

No. 115. An act relating to miscellaneous Department of Health programs.

(H.462)

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

* * * Division of Substance Use Programs * * *

Sec. 1. 3 V.S.A. § 3004 is amended to read:

§ 3004. PERSONNEL DESIGNATION

The Secretary, Deputy Secretary, commissioners, deputy commissioners, attorneys, Directors of the Offices of State Economic Opportunity, ~~of Alcohol and Drug Abuse Programs~~, and of Child Support, and all members of boards, committees, commissions, or councils attached to the Agency for support are exempt from the classified State service. Except as authorized by section 311 of this title or otherwise by law, all other positions shall be within the classified service.

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

§ 4255. VERMONT PRESCRIPTION DRUG ADVISORY COUNCIL

* * *

(b)(1) The Advisory Council shall consist of the following members:

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

(B) ~~the Deputy Commissioner of Health for Alcohol and Drug Abuse~~
a designee of the Division of Substance Use Programs ~~or designee~~;

* * *

(CC) a drug and alcohol abuse counselor licensed pursuant to 26 V.S.A. chapter 62, to be selected by the ~~Deputy~~ Commissioner of Health for ~~Alcohol and Drug Abuse Programs~~;

* * *

Sec. 3. 18 V.S.A. 4806 is amended to read:

§ 4806. DIVISION OF ~~ALCOHOL AND DRUG ABUSE~~ SUBSTANCE USE PROGRAMS

(a) The Division of ~~Alcohol and Drug Abuse~~ Substance Use Programs shall plan, operate, and evaluate a consistent, effective program of substance ~~abuse~~ use programs. All duties, responsibilities, and authority of the Division shall be carried out and exercised by and within the Department of Health.

* * *

(c) Under the direction of the Commissioner of Health, ~~the Deputy Commissioner of Alcohol and Drug Abuse Programs~~ the Division shall review and approve all alcohol and drug programs developed or administered by any State agency or department, ~~except for alcohol and drug education programs developed by the Agency of Education in conjunction with the Alcohol and Drug Abuse Council pursuant to 16 V.S.A. § 909.~~

* * *

Sec. 4. 18 V.S.A. § 7253 is amended to read:

§ 7253. CLINICAL RESOURCE MANAGEMENT AND OVERSIGHT

The Commissioner of Mental Health, in consultation with health care providers as defined in section 9432 of this title, including designated hospitals, designated agencies, individuals with mental conditions or psychiatric disabilities, and other stakeholders, shall design and implement a clinical resource management system that ensures the highest quality of care and facilitates long-term, sustained recovery for individuals in the custody of the Commissioner.

* * *

(2) For the purpose of maintaining the integrity and effectiveness of the clinical resource management system, the Department of Mental Health shall:

* * *

(B) coordinate care across the mental and physical health care systems as well as ensure coordination within the Agency of Human Services, particularly the Department of Corrections, the Department of Health's ~~Alcohol and Drug Abuse~~ Division of Substance Use Programs, and the Department of Disabilities, Aging, and Independent Living;

* * *

Sec. 5. 23 V.S.A. § 1216 is amended to read:

§ 1216. PERSONS UNDER 21 YEARS OF AGE; ALCOHOL
CONCENTRATION OF 0.02 OR MORE

* * *

(g) The Alcohol and Driving Program required under this section shall be administered by the ~~Office of Alcohol and Drug Abuse~~ Department of Health's Division of Substance Use Programs and shall take into consideration any particular treatment needs of operators under ~~the age of 21~~ years of age.

* * *

Sec. 6. 23 V.S.A. § 3207f is amended to read:

§ 3207f. PERSONS UNDER 21 YEARS OF AGE; ALCOHOL
CONCENTRATION OF 0.02 OR MORE

* * *

(f) The alcohol program required under this section shall be administered by the ~~Office of Alcohol and Drug Abuse~~ Department of Health's Division of Substance Use Programs and shall take into consideration any particular treatment needs of operators under ~~the age of 21~~ years of age.

* * *

Sec. 7. 23 V.S.A. § 3323a is amended to read:

§ 3323a. PERSONS UNDER 21 YEARS OF AGE; ALCOHOL
CONCENTRATION OF 0.02 OR MORE

* * *

(f) The alcohol program required under this section shall be administered by the ~~Office of Alcohol and Drug Abuse~~ Department of Health's Division of Substance Use Programs and shall take into consideration any particular treatment needs of operators under ~~the age of 21~~ years of age.

* * *

Sec. 8. 33 V.S.A. § 5272 is amended to read:

§ 5272. JUVENILE JUSTICE UNIT; JUVENILE JUSTICE DIRECTOR

* * *

(c) The Juvenile Justice Director shall ensure that the following occur:

* * *

(3) cooperation among appropriate departments, including the Department; the Agency of Education; the Departments of Corrections, of Labor, of Mental Health, of Public Safety, and of Disabilities, Aging, and Independent Living; and the Department of Health's Division of Alcohol and Drug Abuse Substance Use Programs;

* * *

* * * Expansion of Drug Disposal Kiosks * * *

Sec. 9. 18 V.S.A. § 4224 is amended to read:

§ 4224. UNUSED PRESCRIPTION DRUG DISPOSAL PROGRAM

(a) The Department of Health shall establish and maintain the Statewide Unused Prescription Drug Disposal Program to provide for the safe disposal of Vermont residents' unused and unwanted prescription drugs. The Program

may include establishing secure collection and disposal sites and providing medication envelopes for sending unused prescription drugs to an authorized collection facility for destruction.

(b) Pharmacies that operate 10 or more establishments in the United States, while concurrently conducting business in Vermont, shall enroll in a drug disposal kiosk program on or before July 1, 2023. If the physical dimensions of a pharmacy make an onsite collection receptacle impossible under State and federal law, a pharmacy shall provide a mail-back option for consumers.

* * * Child Fatality Review Team * * *

Sec. 10. 18 V.S.A. § 1561 is amended to read:

§ 1561. CHILD FATALITY REVIEW TEAM

* * *

(g)~~(4)~~ Confidentiality.

(1)(A) The records produced or acquired by the Team are exempt from public inspection and copying under the Public Records Act and shall be kept confidential. The records of the Team are not subject to subpoena, discovery, or introduction into evidence in a civil or criminal action. Nothing in this section shall be construed to limit or restrict the right to discover or use in any civil or criminal proceedings information or records that are available from another source and entirely outside the Team's review. The Team shall not use the information or records generated during the course of its review for purposes other than those described in this section.

(B) The Department may share deidentified data produced or acquired by the Team with other states that have child fatality review panels, provided access under such agreements is consistent with the privacy, security, and disclosure protections in this chapter.

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* * * Autopsy Reports * * *

Sec. 11. 18 V.S.A. § 5205 is amended to read:

§ 5205. DEATH CERTIFICATE WHEN NO ATTENDING PHYSICIAN
AND IN OTHER CIRCUMSTANCES; AUTOPSY

* * *

(f) The State's Attorney or Chief Medical Examiner, if either deem it necessary and in the interest of public health, welfare, and safety, or in furtherance of the administration of the law, may order an autopsy to be performed by the Chief Medical Examiner or under ~~his or her~~ the Chief Medical Examiner's direction. Upon completion of the autopsy, the Chief Medical Examiner shall submit a report to such State's Attorney and the Attorney General and shall submit a report of death to the State Registrar. Upon the written request of a federal prosecutor or a prosecutor in another state, the Chief Medical Examiner shall submit a report of a death to the requesting office.

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* * * Regulation of Health Care Professions * * *

Sec. 12. 26 V.S.A. § 3108 is amended to read:

§ 3108. PRELIMINARY ASSESSMENT OF SCOPE OF PRACTICE

* * *

(d) Impacted persons; statements and replies.

* * *

(e) Consultation with Commissioner and boards.

(1) If an assessment under this section addresses activities that would constitute the “practice of medicine” as defined in subdivision 1311(1) of this title, the Office shall give written notice to the Commissioner of Health and any professional regulatory board or boards having jurisdiction over some or all of the regulated acts. The Office shall include with such notice a copy of the supporting information received from the requestor pursuant to subsection (b) of this section. Notice shall be given within 14 days after receipt of the requestor’s supporting information.

(2) The Office shall consult the Commissioner and relevant board or boards with respect to the requestor’s assertions under subsection (b) of this section. After consulting with the Office, and on or before November 15 of the year preceding the next regular session of the General Assembly, the Commissioner or relevant board or boards may file with the Office any written commentary they wish the Office to consider. Submitted commentary shall be

appended to the Office's final report or assessment filed with the General Assembly.

* * * Working Group on Services for Individuals with Eating Disorders * * *

Sec. 13. WORKING GROUP ON SERVICES FOR INDIVIDUALS WITH
EATING DISORDERS; REPORT

(a) Creation. There is created the Working Group on Services for Individuals with Eating Disorders to assess those services available to individuals with an eating disorder in Vermont and make recommendations to the General Assembly as to how access for services might be improved.

(b) Membership. The Working Group shall be composed of the following members:

(1) the Commissioner of Mental Health or designee, who shall serve as Chair;

(2) the Commissioner of Health or designee;

(3) a representative, appointed by Vermont Care Partners;

(4) a representative, appointed by the Vermont State School Nurses

Association;

(5) a representative of Vermont colleges and universities, appointed by the Vermont Higher Education Council;

(6) a physician with relevant expertise, appointed by the Vermont Medical Society; and

(7) a representative, appointed by the Vermont chapter of the American Nutrition Association.

(c) Powers and duties.

(1) The Working Group shall:

(A) conduct an inventory of existing services in Vermont for individuals with eating disorders; and

(B) provide recommendations for expanding and improving existing services for individuals with eating disorders.

(2) In completing its duties pursuant to this section, the Working Group shall consult with individuals with lived experience with eating disorders, parents of individuals with eating disorders, medical or public health professionals with expertise in treatment and research related to eating disorders, and other relevant stakeholders.

(d) Assistance. The Working Group shall have the administrative, technical, and legal assistance of the Department of Mental Health.

(e) Report. On or before February 1, 2023, the Working Group shall submit a written report to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare with its findings and any recommendations for legislative action.

(f) Meetings.

(1) The Chair shall call the first meeting of the Working Group to occur on or before September 1, 2022.

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

(3) The Working Group shall cease to exist on February 1, 2023.

* * * Effective Date * * *

Sec. 14. EFFECTIVE DATE

This act shall take effect on July 1, 2022.

Date Governor signed bill: May 16, 2022