

1 H.462

2 Introduced by Representative Pugh of South Burlington

3 Referred to Committee on

4 Date:

5 Subject: Human services; Department of Health; Division of Substance Use

6 Programs; autopsies; Child Fatality Review Team; unused

7 prescription drug disposal

8 Statement of purpose of bill as introduced: This bill proposes to: (1) rename  
9 the Department of Health's Alcohol and Drug Abuse Programs to be the  
10 Division of Substance Use Programs; (2) require pharmacies with ten or more  
11 outlets to host a drug disposal kiosk; (3) enable the Department of Health to  
12 share deidentified data produced by the Child Fatality Review Team with  
13 similar review teams in other states; and (4) require the Chief Medical Officer  
14 to provide autopsy reports to both federal prosecutors and prosecutors from  
15 other states upon written request.

16 An act relating to miscellaneous Department of Health programs

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

2 ~~\*\*\* Division of Substance Use Programs \*\*\*~~

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

4 § 3004. PERSONNEL DESIGNATION

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

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

13 § 4255. VERMONT PRESCRIPTION DRUG ADVISORY COUNCIL

14 \* \* \*

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

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

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

20





1 ~~(viii) comprehensive communications and media campaigns~~

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

6 \* \* \*

7 (2) reviewing substance ~~misuse~~ use prevention program evaluations and  
8 making specific recommendations for modification based on the results,  
9 including recommendations to address gaps in both services and populations  
10 served;

11 \* \* \*

12 (6) recommending strategies to integrate substance ~~misuse~~ use  
13 prevention programming across the State, including between State agencies  
14 and in public-private partnerships;

15 (7) development of a statewide media campaign for substance ~~misuse~~  
16 use prevention; and

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

19 ~~(9) holding a minimum of two public meetings to receive public input and advice for setting program priorities for substances at risk of misuse.~~

1 ~~(c) Assistance. The Council shall have administrative, technical, and~~  
2 communications assistance from the Manager of Substance Misuse Use  
3 Prevention established pursuant to section 4804 of this title.

4 \* \* \*

5 (g) Organization.

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

12 \* \* \*

13 Sec. 4. 18 V.S.A. § 4804 is amended to read:

14 § 4804. MANAGER OF SUBSTANCE MISUSE USE PREVENTION

15 There is created the permanent position of the Manager of Substance  
16 Misuse Use Prevention within the Department of Health for the purpose of:

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

20 ~~(2) coordinating regional planning.~~

1 ~~Sec. 5. 18 V.S.A. 4806 is amended to read:~~

2 ~~§ 4806. DIVISION OF ALCOHOL AND DRUG ABUSE SUBSTANCE USE~~  
3 ~~PROGRAMS~~

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

8 \* \* \*

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

15 \* \* \*

16 Sec. 6. 18 V.S.A. § 7253 is amended to read:

17 § 7253. CLINICAL RESOURCE MANAGEMENT AND OVERSIGHT

18 The Commissioner of Mental Health, in consultation with health care  
19 providers as defined in section 9432 of this title, including designated  
20 hospitals, designated agencies, individuals with mental conditions or  
21 ~~psychiatric disabilities, and other stakeholders, shall design and implement a~~

1 ~~clinical resource management system that ensures the highest quality of care~~  
2 and facilitates long-term, sustained recovery for individuals in the custody of  
3 the Commissioner.

4 \* \* \*

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

7 \* \* \*

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

13 \* \* \*

14 Sec. 7. 23 V.S.A. § 1216 is amended to read:

15 § 1216. PERSONS UNDER 21 YEARS OF AGE; ALCOHOL

16 CONCENTRATION OF 0.02 OR MORE

17 \* \* \*

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

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\* \* \*

Sec. 8. 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. 9. 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.~~

1 ~~Sec. 10. 22 V.S.A. § 5272 is amended to read:~~

2 § 5272. JUVENILE JUSTICE UNIT; JUVENILE JUSTICE DIRECTOR

3 \* \* \*

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

5 \* \* \*

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

11 \* \*

12 \* \* \* Expansion of Drug Disposal Kiosks \* \* \*

13 Sec. 11. 18 V.S.A. § 4224 is amended to read:

14 § 4224. UNUSED PRESCRIPTION DRUG DISPOSAL PROGRAM

15 (a) The Department of Health shall establish and maintain the Statewide  
16 Unused Prescription Drug Disposal Program to provide for the safe disposal of  
17 Vermont residents' unused and unwanted prescription drugs. The Program  
18 may include establishing secure collection and disposal sites and providing  
19 medication envelopes for sending unused prescription drugs to an authorized  
20 ~~collection facility for destruction.~~

1 ~~(b) Pharmacies that operate 10 or more establishments in the United States~~  
2 which concurrently conducting business in Vermont, shall enroll in a drug  
3 disposal kiosk program not later than December 31, 2022.

4 \* \* \* Child Fatality Review Team \* \* \*

5 Sec. 12. 18 V.S.A. § 1561 is amended to read:

6 § 1561. CHILD FATALITY REVIEW TEAM

7 \* \* \*

8 (g)(4) Confidentiality.

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

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

5 \* \* \*

6 \* \* \* Autopsy Reports \* \* \*

7 Sec. 13. 18 V.S.A. § 5205 is amended to read:

8 § 5205. DEATH CERTIFICATE WHEN NO ATTENDING PHYSICIAN  
9 AND IN OTHER CIRCUMSTANCES; AUTOPSY

10 \* \* \*

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

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~~\*\*\* Effective Date \*\*\*~~

~~Sec. 14. EFFECTIVE DATE~~

~~This act shall take effect on July 1, 2022.~~

~~\*\*\* 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 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~~ the Division of Substance Use 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~~ for 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.*

~~§ 7252. 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. § 320f is amended to read:*

*§ 320f. 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 not later than December 31, 2022.~~

~~\*\*\* Child Fatality Review Team \*\*\*~~

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

~~§ 1561. CHILD FATALITY REVIEW TEAM~~

~~\*\*\*~~

~~(g)(+) 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.~~

~~\*\*\*~~

~~\*\*\* 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.~~

~~\*\*\* Effective Date \*\*\*~~

~~Sec. 12. EFFECTIVE DATE~~

~~This act shall take effect on July 1, 2022.~~

~~\*\*\* 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.*

\* \* \*

\* \* \* *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.*

\* \* \*

*\* \* \* 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.*