. I have had to switch doctors because they would not talk to me in Vermont. This is absolutely ridiculous. I have a relationship with a doctor in Boston and they cannot advise me because my body happens to be in Vermont with my Vermont phone number? This is not care by the state !This is harassment by the state.
I believe that if a patient has a relationship, has been seen and treated by any physician anywhere, that that physician should be able to care for that patient wherever that patient happens to be. What about all the snowbirds in Vermont ?.Their doctor can't talk to them when they're in Florida in February and have a medical issue? That's absurd.
What can I do to make the situation better, not better, rational?
Sincerely, Carol F Boerner MD
Sent from my iPhone, please excuse the auto correct... it’s AI humor, I guess

Tredeau, Emily B (she/her)

From: Mandy LeComte <mandy.lecomte.licsw@gmail.com>
Sent: Monday, January 5, 2026 10:12 AM
To: SOS - OPR Comments
Subject: Telehealth

You don't often get email from mandy.lecomte.licsw@gmail.com. Learn why this is important

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

Hi there, I just received the email about your new regulations.

I mostly got the telehealth registration as I am licensed In Massachusetts and Rhode Island and I have many students Who go back-and-forth between these states which is why I got the Vermont telehealth license. I'm not sure if I'd be interested in paying a fee for this since it is a small number of folks that I service.

Thank you.

Mandy LeComte, LICSW
cell phone: (401) 263-2885
Mandy LeComte Psychology Today Profile

This communication is personal, privileged, and confidential but is not HIPAA compliant. It is intended only for the review of the person to whom it has been addressed. If you believe you have received this electronic mail in error, please call my cell phone number 401-263-2885. Please do not forward this email to anyone without the expressed permission of the sender or the addressee. If you are having an emergency please do not wait for an email response, call 911 or go to your local emergency room.

Incorporation by Reference

THIS FORM IS ONLY REQUIRED WHEN INCORPORATING MATERIALS BY REFERENCE. PLEASE REMOVE PRIOR TO DELIVERY IF IT DOES NOT APPLY TO THIS RULE FILING:

Instructions:

In completing the incorporation by reference statement, an agency describes any materials that are incorporated into the rule by reference and how to obtain copies.

This form is only required when a rule incorporates materials by referencing another source without reproducing the text within the rule itself (e.g., federal or national standards, or regulations).

Incorporated materials will be maintained and available for inspection by the Agency.

1. TITLE OF RULE FILING:

   Rules for Out-of-State Telehealth Licensure and Registration

2. ADOPTING AGENCY:

   Office of Professional Regulation, Secretary of State

3. DESCRIPTION (*DESCRIBE THE MATERIALS INCORPORATED BY REFERENCE*):

   Vermont statutes

   Vermont administrative rules

4. FORMAL CITATION OF MATERIALS INCORPORATED BY REFERENCE:

   3 V.S.A. ch. 5, subch. 3
   3 V.S.A. § 129a
   18 V.S.A. § 9361
   18 V.S.A. § 9362
   26 V.S.A. § 3051
   26 V.S.A. § 3052
   26 V.S.A. § 3054
   26 V.S.A. § 3385
   26 V.S.A. § 4183
   Code of Vermont Rules, Part 04-030
   Board of Pharmacy Administrative Rules, C.V.R. 04-030-

230

5. OBTAINING COPIES: *(EXPLAIN WHERE THE PUBLIC MAY OBTAIN THE MATERIAL(S) IN WRITTEN OR ELECTRONIC FORM, AND AT WHAT COST)*:

   Vermont statutes are available free at legislature.vermont.gov/statutes

   Vermont administrative rules are available free at lexisnexis.com/hottopics/codeofvtrules

   All authorities are available for free viewing by appointment at the Vermont State Library, located at 60 Washington Street, Suite 2, Barre, VT.

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Run Spell Check

OFFICE OF PROFESSIONAL REGULATION
VERMONT SECRETARY OF STATE

Rules for Out-of-State Telehealth Licensure & Registration

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Part 1 Definitions

1-1 **"Credential"** means a government-issued professional license, certification, or registration.

1-2 **"Office"** means the Vermont Office of Professional Regulation.

1-3 **"Out-of-state health care professional"** means a health care professional who:

(a) is credentialed in a U.S. jurisdiction other than Vermont; and

(b) does not reside primarily within Vermont.

1-4 **"Patient"** means patient or client.

1-5 **"Telehealth"** is defined in 26 V.S.A. § 3052.

1-6 **"Telehealth credential"** means a Vermont telehealth license or telehealth registration.

1-7 **"Telehealth license"** means a professional credential that:

(a) authorizes the practice of telehealth under 26 V.S.A. § 3054(a);

(b) limits practice to up to 20 unique patients per 2-year term; and

(c) is renewable on a 2-year cycle.

1-8 **"Telehealth professional"** means an out-of-state health care professional who holds a Vermont telehealth credential.

1-9 **"Telehealth registration"** means a professional credential that:

(a) authorizes the practice of telehealth under 26 V.S.A. § 3054(b);

(b) limits practice to up to 10 unique patients per 120-day term; and

(c) is not renewable.

Part 2 General provisions.

2-1 **Applicability.** These rules apply only to out-of-state professionals who do not hold a regular Vermont credential or compact privilege. Telehealth credentials are never required when they would be redundant with such credentials.

2-2 **Eligibility.** To qualify for a telehealth credential, an applicant must:

(a) be an out-of-state health care professional;

(b) hold a professional credential that:

(1) is for a profession listed in 26 V.S.A. § 3051(a);

(2) is not an ineligible credential type under 2-2;

(3) is in good standing as defined in 26 V.S.A. § 3052;

(4) was issued by a state of the United States, the District of Columbia, or any territory or insular area under U.S. jurisdiction;

(5) authorizes the same or a broader scope of practice than the equivalent full Vermont credential; and

DRAFT

(6) is not:

(A) a temporary, student, trainee, provisional, telehealth, or other type of credential that limits the full professional scope of practice; or

(B) issued under an interjurisdictional licensing compact.

(c) not hold a full Vermont credential in the same profession;

(d) submit a sample copy of required disclosures;

(e) pass any Vermont Statutes and Rules examination required for the corresponding full Vermont credential;

(f) answer all required questions, make all required attestations, submit all required documents, and pay the required fee; and

(g) meet any further profession-specific requirements.

2-3 Exceptions to eligibility.

(a) **No supervised professions.** Credential types that require supervision by another professional, as determined by the Director of the Office, are not available as telehealth credentials.

(b) **No in-person specialties.** Specialties that can be practiced only in person, as determined by the Director of the Office, are not available to telehealth professionals.

(c) **Pharmacy alternative credential**. The practice of pharmacy by telehealth (telepharmacy) is governed by the *Board of Pharmacy Administrative Rules*, C.V.R. 04-030-230. Pharmacy professionals should see those rules for information on telepharmacy licensure.

2-4 Renewal.

(a) **Licenses.** Telehealth licenses are valid for 2 years and renew on the same cycle as the corresponding full Vermont credential. To renew a telehealth license, a licensee must demonstrate continued eligibility under 2-1.

(b) **Registrations.** Telehealth registrations are valid for 120 days and are not renewable.

2-5 Limited scope of practice. A telehealth credential authorizes practice:

(a) only by telehealth, not in person;

DRAFT

(b) with a patient physically located in Vermont; and

(c) for a license, with up to 20 unique patients during the 2-year license term; or

(d) for a registration, with up to 10 unique patients during the 120-day registration term.

2-6 Standard of care. A telehealth professional must follow the same established standard of care as for in-person practice. When this standard cannot be met by virtual means, telehealth practice is inappropriate. Failure to meet the standard of care is unprofessional conduct under 3 V.S.A. § 129a.

2-7 Vermont laws applicable. A telehealth professional must follow all statutes and rules applicable to their profession, including but not limited to:

(a) 3 V.S.A. Ch. 5, subch. 3, which governs all Office professions;

(b) the profession-specific chapter of 26 V.S.A.;

(c) for non-veterinarians, 18 V.S.A. §§ 9361–9362; and

(d) any profession-specific administrative rules, which appear in part 04-030 of the Code of Vermont Rules and on the Office website.

2-8 Mandatory disclosures. A telehealth professional must make disclosures as follows.

(a) **Timing.** A telehealth professional must make required disclosures before first delivering telehealth services, even if they have seen the patient before in person.

(b) **Form.** Disclosures must be in writing, easily readable, and documented in patient health records. They may be electronic or tangible.

(c) **Contents.** A telehealth professional's disclosures must include:

(1) their name, email address, and phone number;

(2) the credential, credential number, and issuing jurisdiction of their full professional credential;

(3) for non-veterinarians, all information required by 18 V.S.A. § 9361 (telehealth informed consent);

(4) the definition of unprofessional conduct under 3 V.S.A. § 129a and the profession-specific chapter of 26 V.S.A.;

DRAFT

(5) the method for filing a complaint with the Office; and

(6) any additional disclosures required by Part 3, below, or the profession's administrative rules or statutes.

Part 3 Requirements for Specific Professions.

3-1 Dietitians. A dietetics applicant must qualify for licensure under 26 V.S.A. § 3385.

3-2 Midwives.

(a) **Eligibility.** A midwifery applicant must:

(1) qualify for licensure under 26 V.S.A. § 4183; and

(2) have a written agreement with a Vermont-based birth provider to provide in-person services as needed.

(b) **Disclosures.** A midwife must disclose the name and contact information of the collaborating provider required by 3-3(a)(2).

3-3 Advanced Practice Registered Nurses (APRNs). An APRN applicant must:

(a) be nationally certified for their patient population focus; and

(b) meet any transition-to-practice requirements of Vermont law. The collaborating provider must hold a Vermont telehealth license or full license in good standing.

DRAFT

Citations

Title 26 : Professions and Occupations
Chapter 56 : Out-of-State Telehealth Licensure & Registration and Interstate Compacts
Subchapter 1: Out-of-State Telehealth Licensure and Registration
(Cite as: 26 V.S.A. § 3061)

- **§ 3061. Rulemaking**

The Office or the Board may adopt rules in accordance with 3 V.S.A. chapter 25 to carry out the purposes of this chapter, including, in consultation with the appropriate boards and advisor appointees for professions regulated by the Office, rules regarding any profession-specific requirements related to telehealth licenses and telehealth registrations.
(Added 2021, No. 107 (Adj. Sess.), § 1, eff. July 1, 2023.)

OFFICE OF THE SECRETARY OF STATE

VERMONT STATE ARCHIVES & RECORDS ADMINISTRATION (VSARA)

(802) 828-2863

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	Times Argus / Rutland Herald Classified Ads (classified.ads@rutlandherald.com)	Tel: 802-747-6121 ext 2238 FAX: 802-776-5600
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	Herald of Randolph (ads@ourherald.com)	Tel: 728-3232 FAX: 728-9275 Attn: Brandi Comette
	Newport Daily Express (jlafoe@newportvermontdailyexpress.com)	Tel: 334-6568 FAX: 334-6891 Attn: Jon Lafoe
	News & Citizen (mike@stowereporter.com)	Tel: 888-2212 FAX: 888-2173
	St. Albans Messenger Legals (legals@samessenger.com; cfoley@orourkemediagroup.com)	Tel: 524-9771 ext. 117 FAX: 527-1948 Attn: Legals
	The Islander (islander@vermontislander.com)	Tel: 802-372-5600 FAX: 802-372-3025
	Vermont Lawyer (hunter.press.vermont@gmail.com)	Attn: Will Hunter
	VT Digger (legals@vtdigger.org)	Attn: Legals

FROM: APA Coordinator, VSARA **Date of Fax:** October 28, 2026

RE: The "Proposed State Rules " ad copy to run on **June 18, 2026**

PAGES INCLUDING THIS COVER MEMO: **2**

NOTE **8-pt font in body. 12-pt font max. for headings - single space body. Please include dashed lines where they appear in ad copy. Otherwise minimize the use of white space. Exceptions require written approval.**

If you have questions, or if the printing schedule of your paper is disrupted by holiday etc. please contact VSARA at 802-828-3700, or E-Mail sos.statutoryfilings@vermont.gov, Thanks.

PROPOSED STATE RULES

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By law, public notice of proposed rules must be given by publication in newspapers of record. The purpose of these notices is to give the public a chance to respond to the proposals. The public notices for administrative rules are now also available online at https://secure.vermont.gov/SOS/rules/ . The law requires an agency to hold a public hearing on a proposed rule, if requested to do so in writing by 25 persons or an association having at least 25 members.

To make special arrangements for individuals with disabilities or special needs please call or write the contact person listed below as soon as possible.

To obtain further information concerning any scheduled hearing(s), obtain copies of proposed rule(s) or submit comments regarding proposed rule(s), please call or write the contact person listed below. You may also submit comments in writing to the Legislative Committee on Administrative Rules, State House, Montpelier, Vermont 05602 (802-828-2231).

Rules for Out-of-State Telehealth Licensure and Registration.

Vermont Proposed Rule: 26P013

AGENCY: Secretary of State, Office of Professional Regulation

CONCISE SUMMARY: These rules govern the licensing and registration of out-of-state healthcare professionals practicing with Vermont patients via telehealth only. These rules create the permanent system mandated by Act 4 (2023) to replace a system currently operating on an interim basis. The rules provide for eligibility requirements, standards of practice, and mandatory disclosures by out-of-state telehealth professionals. These rules do not apply to practice via telehealth by professionals who hold regular Vermont credentials.

FOR FURTHER INFORMATION, CONTACT: Emily Tredeau, Office of Professional Regulation, Secretary of State 89 Main St., Montpelier, VT 05620 Tel: 802-828-1505 E-Mail: emily.b.tredeau@vermont.gov URL: https://sos.vermont.gov/opr/about-opr/telehealth-registrations-and-licensing/.

FOR COPIES: Emily Carr, Office of Professional Regulation, Secretary of State, 89 Main St., Montpelier, VT 05620 Tel: 802-828-1505 E-Mail: emily.carr@vermont.gov.

---

(802) 828-2863

MEMORANDUM OFFICE OF THE SECRETARY OF STATE

Primary Contact: Emily Tredeau, Office of Professional Regulation, Secretary of State 89 Main St., Montpelier, VT 05620 Tel: 802-828-1505 E-Mail: emily.b.tredeau@vermont.gov

Secondary Contact: Emily Carr, Office of Professional Regulation, Secretary of State, 89 Main St., Montpelier, VT 05620 Tel: 802-828-1505 E-Mail: emily.carr@vermont.gov.

URL: https://sos.vermont.gov/opr/about-opr/telehealth-registrations-and-licensing/

From: APA Coordinator, VSARA

RE: Rules for Out-of-State Telehealth Licensure and Registration.

Date 06/03/2026

We received Proposed Rule on 06/02/2026
Final Proposed Rule on
Adopted Rule on
We have assigned the following rule number(s):
Proposed Rule Number: 26P013
Adopted Rule Number:
(Final Proposals are not assigned a new number; they retain the Proposed Rule Number.)

The following problems were taken care of by phone/should be taken care of immediately: Proposed Filing: the deadline for public comment was blank on the coversheet, the minimum time frame allowed under 3 V.S.A. § 840(c) has been added by SOS staff, SOS staff also added a citation under the statutory authority which designates the Secretary of State as the adopting authority for the Office of Professional Regulation. No further action required.

We cannot accept this filing until the following problems are taken care of:

The notice for this proposed rule appeared/will appear online on: 6/10/2026 and in the newspapers of record on 6/18/2026.

This rule takes effect on
Adoption Deadline: 02/02/2027

Please note:

If you have any questions, please call me at 828-2863. OR
E-Mail me at: sos.statutoryfilings@vermont.gov

cc: Lindsey Schreier

Vermont Secretary of State
APA Filing Office
Location: VSARA 1078 US Rte 2 Middlesex Vermont
Mail: 1078 US Rte 2 Middlesex, Montpelier, VT 05633-7701

Administrative Procedures Act

Rule # 26P013

Rule Name: Rules for Out-of-State Telehealth Licensure and Registration.

Agency: Secretary of State, Office of Professional Regulation

Agency Business Unit # Reference:

Date: 06/03/2026

Attention: Emily Tredeau, Office of Professional Regulation,
Secretary of State 89 Main St., Montpelier, VT 05620
Tel: 802-828-1505 E-Mail: emily.b.tredeau@vermont.gov

and

Emily Carr, Office of Professional Regulation,
Secretary of State, 89 Main St., Montpelier, VT 05620
Tel: 802-828-1505 E-Mail: emily.carr@vermont.gov.

Your agency will be invoiced for the cost of publication of this rule.
The notice will be published on 6/18/2026.

If you have any questions, please contact our business office at 828-2372.

Thank you.