

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, connected,
12 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 Vermonters;

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

1 (4) funds designated for the Opioid Coordination Council be redirected
2 to fund the Chief Prevention Officer pursuant to 3 V.S.A. § 2321 and the
3 Manager of Substance Misuse Prevention pursuant to 18 V.S.A. § 4804.

4 * * * Chief Prevention Officer * * *

5 Sec. 2. 3 V.S.A. chapter 45, subchapter 6 is added to read:

6 Subchapter 6. Chief Prevention Officer

7 § 2321. CHIEF PREVENTION OFFICER

8 (a) There is created the permanent position of Chief Prevention Officer
9 within the Office of the Secretary in the Agency of Administration for the
10 purpose of coordinating, across State government and in collaboration with
11 community partners, policies, programs, and budgets to support and improve
12 the well-being of all Vermonters through prevention efforts. The Chief
13 Prevention Officer shall:

14 (1) identify and coordinate initiatives across State government and
15 among community stakeholder groups that improve well-being;

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

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

20 (b) The Chief Prevention Officer shall have a master's-level degree or
21 bachelor's-level degree in a human services field, public health, or public

1 administration and professional-level experience in prevention, substance use
2 disorders, public health, or a closely related field.

3 * * * Substance Misuse Prevention * * *

4 Sec. 3. 18 V.S.A. chapter 94 is amended to read:

5 CHAPTER 94. ~~DIVISION OF ALCOHOL AND DRUG ABUSE~~
6 PROGRAMS SUBSTANCE USE DISORDERS

7 * * *

8 § 4803. ~~ALCOHOL AND DRUG ABUSE COUNCIL; CREATION; TERMS;~~
9 PER-DIEM SUBSTANCE MISUSE PREVENTION OVERSIGHT
10 AND ADVISORY COUNCIL

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

16 (b) ~~The Council shall consist of 12 members:~~

17 (1) ~~the Secretary of Human Services or designee;~~

18 (2) ~~the Commissioner of Public Safety or designee;~~

19 (3) ~~the Commissioner of Mental Health or designee;~~

20 (4) ~~the Deputy Commissioner of Health for the Division of Alcohol and~~
21 ~~Drug Abuse Programs;~~

1 ~~(5) the Director of the Blueprint for Health or designee;~~

2 ~~(6) a representative of an approved provider or preferred provider,~~

3 ~~appointed by the Governor;~~

4 ~~(7) a licensed alcohol and drug abuse counselor, appointed by the~~

5 ~~Governor;~~

6 ~~(8) a representative of hospitals, appointed by the Vermont Association~~

7 ~~of Hospitals and Health Systems;~~

8 ~~(9) an educator involved in substance abuse prevention services,~~

9 ~~appointed by the Governor;~~

10 ~~(10) a youth substance abuse prevention specialist, appointed by the~~

11 ~~Governor;~~

12 ~~(11) a community prevention coalition member, appointed by the~~

13 ~~Governor; and~~

14 ~~(12) a member of the peer community involved in recovery services,~~

15 ~~appointed by the Governor.~~

16 ~~(c) The term of office of members appointed pursuant to subsection (b) of~~

17 ~~this section shall be three years.~~

18 ~~(d) The Council membership shall annually elect a member to serve as~~

19 ~~chair.~~

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

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

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

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

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

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

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

15 ~~(h) Each member of the Council not otherwise receiving compensation from~~
16 ~~the State of Vermont or any political subdivision thereof shall be entitled to~~
17 ~~receive per diem compensation as provided in 32 V.S.A. § 1010(b) for not~~
18 ~~more than six meetings annually. Each member shall be entitled to his or her~~
19 ~~actual and necessary expenses.~~

20 (a) Creation. There is created the Substance Misuse Prevention Oversight
21 and Advisory Council within the Department of Health to improve the health

1 outcomes of all Vermonters through a consolidated and holistic approach to
2 substance misuse prevention that addresses all categories of substances. The
3 Council shall provide advice to the Governor and General Assembly for
4 improving prevention policies and programming throughout the State and to
5 ensure that population prevention measures are at the forefront of all policy
6 determinations. The Advisory Council’s prevention initiatives shall
7 encompass all substances at risk of misuse, including:

8 (1) alcohol;

9 (2) cannabis;

10 (3) controlled substances, such as opioids, cocaine, and
11 methamphetamines; and

12 (4) tobacco products and tobacco substitutes as defined in 7 V.S.A.
13 § 1001 and substances containing nicotine or that are otherwise intended for
14 use with a tobacco substitute.

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

17 (A) the Commissioner of Health or designee, who shall serve as co-
18 chair;

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

21 (C) the Secretary of Education or designee;

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

2 (E) the Chief Prevention Officer established pursuant to 3 V.S.A.

3 § 2321.

4 (2) The members of the executive committee jointly shall appoint
5 members to the Council with demographic and regional diversity and who
6 collectively offer expertise and experience in the following:

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

9 (B) one or more youth less than 18 years of age;

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

11 (D) the Director of Trauma Prevention and Resilience Development
12 established pursuant to 33 V.S.A. § 3403; and

13 (E) persons with expertise in the following disciplines:

14 (i) substance misuse prevention in a professional setting;

15 (ii) pediatric care specific to substance misuse prevention or
16 substance use disorder;

17 (iii) academic research pertaining to substance misuse prevention
18 or behavioral addiction treatment;

19 (iv) education in a public school setting specific to substance
20 misuse prevention;

- 1 (v) law enforcement with expertise in drug enforcement,
2 addressing impaired driving, and community policing;
- 3 (vi) community outreach or collaboration in the field of substance
4 misuse prevention;
- 5 (vii) the criminal justice system;
- 6 (viii) treatment of substance use disorder;
- 7 (ix) recovery from substance use disorder in a community setting;
- 8 (x) municipalities;
- 9 (xi) substance use disorder or substance misuse prevention within
10 the youth population;
- 11 (xii) substance use disorder or substance misuse prevention within
12 the older Vermonter population; and
- 13 (xiii) comprehensive communications and media campaigns.
- 14 (c) Powers and duties. The Council shall strengthen the State’s response to
15 the substance use disorder crisis by advancing evidence-based and evidence-
16 informed substance misuse prevention initiatives. The Council’s duties shall
17 include:
- 18 (1) reviewing and making recommendations on best practices to assist
19 communities and schools to significantly reduce the demand for substances
20 through prevention and education;

1 (2) reviewing substance misuse prevention program evaluations and
2 making specific recommendations for modification based on the results,
3 including recommendations to address gaps in both services and populations
4 served;

5 (3) reviewing existing State laws, rules, policies, and programs and
6 proposing changes to eliminate redundancy and to eliminate barriers
7 experienced by communities and schools in coordinating preventative action
8 with State government;

9 (4) reviewing existing community-based youth programming, including
10 recreation, municipal programs, parent-child center programs, and afterschool
11 and year-round programs, to determine a foundation of connection and support
12 for all Vermont children and youth;

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

16 (6) recommending strategies to integrate substance misuse prevention
17 programming across the State, including between State agencies and in public-
18 private partnerships;

19 (7) development of a statewide media campaign for substance misuse
20 prevention; and

1 (8) holding a minimum of two public meetings to receive public input
2 and advice for setting program priorities for substances at risk of misuse.

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

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

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

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

17 (2) three to five performance measures for all substances at risk of
18 misuse that demonstrate the system's results;

19 (3) the results of evaluations of State-funded programs; and

20 (4) an explanation of State-funded program budgets.

21 (g) Organization.

1 (1) Members of the Council shall serve two-year terms and may be
2 reappointed. Any vacancy on the Council shall be filled in the same manner as
3 the original appointment. The replacement member shall serve for the
4 remainder of the unexpired term. Any individual interested in serving on the
5 Council may submit a letter of interest or resume to the Manager of Substance
6 Misuse Prevention.

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

8 (h) Compensation and reimbursement. Members of the Council who are
9 not employed by the State or whose participation is not supported through their
10 employment or association shall be entitled to per diem compensation and
11 reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more
12 than six meetings per year, unless further authorized by the Commissioner of
13 Health. Payments to members of the Council authorized under this subsection
14 shall be made from monies appropriated to the Department of Health.

15 § 4804. ~~ADMINISTRATIVE SUPPORT~~ MANAGER OF SUBSTANCE

16 MISUSE PREVENTION

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

1 (1) coordinating the work of the Substance Misuse Prevention Oversight
2 and Advisory Council established pursuant to section 4803 of this title; and

3 (2) coordinating regional planning.

4 § 4805. ~~DUTIES~~

5 ~~The Council shall:~~

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

9 ~~(2) make recommendations to the Governor and General Assembly for~~
10 ~~developing:~~

11 ~~(A) a comprehensive and coordinated system for delivering effective~~
12 ~~programs, including any appropriate reassignment of responsibility for such~~
13 ~~programs; and~~

14 ~~(B) a substance abuse system of care that integrates substance abuse~~
15 ~~services with health care reform initiatives, such as pay-for-performance~~
16 ~~methodologies;~~

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

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

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

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

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

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

9 [Repealed.]

10 * * *

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

12 Sec. 4. 18 V.S.A. chapter 225 is amended to read:

13 Chapter 225. Tobacco Prevention, Cessation, and Control

14 § 9501. DEFINITIONS

15 As used in this chapter:

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

18 * * *

19 § 9503. VERMONT TOBACCO PREVENTION AND TREATMENT

20 (a) Except as otherwise specifically provided, the tobacco prevention and
21 treatment program shall be administered and coordinated statewide by the

1 Department of Health and the Vermont Tobacco Evaluation and Review
2 Board, pursuant to the provisions of this chapter. The program shall be
3 comprehensive and research-based, and shall include the following
4 components:

5 (1) ~~community based programs;~~

6 (2) ~~school based programs;~~

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

8 (4) ~~countermarketing activities;~~

9 (5) ~~enforcement activities;~~

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

11 (7) ~~policy initiatives; and~~

12 (8) ~~any other activities determined by the Commissioner or the Board to~~
13 ~~be necessary to implement the provisions of this section.~~

14 (b) ~~By June 1, 2001, the Department and the Board shall jointly establish a~~
15 ~~plan that includes goals for each program component listed in subsection (a) of~~
16 ~~this section, for reducing adult and youth smoking rates by 50 percent in the~~
17 ~~following 10 years. By June 1 of each year, the The Department and the Board~~
18 ~~shall jointly establish goals for reducing adult and youth smoking rates in the~~
19 ~~following two years, including goals for each program component listed in~~
20 ~~subsection (a) of this section, including performance measures for each goal in~~
21 ~~conjunction with the Substance Misuse Prevention Oversight and Advisory~~

1 Council established pursuant to section 4803 of this title. The services
2 provided by a quitline approved by the Department of Health shall be offered
3 and made available to any minor, upon his or her consent, who is a smoker or
4 user of tobacco products as defined in 7 V.S.A. § 1001.

5 * * *

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

11 § 9504. ~~CREATION OF THE VERMONT TOBACCO EVALUATION AND~~
12 ~~REVIEW BOARD~~

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

19 ~~(b) The Board shall consist of 14 members, including ex officio the~~
20 ~~Commissioner of Health and the Secretary of Education or their designees; the~~
21 ~~Commissioner of Liquor Control or designee; the Attorney General or~~

1 ~~designee; a member of the House of Representatives appointed by the Speaker~~
2 ~~of the House; a member of the Senate appointed by the Committee on~~
3 ~~Committees; a member representing a nonprofit organization qualifying under~~
4 ~~Section 501(c)(3) of the Internal Revenue Code and dedicated to anti-tobacco~~
5 ~~activities appointed by the Speaker of the House; a member representing the~~
6 ~~low income community appointed by the Senate Committee on Committees;~~
7 ~~two persons under the age of 30, one appointed by the Speaker of the House~~
8 ~~and one appointed by the Committee on Committees; and four members~~
9 ~~appointed by the Governor with the advice and consent of the Senate,~~
10 ~~including: one K-12 educator involved in prevention education; one tobacco~~
11 ~~use researcher; one member representing the health care community; and one~~
12 ~~tobacco industry countermarketing expert. The public members shall serve for~~
13 ~~three year terms, beginning on July 1 of the year in which the appointment is~~
14 ~~made, except that the first members appointed by the Governor to the Board~~
15 ~~shall be appointed, two for a term of two years, one for a term of three years,~~
16 ~~and one for a term of four years. Vacancies shall be filled in the same manner~~
17 ~~as the original appointment for the unexpired portion of the term vacated.~~

18 ~~(c) The Governor shall appoint a chair from among the Board's public~~
19 ~~members. The Chair shall serve for a term of two years. The Chair may be~~
20 ~~removed for good cause by a two-thirds, voting majority of the Board. The~~
21 ~~Board may elect such other officers as it may determine. The Board may~~

1 ~~appoint committees or subcommittees for the purpose of providing advice on~~
2 ~~community-based programs, countermarketing activities, and independent~~
3 ~~program evaluations. Meetings shall be held at the call of the Chair or at the~~
4 ~~request of three members; however, the Board shall meet no fewer than four~~
5 ~~times a year. A majority of the sitting members shall constitute a quorum, and~~
6 ~~action taken by the Board under the provisions of this chapter may be~~
7 ~~authorized by a majority of the members present and voting at any regular or~~
8 ~~special meeting. Actions taken by the Board to approve, authorize, award,~~
9 ~~grant, or otherwise expend money appropriated to the Board or the Department~~
10 ~~shall require authorization from a majority of members of the entire Board.~~

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

17 ~~(e) The Board may employ staff, through the Agency of Human Services, to~~
18 ~~assist the Board in planning, administering, and executing its functions under~~
19 ~~this chapter, subject to the policies, control, and direction of its members and~~
20 ~~the powers and duties of the Board under this chapter. The Board may employ~~
21 ~~technical experts and contractors as necessary to effect the purposes of this~~

1 ~~chapter. The Board shall use the Office of the Attorney General for legal~~
2 ~~services. The Board shall receive additional staff assistance from the~~
3 ~~Department of Health, the Office of Legislative Council, and the Joint Fiscal~~
4 ~~Office.~~

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

7 ~~(g) No member of the Board shall have any direct or knowing affiliation or~~
8 ~~contractual relationship with any tobacco company, its affiliates, its~~
9 ~~subsidiaries, or its parent company. Each Board member shall file a conflict of~~
10 ~~interest statement, stating that he or she has no such affiliation or contractual~~
11 ~~relationship. [Repealed.]~~

12 § 9505. GENERAL POWERS AND DUTIES

13 The ~~Board~~ Department shall have all the powers necessary and convenient
14 to carry out and effectuate the purposes and provisions of this section, and
15 shall:

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

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

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

4 ~~(4) Establish jointly with the Department an application process, criteria,~~
5 ~~and components for an independent evaluation. The Board shall select an~~
6 ~~independent contractor to perform an independent evaluation, and oversee the~~
7 ~~independent contractor's evaluation of the tobacco prevention, treatment, and~~
8 ~~control program Perform ongoing evaluations of tobacco cessation efforts and~~
9 ~~publish the evaluation measures on the Department's website.~~

10 ~~(5)(4) Review and make recommendations regarding the overall plan~~
11 ~~and any Execute a memorandum of understanding developed jointly by the~~
12 ~~Department of Health and with the Agency of Education for school-based~~
13 ~~programs funded through the Tobacco Program Fund.~~

14 ~~(6)(5) Review and make recommendations regarding Consult with the~~
15 ~~Department of Liquor and Lottery concerning enforcement activities~~
16 ~~administered by the Department of Liquor Control in accordance with the~~
17 ~~provisions of this chapter.~~

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

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

5 ~~(9) Conduct jointly with the Secretary a review of the Department's~~
6 ~~proposed annual budget for the program, including funds contributed from any~~
7 ~~outside sources that are designated for purposes of reducing tobacco use, and~~
8 ~~submit independent recommendations to the Governor, Joint Fiscal~~
9 ~~Committee, and House and Senate Committees on Appropriations by~~
10 ~~October 1 of each year.~~

11 ~~(10)(6) Propose to the Department strategies for program coordination~~
12 ~~and collaboration with other State agencies, health care providers and~~
13 ~~organizations, community and school groups, nonprofit organizations~~
14 ~~dedicated to anti-tobacco activities, and other nonprofit organizations.~~

15 ~~(11) Adopt a conflict of interest policy within 30 days of the appointment~~
16 ~~of the full Board and include this policy in the annual report required under~~
17 ~~this chapter.~~

18 § 9506. ALLOCATION SYSTEM

19 ~~(a) In determining the allocation of funds available for the purposes of this~~
20 ~~chapter, the Department and the Board shall consider all relevant factors,~~
21 ~~including:~~

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

7 ~~(b) The Department's and Board's allocation system shall include a~~
8 ~~method, developed jointly, that evaluates the need for and impact and quality~~
9 ~~of the activities proposed by eligible applicants, including, if appropriate,~~
10 ~~measuring the results of the project through reductions in adult and youth~~
11 ~~smoking rates.~~

12 § 9507. ANNUAL REPORT

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

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

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

1 ~~(3) a recommended budget for the program; and~~
2 ~~(4) an explanation of the results of approved programs, measured~~
3 ~~through reductions in adult and youth smoking rates. [Repealed.]~~

4 (b) [Repealed.]

5 * * * Substance Misuse Prevention Inventory * * *

6 Sec. 5. INVENTORY; SUBSTANCE MISUSE PREVENTION SERVICES

7 (a) On or before January 1, 2021, the Manager of Substance Misuse
8 Prevention established pursuant to 18 V.S.A. § 4804, in consultation with the
9 Chief Prevention Officer established pursuant to 3 V.S.A. § 2321, shall
10 develop and submit to the House Committee on Human Services and to the
11 Senate Committee on Health and Welfare an inventory of substance misuse
12 prevention programs in the State. The Manager shall include in the inventory:

13 (1) the estimated cost and funding source of each program;

14 (2) the geographic reach of each program;

15 (3) the effectiveness of each program; and

16 (4) any identified gaps in services.

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

21 * * * Vermont Prescription Drug Advisory Council * * *

1 Sec. 6. 18 V.S.A. § 4255 is amended to read:

2 § 4255. ~~CONTROLLED SUBSTANCES AND PAIN MANAGEMENT~~

3 VERMONT PRESCRIPTION DRUG ADVISORY COUNCIL

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

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

12 * * *

13 Sec. 7. 18 V.S.A. § 4284 is amended to read:

14 § 4284. PROTECTION AND DISCLOSURE OF INFORMATION

15 * * *

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

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

5 * * *

6 Sec. 8. 18 V.S.A. § 4289 is amended to read:

7 § 4289. STANDARDS AND GUIDELINES FOR HEALTH CARE
8 PROVIDERS AND DISPENSERS

9 * * *

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

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* * * Effective Date * * *

Sec. 9. EFFECTIVE DATE

This act shall take effect on July 1, 2019.

(Committee vote: _____)

Representative _____

FOR THE COMMITTEE