

# 2021—2022 Bills Passed by the House Committee on Human Services

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January 2023

## *Act 36 (S.20): An act relating to restrictions on perfluoroalkyl and polyfluoroalkyl substances and other chemicals of concern in consumer products*

- Prohibits a person, municipality, or State agency from discharging or otherwise using for training or testing purposes class B firefighting foam that contains intentionally added perfluoroalkyl and polyfluoroalkyl substances (PFAS).
- Unless required under federal law, a manufacturer of class B firefighting foam is prohibited from manufacturing, selling, offering for sale, or distributing for sale or use in Vermont class B firefighting foam to which PFAS have been intentionally added.
  - However, these restrictions do not apply to class B firefighting foam containing intentionally added PFAS used at a terminal until January 1, 2024. After that date, a person operating a terminal who seeks to purchase class B firefighting foam containing intentionally added PFAS for fighting emergency class B fires may apply to the Department of Environmental Conservation (DEC) for a temporary one-year exemption.
  - Requires manufacturer or other person that sells firefighting equipment to any person, municipality, or State agency to provide notice to the purchaser at the time of sale if the personal protective equipment contains PFAS.
- Prohibits a manufacturer, supplier, or distributor from manufacturing, selling, offering for sale, distributing for sale, or distributing for use in Vermont a residential rug or carpet, aftermarket stain or water resistant treatment for rugs or carpets, and ski wax to which PFAS have been intentionally added in any amount.

*Act 36 (S.20): An act relating to restrictions on perfluoroalkyl and polyfluoroalkyl substances and other chemicals of concern in consumer products (continued)*

- Adds three PFAS to the previously enacted list of chemicals of high concern to children
- Prohibits a manufacturer, supplier, or distributor from manufacturing, selling, offering for sale, distributing for sale, or distributing for use in Vermont a food package to which PFAS have been intentionally added and are present in any amount
- Prohibits a manufacturer, supplier, or distributor from manufacturing, selling, offering for sale, distributing for sale, or distributing for use in Vermont a food package that includes inks, dyes, pigments, adhesives, stabilizers, coatings, plasticizers, or any other additives to which ortho-phthalates have been intentionally added and are present in any amount greater than an incidental presence
- In certain circumstances, allows the Department of Health (VDH) to adopt rules that:
  - prohibit a manufacturer, supplier, or distributor from selling or offering for sale or for promotional distribution a food package or the packaging component of a food package to which bisphenols have been intentionally added and are present in any amount greater than an incidental presence (if VDH or another state has determined that a safer alternative is readily in sufficient quantity and at a comparable cost and the safer alternative performs as well as or better than bisphenols in a specific application of bisphenols to a food package or the packaging component of a food package); and
  - exempt specific chemicals within the bisphenol class when clear and convincing evidence suggests they are not endocrine-active or otherwise toxic.

# *Act 45 (H.171): An act relating to child care systems and financing*

- Amends the Child Care Financial Assistance Program (CCFAP) by assigning co-payments to an entire participating family versus by child, whereby families with an annual gross income of less than or equal to 150 % of the current federal poverty level (FPL) do not have a family co-payment, and increasing the upper limit of the income scale to 350% of current FPL
- Amends CCFAP by specifying that the payment schedule established by the Commissioner of the Department for Children and Families (DCF) may reimburse providers in accordance with the results of the most recent Vermont Child Care Market Rate Survey and that reimbursement rate caps be tiered in relation to provider ratings under STARS
  - The lower limit of reimbursement rate caps cannot be less than the 50th percentile of all reported rates for the same provider setting in each rate category.
- Requires the DCF's Child Development Division (CDD) to convene the Bright Futures Information System (BFIS) end-user group and make every reasonable effort to achieve full functionality of the first BFIS module on or before October 1, 2021
- Develops three workforce development programs: scholarships for current early childhood providers, scholarships for prospective early childhood providers, and student loan repayment assistance; the latter two are set to expire on July 1, 2026

## *Act 45 (H.171): An act relating to child care systems and financing (continued)*

- Requires CDD to submit a report to the General Assembly addressing the costs and policy implications associated with moving from an attendance-based model to an enrollment-based model in CCFAP
- Directs Building Bright Futures to issue a request for proposals to select an independent consulting entity with expertise in the field of child care and early childhood education to provide an analysis and recommendations on Vermont's child care and early education systems for children from birth through five years of age
- Requires the Joint Fiscal Office (JFO) to contract with a consultant to evaluate economic impacts of and potential funding mechanisms to adjust Vermont's regulated child care system for children from birth through five years of age with consideration given to the intersection of and impacts on child care for children from six through 12 years of age

## *Act 46 (H.225): An act relating to possession of a therapeutic dosage of buprenorphine*

- Removes criminal penalties for possession of 224 milligrams or less of buprenorphine
- Refers persons under 21 years of age in possession of 224 milligrams or less of buprenorphine to the Court Diversion Program for the purpose of enrollment in the Youth Substance Awareness Safety Program
- Persons under 16 years of age in possession of 224 milligrams or less of buprenorphine are subject to delinquency proceedings in the Family Division of the Superior Court
- Knowing and unlawful possession of more than 224 milligrams of buprenorphine shall continue to be criminal and penalized in the same manner as other narcotics pursuant to 18 V.S.A. § 4234

*Act 88 (H.628): An act relating to amending a birth certificate to reflect gender identity*

- Requires the Department of Health to adopt rules to allow an individual to amend the gender marker on the individual's birth certificate through means such as self-attestation
- Permits the Department of Health to adopt rules that add gender pronouns to the list of authorized markers on a birth certificate

*Act 97 (S.74): An act relating modification to Vermont's patient choice at end of life laws*

- This act allows a physician to use telemedicine to interact with a terminally ill patient who is requesting a prescription for medication to be self-administered to hasten the patient's own death if the physician determines the use of telemedicine to be clinically appropriate.
- The act eliminates a 48-hour waiting requirement after the last to occur of the patient's written request for medication to be self-administered to hasten the patient's own death, the patient's second oral request for the medication, and the physician's offering the patient an opportunity to rescind the request, before the physician can write a prescription for the medication.
- The act also specifies that no health care professional will be subject to civil or criminal liability or professional disciplinary action for acting in good faith compliance with the statutes regarding patient choice at end of life.



*Act 113 (S.206): An act relating to planning and support for individuals and families impacted by Alzheimer's Disease and related disorders*

- Adds the Executive Director of the Blueprint for Health or designee to the Commission on Alzheimer's Disease and Related Disorders and replaces the member of the Commission representing the business community with a member representing hospitals
- Requires the Commission to submit a report containing recommendations to achieve a dementia-capable workforce and to improve provider response to Alzheimer's Disease and other related disorders
- Requires the Department of Disabilities, Aging and Independent Living (DAIL) to include individuals with Alzheimer's disease and related disorders in the State Plan on Aging and specifically address:
  - home-based care or placements and hospital and long-term care placements and transitions to and from care in home, hospital, and long-term care settings;
  - support and education for families and caregivers; and
  - strategies to promote affordable and accessible long-term care and home- and community-based services to individuals with Alzheimer's disease and related disorders.
- Requires the Department of Health (VDH) and DAIL to develop and maintain public education materials on Alzheimer's Disease and related disorders for patients, families, caregivers, and health care providers
- Requires the Agency of Human Services to submit a plan to the General Assembly on funding a permanent Alzheimer's Disease Coordinator position to be shared between VDH and DAIL
- Requires the Department of Public Safety to submit a report to the General Assembly containing recommendations regarding broadcasting information on missing persons with Alzheimer's Disease or related disorders or cognitive disabilities to aid in locating those individuals

## *Act 115 (H.462): An act relating to miscellaneous Department of Health programs*

- This act contains multiple Department of Health (VDH) program amendments, including:
  - renaming the existing “Alcohol and Drug Abuse Programs” to be “the Division of Substance Use Programs”;
  - requiring pharmacies that operate 10 or more establishments in the United States and concurrently conduct business in Vermont to enroll in a drug disposal kiosk program or provide a mail-back option if a kiosk program is physically impossible;
  - permitting VDH to share deidentified data acquired or produced by the Child Fatality Review Team with other states that have similar panels if access is consistent with Vermont’s privacy, security, and disclosure protections;
  - directing the Chief Medical Examiner to submit a report of a death to a federal prosecutor or a prosecutor in another state upon request;
  - requiring the Office of Professional Regulation to notify the Commissioner of Health and any relevant professional regulatory board or boards if an assessment under 26 V.S.A. § 3108 addresses activities within the “practice of medicine”; and
  - creating the Working Group on Services for Individuals with Eating Disorders.

## *Act 118 (H.711): An act relating to the creation of the Opioid Settlement Advisory Committee and the Opioid Abatement Special Fund*

- Establishes the Opioid Settlement Advisory Committee and the Opioid Abatement Special Fund to comply with any opioid litigation settlements to which the State or municipalities of the State are a party regarding the management and expenditure of monies received by the State.
  - The Committee is directed to identify spending priorities from the Special Fund to the Governor, the Department of Health (VDH), and the General Assembly.
- Designates VDH as the lead State agency and single point of contact for submitting requests for funding to the national settlement fund administrator
- Specifies that the Special Fund shall consist of all abatement account fund monies disbursed to VDH from the national abatement account fund, the national opioid abatement trust, the supplemental opioid abatement fund, or any other settlement funds that are required to be used exclusively for opioid prevention, intervention, treatment, recovery, and harm reduction services

# *Act 129 (H.265): An act relating to the Office of the Child, Youth, and Family Advocate*

- Establishes the Office of the Child, Youth, and Family Advocate (Office), which shall act independently of any State agency in the performance of its duties
- Charges the Office with:
  - advocating for the welfare of children and youths receiving services from the Department for Children and Families (DCF) directly, or through funds provided by DFC, and those involved in the child protection and juvenile justice systems; and
  - promoting reforms necessary to better serve Vermont's children, youths, and families in a manner that addresses racial and social equity.
- Specifies that the Office is directed by the Child, Youth, and Family Advocate (Advocate)
  - Qualified candidates to serve as Advocate are recommended by the Oversight Commission on Children, Youths, and Families to the Governor, who in turn is required to appoint an Advocate, subject to Senate confirmation, to a four-year term.
- Provides the Advocate with an advisory council composed of stakeholders who have been impacted by child welfare services provided by DCF for the purpose of providing advice and guidance to the Office
- Specifies the information to which the Advocate has access and the Office's responsibility to maintain confidentiality over certain records and prohibits employees of the Office from having any conflicts of interest that would interfere with their duties

## *Act 133 (H.464): An act relating to miscellaneous changes to the Reach Up Program*

- Amends the definition of “dependent child” to mean an individual 18 years of age or older who is a full-time student and expected to complete an educational program before reaching 22 years of age (versus 19 years of age) or who is not expected to complete a program before reaching 22 years of age (versus 19 years of age) due to a documented disability
- Increases the amount of income disregarded for Reach Up participants from \$250 to \$350 and increases the monthly amount of child support payments that a participating family may receive from \$50 to \$100
- Requires case managers to utilize a universal engagement model and amends existing law to employ a collaborative and empowering tone with regard to family development and engagement
- Replaces work requirements with requirements on employment preparation, readiness, and participation
- Removes the requirement that a deferral or modification of the work requirement due to the existence of illness or disability be confirmed through an independent medical review
- Amends the Postsecondary Education Program to enable both parents in a two-parent family to simultaneously participate in the program
- Appropriates \$500,000 to the Department for Children and Families (DCF) in FY23 to make improvements to DCF’s IT systems that are necessary to perform DCF’s duties under the act

## *Act 149 (S.90): An act relating to establishing an amyotrophic lateral sclerosis registry*

- Directs the Commissioner of Health to establish, maintain, and operate a statewide amyotrophic lateral sclerosis (ALS) incidence registry
- Requires a health care provider that screens for, diagnoses, or provides therapeutic services to patients with ALS to report to the Department of Health (VDH) all individuals diagnosed as having ALS within 6 months following the date of diagnosis
- Requires VDH to submit an annual report to the Governor and General Assembly containing the statewide prevalence and incidence estimates of ALS
- Directs the Commissioner of Health to develop written materials that provide information about the National Amyotrophic Lateral Sclerosis Registry, which shall be made available to all licensed health care providers in Vermont
- Directs VDH to seek and apply for grants to fund the statewide ALS registry and, as part of its FY24 presentation, to describe any grants applied for or awarded for this purpose or other identified funding sources

## *Act 150 (S.91): An act relating to the Parent Child Center Network*

- Establishes the Parent Child Center Network, which is defined as “an Agency of Human Services’ community partner composed of authorized parent child centers that ensures accountability and collaboration among authorized parent child centers”
- Amends the criteria that the Secretary of Human Services (Secretary) must use to determine whether a new parent child center shall be authorized and whether an existing parent child center shall be reauthorized
- Requires Secretary to conduct a reauthorization review of each parent child center at least every 6 years
- Directs Secretary to disperse a joint allocation for all parent child center services to the Parent Child Center Network, which in turn is required to distribute funding to each authorized parent child center
- Requires the Parent Child Center Network and authorized parent child centers to provide any previously agreed upon information to enable the Secretary to evaluate the services provided through grant funds, the effect of services on consumers, and an accounting of the expenditure of grant funds

# *Act 186 (H.720): An act relating to the system of care for individuals with developmental disabilities*

- Amends the existing system of care plan by removing the requirement that a portion of the plan go through rulemaking
- Sets forth a process for the Department of Disabilities, Aging, and Independent Living (DAIL) to request an extension for the completion of subsequent system of care plans
- Requires DAIL to submit a report to the General Assembly on or before November 15, 2022, regarding the oversight of services for individuals with developmental disabilities and also requires that DAIL submit a report to the General Assembly on or before January 15, 2023, that includes an implementation plan addressing the fiscal and workforce requirements needed to conduct a minimum of at least one annual on-site quality assurance and improvement visit by DAIL to the designated and specialized service agencies and other providers serving individuals with developmental disabilities
- Creates a limited-service position of the Residential Program Developer within DAIL and allocates funds for this purpose
- Directs DAIL to develop housing and residential service pilot planning grants in at least three regions of the State, in partnership with the designated and specialized services agencies, for individuals with developmental disabilities and their families
- Addresses legislative input pertaining to system-wide payment reform and the conflict-free case management system impacting individuals with developmental disabilities
  - Due to a typographical error, this section diverges from legislative intent, and the General Assembly is expected to address the discrepancy during the 2023 session.



## *H.728: An act relating to opioid overdose response services (vetoed)*

- Would have excluded “harm reduction supplies” from the definition of “drug paraphernalia” so as to exclude the sale of harm reduction supplies to a minor from the penalty established in 18 V.S.A. § 4476
- Reference to “an AIDS service organization, a substance abuse treatment provider, or a licensed health care provider or facility” would have been removed from the definition of “organized community-based needle exchange program” to expand the type of provider that may provide access to clean needles and syringes
- Would have required the Agency of Human Services (AHS) to provide Medicaid beneficiaries with medically necessary medication-assisted treatment (MAT) for opioid use disorder when prescribed by a health care professional practicing within the scope of the professional’s license and participating in the Medicaid program
- Would have required AHS, upon approval of the Drug Utilization Review Board, to cover at least one medication in each therapeutic class for methadone, buprenorphine, and naltrexone as listed on Medicaid’s preferred drug list without requiring prior authorization
- Would have required reports from the Department of Vermont Health Access on prior authorization for MAT in the Medicaid program
- Would have established the Overdose Prevention Site Working Group for the purposes of:
  - conducting an inventory of overdose prevention sites nationally;
  - identifying the feasibility, liability, and cost of both publicly funded and privately funded overdose prevention sites;
  - making recommendations on municipal and local actions necessary to implement overdose prevention sites;
  - making recommendations on executive and legislative actions necessary to implement overdose prevention sites, if any; and
  - developing an action plan for the design, facility fit-up, and implementation of overdose prevention sites in Vermont.
- Governor’s veto message is available [here](#)

## *H.153: An act relating to Medicaid reimbursement rates for home- and community-based providers* (as passed House)

- This bill would have required the Secretary of Human Services to determine, and to redetermine annually, the payment rates for providers of home- and community-based services that are reasonable and adequate to achieve the required outcomes for the populations they serve, taking into account specific factors including geographic differences in wages, benefits, housing, and real estate costs in each region of the State.
- The Secretary would also have been required to redetermine the payment rates for designated and specialized service agencies at least annually and to report those rates, and the amounts necessary to fund them, annually as part of the Agency's budget presentation.
- It would have also directed the Department of Vermont Health Access and the Department of Disabilities, Aging, and Independent Living to study the Medicaid reimbursement rates paid to home- and community-based service providers and to providers of substance use disorder treatment services, their adequacy, and the methodologies underlying the rates.