

House Human Services Committee Selected acts 2013-2016

Jennifer Carbee, Brynn Hare, and Katie McLinn, Legislative Counsel
Vermont Legislative Council
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Tobacco and smoking

- Act 14 of 2013
- Act 135 of 2014
- Act 108 of 2016

Act 14 of 2013

An act relating to tobacco products

Act 14 of 2013

- Amends statutes relating to licensing and sale of tobacco products to clarify that the provisions also apply to sale of tobacco substitutes and tobacco paraphernalia
- Amends tax statutes related to the sale of tobacco to replace the term “distributor” with “licensed wholesale dealer”
- Clarifies types of tobacco products subject to the tax statutes
 - cigarettes, little cigars, roll-your-own tobacco, snuff, new smokeless tobacco, other tobacco products
- Requires certain nonparticipating tobacco manufacturers to post a bond

Act 135 of 2014

An act relating to smoking in lodging establishments, hospitals, and child care facilities, and on State lands

Act 135 of 2014

- Prohibits smoking cigarettes:
 - in hotel rooms
 - in designated smoke-free areas of property or grounds owned by or leased to the State of Vermont
 - in any other area within 25 feet of State-owned buildings and offices
 - on the grounds of any hospital or secure residential recovery facility owned or operated by the State
- Prohibits use of electronic cigarettes on public school grounds
- Prohibits smoking tobacco or electronic cigarettes in indoor and outdoor premises of licensed child care center or afterschool program at any time
 - for licensed or registered family child care homes, when children are present and in care, prohibited in indoor premises and any outdoor area designated for child care
- Prohibits smoking in a car occupied by a child 8 years of age or younger
- Bans sale of liquid or gel substances containing nicotine in Vermont unless product is contained in child-resistant packaging

Act 108 of 2016

An act relating to restrictions on the use of electronic cigarettes

Act 108 of 2016

- Prohibits using electronic cigarettes in all places where Vermont law bans smoking tobacco cigarettes
 - includes workplaces, bars, restaurants, museums, libraries, hotel and motel rooms, and in motors vehicle in which there is a child under 8 years of age
- Creates exception for “vaping lounges”
- Limits where retailers can display and store their cigarettes to:
 - behind a sales counter
 - in another part of the store that is inaccessible to the public, and
 - in a locked container located anywhere in the store

Patient Choice and Control at End of Life

- Act 39 of 2013
- Act 27 of 2015

Act 39 of 2013

An act relating to patient choice
and control at end of life

Act 39 of 2013

- Creates statutory process for physician to be immune from civil and criminal liability and professional disciplinary action for prescribing to a patient with a terminal condition medication for patient to self-administer to hasten death
- Requires physician to document occurrence of 15 separate actions, some of which include multiple steps
- On July 1, 2016 (after three years in effect), act repeals (“sunsets”) statutory process and replaces it with immunity for physicians who take certain steps with respect to a patient with a terminal condition, including prescribing dose of medication that may be lethal to patient, if patient later makes independent decision to self-administer a lethal dose of the medication
- States that a patient’s right to ask questions and receive information from physicians exists regardless of purpose of inquiry or nature of information provided
- Patient with a terminal condition who self-administers a lethal dose of medication is not a person exposed to grave physical harm under Vermont’s duty to aid law

Act 39 of 2013 (cont.)

- States that no one will be subject to civil or criminal liability solely for being present when a patient with a terminal condition self-administers a lethal dose of medication or for not acting to prevent the patient from self-administering the lethal dose
- Prohibits a health care facility or health care provider from imposing penalty on physician, nurse, pharmacist, or anyone else for actions taken in good faith reliance on provisions of the chapter created by the act or refusals to act under the chapter
- Says no physician, nurse, pharmacist, or anyone else is under any duty to participate in providing a lethal dose of medication to a patient
- Says does not limit or otherwise affect use of palliative sedation
- Says does not authorize anyone to end a patient's life by lethal injection, mercy killing, or active euthanasia
- Says that actions taken in accordance with the chapter are not suicide, assisted suicide, mercy killing, or homicide
- Directs Department of Health to adopt rules for safe disposal of unused medications prescribed under the chapter

Act 27 of 2015

An act relating to repealing the sunset on provisions pertaining to patient choice at end of life

Act 27 of 2015

- Repeals July 1, 2016 sunset, leaving in place statutory process for physician to receive immunity for prescribing to a patient with a terminal condition medication for the patient to self-administer to hasten his or her own death
- Requires Department of Health to adopt rules to facilitate collection of information about compliance with provisions regarding patient choice at the end of life law and to generate public report every two years, starting in 2018
- Allows Commissioner of Health to receive information from the Vermont Prescription Monitoring System to identify patients with terminal conditions who filled prescriptions for medication to be self-administered for purpose of hastening their deaths

Substance Use Disorder

- Act 75 of 2013
- Act 59 of 2015
- Act 173 of 2016

Act 75 of 2013

An act relating to strengthening
Vermont's response to
opioid addiction and
methamphetamine abuse

Act 75 of 2013

Preventing prescription drug abuse

- Requires prescriptions for regulated drugs to include patient's date of birth and to show quantity of drug in both numeric and word forms
- Prohibits anyone other than patient or patient's representative from picking up prescription for controlled substance and requires pharmacist to ask for signature and photo identification
- Requires Department of Public Safety (DPS) to adopt standard operating guidelines for law enforcement access to pharmacy records
- Directs Agency of Education and Department of Health (VDH) to survey middle and high schools to determine quality and effectiveness of substance abuse prevention education in Vermont schools
- Provides certain individuals with access to query Vermont Prescription Monitoring System (VPMS) directly and allows others to receive reports of data available to VDH through the VPMS

Act 75 of 2013 (cont.)

- Requires health care providers and dispensers who prescribe or dispense controlled substances to register with VPMS and requires health care providers to query VPMS:
 - at least annually for patients receiving ongoing treatment with opioid
 - when starting a patient on a controlled substance for nonpalliative long-term pain therapy of 90 days or more
 - first time the provider prescribes a controlled substance to treat chronic pain
 - prior to writing a replacement prescription for a controlled substance
- Allows Commissioner of Health to adopt rules to specify additional circumstances when providers must query VPMS
 - Also directs licensing boards for dispensers to adopt standards for when their licensees must query and report to the VPMS
- Creates Unified Pain Management System Advisory Council to advise Commissioner of Health on appropriate use of controlled substances to treat chronic pain and addiction and to prevent prescription drug abuse
- Directs Commissioners of VDH and DPS to make recommendations on, and then to implement and publicize, a voluntary statewide drug disposal program for unused over-the-counter and prescription drugs

Act 75 of 2013 (cont.)

Improving Access to Treatment and Recovery

- Requires Commissioner of Health to report on opioid addiction treatment programs in Vermont, including:
 - capacity
 - numbers of people on waiting lists
 - integration with recovery and counseling programs
 - Department's additional resource needs
- VDH must study how Vermont can increase access to opioid treatment, including methadone and suboxone, by establishing program for state-licensed physicians affiliated with licensed opioid maintenance treatment program to provide methadone or suboxone to people who are opioid- dependent
 - directs the Department to adopt rules establishing such a program
- Directs VDH to collaborate, develop guidelines and trainings for hospitals on screening for addiction, addiction interventions, referrals to addiction treatment and recovery services for individuals treated at an emergency department, and identification of addiction treatment and recovery services in hospitals' service areas

Act 75 of 2013 (cont.)

Preventing Deaths from Opioid Overdose

- VDH must report annually on number of people who die each year from overdose of controlled substance
- VDH must develop a prevention, intervention, and response strategy to prevent deaths from opioid overdose
- Allows health care professionals to prescribe, dispense, and distribute opioid antagonist to a person at risk of opioid overdose or to a family member, friend, or other person in a position to help that person
- Unless acting recklessly, with gross negligence, or intentional misconduct, a person who has received an opioid antagonist is immune from civil or criminal liability for administering it to a person who he or she believes is having an opioid- related overdose
- VDH must establish a three-year statewide opioid antagonist pilot program to distribute opioid antagonists to persons at risk of overdose and to their family and friends
 - VDH must purchase, provide for distribution of, and monitor opioid antagonists distributed through pilot program and report to General Assembly on cost and effectiveness of program

Act 75 of 2013 (cont.)

Community Safety

- Prohibits retail stores from completing sale of a drug product containing ephedrine, pseudoephedrine, or phenylpropanolamine base that would exceed maximum limit of 3.6 grams in a 24-hour period or nine grams in a 30-day period
- Creates electronic registry system to record purchases of products containing these chemicals and blocking sales exceeding lawful daily and monthly limits
 - System can block unlawful sales, but store employee can override system if employee has reasonable fear of imminent bodily harm to self/others if transaction is not completed
 - Requires store employee who sells products containing these chemicals to obtain purchaser's valid government-issued ID and record the following:
 - name and address of the purchaser
 - name and quantity of drug product
 - date and time of purchase
 - form of identification presented, issuing government entity, and corresponding identification number
 - name of store employee selling drug product
- Establishes process for bringing criminal trespass charge against person who trespasses on abandoned property
- Requires VDH to study effect of methamphetamine production on housing and to report findings to the committees of jurisdiction

Act 75 of 2013 (cont.)

Sales of Secondhand Items and Precious Metals

- Increases from \$500.00 to \$2,500.00 the threshold at which secondhand dealers must keep certain records of sales
- Eliminates “antiques and furniture” from list of items that trigger definition of “secondhand dealer”
- Increases penalties for violating requirements to keep certain records and to hold secondhand items for 10 days prior to resale
- Directs DPS to conduct outreach and information campaign to inform public of current requirements for buying and selling secondhand items, including used precious metals
- Creates interim study committee on the regulation of precious metal dealers

Act 59 of 2015

An act relating to licensed alcohol and drug abuse counselors as participating providers in Medicaid

Act 59 of 2015

- Requires the Department of Vermont Health Access to allow a licensed alcohol and drug abuse counselor (LADC) acting within his or her scope of practice to participate as a Medicaid provider for the purpose of delivering clinical and case coordination services to Medicaid beneficiaries, regardless of whether the LADC works for a preferred provider
- Requires the Department of Health's Division of Alcohol and Drug Abuse Programs (ADAP) and Secretary of State's Office of Professional Regulation (OPR) to develop and propose a plan to the General Assembly for moving responsibility for the licensure of LADCs from ADAP to OPR

Act 173 of 2016

An act relating to combating
opioid abuse in Vermont

Act 173 of 2016

- Requires dispensers to report to VPMS within 24 hours/one business day after dispensing
- Requires dispensers to query VPMS:
 - before dispensing opioids to a patient who is new to the pharmacy
 - when someone pays cash for opioids despite having prescription drug coverage on file
 - when a patient asks to refill an opioid prescription substantially earlier than would be typical
 - when the dispenser knows the patient is being prescribed opioids by more than one prescriber

Act 173 of 2016

- Directs Commissioner of Health to adopt rules on prescribing opioids after consulting Controlled Substances and Pain Management Advisory Council
 - Rules may include:
 - numeric and temporal limits on pills prescribed, including maximum number of pills to be prescribed following minor medical procedures
 - contemporaneous prescription of naloxone in some cases
 - Rules must include:
 - informed consent that explains risks of taking opioids
 - prescribers providing information to patients about safe storage and disposal of controlled substances

Act 173 of 2016

- Requires all health care providers who can prescribe or dispense controlled substances to complete a total of at least two hours of continuing education per licensing period on topics related to:
 - appropriate prescribing
 - use of VPMS, and
 - prevention of controlled substance misuse, abuse, and diversion
- Department of Health must report by January 15, 2017 on appropriate safe prescribing and disposal of controlled substances prescribed by veterinarians for animals, dispensed to owners
- Requires Commissioner of Health and medical educators to develop curricular materials to ensure students in health professional programs learn safe prescribing practices and screening, prevention, and intervention for cases of prescription drug misuse and abuse

Act 173 of 2016

- Requires BlueCross BlueShield of Vermont to:
 - evaluate the evidence supporting the use of acupuncture to treat pain
 - determine whether its health insurance plans should provide coverage for acupuncture services
- Creates a DVHA pilot project to offer acupuncture services to Medicaid-eligible Vermonters with a diagnosis of chronic pain
 - progress report due January 15, 2017
 - must also consider if acupuncture has a role in treating substance use disorder

Act 173 of 2016

- Increases fee on pharmaceutical manufacturers whose drugs are paid for by DVHA from 0.5% to 1.5% of annual DVHA drug spending
 - Money goes into Evidence-Based Education and Advertising Fund
 - Act increases permissible uses of Fund
- Appropriates \$1.275 million to Department of Health for academic detailing, unused prescription drug disposal initiatives, opioid antagonist rescue kits, hospital antimicrobial program
- Appropriates \$200,000 to DVHA for acupuncture pilot project

Marijuana regulation

- Act 155 of 2014
- Act 168 of 2016

Act 155 of 2014

An act relating to the regulation
of marijuana for symptom relief
and dispensaries

Act 155 of 2014

- Waives the six-month relationship required between an applicant patient and his or her health care professional for persons diagnosed with:
 - a terminal illness,
 - cancer with distant metastases, or
 - acquired immune deficiency syndrome.
- Allows naturopaths with a special license endorsement authorizing the individual to prescribe, dispense, and administer prescription medicines to sign the medical verification forms to qualify a patient for the registry.
- Allows Department of Public Safety to make determinations on applications for caregivers with prior drug convictions on a case-by-case basis guided by rules adopted by the Department.
- Lifts the 1,000 patient cap for total number of registered patients who may obtain marijuana from a licensed dispensary.
- Permits dispensaries to deliver marijuana to patients and caregivers in accordance with rules adopted by the Department.
- Allows dispensaries to grow hemp and produce and sell products made from hemp that are intended for symptom relief.
- The act requires the Department of Health, in consultation with the Department of Mental Health, to review and report on the existing research on the treatment of the symptoms of post-traumatic stress disorder, as well as the existing research on the use of marijuana for relief of the symptoms of post-traumatic stress disorder. The Department must report its findings to the General Assembly on or before January 15, 2015.
- Required 2015 report from Secretary of Administration regarding the taxation and regulation of marijuana in Vermont.

Act 168 of 2016

An act relating to amendments
to the marijuana for medical
symptom use statutes

Act 168 of 2016

- Reduces the patient-health care professional relationship required for verification from 6 months to 3 months
- Adds waiver of 3-month period in cases where registered patient changes health care professionals or applicant was a registered patient in another state and otherwise qualifies for Vermont registry
- Adds glaucoma and chronic pain as qualifying conditions
- Removes limitations for naturopaths who treat registered patients
- Requires infused products to be dispensed in child-resistant packaging and to be labeled with the amount of THC in a single dose
- Allows a dispensary to buy, sell, or borrow marijuana from another dispensary
- Allows a dispensary to provide marijuana to a postsecondary academic institution for research purposes

Benefit Programs

- Act 198 of 2014

Act 198 of 2014

An act relating to Reach Up,
Reach Ahead, and the Enhanced
Child Care Services Subsidy
Program

Act 198 of 2014

- Increases the earned income disregard in the Reach Up program from the first \$200.00 per month of earnings plus 25 percent of the remaining unsubsidized earnings to the first \$250.00 per month of earnings plus 25 percent of the remaining unsubsidized earnings
- Requires that Reach Up case managers meet with participating families following any statutory or regulatory changes affecting earned income disregard, asset limits, or other eligibility and benefit criteria to inform families of the changes and to advise them of opportunities to maximize earned income without a corresponding loss of benefits

Act 198 of 2014

- Decreases the Reach Ahead food assistance benefit from \$100.00 per month during the first six months of the program to \$50.00 per month
- Extends the program from one to two years
- During the second year of participation in the Reach Ahead program, families are eligible to receive a food assistance benefit of \$5.00 per month and to participate in the enhanced child care subsidy program
- Subsidy program is funded with savings resulting from caseload reductions in the Reach Up program and may be suspended or modified in the event there are insufficient savings available

Child Protection

- Act 60 of 2015
- Act 92 of 2016
- Act 138 of 2016

Act 60 of 2015

An act relating to improving Vermont's system for protecting children from abuse and neglect

Act 60 of 2015

- Modifies the definitions of key terms, such as “risk of harm,” and “sexual abuse” in Title 33 to be more inclusive and consistent, and adding the definition of “serious physical injury”
- Amends the mandated reporter statute to change the reporting threshold from “reasonable cause to believe” to “reasonably suspects,” requiring that mandated reporters personally report abuse and neglect, and clarifying that this must be done within 24 hours of first observing or receiving information about the abuse or neglect
- Encourages information sharing among the various professionals dealing with an abused or neglected child
- Replaces the rigid custody hierarchy with a “best interests” standard and a shorter, and less rigid, list of custody options for courts to consider
- Allows legally enforceable post-adoption contact agreements between adoptive and birth parents for children in DCF custody
- Clarifies the jurisdiction of Special Investigations Units and what allegations DCF must report to law enforcement
- Amends the cruelty to a child statute to provide for an enhanced sentence if a child is killed, or suffers serious bodily injury or sexual assault
- Establishes a legislative oversight committee that will sunset in 2018;
- Establishes a Working Group to recommend improvements to CHINS proceedings.

Act 92 of 2016

An act relating to the
Department for Children and
Families' Registry Review Unit

Act 92 of 2016

- Provides that upon resolution of a related pending court case, a person substantiated for child abuse or neglect must notify DCF of his or her wish for review of the substantiation in writing
- Allows the Commissioner of DCF to consider any information he or she deems relevant in considering a petition for expungement from the Child Protection Registry
- Provides that a petition for expungement can be denied solely on the basis of the number of substantiations or the nature of a single substantiation

Act 138 of 2016

An act relating to the
prohibition of conversion
therapy on minors

Act 138 of 2016

- Prohibits the practice of conversion therapy from being performed on a minor by a Vermont-licensed or –regulated:
 - physician who specializes in the practice of psychiatry;
 - psychologist, psychologist-doctorate, or psychologist-master;
 - clinical social worker;
 - marriage and family therapist; psychoanalyst;
 - any other allied mental health professional; or
 - student, intern, or trainee of any such profession

Vulnerable Adults

- Act 91 of 2016
- Act 135 of 2016

Act 91 of 2016

An act relating to access to financial information in adult protective services investigations

Act 91 of 2016

- Directs financial institutions in Vermont to make a vulnerable adult's financial information available to an adult protective services (APS) investigator upon receipt of a court order or the investigator's written request
- Specifies that financial information made available to APS investigator can be used only in judicial or administrative proceeding or investigation directly related to report of suspected abuse, neglect, or exploitation of a vulnerable adult
 - Relevant information may also be disclosed to Secretary of Human Services and Commissioner of Financial Regulation when investigation relates to financial exploitation of a vulnerable adult

Act 135 of 2016

An act relating to the creation of
a Vulnerable Adult Fatality
Review Team

Act 135 of 2016

- Establishes Vermont Vulnerable Adult Fatality Review Team in Attorney General's Office
- 14-member Team will review select cases of abuse- and neglect-related fatalities and preventable deaths of vulnerable adults in Vermont in order to:
 - identify system gaps and risk factors
 - educate the public, service providers, and policymakers about these deaths and strategies for intervention
 - recommend changes to prevent similar fatalities in the future

Worker Safety

- Act 109 of 2016
- Act 162 of 2016

Act 109 of 2016

An act relating to safety policies for employees delivering direct social or mental health services

Act 109 of 2016

- Requires the Agency of Human Services, in consultation with each department of the Agency, to establish a written violence prevention and crisis response policy for the benefit of employees delivering direct social or mental health services
- Requires the Secretary to ensure that contracts between the Agency and certain providers whose employees deliver direct social or mental health services include the requirement that providers establish and maintain a written violence prevention and crisis response policy

Act 109 of 2016

- Policies must include:
 - measures a provider intends to take in response to incidents or threats of violence;
 - a system for centrally recording incidents or threats of violence; the establishment of an employee training program about workplace violence and ways to reduce risks; and
 - the development and maintenance of a violence prevention and crisis response committee to monitor compliance with the policy and to provide assistance

Act 162 of 2016

An act relating to stalking,
criminal threatening, and
enhanced penalties for assault

Act 162 of 2016

- Updates and broadens both the criminal and civil stalking statutes
- Enhanced penalty for assault:
 - adds employees, grantees, and contractors of DCF to the list of individuals covered by the statute
 - provides that a person can also be convicted under the enhanced penalty statute if he or she assaulted the protected professional with the intent to prevent the person from performing his/her lawful duty
- Requires DCF and Vermont State Employees' Association to review and report back on the safety trainings available to the employees, contractors, and grantees of DCF and the employees of the State
- New misdemeanor crime of criminal threatening:
 - when a person knowingly (1) threatens another person; and (2) as a result of the threat, places the victim in reasonable fear of death or serious bodily injury.
 - carries a penalty of not more than one year or not more than a \$1,000.00 fine, or both, with a heightened penalty if the person made the threat with the intent to prevent a person from reporting to DCF.
 - Defendant can raise affirmative defense to a charge of criminal threatening if he or she did not have the ability to carry out the threat

Additional acts

- Act 139 of 2016
- Act 141 of 2016
- Act 161 of 2016

Act 139 of 2016

An act relating to breast density notification and education

Act 139 of 2016

- Requires all health care facilities that do mammograms to include in patient's summary report information identifying the patient's breast tissue classification
 - If patient has heterogeneously dense or extremely dense breasts, summary must include a notice using language substantially similar to language used in the act
- Requirement applies to exams performed on or after January 15, 2017

Act 141 of 2016

An act relating to maintaining prescription drugs outside the original prescription container

Act 141 of 2016

- Allows person who was prescribed, sold, or dispensed regulated drug to keep up to 14-day supply outside original container for own personal use if following conditions met:
 - drug was prescribed for the person
 - person is in possession of original or copy of prescription label
 - person intends to use drug only for legitimate medical use in compliance with instructions from doctor and pharmacist
 - person keeps limited supply of drug in container that reasonably constitutes more convenient or portable format to enable person's legitimate medical use of drug

Act 161 of 2016

An act relating to establishing and regulating dental therapists

Act 161 of 2016

- Establishes new profession of licensed dental practice called a “dental therapist” – now four dental professionals:
 - Licensed dentists
 - **Dental therapists**
 - Licensed dental hygienists
 - Registered dental assistants
- Expresses legislative intent to increase access for Vermonters to oral health care, especially in areas with a significant volume of patients with low income or who are uninsured or underserved
- Dental therapists are regulated by Board of Dental Examiners within Office of Professional Regulation
- Dental therapist can perform a limited number of the dental acts that a dentist can perform
 - Must practice under dentist’s general supervision pursuant to collaborative agreement establishing parameters of dental therapist’s practice
 - Including amount of supervision required by dentist and types of patients the dental therapist can serve

Studies

- Act 28 of 2015
- Act 42 of 2015
- Act 107 of 2016
- Act 116 of 2016

Studies

- [Act 28 of 2015](#), An act relating to the membership of the Commission on Alzheimer's Disease and Related Disorders
- [Act 42 of 2015](#), An act relating to the Organ and Tissue Donation Working Group
- [Act 107 of 2016](#), An act relating to persons who are deaf, DeafBlind, and hard of hearing
- [Act 116 of 2016](#), An act relating to foster parents' rights and protections

Questions?