

Vermont

In November 2022, Vermonters voted to amend its constitution to read as follows:

Vt. Const. Article 22. Personal reproductive liberty.

That an individual's right to personal reproductive autonomy is central to the liberty and dignity to determine one's own life course and shall not be denied or infringed unless justified by a compelling State interest achieved by the least restrictive means.

18 V.S. § 5222. Reports

(a) The following fetal deaths shall be reported by the hospital, physician, or funeral director directly to the Commissioner within seven days after delivery on forms prescribed by the Department:

- (1) All fetal deaths of 20 or more weeks of gestation or, if gestational age is unknown, of 400 or more grams, 15 or more ounces, fetal weight shall be reported;
- (2) All therapeutic or induced abortions, as legally authorized to be performed, of any length gestation or weight shall be reported;
- (3) Spontaneous abortions and ectopic pregnancies of less than 20 weeks gestation are not required to be reported.

(b) The physician who treats a woman as a result of a miscarriage or abortion shall report the fetal death if it is not known to be previously reported under subsection (a) of this section. If there is evidence of violence or other unusual or suspicious circumstances, the medical examiner shall be immediately notified, and he or she shall complete at least the medical items on the report. If a funeral director is to be involved, the physician may delegate to the funeral director the responsibility for completing items other than those of a medical nature. Similarly, the physician may delegate the responsibility for completion of nonmedical items to appropriate personnel having access to records containing the information.

(c) If a fetal death occurs on a moving conveyance, the place of occurrence shall be given as the town or city where removal from the vehicle took place.

(d) Fetal death reports are for statistical purposes only and are not public records. They shall be destroyed after five years.

18 V.S. § 5225. Penalty

A person who violates a provision of this subchapter, unless another penalty is otherwise provided, shall be fined not more than \$500.00.

18 V.S.A. § 5224. Disposition of remains; permits.

(a) Fetal remains shall be disposed of by burial, cremation, or natural organic reduction unless released to an educational institution for scientific purposes or disposed of by the hospital or as directed by the attending physician in a manner that will not create a public health hazard. Permission shall be obtained from one of the parents, if competent, for disposition in all cases where a funeral director is not involved. One copy of the fetal death report shall be printed in such manner that completion and signing by the physician or medical examiner shall constitute permission to make permanent disposition of the fetal remains.

(b) When a funeral director is involved or when the fetal remains are to be privately buried or disposed of by a disposition facility, the funeral director or other person taking charge of the remains shall obtain from the hospital or physician the disposition permit portion of the report and shall deliver it to the sexton or other person having care of the cemetery, tomb, vault, or disposition facility before burial or other disposition takes place. These permits shall be delivered each month to the clerk of the town in which burial or disposition took place, in the same manner as permits for burial of dead bodies; so also shall all other provisions of sections 5209-5216 of this title be applicable to fetal remains as are applicable to dead bodies.

(c) When disposition of fetal remains is by means other than those specified in subsection (b) of this section and a funeral director is not involved, the disposition permit copy of the report shall be completed by the appropriate official of the hospital or by the physician or other person in charge of disposition and sent to the Commissioner within 10 days after such disposition. These permits may be destroyed after five years.

18 V.S.A. § 9496. Definitions

As used in this subchapter:

(1) "Health care provider" means a person, partnership, or corporation, including a health care facility, that is licensed, certified, or otherwise authorized by law to provide professional health care services in this State to an individual during that individual's medical care, treatment, or confinement.

(2) "Public entity" means:

(A) the Legislative, Executive, or Judicial Branch of State Government, or any agency, department, office, or other subdivision of State government, or any elective or appointive officer or employee within any of those branches; or

(B) any municipality, or any agency, department, office, or other subdivision of municipal government, or any elective or appointive officer or employee within municipal government.

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18 V.S.A. § 9496

18 V.S.A. § 9494 Interference with reproductive choice prohibited

(a) A public entity as defined in section 9496 of this title shall not, in the regulation or provision of benefits, facilities, services, or information, deny or interfere with an individual’s fundamental rights to choose or refuse contraception or sterilization or to choose to carry a pregnancy to term, to give birth to a child, or to obtain an abortion.

(b) No State or local law enforcement shall prosecute any individual for inducing, performing, or attempting to induce or perform the individual’s own abortion.

18 V.S.A. § 9494

18 V.S.A. § 9497. Abortion; restricting access prohibited

A public entity shall not:

(1) deprive a consenting individual of the choice of terminating the individual’s pregnancy;

(2) interfere with or restrict, in the regulation or provision of benefits, facilities, services, or information, the choice of a consenting individual to terminate the individual’s pregnancy;

(3) prohibit a health care provider, acting within the scope of the health care provider’s license, from terminating or assisting in the termination of a patient’s pregnancy; or

(4) interfere with or restrict, in the regulation or provision of benefits, facilities, services, or information, the choice of a health care provider acting within the scope of the health care provider’s license to terminate or assist in the termination of a patient’s pregnancy.

18 V.S.A. § 9497

8 V.S.A. § 4099e. Coverage for abortion and abortion-related services

(a) Definitions. As used in this section:

(1) “Abortion” means any medical treatment intended to induce the termination of, or to terminate, a clinically diagnosable pregnancy except for the purpose of producing a live birth.

(2) “Health insurance plan” means Medicaid and any other public health care assistance program, any individual or group health insurance policy, any hospital or medical service corporation or health maintenance organization subscriber contract, or any other health benefit plan offered, issued, or renewed for any person in this State by a health insurer as defined by 18 V.S.A. § 9402. For purposes of this section, health insurance plan shall include any health benefit plan offered or administered by the State or any subdivision or instrumentality of the State. The term shall not include benefit plans providing coverage for a specific disease or other limited benefit coverage, except that it shall include any accident and sickness health plan.

(b) Coverage. A health insurance plan shall provide coverage for abortion and abortion-related care.

(c) Cost sharing. The coverage required by this section shall not be subject to any co-payment, deductible, coinsurance, or other cost-sharing requirement or additional charge, except:

(1) to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to 26 U.S.C. § 223; and

(2) for coverage provided by Medicaid.