

1 Introduced by Committee on Health and Welfare

2 Date:

3 Subject: Human services; substance misuse prevention

4 Statement of purpose of bill as introduced: This bill proposes to establish a
5 Substance Misuse Prevention Advisory Council to replace the Alcohol and
6 Drug Abuse Council. It also proposes to establish a Director of Substance
7 Misuse Prevention. The bill proposes to eliminate the Tobacco Evaluation and
8 Review Board and rename the Controlled Substances and Pain Management
9 Advisory Council to be the Vermont Prescription Monitoring System Advisory
10 Council.

11 An act relating to substance misuse prevention

12 It is hereby enacted by the General Assembly of the State of Vermont:

13 * * * Legislative Intent * * *

14 Sec. 1. LEGISLATIVE INTENT

15 It is the intent of the General Assembly:

16 (1) to explore revenue generated by the taxation of substances such as
17 cannabis, tobacco, tobacco substitutes, and alcohol for the purpose of funding
18 substance misuse prevention initiatives throughout the State; and

19 (2) to redirect funds designated for the Opioid Coordination Council to
20 fund the Director of Substance Misuse Prevention pursuant to 18 V.S.A.

1 § 4800 and the Manager of Substance Misuse Prevention pursuant to 18
2 V.S.A. § 4804.

3 * * * Vermont Prescription Monitoring System Advisory Council * * *

4 Sec. 2. 18 V.S.A. § 4255 is amended to read:

5 § 4255. ~~CONTROLLED SUBSTANCES AND PAIN MANAGEMENT~~

6 VERMONT PRESCRIPTION MONITORING SYSTEM

7 ADVISORY COUNCIL

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

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

16 * * *

17 Sec. 3. 18 V.S.A. § 4284 is amended to read:

18 § 4284. PROTECTION AND DISCLOSURE OF INFORMATION

19 * * *

20 (g) Following consultation with the ~~Controlled Substances and Pain~~
21 ~~Management~~ Vermont Prescription Monitoring System Advisory Council and

1 an opportunity for input from stakeholders, the Department shall develop a
2 policy that will enable it to use information from VPMS to determine if
3 individual prescribers and dispensers are using VPMS appropriately.

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

9 * * *

10 Sec. 4. 18 V.S.A. § 4289 is amended to read:

11 § 4289. STANDARDS AND GUIDELINES FOR HEALTH CARE

12 PROVIDERS AND DISPENSERS

13 * * *

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

1 of a prescription for an opioid Schedule II, III, or IV controlled substance
2 written to treat acute pain, and the Commissioner may adopt rules accordingly.

3 * * *

4 * * * Substance Misuse Prevention * * *

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

6 ~~CHAPTER 94. DIVISION OF ALCOHOL AND DRUG ABUSE~~

7 ~~PROGRAMS~~ SUBSTANCE USE DISORDERS

8 Subchapter 1. Director of Substance Misuse Prevention

9 § 4800. DIRECTOR OF SUBSTANCE MISUSE PREVENTION

10 There is created the permanent position of Director of Substance Misuse
11 Prevention within the Office of the Secretary in the Agency of Human Services
12 for the purpose of directing and coordinating systemic **trauma-informed**
13 **prevention** strategies across State government and in collaboration with
14 community partners. **The Director shall have either a masters-level degree**
15 **specific to substance use disorder or public health or appropriate professional**
16 **experience or both.**

17 Subchapter 2. Division of Alcohol and Drug Abuse Programs

18 * * *

19 ~~§ 4803. ALCOHOL AND DRUG ABUSE COUNCIL; CREATION; TERMS;~~

20 ~~PER-DIEM~~ SUBSTANCE MISUSE PREVENTION ADVISORY

21 COUNCIL

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

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

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

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

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

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

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

13 ~~(6) a representative of an approved provider or preferred provider,~~
14 ~~appointed by the Governor;~~

15 ~~(7) a licensed alcohol and drug abuse counselor, appointed by the~~
16 ~~Governor;~~

17 ~~(8) a representative of hospitals, appointed by the Vermont Association~~
18 ~~of Hospitals and Health Systems;~~

19 ~~(9) an educator involved in substance abuse prevention services,~~
20 ~~appointed by the Governor;~~

1 ~~(10) a youth substance abuse prevention specialist, appointed by the~~
2 ~~Governor;~~

3 ~~(11) a community prevention coalition member, appointed by the~~
4 ~~Governor; and~~

5 ~~(12) a member of the peer community involved in recovery services,~~
6 ~~appointed by the Governor.~~

7 ~~(e) The term of office of members appointed pursuant to subsection (b) of~~
8 ~~this section shall be three years.~~

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

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

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

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

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

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

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

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

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

10 (a) Creation. There is created the Substance Misuse Prevention Advisory
11 Council within the Department of Health for the purpose of consolidating
12 oversight of substance misuse prevention programs across the Department
13 and for providing advice to the Commissioner for improving prevention
14 policies and programming throughout the State. The Advisory Council's
15 prevention initiatives shall encompass all substances at risk of misuse,
16 including tobacco, tobacco substitutes, cannabis, opioids, and alcohol.

17 (b) Membership. The Advisory Council shall be composed of seven
18 members who are appointed by the Secretary of Human Services and who
19 collectively offer expertise in the following disciplines:

20 (1) substance misuse prevention in a professional setting;

- 1 (2) pediatric care specific to substance misuse prevention or substance
- 2 use disorder;
- 3 (3) academic research pertaining to substance misuse prevention or
- 4 behavioral addiction treatment;
- 5 (4) education specific to substance misuse prevention;
- 6 (5) child and family trauma prevention and resilience development;
- 7 (6) law enforcement or criminal justice; and
- 8 (7) community outreach or collaboration in the field of substance
- 9 misuse prevention.

10 (c) Powers and duties. The Advisory Council shall strengthen the State’s
11 response to the substance use disorder crisis by advancing evidence-based
12 and evidence-informed substance misuse prevention initiatives. The
13 Advisory Council’s duties shall include:

14 (1) reviewing and making recommendations on best practices to assist
15 communities to significantly reduce the demand for substances through
16 prevention and education, including the oversight of regional prevention
17 networks established pursuant to section 4805 of this title;

18 (2) reviewing substance misuse prevention program evaluations and
19 making specific recommendations for modification based on the results; and

20 (3) reviewing existing State health, mental health, and drug and
21 alcohol addiction laws, rules, policies, and programs and proposing changes

1 to eliminate redundancy and to eliminate barriers experienced by
2 communities in coordinating preventative action with State government.

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

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

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

15 (g) Organization.

16 (1) The Secretary of Human Services or designee and the substance
17 misuse prevention professional shall serve as co-chairs of the Advisory
18 Council.

19 (2) Members of the Advisory Council shall serve two year terms. Any
20 vacancy on the Advisory Council shall be filled in the same manner as the

1 original appointment. The replacement member shall serve for the remainder
2 of the unexpired term.

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

4 (h) Compensation and reimbursement. Other members of the Advisory
5 Council shall be entitled to per diem compensation and reimbursement of
6 expenses as permitted under 32 V.S.A. § 1010 for not more than six
7 meetings. Payments to members of the Advisory Council authorized under
8 this subsection shall be made from monies appropriated to the Department of
9 Health.

10 § 4804. ~~ADMINISTRATIVE SUPPORT~~ MANAGER OF SUBSTANCE
11 MISUSE PREVENTION

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

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

18 (2) coordinating strategic regional plans; and

19 (3) serving as a liaison to the Director of Substance Misuse Prevention
20 established pursuant to section 4800 of this title and to the Agency of
21 Education.

1 § 4805. ~~DUTIES~~

2 ~~The Council shall:~~

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

6 ~~(2) make recommendations to the Governor and General Assembly for~~
7 ~~developing:~~

8 ~~(A) a comprehensive and coordinated system for delivering effective~~
9 ~~programs, including any appropriate reassignment of responsibility for such~~
10 ~~programs; and~~

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

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

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

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

1 comprehensive and research-based, and shall include the following
2 components:

- 3 (1) community-based programs;
- 4 (2) school-based programs;
- 5 (3) tobacco cessation programs;
- 6 (4) countermarketing activities;
- 7 (5) enforcement activities;
- 8 (6) surveillance and evaluation activities;
- 9 (7) policy initiatives; and
- 10 (8) any other activities determined by the Commissioner ~~or the Board~~ to
11 be necessary to implement the provisions of this section.

12 (b) ~~By June 1, 2001, the Department and the Board shall jointly establish a~~
13 ~~plan that includes goals for each program component listed in subsection (a) of~~
14 ~~this section, for reducing adult and youth smoking rates by 50 percent in the~~
15 ~~following 10 years.~~ By June 1 of each year, the Department ~~and the Board~~
16 shall ~~jointly~~ establish goals for reducing adult and youth smoking rates in the
17 following two years, including goals for each program component listed in
18 subsection (a) of this section. The services provided by a quitline approved by
19 the Department of Health shall be offered and made available to any minor,
20 upon his or her consent, who is a smoker or user of tobacco products as
21 defined in 7 V.S.A. § 1001.

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

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

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

~~(b) The Board shall consist of 14 members, including ex officio the Commissioner of Health and the Secretary of Education or their designees; the Commissioner of Liquor Control or designee; the Attorney General or designee; a member of the House of Representatives appointed by the Speaker of the House; a member of the Senate appointed by the Committee on Committees; a member representing a nonprofit organization qualifying under Section 501(c)(3) of the Internal Revenue Code and dedicated to anti tobacco~~

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

14 (e) ~~The Governor shall appoint a chair from among the Board's public~~
15 ~~members. The Chair shall serve for a term of two years. The Chair may be~~
16 ~~removed for good cause by a two-thirds, voting majority of the Board. The~~
17 ~~Board may elect such other officers as it may determine. The Board may~~
18 ~~appoint committees or subcommittees for the purpose of providing advice on~~
19 ~~community-based programs, countermarketing activities, and independent~~
20 ~~program evaluations. Meetings shall be held at the call of the Chair or at the~~
21 ~~request of three members; however, the Board shall meet no fewer than four~~

1 ~~times a year. A majority of the sitting members shall constitute a quorum, and~~
2 ~~action taken by the Board under the provisions of this chapter may be~~
3 ~~authorized by a majority of the members present and voting at any regular or~~
4 ~~special meeting. Actions taken by the Board to approve, authorize, award,~~
5 ~~grant, or otherwise expend money appropriated to the Board or the Department~~
6 ~~shall require authorization from a majority of members of the entire Board.~~

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

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

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

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

8 § 9505. GENERAL POWERS AND DUTIES

9 The ~~Board~~ Department shall have all the powers necessary and convenient
10 to carry out and effectuate the purposes and provisions of this section, and
11 shall:

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

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

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

1 (4) Establish ~~jointly with the Department~~ an application process, criteria,
2 and components for an independent evaluation. The ~~Board~~ Department shall
3 select an independent contractor to perform an independent evaluation, and
4 oversee the independent contractor’s evaluation of the tobacco prevention,
5 treatment, and control program.

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

10 (6) Review and make recommendations regarding enforcement activities
11 administered by the Department of Liquor Control in accordance with the
12 provisions of this chapter.

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

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

20 (9) Conduct jointly with the Secretary a review of the ~~Department’s~~
21 proposed annual budget for the program, including funds contributed from any

1 outside sources that are designated for purposes of reducing tobacco use, and
2 submit independent recommendations to the Governor, Joint Fiscal
3 Committee, and House and Senate Committees on Appropriations by
4 October 1 of each year.

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

9 (11) ~~Adopt a conflict of interest policy within 30 days of the appointment~~
10 ~~of the full Board and include this policy in the annual report required under~~
11 ~~this chapter. [Repealed.]~~

12 § 9506. ALLOCATION SYSTEM

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

16 (1) the level of funding or other participation by private or public
17 sources in the activity being considered for funding;

18 (2) what resources will be required in the future to sustain the program;

19 (3) geographic distribution of funds; and

20 (4) the extent to which the goals of the project can be measured by
21 reductions in adult or youth smoking rates.

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

6 § 9507. ANNUAL REPORT

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

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

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

17 (3) a recommended budget for the program; and

18 (4) an explanation of the results of approved programs, measured
19 through reductions in adult and youth smoking rates.

20 (b) [Repealed.]

21 * * * Substance Misuse Prevention Inventory * * *

1 Sec. 7. INVENTORY; SUBSTANCE MISUSE PREVENTION SERVICES

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

- 9 (1) the estimated cost of each program;
10 (2) the geographic reach of each program; and
11 (3) the effectiveness of each program;
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 *** Appropriation ***

18 Sec. 8. APPROPRIATION; EVIDENCE-BASED EDUCATION AND
19 ADVERTISING FUND

20 In fiscal year 2020, up to \$400,000.00 may be appropriated from the
21 Evidence-Based Education and Advertising Fund established pursuant to 33

1 V.S.A. § 2004a to the Department of Health for the purpose of funding the
2 prevention of prescription drug misuse efforts undertaken by the Substance
3 Misuse Prevention Advisory Council established in 18 V.S.A. § 4803.

4 * * * Effective Date * * *

5 Sec. 9. EFFECTIVE DATE

6 This act shall take effect on July 1, 2019.