

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred Senate Bill
3 No. 146 entitled “An act relating to substance misuse prevention” respectfully
4 reports that it has considered the same and recommends that the House propose
5 to the Senate that the bill be amended by striking out all after the enacting
6 clause and inserting in lieu thereof the following:

7 * * * Legislative Intent * * *

8 Sec. 1. LEGISLATIVE INTENT

9 It is the intent of the General Assembly that:

10 **(1) prevention efforts focus on social and environmental factors to**
11 **ensure that all Vermonters have opportunities to be active, engaged,**
12 **connected, and heard throughout their lifetimes;**

13 **(2) substance misuse prevention efforts are consolidated and**
14 **coordinated across State government to improve the health of all**
15 **Vermonters;**

16 **(3) a significant portion of any new revenue generated by taxation of**
17 **substances at risk of misuse, including cannabis, tobacco, tobacco**
18 **substitutes, alcohol, and opioids, be directed to fund substance misuse**
19 **prevention initiatives throughout the State in accordance with the advice**
20 **of the Substance Misuse Prevention Oversight and Advisory Council**
21 **established in 18 V.S.A. § 4803; and**

1 **(4) funds designated for the Opioid Coordination Council be redirected**
2 **to fund the Director of Substance Misuse Prevention pursuant to 18 V.S.A.**
3 **§ 4800 and the Manager of Substance Misuse Prevention pursuant to**
4 **18 V.S.A. § 4804.**

5 * * * Vermont Prescription **Drug** Advisory Council * * *

6 Sec. 2. **[Deleted.]**

7 Sec. 3. **[Deleted.]**

8 Sec. 4. **[Deleted.]**

9 * * * Substance Misuse Prevention * * *

10 Sec. 5. 18 V.S.A. chapter 94 is amended to read:

11 CHAPTER 94. ~~DIVISION OF ALCOHOL AND DRUG ABUSE~~
12 PROGRAMS SUBSTANCE USE DISORDERS [or **PREVENTION?**]

13 [or move to 3 V.S.A. chapter 45, subchapter 6, § 2321?]

14 Subchapter 1. Chief Prevention Officer

15 § 4800. CHIEF PREVENTION OFFICER

16 **(a) There is created the permanent position of Chief Prevention Officer**
17 **within the Office of the Secretary in the Agency of Administration for the**
18 **purpose of coordinating, across State government and in collaboration with**
19 **community partners, policies, programs, and budgets to support and**
20 **improve the well-being of all Vermonters through prevention efforts. The**
21 **Chief Prevention Officer shall:**

1 (1) identify and coordinate initiatives across State government and
2 among community stakeholder groups, including those within
3 nontraditional health agencies, that focus on improving health outcomes;

4 (2) examine promising prevention practices in other jurisdictions
5 that may be replicated in Vermont; and

6 (3) improve the well-being of all Vermonters by considering
7 population prevention measures in relation to all policy determinations.

8 (b) The Chief Prevention Officer shall have a master’s-level degree or
9 bachelor’s-level degree in a human services field, public health, or public
10 administration and professional level experience in prevention, substance
11 use disorders, public health, or a closely related field.

12 Subchapter 2. Division of Alcohol and Drug Abuse Programs

13 * * *

14 § 4803. ALCOHOL AND DRUG ABUSE COUNCIL; CREATION; TERMS;
15 PER-DIEM SUBSTANCE MISUSE PREVENTION OVERSIGHT
16 AND ADVISORY COUNCIL

17 ~~(a) The Alcohol and Drug Abuse Council is established within the Agency~~
18 ~~of Human Services to promote the dual purposes of reducing problems arising~~
19 ~~from alcohol and drug abuse and improving prevention, intervention,~~
20 ~~treatment, and recovery services by advising the Secretary on policy areas that~~
21 ~~can inform Agency programs.~~

- 1 ~~(b) The Council shall consist of 12 members:~~
- 2 ~~(1) the Secretary of Human Services or designee;~~
- 3 ~~(2) the Commissioner of Public Safety or designee;~~
- 4 ~~(3) the Commissioner of Mental Health or designee;~~
- 5 ~~(4) the Deputy Commissioner of Health for the Division of Alcohol and~~
- 6 ~~Drug Abuse Programs;~~
- 7 ~~(5) the Director of the Blueprint for Health or designee;~~
- 8 ~~(6) a representative of an approved provider or preferred provider,~~
- 9 ~~appointed by the Governor;~~
- 10 ~~(7) a licensed alcohol and drug abuse counselor, appointed by the~~
- 11 ~~Governor;~~
- 12 ~~(8) a representative of hospitals, appointed by the Vermont Association~~
- 13 ~~of Hospitals and Health Systems;~~
- 14 ~~(9) an educator involved in substance abuse prevention services,~~
- 15 ~~appointed by the Governor;~~
- 16 ~~(10) a youth substance abuse prevention specialist, appointed by the~~
- 17 ~~Governor;~~
- 18 ~~(11) a community prevention coalition member, appointed by the~~
- 19 ~~Governor; and~~
- 20 ~~(12) a member of the peer community involved in recovery services,~~
- 21 ~~appointed by the Governor.~~

1 ~~(c) The term of office of members appointed pursuant to subsection (b) of~~
2 ~~this section shall be three years.~~

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

5 ~~(e) All members shall be voting members.~~

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

10 ~~(g)(1) The Council may submit a written report to the House Committee on~~
11 ~~Human Services and to the Senate Committee on Health and Welfare with its~~
12 ~~findings and any recommendations for legislative action.~~

13 ~~(2) The report shall include the following:~~

14 ~~(A) measurable goals for the State's substance abuse system of care;~~
15 ~~and~~

16 ~~(B) three to five performance measures that demonstrate the system's~~
17 ~~results.~~

18 ~~(3) The provisions of 2 V.S.A. § 20(d) (expiration of required reports)~~
19 ~~shall not apply to the report required to be made under this subsection.~~

20 ~~(h) Each member of the Council not otherwise receiving compensation from~~
21 ~~the State of Vermont or any political subdivision thereof shall be entitled to~~

1 ~~receive per diem compensation as provided in 32 V.S.A. § 1010(b) for not~~
2 ~~more than six meetings annually. Each member shall be entitled to his or her~~
3 ~~actual and necessary expenses.~~

4 (a) Creation. There is created the Substance Misuse Prevention Oversight
5 and Advisory Council within the Department of Health to improve the
6 health outcomes of all Vermonters through a consolidated and holistic
7 approach to substance misuse prevention that addresses all categories of
8 substances. The Council shall provide advice to the Governor and General
9 Assembly for improving prevention policies and programming throughout the
10 State and to ensure that population prevention measures are at the
11 forefront of all policy determinations. The Advisory Council's prevention
12 initiatives shall encompass all substances at risk of misuse, including:

13 (1) alcohol;

14 (2) cannabis;

15 (3) controlled substances, such as opioids, cocaine, and
16 methamphetamines; and

17 (4) tobacco products and tobacco substitutes as defined in 7 V.S.A.
18 § 1001 and substances containing nicotine or otherwise intended for use
19 with a tobacco substitute.

20 (b)(1) Membership. The agenda of the Council shall be determined by
21 an executive committee composed of the following members:

1 **(A) the Commissioner of Health or designee, who shall serve as**
2 **co-chair;**

3 **(B) a community leader in the field of substance misuse**
4 **prevention, appointed by the Governor, who shall serve as co-chair;**

5 **(C) the Secretary of Education or designee;**

6 **(D) the Commissioner of Public Safety or designee; and**

7 **(E) the Chief Prevention Officer established pursuant to**
8 **section 4800 of this title.**

9 **(2) The members of the executive committee jointly shall appoint**
10 **members to the Council who represent various regions of the State and who**
11 **collectively offer expertise and experience in the following:**

12 **(A) at least two people with lived substance use disorder**
13 **experience, including a person in recovery and a family member of a**
14 **person in recovery;**

15 **(B) youth less than 18 years of age;**

16 **(C) one or more young adults between 18 and 25 years of age;**

17 **and**

18 **(D) persons with expertise in the following disciplines:**

19 **(i) substance misuse prevention in a professional setting;**

20 **(ii) pediatric care specific to substance misuse prevention or**
21 **substance use disorder;**

- 1 (iii) academic research pertaining to substance misuse prevention
2 or behavioral addiction treatment;
- 3 (iv) education in a public school setting specific to substance
4 misuse prevention;
- 5 (v) child and family trauma prevention and resilience
6 development;
- 7 (vi) law enforcement with expertise in drug enforcement,
8 addressing impaired driving, and community policing, ~~criminal justice, or~~
9 highway safety; and
- 10 (vii) community outreach or collaboration in the field of substance
11 misuse prevention;
- 12 (viii) the criminal justice system;
- 13 (ix) treatment of substance use disorder;
- 14 (x) recovery from substance use disorder in a community
15 setting;
- 16 (xi) municipalities;
- 17 (xii) substance use disorder or substance misuse prevention
18 within youth populations;
- 19 (xiii) substance use disorder or substance misuse prevention
20 within the older Vermonter population; and

1 **(xiv) comprehensive communications and media campaigns**
2 **specific to preventative work.**

3 (c) Powers and duties. The Council shall strengthen the State’s response to
4 the substance use disorder crisis by advancing evidence-based and evidence-
5 informed substance misuse prevention initiatives. The Council’s duties shall
6 include:

7 (1) reviewing and making recommendations on best practices to assist
8 communities **and schools** to significantly reduce the demand for substances
9 through prevention and education;

10 (2) reviewing substance misuse prevention program evaluations and
11 making specific recommendations for modification based on the results,
12 **including recommendations to address gaps in both services and**
13 **populations served;**

14 (3) reviewing existing State ~~health, mental health, and drug and alcohol~~
15 ~~addiction~~ laws, rules, policies, and programs and proposing changes to
16 eliminate redundancy and to eliminate barriers experienced by communities
17 **and schools in coordinating preventative action with State government; and**

18 (4) reviewing existing community-based recreation, afterschool, and
19 parent-child center programs to determine a foundation of connection and
20 support for all Vermont children and youth;

1 **(5) reviewing community-based programs for older Vermonters for**
2 **the purpose of identifying gaps in services, including geographic**
3 **disparities, eliminating barriers, and coordinating prevention services;**

4 **(6) recommend strategies to integrate substance misuse prevention**
5 **programming across the State, including between State agencies and in**
6 **public-private partnerships; and**

7 **(7) development of a statewide media campaign for substance**
8 **misuse prevention.**

9 (d) Committees. The Council shall have the ability to create issue-specific
10 **committees for the purpose of carrying out its duties, such as a youth**
11 **committee.** Any committees created may draw on the expertise of any
12 individual regardless of whether that individual is a member of the Council.

13 (e) Assistance. The Council shall have administrative, technical, and
14 **communications assistance from the Manager of Substance Misuse**
15 Prevention established pursuant to section 4804 of this title.

16 (f) Report. Annually on or before January 1, the Council shall submit a
17 written report to the Governor, the House Committees on Appropriations and
18 on Human Services, and the Senate Committees on Appropriations and on
19 Health and Welfare with its findings and any recommendations for legislative
20 action. The report shall also include the following:

1 (1) measurable goals for the effectiveness of prevention
2 programming statewide;

3 (2) three to five performance measures that demonstrate the
4 system's results;

5 (3) the results of the tobacco program evaluation; and

6 (4) an explanation of the tobacco program budget.

7 (g) Organization.

8 (1) Members of the Council shall serve two-year terms and may be
9 reappointed. Any vacancy on the Council shall be filled in the same manner
10 as the original appointment. The replacement member shall serve for the
11 remainder of the unexpired term. Any individual interested in serving on
12 the Council may submit a resume to the Manager of Substance Misuse
13 Prevention.

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

15 (h) Compensation and reimbursement. Members of the Council who are
16 not employed by the State or whose participation is not supported through
17 their employment or association shall be entitled to per diem compensation
18 and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not
19 more than six meetings. Payments to members of the Council authorized
20 under this subsection shall be made from monies appropriated to the
21 Department of Health.

1 § 4804. ~~ADMINISTRATIVE SUPPORT~~ MANAGER OF SUBSTANCE

2 MISUSE PREVENTION

3 ~~The Agency of Human Services shall provide the Council with such~~
4 ~~administrative support as is necessary for it to accomplish the purposes of this~~
5 ~~chapter.~~ There is created the permanent position of the Manager of Substance
6 Misuse Prevention within the Department of Health for the purpose of:

7 (1) coordinating the work of the Substance Misuse Prevention

8 Oversight and Advisory Council established pursuant to section 4803 of this
9 title; and

10 (2) coordinating regional planning.

11 § 4805. ~~DUTIES~~

12 ~~The Council shall:~~

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

16 ~~(2) make recommendations to the Governor and General Assembly for~~
17 ~~developing:~~

18 ~~(A) a comprehensive and coordinated system for delivering effective~~
19 ~~programs, including any appropriate reassignment of responsibility for such~~
20 ~~programs; and~~

1 ~~(B) a substance abuse system of care that integrates substance abuse~~
2 ~~services with health care reform initiatives, such as pay for performance~~
3 ~~methodologies;~~

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

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

9 ~~(5) assess substance abuse services and service delivery in the State,~~
10 ~~including the following:~~

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

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

15 ~~(6) provide recommendations to the General Assembly regarding State~~
16 ~~policy and programs for individuals experiencing public inebriation.~~

17 [Repealed.]

18 * * *

1 * * * Repealing the Tobacco Evaluation and Review Board * * *

2 Sec. 6. 18 V.S.A. chapter 225 is amended to read:

3 Chapter 225. Tobacco Prevention, Cessation, and Control

4 § 9501. DEFINITIONS

5 As used in this chapter:

6 (1) ~~“Board” means the Vermont Tobacco Evaluation and Review Board~~
7 ~~established by this chapter. [Repealed.]~~

8 * * *

9 § 9503. VERMONT TOBACCO PREVENTION AND TREATMENT

10 (a) Except as otherwise specifically provided, the tobacco prevention and
11 treatment program shall be administered and coordinated statewide by the
12 Department of Health ~~and the Vermont Tobacco Evaluation and Review~~
13 ~~Board~~, pursuant to the provisions of this chapter. The program shall be
14 comprehensive and research-based, ~~and shall include the following~~
15 **components:**

16 ~~(1) community-based programs;~~

17 ~~(2) school-based programs;~~

18 ~~(3) tobacco cessation programs;~~

19 ~~(4) countermarketing activities;~~

20 ~~(5) enforcement activities;~~

21 ~~(6) surveillance and evaluation activities;~~

1 ~~(7) policy initiatives; and~~
2 ~~(8) any other activities determined by the Commissioner or the~~
3 ~~Board to be necessary to implement the provisions of this section.~~

4 (b) ~~By June 1, 2001, the Department and the Board shall jointly establish a~~
5 ~~plan that includes goals for each program component listed in subsection (a) of~~
6 ~~this section, for reducing adult and youth smoking rates by 50 percent in the~~
7 ~~following 10 years. **By June 1 of each year, the The** Department and the~~
8 ~~Board shall jointly establish goals for reducing adult and youth smoking rates~~
9 ~~**in the following two years, including goals for each program component**~~
10 ~~**listed in subsection (a) of this section, including performance measures for**~~
11 ~~**each goal in conjunction with the Substance Misuse Prevention Oversight**~~
12 ~~**and Advisory Council established pursuant to section 4803 of this title.**~~

13 The services provided by a quitline approved by the Department of Health
14 shall be offered and made available to any minor, upon his or her consent, who
15 is a smoker or user of tobacco products as defined in 7 V.S.A. § 1001.

16 * * *

17 (f) ~~The Board shall be represented on all tobacco program advisory~~
18 ~~committees, including the youth working group, Community Grants Advisory~~
19 ~~Board, and the Scientific Advisory Board. The Board's representative on any~~
20 ~~such advisory committee shall include at least one member other than the~~
21 ~~Commissioner of Health. [Repealed.]~~

1 § 9504. ~~CREATION OF THE VERMONT TOBACCO EVALUATION AND~~
2 ~~REVIEW BOARD~~

3 ~~(a) There is created and established, within the Office of the Secretary, a~~
4 ~~body to be known as the Vermont Tobacco Evaluation and Review Board, an~~
5 ~~independent State board created to work in partnership with the Agency of~~
6 ~~Human Services and the Department of Health in establishing the annual~~
7 ~~budget, program criteria and policy development, and review and evaluation of~~
8 ~~the tobacco prevention and treatment program.~~

9 ~~(b) The Board shall consist of 14 members, including ex officio the~~
10 ~~Commissioner of Health and the Secretary of Education or their designees; the~~
11 ~~Commissioner of Liquor Control or designee; the Attorney General or~~
12 ~~designee; a member of the House of Representatives appointed by the Speaker~~
13 ~~of the House; a member of the Senate appointed by the Committee on~~
14 ~~Committees; a member representing a nonprofit organization qualifying under~~
15 ~~Section 501(e)(3) of the Internal Revenue Code and dedicated to anti-tobacco~~
16 ~~activities appointed by the Speaker of the House; a member representing the~~
17 ~~low-income community appointed by the Senate Committee on Committees;~~
18 ~~two persons under the age of 30, one appointed by the Speaker of the House~~
19 ~~and one appointed by the Committee on Committees; and four members~~
20 ~~appointed by the Governor with the advice and consent of the Senate,~~
21 ~~including: one K-12 educator involved in prevention education; one tobacco~~

1 use researcher; one member representing the health care community; and one
2 tobacco industry countermarketing expert. The public members shall serve for
3 three year terms, beginning on July 1 of the year in which the appointment is
4 made, except that the first members appointed by the Governor to the Board
5 shall be appointed, two for a term of two years, one for a term of three years,
6 and one for a term of four years. Vacancies shall be filled in the same manner
7 as the original appointment for the unexpired portion of the term vacated.

8 (c) The Governor shall appoint a chair from among the Board's public
9 members. The Chair shall serve for a term of two years. The Chair may be
10 removed for good cause by a two-thirds, voting majority of the Board. The
11 Board may elect such other officers as it may determine. The Board may
12 appoint committees or subcommittees for the purpose of providing advice on
13 community based programs, countermarketing activities, and independent
14 program evaluations. Meetings shall be held at the call of the Chair or at the
15 request of three members; however, the Board shall meet no fewer than four
16 times a year. A majority of the sitting members shall constitute a quorum, and
17 action taken by the Board under the provisions of this chapter may be
18 authorized by a majority of the members present and voting at any regular or
19 special meeting. Actions taken by the Board to approve, authorize, award,
20 grant, or otherwise expend money appropriated to the Board or the Department
21 shall require authorization from a majority of members of the entire Board.

1 ~~(d) Public members other than ex officio members shall be entitled to per~~
2 ~~diem compensation authorized under 32 V.S.A. § 1010 for each day spent in~~
3 ~~the performance of their duties, and members shall be reimbursed from the~~
4 ~~Fund for reasonable expenses incurred in carrying out their duties under this~~
5 ~~chapter. Legislative members shall be entitled to per diem compensation and~~
6 ~~reimbursement for expenses in accordance with 2 V.S.A. § 406.~~

7 ~~(e) The Board may employ staff, through the Agency of Human Services, to~~
8 ~~assist the Board in planning, administering, and executing its functions under~~
9 ~~this chapter, subject to the policies, control, and direction of its members and~~
10 ~~the powers and duties of the Board under this chapter. The Board may employ~~
11 ~~technical experts and contractors as necessary to effect the purposes of this~~
12 ~~chapter. The Board shall use the Office of the Attorney General for legal~~
13 ~~services. The Board shall receive additional staff assistance from the~~
14 ~~Department of Health, the Office of Legislative Council, and the Joint Fiscal~~
15 ~~Office.~~

16 ~~(f) The Agency of Human Services shall provide administrative support to~~
17 ~~the Board for the purposes of this chapter.~~

18 ~~(g) No member of the Board shall have any direct or knowing affiliation or~~
19 ~~contractual relationship with any tobacco company, its affiliates, its~~
20 ~~subsidiaries, or its parent company. Each Board member shall file a conflict of~~

1 interest statement, stating that he or she has no such affiliation or contractual
2 relationship. [Repealed.]

3 § 9505. GENERAL POWERS AND DUTIES

4 The ~~Board~~ Department shall have all the powers necessary and convenient
5 to carry out and effectuate the purposes and provisions of this section, and
6 shall:

7 (1) Establish ~~jointly with the Department of Health~~ the selection criteria
8 for community grants and review and recommend the grants to be funded.

9 (2) Select, ~~upon the advice of the Commissioner,~~ a contractor
10 responsible for countermarketing activities. ~~The Department shall pay the~~
11 ~~fees and costs of any such contractor. The Board and Commissioner shall~~
12 ~~jointly and approve any final countermarketing campaign.~~

13 (3) ~~Review and advise the Department selection criteria for grantees~~
14 ~~and contracts funded by the Program in conformity with the goals~~
15 ~~established by the Department and Board.~~

16 (4) ~~Establish jointly with the Department an application process,~~
17 ~~criteria, and components for an independent evaluation. The Board shall~~
18 ~~select an independent contractor to perform an independent evaluation,~~
19 ~~and oversee the independent contractor's evaluation of the tobacco~~
20 ~~prevention, treatment, and control program~~ Perform ongoing evaluations

1 **of tobacco cessation efforts and publish the evaluation measures on the**
2 **Department's website.**

3 ~~(5)(4) Review and make recommendations regarding the overall~~
4 ~~plan and any Execute a memorandum of understanding developed jointly by~~
5 ~~the Department of Health and with the Agency of Education for school-based~~
6 ~~programs funded through the Tobacco Program Fund.~~

7 ~~(6)(5) Review and make recommendations regarding Consult with~~
8 ~~the Department of Liquor Control concerning enforcement activities~~
9 ~~administered by the Department of Liquor Control in accordance with the~~
10 ~~provisions of this chapter.~~

11 ~~(7) Review and advise any State agency on applications for funds~~
12 ~~contributed from any outside sources that are designated for purposes of~~
13 ~~reducing tobacco use.~~

14 ~~(8)(6) In collaboration with the Agency and Department, organize~~
15 ~~Hold a minimum of two public meetings, by September 15 of each year, to~~
16 ~~receive public input and advice for setting program priorities and establishing~~
17 ~~an annual program budget.~~

18 ~~(9) Conduct jointly with the Secretary a review of the Department's~~
19 ~~proposed annual budget for the program, including funds contributed~~
20 ~~from any outside sources that are designated for purposes of reducing~~
21 ~~tobacco use, and submit independent recommendations to the Governor,~~

1 ~~Joint Fiscal Committee, and House and Senate Committees on~~
2 ~~Appropriations by October 1 of each year.~~

3 (10)(7) Propose to the Department strategies for program coordination
4 and collaboration with other State agencies, health care providers and
5 organizations, community and school groups, nonprofit organizations
6 dedicated to anti-tobacco activities, and other nonprofit organizations.

7 (11) Adopt a conflict of interest policy within 30 days of the appointment
8 of the full Board and include this policy in the annual report required under
9 this chapter.

10 § 9506. ALLOCATION SYSTEM

11 (a) In determining the allocation of funds available for the purposes of this
12 chapter, the Department and the Board shall consider all relevant factors,
13 including:

- 14 (1) the level of funding or other participation by private or public
15 sources in the activity being considered for funding;
- 16 (2) what resources will be required in the future to sustain the program;
- 17 (3) geographic distribution of funds; and
- 18 (4) the extent to which the goals of the project can be measured by
19 reductions in adult or youth smoking rates.

20 (b) ~~The Department's and Board's allocation system shall include a~~
21 ~~method, developed jointly, that evaluates the need for and impact and~~

1 ~~quality of the activities proposed by eligible applicants, including, if~~
2 ~~appropriate, measuring the results of the project through reductions in~~
3 ~~adult and youth smoking rates.~~

4 § 9507. ANNUAL REPORT

5 ~~(a) On or before January 15 of each year, the Board shall submit a~~
6 ~~report concerning its activities under this chapter to the Governor and the~~
7 ~~General Assembly. The report shall include, to the extent possible, the~~
8 ~~following:~~

9 ~~(1) the results of the independent program evaluation, beginning~~
10 ~~with the report filed on January 15, 2003, and then each year thereafter;~~

11 ~~(2) a full financial report of the activities of the Departments of~~
12 ~~Health and of Liquor Control, the Agency of Education, and the Board,~~
13 ~~including a special accounting of all activities from July 1 through~~
14 ~~December 31 of the year preceding the legislative session during which the~~
15 ~~report is submitted;~~

16 ~~(3) a recommended budget for the program; and~~

17 ~~(4) an explanation of the results of approved programs, measured~~
18 ~~through reductions in adult and youth smoking rates. [Repealed.]~~

19 (b) [Repealed.]

1 * * * Substance Misuse Prevention Inventory * * *

2 Sec. 7. INVENTORY; SUBSTANCE MISUSE PREVENTION SERVICES

3 (a) On or before January 1, 2021, the Manager of Substance Misuse
4 Prevention established pursuant to 18 V.S.A. § 4804, in consultation with the
5 **Chief Prevention Officer** established pursuant to 18 V.S.A. § 4800, shall
6 develop and submit to the House Committee on Human Services and to the
7 Senate Committee on Health and Welfare an inventory of substance misuse
8 prevention programs in the State. The **Manager** shall include in the inventory:

- 9 (1) the estimated cost of each program;
10 (2) the geographic reach of each program;
11 (3) the effectiveness of each program; and
12 (4) any identified gaps in services.

13 (b) On or before January 1, 2020, the Manager shall submit an interim
14 report to the House Committee on Human Services and to the Senate
15 Committee on Health and Welfare regarding its progress and findings related
16 to subsection (a) of this section.

17 Sec. 8. [Deleted.]

18 * * * Vermont Prescription **Drug** Advisory Council * * *

19 Sec. **9.** 18 V.S.A. § 4255 is amended to read:

20 § 4255. ~~CONTROLLED SUBSTANCES AND PAIN MANAGEMENT~~

21 VERMONT PRESCRIPTION **DRUG** ADVISORY COUNCIL

1 (a) There is hereby created the ~~Controlled Substances and Pain~~
2 ~~Management~~ Vermont Prescription Drug Advisory Council for the purpose of
3 advising the Commissioner of Health on matters related to the Vermont
4 Prescription Monitoring System and to the appropriate use of controlled
5 substances in treating acute and chronic pain and in preventing prescription
6 drug abuse, misuse, and diversion.

7 (b)(1) The ~~Controlled Substances and Pain Management~~ Advisory Council
8 shall consist of the following members:

9 * * *

10 Sec. 10. 18 V.S.A. § 4284 is amended to read:

11 § 4284. PROTECTION AND DISCLOSURE OF INFORMATION

12 * * *

13 (g) Following consultation with the ~~Controlled Substances and Pain~~
14 ~~Management~~ Vermont Prescription Drug Advisory Council and an opportunity
15 for input from stakeholders, the Department shall develop a policy that will
16 enable it to use information from VPMS to determine if individual prescribers
17 and dispensers are using VPMS appropriately.

18 (h) Following consultation with the ~~Controlled Substances and Pain~~
19 ~~Management~~ Vermont Prescription Drug Advisory Council and an opportunity
20 for input from stakeholders, the Department shall develop a policy that will
21 enable it to evaluate the prescription of regulated drugs by prescribers.

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Sec. 11. 18 V.S.A. § 4289 is amended to read:

§ 4289. STANDARDS AND GUIDELINES FOR HEALTH CARE
PROVIDERS AND DISPENSERS

* * *

(e) The Commissioner of Health shall, after consultation with the
~~Controlled Substances and Pain Management~~ Vermont Prescription Drug
Advisory Council, adopt rules necessary to effect the purposes of this section.
The Commissioner and the Council shall consider additional circumstances
under which health care providers should be required to query the VPMS,
including whether health care providers should be required to query the VPMS
prior to writing a prescription for any opioid Schedule II, III, or IV controlled
substance or when a patient requests renewal of a prescription for an opioid
Schedule II, III, or IV controlled substance written to treat acute pain, and the
Commissioner may adopt rules accordingly.

* * *

* * * Effective Date * * *

Sec. 12. EFFECTIVE DATE

This act shall take effect on July 1, 2019.

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(Committee vote: _____)

Representative _____

FOR THE COMMITTEE