

# Journal of the Senate

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THURSDAY, MARCH 26, 2015

The Senate was called to order by the President.

## **Devotional Exercises**

Devotional exercises were conducted by the Reverend Kim Kie of Barre.

## **Message from the Governor Appointments Referred**

A message was received from the Governor, by Susan Allen, Secretary of Civil and Military Affairs, submitting the following appointments, which were referred to committees as indicated:

Kurrl, Lindsay of Middlesex - Member of the Vermont State Lottery Commission, - from April 16, 2015, to February 28, 2018.

To the Committee on Economic Development, Housing & General Affairs.

Skinner, Mary Just of Middlesex - Member of the Human Services Board, - from March 18, 2015, to February 28, 2021.

To the Committee on Health & Welfare.

Goodrich, Steve of North Bennington - Member of the Plumbers' Examining Board, - from March 18, 2015, to February 28, 2019.

To the Committee on Economic Development, Housing & General Affairs.

Lang, Lisa of Waitsfield - Member of the Travel Information Council, - from March 18, 2015, to February 28, 2017.

To the Committee on Transportation.

Clattenburg, Richard of Perkinsville - Member of the Medical Practice, Board of, - from May 1, 2015, to December 31, 2019.

To the Committee on Health & Welfare.

Berry, Stuart of Belmont - Member of the Children and Family Council for Prevention Programs, - from March 18, 2015, to February 28, 2018.

To the Committee on Health & Welfare.

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Pinkham, Kreig of Northfield - Member of the Children and Family Council for Prevention Programs, - from March 18, 2015, to February 28, 2018.

To the Committee on Health & Welfare.

Fischer, Robert of Barre - Member of the VT Citizens' Advisory Council on Lake Champlain's Future, - from March 18, 2015, to February 28, 2018.

To the Committee on Natural Resources & Energy.

MacDonald, Alexander of Lincoln - Member of the VT Citizens' Advisory Council on Lake Champlain's Future, - from March 18, 2015, to February 28, 2018.

To the Committee on Natural Resources & Energy.

Smith, Denise of St. Albans - Member of the VT Citizens' Advisory Council on Lake Champlain's Future, - from March 18, 2015, to February 28, 2018.

To the Committee on Natural Resources & Energy.

Ehlers, James of Colchester - Member of the VT Citizens' Advisory Council on Lake Champlain's Future, - from March 18, 2015, to February 28, 2018.

To the Committee on Natural Resources & Energy.

Davis, John of Williston - Member of the Vermont Economic Progress Council, - from April 1, 2015, to March 31, 2019.

To the Committee on Economic Development, Housing & General Affairs.

Marvin, Emma of Hyde Park - Member of the Vermont Economic Progress Council, - from April 1, 2015, to March 31, 2019.

To the Committee on Economic Development, Housing & General Affairs.

Morse, Stephan of Newfane - Member of the Vermont Economic Progress Council, - from April 1, 2015, to March 31, 2019.

To the Committee on Economic Development, Housing & General Affairs.

Kenney, Frederick of Jericho - Executive Director of the Vermont Economic Progress Council, - from April 1, 2015, to March 31, 2017.

To the Committee on Economic Development, Housing & General Affairs.

Straffin, Shawn of West Burke - Member of the Vermont Economic Progress Council, - from April 1, 2015, to March 31, 2019.

To the Committee on Economic Development, Housing & General Affairs.

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**Bill Referred to Committee on Appropriations**

**S. 138.**

Senate bill of the following title, appearing on the Calendar for notice and carrying an appropriation or requiring the expenditure of funds, under the rule was referred to the Committee on Appropriations:

An act relating to promoting economic development.

**Bills Referred**

House bills of the following titles were severally read the first time and referred:

**H. 363.**

An act relating to the Petroleum Cleanup Fund.

To the Committee on Rules.

**H. 480.**

An act relating to making miscellaneous technical and other amendments to education laws.

To the Committee on Education.

**Bill Amended; Third Reading Ordered**

**S. 29.**

Senator White, for the Committee on Government Operations, to which was referred Senate bill entitled:

An act relating to election day registration.

Reported recommending that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 17 V.S.A. § 2142 is amended to read:

§ 2142. REVISION OF CHECKLIST

(a) The town clerk shall call such meetings of the board of civil authority as may be necessary before an election or at other times for revision of the checklist. ~~At least one meeting shall take place after the deadline for filing applications and before the day of an election, unless no applications have been filed which could take effect before that election.~~

(b) Notice of a meeting, along with a copy of the most recent checklist and a separate list of names which have been challenged and may be removed, shall be posted in two or more public places within each voting district and in the town clerk's office.

(c) A quorum of the board of civil authority shall be as provided in subdivision 2103(5) of this title, and written notice shall be provided to each member as established in 24 V.S.A. § 801.

Sec. 2. 17 V.S.A. § 2144 is amended to read:

§ 2144. ~~DEADLINE FOR SUBMITTING APPLICATIONS~~

(a) ~~The town clerk shall not accept applications for persons' names to be placed on the checklist after 5:00 p.m. on the Wednesday preceding the day of the election. The town clerk's office shall be kept open on the Wednesday preceding the day of the election from no later than 3:00 p.m. until 5:00 p.m., for the purpose of receiving applications for addition to the checklist. For purposes of this subsection, a mail application or an application submitted to the department of motor vehicles in connection with a motor vehicle driver's license or an application accepted by a voter registration agency shall be considered to have met the filing deadline established by this subsection if the application is postmarked, submitted, or accepted by 5:00 p.m. of the Wednesday preceding the day of the election.~~ On any day other than the day of an election, the town clerk shall accept a person's application for his or her name to be placed on the checklist at the town clerk's office during all normal business hours.

(b) ~~If a person is not eligible to register prior to the voter registration deadline, but expects to be eligible on or before election day, he or she may file with the town clerk a written notice of intention to apply for addition of his or her name to the checklist. The notice shall be filed prior to the voter registration deadline, and the town clerk shall then accept the person's application at any time before the close of the polls on election day, and act upon the application forthwith.~~ On the day of an election:

(1) A person may submit an application for addition to the checklist to the presiding officer at the polling place of the town in which the person seeks to register during the hours of voting established by the board of civil authority for that polling place. In towns with more than one polling place, the polling place shall be that which covers the area in which the person resides.

(2) The presiding officer shall review all applications submitted at the polling place and shall approve those applications that meet the requirements of this chapter. Upon approval, the applicant's name shall be added to the checklist at the polling place, and the applicant shall be provided with the opportunity to vote in the election. The town clerk shall add the information in the application to the statewide voter checklist within three days of the day of the election.

(3) If the presiding officer cannot determine from an application submitted on election day that an applicant meets the requirements of section 2121 of this chapter, the presiding officer shall immediately refer the application to any members of the board of civil authority present at the polling place who shall meet immediately and proceed under section 2146 of this chapter to determine whether the applicant meets the requirements of section 2121 of this chapter. For purposes of adding applicant's names to the checklist under this subdivision (3), a quorum shall consist of three members of the board of civil authority. If the board rejects an applicant, it shall notify him or her at the polling place.

~~(c) If a person is not eligible to register prior to the voter registration deadline, and has submitted a written notice of intent to apply in accord with subsection (b) of this section, the clerk shall, upon application, allow the applicant to vote absentee. If the application is approved and the name added to the checklist prior to the close of the polls on election day, the early or absentee ballots cast by that voter shall be treated as other valid early or absentee ballots. [Repealed.]~~

~~(d) In the case of annual meetings and towns that start their annual meetings on any day preceding the first Tuesday in March as authorized in subsection 2640(b) of this title, the "day of election" shall be the first Tuesday in March. [Repealed.]~~

Sec. 3. 17 V.S.A. § 2144a is amended to read:

§ 2144a. REGISTRATION

A person who desires to register to vote may apply in any of the following ways:

(1) Simultaneously with his or her application for, or renewal of, a motor vehicle driver's license as provided in section 2145a of this ~~title~~ chapter.

(2) By completing a voter registration application at a voter registration agency.

(3) By delivering, during regular hours, or mailing a completed application form to the office of the clerk of the town in which the applicant claims to be a resident.

(4) By completing a voter registration application and delivering it to the presiding officer before the close of the polls at the polling place of the town in which the person seeks to register. In towns with more than one polling place, the polling place shall be that which covers the area in which the person resides.

Sec. 4. 17 V.S.A. § 2145a is amended to read:

§ 2145a. REGISTRATIONS AT THE DEPARTMENT OF MOTOR VEHICLES

(a) An application for, or renewal of, a motor vehicle driver's license shall serve as a simultaneous application to register to vote unless the applicant declines to sign the voter registration portion of the application.

(b) The voter registration portion of the motor vehicle driver's license application shall provide and request the information required to be provided under section 2145 of this ~~title~~ chapter and shall be in the form approved by the Secretary of State.

(c) An application for voter registration under this section shall update any previous voter registration by the applicant. Any change of address form submitted to the Department of Motor Vehicles in connection with an application for a motor vehicle driver's license shall serve to update voter registration information previously provided by the voter, unless the voter states on the form that the change of address is not for voter registration purposes.

(d) The Department of Motor Vehicles shall transmit voter registration applications received under this section to the Secretary of State not later than five days after the date the application was accepted by the Department, or before the ~~close of the checklist for a~~ date of any primary or general election, whichever is sooner.

(e) The Secretary shall promptly transmit applications received under this section to the clerks of the appropriate municipalities.

Sec. 5. 17 V.S.A. § 2145b is amended to read:

§ 2145b. VOTER REGISTRATION AGENCIES

(a) Each voter registration agency shall:

(1) ~~Distribute~~ distribute voter registration application forms approved under section 2145 of this title;

(2) ~~Assist~~ assist applicants in completing voter registration application forms, unless the applicant refuses such assistance; and

(3) ~~Accept~~ accept completed voter registration applications and transmit completed applications to the Secretary of State not later than 10 days after the date of acceptance, or before the ~~close of the checklist for a~~ date of any primary or general election, whichever is sooner.

(b) The Secretary shall promptly transmit applications received under this section to the clerks of the appropriate municipalities.

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Sec. 6. 17 V.S.A. § 2145c is amended to read:

§ 2145c. SUBMISSION OF VOTER REGISTRATION FORMS BY OTHER PERSONS OR ORGANIZATIONS

Any person or any organization other than a voter registration agency that accepts a completed voter registration form on behalf of an applicant shall submit that form to the town clerk of the town of that applicant not later than seven days after the date of acceptance, or before the ~~close of the checklist for~~ a date of any primary or general election, whichever is sooner.

Sec. 7. 17 V.S.A. § 2147 is amended to read:

§ 2147. ALTERATION OF CHECKLIST

(a) Pursuant to section 2150 of this title, the board of civil authority or, upon request of the board, the town clerk shall add to the checklist ~~posted in the town clerk's office~~ the names of the voters added and the names omitted by mistake and shall strike the names of persons not entitled to vote. The list so corrected shall not be altered except by:

\* \* \*

(3) adding the names of persons who present a copy of a valid application for addition to the checklist of that town ~~that was submitted before the deadline for applications~~ and who otherwise are qualified to be added to the checklist;

(4) ~~adding, at the polling place, the names of persons who sign a sworn affidavit prepared by the Secretary of State that they completed and submitted a valid application for addition to the checklist of that town before the deadline for applications and who otherwise are qualified to be added to the checklist;~~  
[Repealed.]

\* \* \*

(6) adding the names of persons who previously submitted an incomplete application ~~before the deadline for application~~ and who provide that information on or before election day.

(b) Any correction or transfer may be accomplished at any time until the closing of the polls on election day. Each voter has primary responsibility to ascertain that his or her name is properly added to and retained on the checklist.

Sec. 8. 17 V.S.A. § 2563 is amended to read:

§ 2563. ADMITTING VOTER

Before a person may be admitted to vote, he or she shall announce his or her name and if requested, his or her place of residence in a clear and audible tone of voice, or present his or her name in writing, or otherwise identify himself or herself by appropriate documentation. The election officials attending the entrance of the polling place shall then verify that the person's name appears on the checklist for the polling place.

(1) If the name does appear, and if no one immediately challenges the person's right to vote on grounds of identity or having previously voted in the same election, the election officials shall repeat the name of the person and:

~~(1)(A)(i)~~ If the checklist indicates that the person is a first-time voter in the municipality who registered by mail and who has not provided required identification before the opening of the polls, require the person to present any one of the following: a valid photo identification; a copy of a current utility bill; a copy of a current bank statement; or a copy of a government check, paycheck, or any other government document that shows the current name and address of the voter.

(ii) If the person is unable to produce the required information, the person shall be afforded the opportunity to ~~cast a provisional ballot, as provided in subchapter 6A of this chapter~~ complete a new application for addition to the checklist in accordance with section 2144 of this title.

(iii) The elections official shall note upon the checklist a first-time voter in the municipality who has registered by mail and who produces the required information, and place a mark next to the voter's name on the checklist and allow the voter to proceed to the voting booth for the purpose of voting.

~~(2)(B)~~ If the voter is not a first-time voter in the municipality, no identification shall be required, ~~the~~. The clerk shall place a check next to the voter's name on the checklist and allow the voter to proceed to the voting booth for the purpose of voting.

(2) If the name does not appear, the person shall be afforded the opportunity to complete an application for addition to the checklist in accordance with section 2144 of this title.

Sec. 9. SECRETARY OF STATE REPORT

The Secretary of State shall consult with town clerks and report on or before January 15, 2016 to the Senate and House Committees on Government Operations regarding the feasibility of:



(1) permitting a town clerk to deposit in a vote tabulator on the day before an election any early voter absentee ballots he or she has received, while still complying with other provisions of election law; and

(2) ensuring that all towns have Internet access at each polling place on the day of an election.

Sec. 10. EFFECTIVE DATES

This act shall take effect on April 1, 2016, except for Sec. 9 (Secretary of State report), which shall take effect on passage.

And that when so amended the bill ought to pass.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, and pending the question, Shall the bill be amended as recommended by the Committee on Government Operations?, Senators Collamore, Bray, Pollina and White moved to amend the recommendation of amendment of the Committee on Government Operations in Sec. 10 (effective dates) by striking out the following: "April 1, 2016" and inserting in lieu thereof the following: January 1, 2017

Which was agreed to.

Thereupon, the question, Shall the bill be amended as recommended by the Committee on Government Operations, as amend? was agreed to.

Thereupon, third reading of the bill was ordered on a roll call, Yeas 20, Nays 7.

Senator Sears having demanded the yeas and nays, they were taken and are as follows:

**Roll Call**

**Those Senators who voted in the affirmative were:** Ashe, Balint, Baruth, Bray, Campbell, Campion, Collamore, Cummings, Kitchel, Lyons, MacDonald, Mazza, McCormack, Mullin, Nitka, Pollina, Sears, Sirotkin, Snelling, White.

**Those Senators who voted in the negative were:** Benning, Degree, Flory, McAllister, Rodgers, Starr, Westman.

**Those Senators absent and not voting were:** Ayer, Doyle, Zuckerman.

**Bill Ordered to Lie**

**S. 137.**

Senate bill entitled:

An act relating to penalties for selling and dispensing marijuana.

Was taken up.

Thereupon, pending the second reading of the bill, on motion of Senator Sears, the bill was ordered to lie.

### **Bill Amended; Third Reading Ordered**

#### **S. 42.**

Senator Lyons, for the Committee on Health & Welfare, to which was referred Senate bill entitled:

An act relating to the substance abuse system of care.

Reported recommending that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. 16 V.S.A. § 909(a) is amended to read:

(a) The Secretary, in conjunction with the ~~Alcohol and Drug Substance Abuse~~ Advisory Council, and where appropriate, with the Division of ~~Health Promotion~~ Alcohol and Drug Abuse Programs, shall develop a sequential alcohol and drug abuse prevention education curriculum for elementary and secondary schools. The curriculum shall include teaching about the effects and legal consequences of the possession and use of tobacco products.

Sec. 2. 18 V.S.A. chapter 94 is redesignated to read:

#### CHAPTER 94. ~~DIVISION OF ALCOHOL AND DRUG ABUSE PROGRAMS~~ SUBSTANCE ABUSE PREVENTION AND CARE

Sec. 3. 18 V.S.A. chapter 94, subchapters 1, 2, 3, and 4 are added to read:

#### Subchapter 1. System of Care

#### § 4811. PRINCIPLES

The General Assembly adopts the following principles pertaining to substance abuse prevention, intervention, treatment, and recovery services:

(1) Substance abuse and substance use disorders are health problems, and shall therefore be addressed using a public health approach. A public health approach emphasizes prevention and wellness for the entire population, not only those individuals with an illness or disease.

(2) The State of Vermont's substance abuse system of care shall be patient-centered and trauma-informed. It shall reflect effectiveness, ease of access, evidence-based practices, cultural competency, and the highest standards of care.

(3) A coordinated continuum of substance abuse prevention, intervention, treatment, and recovery services shall be provided throughout the

State, including by the Agency of Human Services, hospitals, approved providers, preferred providers, alcohol and drug abuse counselors, regardless of whether or not the counselor is affiliated with an approved provider or preferred provider, and community and peer partners to ensure that services are available to individuals at all stages of substance misuse and substance use disorders. All providers within the continuum shall move towards the goal of providing services based on current research on addiction, medicine, clinical treatment, and evidence-based best practices.

(4) Programs addressing substance abuse prevention, intervention, treatment, or recovery shall be data driven and responsive to changes in demonstrated need, service delivery practices, and funding resources.

(5) Determinations as to the appropriate level of care shall be made in accordance with evidence-based guidelines. Consideration shall also be given to the age appropriateness of services.

(6) To the extent possible, the delivery of substance abuse services shall be integrated into Vermont's health care system and across the Agency of Human Services.

(7) Patients and providers shall share responsibility for treatment outcomes.

(8) The delivery of substance abuse services shall be consistent throughout the State in terms of both access to care and the type of services offered.

(9) Recognizing the ongoing challenges and potential for relapse among individuals with a substance use disorder, services addressing both episodic and chronic substance use disorders shall be accessible throughout the State.

(10) The Commissioners of Health and of Vermont Health Access shall ensure that oversight and accountability are built into all aspects of the system of care for substance abuse services, including for alcohol and drug abuse counselors, regardless of whether or not the counselor is affiliated with an approved provider or preferred provider.

#### § 4812. DEFINITIONS

As used in this chapter:

(1) "Alcohol and drug abuse counselor" means the same as in 26 V.S.A. chapter 62.

(2) "Approved provider" means a substance abuse organization that has attained a certificate of operation from the Department of Health's Division of

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Alcohol and Drug Abuse Programs, but does not currently have an existing contract or grant from the Division to provide substance abuse treatment.

(3) “Client” means a person who receives treatment services from an approved provider, preferred provider, or alcohol and drug abuse counselor.

(4) “Continuum of care” means an optimal mix of interventions to address substance abuse and substance use disorders.

(5) “Cultural competence” means a set of behaviors, attitudes, and policies that are culturally and linguistically appropriate to the needs of the population served.

(6) “Designated agency” means the same as in section 7252 of this title.

(7) “Incapacitated” means that a person, as a result of his or her use of alcohol or other drugs, is in a state of intoxication or of mental confusion resulting from withdrawal such that the person:

(A) appears to need medical care or supervision by an approved provider to ensure his or her safety; or

(B) appears to present a direct active or passive threat to the safety of others.

(8) “Intervention” means processes and programs used to identify and act on early signs of substance abuse before it becomes a lifelong problem, including prevention screenings and brief, early interventions and referrals.

(9) “Intoxicated” means a condition in which the mental or physical functioning of an individual is substantially impaired as a result of the presence of alcohol or other drugs in his or her system.

(10) “Law enforcement officer” means a law enforcement officer certified by the Vermont Criminal Justice Training Council as provided in 20 V.S.A. §§ 2355–2358 or appointed by the Commissioner of Public Safety as provided in 20 V.S.A. § 1911.

(11) “Licensed hospital” means a hospital licensed under chapter 43 of this title.

(12) “Person-centered care” means a service delivery mode that gives an individual a primary decision making role in directing his or her care, including having control over his or her own plan and service delivery decisions.

(13) “Preferred provider” means any substance abuse organization that has attained a certificate of operation from the Department of Health’s Division of Alcohol and Drug Abuse Programs and has an existing contract or grant from the Division to provide substance abuse treatment.

(14) “Prevention” means the promotion of healthy lifestyles that reduce substance abuse and substance use disorder prior to the onset of a disorder.

(15) “Protective custody” means a civil status in which an incapacitated person is detained by a law enforcement officer for the purposes of:

(A) ensuring the safety of the individual or the public, or both; and

(B) assisting the individual to return to a functional condition.

(16) “Recovery” means a process of change in which an individual with a substance use disorder improves his or her health and wellness, lives in a self-directed manner, and strives to reach his or her full potential.

(17) “Secretary” means the Secretary of Human Services or the Secretary’s designee.

(18) “Substance abuse” means a range of harmful or hazardous behaviors such as underage use of alcohol, excessive drinking, use of alcohol during pregnancy, prescription drug misuse, and use of illicit drugs.

(19) “Substance use disorder” means the recurrent use of alcohol, drugs, or both that causes a clinically and functionally significant impairment consistent with the definition in the Diagnostic and Statistical Manual (DSM-5) or its successor.

(20) “System of care” means the continuum of substance abuse prevention, intervention, treatment, and recovery services offered consistently throughout geographically diverse regions of the State.

(21) “Trauma-informed care” means the provision of services that identify the impact of trauma and pathways for recovery; recognize the signs and symptoms of trauma; respond by fully-integrating knowledge about trauma into policies, procedures, and practices; and seek to actively avoid retraumatization.

(22) “Treatment” means the broad range of services including withdrawal management, outpatient, intensive outpatient, residential, and recovery services that are needed by persons with a substance use disorder and may include a variety of other medical, social, vocational, and educational supports and services, including care management, aftercare, and follow-up services relevant to the recovery of these persons.

(23) “Withdrawal management” means the planned withdrawal of an individual from a state of acute or chronic intoxication consistent with the definition in the Diagnostic and Statistical Manual (DSM-5) or its successor.

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§ 4813. DIVISION OF ALCOHOL AND DRUG ABUSE PROGRAMS

(a) The Division of Alcohol and Drug Abuse Programs shall plan, operate, and evaluate a consistent, effective, and comprehensive continuum of substance abuse programs. These programs shall coordinate care with Vermont's health, mental health, and human services systems. All duties, responsibilities, and authority of the Division shall be carried out and exercised by and within the Department of Health.

(b) Under the direction of the Commissioner of Health, the Deputy Commissioner of Alcohol and Drug Abuse Programs shall review, approve, and coordinate all alcohol and drug programs developed or administered by any State agency or department, except for alcohol and drug education programs developed by the Agency of Education in conjunction with the Substance Abuse Advisory Council pursuant to 16 V.S.A. § 909.

(c)(1) Any federal or private funds received by the State for purposes of alcohol and drug programs shall be in the budget of and administered by the Agency of Human Services. This subdivision shall not apply to the programs of the Department of Corrections.

(2) To the extent possible, funds shall be used in a manner that creates a comprehensive and coordinated network of services throughout the State.

(d) The Division of Alcohol and Drug Abuse Programs shall be responsible for the direct oversight and delivery of the programs administered by the Secretary pursuant to subdivision (c)(1) of this section. It shall also be authorized to inspect and monitor these programs and services to ensure quality of care and compliance with State and national standards.

(e) With regard to alcohol and drug treatment, the Commissioner of Health may contract with the Secretary of State for the provision of adjudicative services of one or more administrative law officers and other investigative, legal, and administrative services related to licensure and discipline of alcohol and drug abuse counselors.

§ 4814. AUTHORITY AND ACCOUNTABILITY FOR SUBSTANCE ABUSE SERVICES; RULES FOR ACCEPTANCE INTO TREATMENT

(a) The Secretary shall have the authority and accountability for providing or arranging for the provision of a comprehensive system of substance abuse prevention, intervention, treatment, and recovery services.

(b) The Secretary shall adopt rules and standards pursuant to 3 V.S.A. chapter 25 for the implementation of the provisions of this chapter. In establishing rules regarding the administration and adherence to substance

abuse treatment program standards, the Secretary shall adhere to the following guidelines:

(1) A client shall be initially assessed and assigned to the appropriate level of care using evidence-based tools.

(2) A person shall not be denied treatment solely because he or she has withdrawn from treatment against medical advice on a prior occasion or because he or she has relapsed after earlier treatment.

(3) An individualized treatment plan shall be prepared and maintained on a current basis for each client.

(4) Provision shall be made for a continuum of coordinated treatment and recovery services, so that a person who leaves a program or a form of treatment shall have other appropriate services available.

#### § 4815. SYSTEM OF CARE

(a) The Commissioner of Health shall coordinate and supervise a continuum of geographically diverse substance abuse services throughout the State that shall include at least the following:

(1) prevention programming and services, including initiatives to deter substance use among youths;

(2) early intervention, including Screening, Brief Intervention, Referral to Treatment (SBIRT) in health care and human services settings;

(3) treatment, including medication-assisted treatment, outpatient services supervised by a licensed alcohol and drug abuse counselor regardless of whether the counselor is affiliated with an approved provider or preferred provider, and inpatient and residential services;

(4) recovery support services;

(5) transitional housing;

(6) coordination of complex care between health, mental health; and

(7) licensure of alcohol and drug abuse counselors pursuant to 26 V.S.A. § 3235.

(b) The Commissioners of Health, of Mental Health, and of Vermont Health Access, in consultation with the Substance Abuse Advisory Council, Green Mountain Care Board, preferred providers, and other community partners, shall develop and implement a plan aimed at creating a cohesive substance abuse system of care in Vermont. The plan shall foster a unified provider network in which providers are reimbursed for comprehensive services that are responsive to patient needs. The plan shall:

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- (1) balance the delivery of episodic and chronic treatment services;
  - (2) ensure the coordination of care and payment;
  - (3) enable treatment based on the American Society of Addiction Medicine's definition of medical necessity and established levels of care;
  - (4) make case management services available to chronically lapsing patients to ensure consistency in treatment and recovery over time; and
  - (5) incorporate any payment reform recommendations offered by the Green Mountain Care Board.

#### § 4816. REPORTING REQUIREMENTS

The Department of Health, in consultation with the Departments of Mental Health and of Vermont Health Access, shall report annually on or before January 15 to the Senate Committee on Health and Welfare and to the House Committee on Human Services on the following:

- (1) adequacy of system capacity, including the utilization and timeliness of services across the continuum of care;
- (2) system performance and client outcomes, based on:
  - (A) national research-based measure sets;
  - (B) clinical best practices;
  - (C) measures established by the Department of Health that reflect the priorities in its strategic plan;
  - (D) program objectives and performance measures consistent with those established pursuant to 2014 Acts and Resolves No. 179, § E.306.2(a)(1); and
  - (E) any other measures reported on the Department of Health's performance dashboard;
- (3) gaps in services or quality of care; and
- (4) projection of future needs within the State's substance abuse system of care.

#### Subchapter 2. Abuse of Alcohol

#### § 4821. DECLARATION OF POLICY

(a) It is the policy of the State of Vermont that persons who abuse alcohol are correctly perceived as persons with health and social problems rather than as persons committing criminal transgressions against the welfare and morals of the public.



(b) The General Assembly therefore declares that:

(1) persons who abuse alcohol shall no longer be subjected to criminal prosecution solely because of their consumption of alcoholic beverages or other behavior related to consumption which is not directly injurious to the welfare or property of the public; and

(2) persons who abuse alcohol shall be treated as persons who are sick and shall be provided adequate and appropriate medical and other humane rehabilitative services congruent with their needs.

### Subchapter 3. Substance Abuse Advisory Council

#### § 4831. SUBSTANCE ABUSE ADVISORY COUNCIL

(a) Creation. There is created a substance abuse advisory council to foster coordination and integration of substance abuse services across the substance abuse system of care.

(b) Membership. The Council shall be composed of the following 19 members:

(1) the Chair of the Senate Committee on Health and Welfare or designee;

(2) the Chair of the House Committee on Human Services or designee;

(3) the Secretary of Human Services or designee;

(4) the Secretary of Education or designee;

(5) the Deputy Commissioner of the Department of Health's Division of Alcohol and Drug Abuse Programs;

(6) the Commissioner of Mental Health or designee;

(7) the Commissioner of Vermont Health Access or designee;

(8) the Director of the Blueprint or designee;

(9) a representative of an approved provider or preferred provider that shall also be a designated agency;

(10) a representative of an approved provider or preferred provider that provides residential treatment services;

(11) two licensed alcohol and drug abuse counselors serving different regions of the State, appointed by the Governor;

(12) a physician in private practice with expertise treating substance use disorders, appointed by the Governor;

(13) a representative of hospitals, appointed by the Vermont Association of Hospitals and Health Systems;

(14) a representative of the criminal justice community, appointed by the Governor;

(15) an educator involved in substance abuse prevention services, appointed by the Governor;

(16) a youth substance abuse prevention specialist, appointed by the Governor;

(17) a community prevention coalition member, appointed by the Governor; and

(18) a member of the peer community involved in recovery services, appointed by the Governor.

(c) Report. Annually on or before November 15, the Council shall submit a written report to the House Committee on Human Services and to the Senate Committee on Health and Welfare with its findings and any recommendations for legislative action.

(d) Meetings.

(1) The Secretary of Human Services shall call the first meeting of the Council to occur on or before August 1, 2015.

(2) The Council shall select a chair and vice chair from among its members at the first meeting.

(3) A majority of the membership shall constitute a quorum.

(e) Reimbursement.

(1) For attendance at meetings during adjournment of the General Assembly, legislative members of the Council shall be entitled to per diem compensation and reimbursement of expenses pursuant to 2 V.S.A. § 406 for no more than four meetings annually.

(2) Members of the Council who are not employees of the State of Vermont and who are not otherwise compensated or reimbursed for their attendance shall be entitled to per diem compensation and reimbursement of expenses pursuant to 32 V.S.A. § 1010 for no more than four meetings annually.

§ 4832. ADMINISTRATIVE SUPPORT

The Agency of Human Services shall provide the Council with such administrative support as is necessary for it to accomplish the purposes of this chapter.

§ 4833. POWERS AND DUTIES

The Council shall:

(1) assess substance abuse services and service delivery in the State, including the following:

(A) the effectiveness of existing substance abuse services in Vermont and opportunities for improved treatment; and

(B) strategies for enhancing the coordination and integration of substance abuse services across the system of care;

(2) provide recommendations to the Department of Health as it develops a plan for the substance abuse system of care pursuant to subsection 4815(b) of this title, including regarding the integration of substance abuse services with health care reform initiatives, such as value-based payment methodologies;

(3) provide recommendations to the General Assembly and Agency of Human Services regarding the improvement of statutes and rules governing the substance abuse system of care; and

(4) provide recommendations to the General Assembly regarding State policy and programs for individuals experiencing public inebriation.

Subchapter 4. Law Enforcement and Incarceration

§ 4841. TREATMENT AND SERVICES

(a) When a law enforcement officer encounters a person who, in the judgment of the officer, is intoxicated as defined in section 4812 of this title, the officer may assist the person, if he or she consents, to his or her home, to an approved provider, a preferred provider, or to some other mutually agreeable location.

(b) When a law enforcement officer encounters a person who, in the judgment of the officer, is incapacitated as defined in section 4812 of this title, the person shall be taken into protective custody by the officer. The officer shall transport the incapacitated person directly to an approved provider or preferred provider with withdrawal management capabilities, or to the emergency room of a licensed general hospital for treatment, except that if an alcohol and drug abuse counselor exists in the vicinity and is available, the person may be released to the counselor at any location mutually agreeable between the officer and the counselor. The period of protective custody shall end when the person is released to an alcohol and drug abuse counselor, a clinical staff person of an approved provider or preferred provider with withdrawal management capabilities, or a professional medical staff person at a licensed general hospital emergency room. The person may be released to

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his or her own devices if, at any time, the officer judges him or her to be no longer incapacitated. Protective custody shall in no event exceed 24 hours.

(c) If an incapacitated person is taken to an approved provider or preferred provider with withdrawal management capabilities and the program is at capacity, the person shall be taken to the nearest licensed general hospital emergency room for treatment.

(d) A person judged by a law enforcement officer to be incapacitated, and who has not been charged with a crime, may be lodged in protective custody in a secure facility not operated by the Department of Corrections for up to 24 hours or until judged by the person in charge of the facility to be no longer incapacitated, if and only if:

(1) the person refuses to be transported to an appropriate facility for treatment or, if once there, refuses treatment or leaves the facility before he or she is considered by the responsible staff of that facility to be no longer incapacitated; or

(2) no approved provider or preferred provider with withdrawal management capabilities and no staff physician or other medical professional at the nearest licensed general hospital can be found who will accept the person for treatment.

(e) A person shall not be lodged in a secure facility under subsection (d) of this section without first being evaluated and found to be indeed incapacitated by an alcohol and drug abuse counselor, a clinical staff person of an approved provider or preferred provider with withdrawal management capabilities, or a professional medical staff person at a licensed general hospital emergency room.

(f) Except for a facility operated by the Department of Corrections, a lockup facility shall not refuse to admit an incapacitated person in protective custody whose admission is requested by a law enforcement officer, in compliance with the conditions of this section.

(g) Notwithstanding subsection (d) of this section, a person under 18 years of age who is judged by a law enforcement officer to be incapacitated and who has not been charged with a crime shall not be held at a lockup facility or community correctional center. If needed treatment is not readily available, the person shall be released to his or her parent or guardian. If the person has no parent or guardian in the area, arrangements shall be made to house him or her according to the provisions of 33 V.S.A. chapter 53. The official in charge of an adult jail or lockup facility shall notify the Deputy Commissioner of Alcohol and Drug Abuse Programs of any person under 18 years of age brought to an adult jail or lockup facility pursuant to this chapter.

(h) If an incapacitated person in protective custody is lodged in a secure facility, his or her family or next of kin shall be notified as promptly as possible. If the person is an adult and requests that there be no notification, his or her request shall be respected.

(i) A taking into protective custody under this section is not an arrest.

(j) Law enforcement officers, persons responsible for supervision in a secure facility, and alcohol and drug abuse counselors who act under the authority of this section are acting in the course of their official duty and are not criminally or civilly liable therefor, unless for gross negligence or willful or wanton injury.

#### § 4842. INCARCERATION FOR INEBRIATION PROHIBITED

A person who has not been charged with a crime shall not be incarcerated in a facility operated by the Department of Corrections on account of the person's inebriation.

#### Sec. 4. RULEMAKING; SYSTEM OF CARE PLAN

(a) On or before January 15, 2016, the Commissioners of Health, of Mental Health, and of Vermont Health Access shall present the plan developed pursuant to 18 V.S.A. § 4816(b) to the Senate Committee on Health and Welfare and to the House Committee on Human Services. The Commissioners shall update the Committees on their respective Departments' strategies for implementing the plan.

(b) No sooner than July 1, 2016, the Commissioner of Health shall adopt into rule the plan developed pursuant to 18 V.S.A. § 4816(b). The rule shall address the movement of people throughout the substance abuse system of care based on medical necessity. The rule shall also develop a list of outcome measures that must be present in contracts between the Departments of Health, Mental Health, or Vermont Health Access and preferred providers for all substance abuse related services.

#### Sec. 5. REPORT; SUBSTANCE ABUSE PREVENTION IN SCHOOLS

On or before January 15, 2016, the Secretary of Education shall report to the Senate Committee on Health and Welfare and to the House Committee on Human Services regarding:

(1) the status of the comprehensive health education program as it pertains to substance abuse;

(2) all other Agency initiatives aimed at preventing or treating substance abuse among students; and

(3) the most effective evidence-based practices pertaining to substance abuse in schools.

Sec. 6. REPORT; SERVICES FOR MENTAL HEALTH, SUBSTANCE ABUSE, AND CO-OCCURRING DISORDERS

(a) On or before January 15, 2016, the Blueprint for Health, in consultation with the Department of Mental Health, the Department of Health's Division of Alcohol and Drug Abuse Programs, and stakeholders, shall survey and report on those services provided to individuals with a mental health, substance abuse, or co-occurring disorder by designated agencies, approved providers, preferred providers, federally qualified health centers, and the Blueprint for Health's community health teams. The report shall:

(1) catalogue services for individuals with mental health, substance abuse, and co-occurring disorders to identify where, if any, gaps in services or overlapping services exist;

(2) identify collaboration models, including the benefits and challenges of each, and any recommendations for the development of a related framework or training program;

(3) propose any structural changes necessary to foster a collaborative relationship between the designated agencies, approved providers, preferred providers, federally qualified health centers, and community health teams;

(4) survey and consolidate information on which federally qualified health centers and designated agencies are using behavior change models, and which model is used by each; and

(5) survey the relative pay scales of providers employed by the designated agencies, approved providers, preferred providers, federally qualified health centers, and community health teams by provider type and county.

(b) The Blueprint for Health may consolidate the filing of this report with any other similar report requested by the General Assembly. Where the filing dates of the consolidated reports are inconsistent, they shall be filed in accordance with the earliest filing date.

Sec. 7. REPEAL

(a) 18 V.S.A. §§ 4801–4807 (Division of Alcohol and Drug Abuse Programs) are repealed on July 1, 2015.

(b) 18 V.S.A. § 4808 (treatment and services) and 18 V.S.A. § 4809 (incarceration for inebriation prohibited) are repealed on July 1, 2017.

(c) The annual reporting requirement on program objectives and performance measures established pursuant to 2014 Acts and Resolves No. 179, Sec. E.306.2(a)(2) is repealed on passage of this act.

Sec. 8. EFFECTIVE DATES

This act shall take effect on July 1, 2015, except 18 V.S.A. §§ 4841 (treatment and services) and 4842 (incarceration for inebriation prohibited) shall take effect on July 1, 2017.

And that when so amended the bill ought to pass.

Senator Kitchel, for the Committee on Appropriations, to which the bill was referred, reported recommending that they have considered the same and recommend that the bill be amended as recommended by the Committee on Health & Welfare with the following amendments thereto:

First: By striking out Sec. 1 in its entirety.

Second: In Sec. 3, 18 V.S.A. § 4813, subsection (b), by striking out the following: "Substance Abuse Advisory Council" and inserting in lieu thereof the following: Alcohol and Drug Abuse Council

Third: In Sec. 3, 18 V.S.A. § 4815, subsection (b), in the first sentence, by striking out the following: "Substance Abuse Advisory Council,"

Fourth: In Sec. 3, by striking out Subchapter 3 in its entirety and inserting in lieu thereof a new Subchapter 3 to read as follows:

Subchapter 3. Alcohol and Drug Abuse Council

§ 4831. ALCOHOL AND DRUG ABUSE COUNCIL; CREATION; TERMS; PER DIEM

(a) The Alcohol and Drug Abuse Council is established within the Agency of Human Services to promote the reduction of problems arising from alcohol and drug abuse by advising the Secretary on policy areas that can inform Agency programs.

(b) The Council shall consist of 11 members:

(1) The Secretary of Human Services, Commissioner of Public Safety, Secretary of Education, Commissioner of Liquor Control, and Commissioner of Motor Vehicles or their designees.

(2) One member shall be a member of a mental health or substance abuse agency who shall be appointed by the Governor.

(3) Five members shall be appointed by the Governor of which every consideration shall be given, if possible, to equal geographic apportionment.

Consideration will be given for one of these members to be a certified practicing teacher and one of these members to be a school administrator.

(c) The term of office of members appointed pursuant to subdivisions (b)(2) and (3) of this section shall be three years.

(d) The Council membership shall annually elect a member to serve as chair.

(e) All members shall be voting members.

(f) At the expiration of the term of an appointed member or in the event of a vacancy during an unexpired term, the new member shall be appointed in the same manner as his or her predecessor. Members of the Council may be reappointed.

(g) Each member of the Council not otherwise receiving compensation from the State of Vermont or any political subdivision thereof shall be entitled to receive per diem compensation as provided in 32 V.S.A. § 1010(b). Each member shall be entitled to his or her actual and necessary expenses.

#### § 4832. ADMINISTRATIVE SUPPORT

The Agency of Human Services shall provide the Council with such administrative support as is necessary for it to accomplish the purposes of this chapter.

#### § 4833. DUTIES

The Council shall:

(1) advise the Governor as to the nature and extent of alcohol and drug abuse problems and the programs necessary to understand, prevent, and alleviate those problems;

(2) make recommendations to the Governor for developing a comprehensive and coordinated system for delivering effective programs, including any appropriate reassignment of responsibility for such programs;

(3) provide for coordination and communication among the regional alcohol and drug abuse councils, State agencies and departments, providers, consumers, consumer advocates, and interested citizens;

(4) jointly, with the State Board of Education, develop educational and preventive programs; and

(5) develop a five-year plan for effectively providing preventive, education, and treatment services to the Vermont public.

And that when so amended the bill ought to pass.



Thereupon, the bill was read the second time by title only pursuant to Rule 43, and the recommendation of amendment of the Committee on Health & Welfare was amended as recommended by the Committee on Appropriations.

Thereupon, the pending question, Shall the bill be amended as recommended by the Committee on Health & Welfare, as amended?, was decided in the affirmative.

Thereupon, third reading of the bill was ordered.

#### **Bills Passed**

Senate bills of the following titles were severally read the third time and passed:

**S. 18.** An act relating to privacy protection.

**S. 141.** An act relating to possession of firearms.

#### **Adjournment**

On motion of Senator Campbell, the Senate adjourned until eleven o'clock and thirty minutes in the morning.