

House Human Services: Bills that Passed out of Committee during the 2017-2018 Biennium

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Adverse Childhood Experiences & Trauma

Act 43: An act relating to building resilience for individuals experiencing adverse childhood experiences

- * Establishes principles regarding Vermont's response to trauma and toxic stress occurring during childhood;
- * Establishes the interim Adverse Childhood Experiences Working Group that shall meet to analyze existing resources related to building resilience in early childhood and propose appropriate structures for the most evidence-based or evidence-informed and cost-effective approaches to serve children experiencing trauma; and
- * Requires AHS to present to HHS, HHC, and SHW a plan to address the integration of evidence-informed and family-focused prevention, intervention, treatment, and recovery services for individuals affected by adverse childhood experiences by January 15, 2019

Act 204: An act relating to ensuring a coordinated public health approach to addressing childhood adversity and promoting resilience

- * Establishes a Director of Trauma Prevention and Resilience Development within the Office of the Secretary of Human Services for the purpose of directing and coordinating systemic approaches across State government that build childhood resiliency and mitigate toxic stress by implementing a public health approach;
- * Amends the criteria required to certify an ACO to operate in the State to include the provision of connections and incentives to existing community services for preventing and addressing the impact of childhood adversity; and
- * Requires AHS, in collaboration with Vermont Care Partners, to identify opportunities to streamline and better coordinate the provision of services provided pursuant to 1988 Acts and Resolves No. 264

Child Care and Early Childhood Education

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S.257 (not enacted): An act relating to miscellaneous changes to education law

- * Addresses bifurcated regulations in the public/private child care system and payment process for universal pre-K

Child Protection

Act 103: An act relating to establishing the Child Fatality Review Team

- * Codifies the existing Child Fatality Review Team within the Department of Health, which is responsible for:
 - * examining cases of child fatality in Vermont in which the fatality is either unexpected, unexplained, or preventable;
 - * identifying system gaps and risk factors associated with child fatalities that are either unexpected, unexplained, or preventable;
 - * educating the public, service providers, and policymakers about unexpected, unexplained, or preventable child fatalities and strategies for intervention; and
 - * recommending legislation, rules, policies, practices, training, and coordination of services that promote interagency collaboration and prevent future unexpected, unexplained, or preventable child fatalities.
- * The Team shall report its conclusions and recommendations to the Governor and General Assembly at least once per calendar year.

Act 106: An act relating to the reasonable and prudent parent standard

- * Establishes the reasonable and prudent parent standard, which authorizes a foster parent who is determining whether to allow a child in custody “*to participate in extracurricular, enrichment, cultural, and social activities*” to make “*careful and sensible parental decisions that maintain the health, safety, and best interests of a child or youth in the custody of the Commissioner [for Children and Families] while at the same time encouraging the emotional and developmental growth of the child....*”
- * Specifies that a foster parent is not liable for injuries to a child in custody that occur as the result of acting in accordance with the standard

Elder Care

Act 23: An act relating to the Long-Term Care Ombudsman

- * Updates the Long-Term Care Ombudsman statutes to conform to the federal Older Americans Act and related federal regulations.
- * Creates a new private right of action for a vulnerable adult who has been the victim of financial exploitation.

Act 121: An act relating to explanation of advance directives and treating clinician who may sign a DNR/COLST

- * Specifies that a health care provider may serve as witness to principal's execution of an advance directive, as may the individual who explains the nature and effect of advance directive if principal is being admitted to or is a patient in a hospital, nursing home, or residential care facility at the time the advance directive is executed
- * Expands list of individuals who may serve as explainer to include:
 - * a designated hospital explainer;
 - * a volunteer at the nursing home or residential care facility; and
 - * a clinician not employed by the nursing home or residential care facility.
- * Expands description of clinician who may have signed a DNR/COLST to include a clinician who treated the patient outside Vermont and held a valid license to practice in the state in which the patient was located at the time the DNR/COLST was issued

Act 125: An act relating to nursing home oversight

- * Creates Nursing Home Oversight Working Group to examine oversight of nursing homes in Vermont, including their financial stability and licensing criteria;
- * Eliminates requirement to obtain a certificate of need from the Green Mountain Care Board for transfer of ownership of nursing home;
- * Directs Secretary of Human Services to develop a process by which AHS will accept and review applications for transfers of nursing home ownership in lieu of CON process; and
- * Allows applicants who filed a letter of intent or application for a CON with the Green Mountain Care Board for transfer of nursing home ownership on or before July 1, 2018 to choose to use the AHS process instead of continuing with the CON process

Act 172: An act relating to creating an Older Vermonters Act working group

- * Creates an Older Vermonters Act working group to develop recommendations for an Older Vermonters Act that aligns with the federal Older Americans Act, the Vermont State Plan on Aging, and the Choices for Care Program.
- * Recommendations are due to the legislative committees of jurisdiction by December 1, 2019.

Marijuana

Act 65: An act relating to expanding patient access to the Medical Marijuana Registry

Makes multiple changes to the Medical Marijuana Registry requirements and regulation of dispensaries, including:

- * Adds Crohn's disease and Parkinson's disease as debilitating medical conditions that qualify a person for the Registry;
- * Adds post-traumatic stress disorder, provided the Registry confirms the applicant is undergoing psychotherapy or counseling with a licensed mental health care provider;
- * Expands the number of dispensary licenses available from four to five, with a sixth permitted once the number of registered patients reaches 7,000;
- * Allows a dispensary to serve patients at two locations under the same license;
- * Eliminates the requirement that a dispensary be a nonprofit organization;
- * Allows a patient to cultivate marijuana for one other patient;
- * Allows a patient to cultivate marijuana and designate a dispensary;
- * Clarifies that the Agency of Agriculture, Food and Markets may possess marijuana and hemp in discharging its duties under State law; and
- * Directs the Department of Public Safety and the Agency of Digital Services to develop an independent web page for the Medical Marijuana Registry.

Prescription Drugs

Act 114: An act relating to establishing the Unused Prescription Drug Repository Program

- * Directs AHS, in consultation with the Board of Pharmacy, the Board of Medical Practice, and other interested stakeholders, to evaluate the feasibility of implementing an unused prescription drug repository program to accept and dispense donated prescription drugs and supplies to Vermont residents who meet specified eligibility standards

H.647 (not enacted): An act relating to access to the Vermont Prescription Monitoring System by academic researchers

- * Academic researchers have three complainants regarding the VPMS:
 - * Data are difficult to access due to a lack of staff within the VPMS program;
 - * The program has undergone three vendor changes in recent years;
 - * There is not a clear process for attaining data from VPMS for academic researchers
- * HHS sent letter directing VDH to develop a process consistent with VPMS' enabling legislation that ensures clear and predictable requirements for applicants seeking to perform academic research or facilitate academic detailing, while maintaining strict protections of patient privacy in a manner similar to institutional review boards

Public Assistance

Act 29: An act relating to eligibility and calculation of grant subsidy amount for Reach Up, Reach Ahead, and the Child Care Services Program

- * Increases the asset limit in the Reach Up Program from \$2,000 to \$9,000 for determinations of initial and continuing eligibility;
- * Excludes retirement savings accounts and qualified child education savings accounts from asset limit calculations in the Reach Up Program; and
- * With regard to the Child Care Financial Assistance Program, excludes earnings deposited into a qualified child savings account purpose of determining continuing eligibility

Act 104: An act relating to administration of the Supplemental Nutrition Assistance Program

- * Requires DCF to report to the Chairs of HHS and SHW within 30 days after a substantive change to the federal law governing the Supplemental Nutrition Assistance Program (SNAP) that restricts or improves eligibility; increases or reduces barriers or creates or eliminates hardships to access; or inhibits or increases benefit usage
- * Requires DCF to provide the Chairs with an analysis of any anticipated administrative costs to DCF and impacts to SNAP applicants and participants as a result of the change within 90 days

Act 109: An act relating to miscellaneous amendments to the Reach Up program

- * Makes four changes to Vermont's Reach Up program:
 - * In determining eligibility for the Reach Up program, it excludes the equity value of an operable motor vehicle for any child of driving age who needs a vehicle to attend school or work;
 - * Removes the requirement that a Reach Up program director or designee conduct 18- and 36-month reviews with participating families;
 - * Amends the work requirements for participating families to better align with federal work requirements; and
 - * Expands the education deferment up to 18 months for participants over 20 years of age who are engaged in 15 hours of classes a week related to attaining a high school diploma, GED, or completion of a literacy program

Public Health

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Act 149: An act relating to lead poisoning prevention

- * Aims to provide regulatory authority over lead poisoning prevention practices, which are currently divided between the State of Vermont and the U.S. Environmental Protection Agency (EPA), to the State;
- * Passage of the act, which integrates existing federal laws with existing State laws, in addition to the adoption of corresponding rules, is required prior to the EPA's approval of the Vermont Department of Health's proposal to house all regulatory authority over lead poisoning prevention practices within the State;
- * **Effective Date:** Upon the Commissioner of Health's written confirmation to the Speaker of the House and the Senate President Pro Tempore that the U.S. Environmental Protection Agency has authorized the program as administered by Vermont

S.70 (not enacted): An act relating to the nutritional requirements for children's meals

- * Requires a healthy default beverage (water, milk, 100% fruit juice) in children's meals

Substance Use Disorder

Act 159: An act relating to pilot programs for coverage by commercial health insurers of costs associated with medication-assisted treatment

- * Directs the Commissioner of Vermont Health Access to develop pilot programs that engage one or more health insurers in contributing to the funding of licensed alcohol and drug counselors and other medical professionals who serve individuals receiving medication-assisted treatment within Vermont's spoke practices

Miscellaneous

Act 9: An act relating to length of stay at designated shelters

- * Extends the length of time that runaway youth may stay at a shelter designated by the Commissioner for Children and Families from 7 to 21 days

Act 59: An act relating to publicly accessible meetings of an accountable care organization's governing body

- * Requires all meetings of an ACO's governing body to be open to the public and to provide an opportunity for public comment
- * Allows an ACO's governing body to go into executive session under specific circumstances
- * Requires an ACO to make its governing body's meeting schedule available to the public, to either record to take minutes of the meetings, and to post the recordings or minutes to the ACO's website within five business days

Act 68: An act relating to sexual assault nurse examiners

- * Makes a number of changes to the procedures for regulating sexual assault nurse examiners (SANE) and the processes for obtaining and retaining forensic evidence collected after a sexual assault, including:
 - * Revises duties of SANE Board to an advisory capacity to the SANE Program and adds the Commissioner of Health as a Board member
 - * Directs Vermont Association of Hospitals and Health Systems and SANE Program to enter into an MOU to ensure improved access to sexual assault nurse examiners for victims in underserved regions; and
 - * Creates the Sexual Assault Evidence Kit Study Committee for the purpose of conducting a comprehensive examination of issues related to sexual assault evidence kits

Act 120: An act relating to reinstating legislative members to the Commission on Alzheimer's Disease and Related Disorders

- * Reinstates one Senator and one member of the House of Representatives to the membership of the Commission on Alzheimer's Disease and Related Disorders; and
- * Enables members of the Commission to serve multiple terms

Act 201: An act relating to adjudicating all teenagers in the Family Division, except those charged with a serious violent felony

- * Provides for automatic expungement of criminal history records of qualifying crimes for people who were 18-21 years old when they committed the offense, as long as certain criteria are met
- * Charges DCF as the designated agency for supervising preparation and administration of the State plan for the Juvenile Justice and Delinquency Prevention Act
- * Provides that a person placed at Woodside Juvenile Rehabilitation Center can continue to receive treatment past his or her 18th birthday if he or she meets certain criteria;
- * Requires DCF and others to report to the General Assembly on the plan for expanding juvenile delinquency and youthful offender status to encompass 18- and 19-year-olds; requires Joint Legislative Justice Oversight and Child Protection Oversight Committees to issue findings as to whether key milestones have been met and whether appropriate funding exists for the expansion;
- * Expands jurisdiction of Family Division to 18- and 19-year-olds over next four years
- * Appropriates funds to DCF to expand services to 18- and 19-year-olds

Act 207: An act relating to the Advisory Council on Child Poverty and Strengthening Families

- * Establishes the Advisory Council on Child Poverty Strengthening Families for the purpose of examining structural issues in Vermont that lead to families living in poverty and prevent families from moving out of poverty
- * Extends the sunset date of the Joint Legislative Child Protection Oversight Committee to June 1, 2022 and updates the charge of that Committee

Questions?