

H. 462: An Act Relating to miscellaneous Department of Health programs

As Passed Senate

Overview

This bill contains multiple Department of Health program amendments, including:

- Renaming the existing “Alcohol and Drug Abuse Programs” to be “the Division of Substance Use Programs”;
- Requiring pharmacies operating 10 or more establishments in the United States that conduct business in VT to enroll in a drug disposal kiosk program or mail-back option (if kiosk program is physically impossible);
- permitting VDH to share deidentified data acquired or produced by the Child Fatality Review Team with other states that have similar panels, if access is consistent with VT’s privacy, security, and disclosure protections
- Directing the Chief Medical to submit a report of a death to a federal prosecutor or a prosecutor in another state upon request (rather than necessitating a subpoena);
- Requiring OPR to notify the Commissioner of Health and any relevant professional regulatory board(s) if an assessment under 26 V.S.A. § 3108 addresses activities within the “practice of medicine”; and
- Creating the Working Group on Services for Individuals with Eating Disorders.

Section Summary

SECTIONS 1-8: DIVISION OF SUBSTANCE USE PROGRAMS

Sec. 1. Amends 3 V.S.A. § 3004 (Personnel designation):

- Strikes reference to the Alcohol and Drug Abuse Programs from the classified State service exemption in 3 V.S.A. § 3004 (because Division is run by a Deputy Commissioner, which is already listed in statute)

Sec. 2. Amends 18 V.S.A. § 4255 (Vermont Prescription Drug Advisory Council)

- Amends membership of the Vermont Prescription Drug Advisory Council:
 - Replaces the Deputy Commissioner of Health for Alcohol and Drug Abuse Programs with a designee of the Division on Substance Use Programs
 - a licensed drug and alcohol abuse counselor shall be appointed by the Commissioner of Health versus by the Deputy Commissioner of Health for Alcohol and Drug Abuse Programs

Sec. 3. Amends 18 V.S.A. § 4806 (Division of Substance Use Programs)

- Renames “Division of Alcohol and Drug Abuse Programs” to “Division of Substance Use Programs
- Removes reference to the previously repealed Alcohol and Drug Abuse Council

Sec. 4. Amends 18 V.S.A. § 7253 (Clinical resource management and oversight)

- Changes reference from “Alcohol and Drug Abuse Programs,” to “the Division of Substance Use Programs”

Sec. 5. Amends 23 V.S.A. § 1216 (Persons under 21 years of age; alcohol concentration of 0.02 or more)

- Changes “Office of Alcohol and Drug Abuse Programs” to “Department of Health’s Division of Substance Use Programs”

Sec. 6. Amends 23 V.S.A. § 3207f (Persons under 21 years of age; alcohol concentration of 0.02 or more)

- Changes “Office of Alcohol and Drug Abuse Programs” to “Department of Health’s Division of Substance Use Programs”

Sec. 7. Amends 23 V.S.A. § 3323a (Persons under 21 years of age; alcohol concentration of 0.02 or more)

- Changes “Office of Alcohol and Drug Abuse Programs” to “Department of Health’s Division of Substance Use Programs”

Sec. 8. Amends 33 V.S.A. § 5272 (Juvenile Justice Unit; Juvenile Justice Director)

- Changes “Division of Alcohol and Drug Abuse Programs” to “Department of Health’s Division of Substance Use Programs”

SECTION 9: EXPANSION OF DRUG DISPOSAL KIOSKS

Sec. 9. Amends 18 V.S.A. § 4224 (Unused Prescription Drug Disposal Program)

- Adds subsection (b) requiring pharmacies operating 10 or more establishments in the U.S. that concurrently conduct business in Vermont to enroll in drug disposal kiosk programs by July 1, 2023 and provides that, if the kiosk program is physically impossible under State and federal law, a pharmacy must provide a mail-back option

SECTION 10: CHILD FATALITY REVIEW TEAM

Sec. 10. Amends 18 V.S.A. § 1561 (Child Fatality Review Team)

- Adds subdivision (1)(B) authorizing the Department of Health to share deidentified data produced or acquired by the Child Fatality Review Team with other states that have child fatality review panels if access agreements are consistent with privacy, security, and disclosure protections in the chapter

SECTION 11: AUTOPSY REPORTS

Sec. 11. Amends 18 V.S.A. § 5205 (Death certificate when no attending physician and in other circumstances; autopsy)

- Directs Chief Medical Examiner to submit a report of a death to a requesting federal prosecutor or prosecutor in another state (avoids necessity of subpoena)

SECTION 12: REGULATION OF HEALTH CARE PROFESSIONS

Sec. 12. Amends 26 V.S.A. § 3108 (Preliminary assessment of scope of practice)

- Adds subsection (e) that:
 - (1) Requires OPR to provide written notice to the Commissioner of Health and any relevant professional regulatory board(s) if an assessment addresses activities within the “practice of medicine.” The subdivision requires OPR to provide notice within 14 days of receiving the requestor’s supporting information.
 - (2) Requires OPR to consult with the Commissioner of Health and relevant board(s) regarding the requestor’s assertions and permits the Commissioner of Health or any relevant board(s) to file any written commentary with OPR. This subdivision requires OPR to provide any commentary submitted with its final report or assessment to the General Assembly.

SECTION 13: WORKING GROUP ON SERVICES FOR INDIVIDUALS WITH EATING DISORDERS

Sec. 13. Creates a working group on services for individuals with eating disorders

- Creates Working Group on Services for Individuals with Eating Disorders to assess available services and recommend improvements to the General Assembly.
 - Working Group is composed of the Commissioner of Mental Health or designee (chair), the Commissioner of Health or designee, representative appointed by VT Care Partners, representative appointed by VT State School Nurses Association, representative of VT colleges and universities appointed by VT Higher Education Council, physician with relevant expertise appointed by Vermont Medical Society, and a representative appointed by American Nutrition Association (VT chapter).
 - Requires the Working Group to conduct an inventory of VT’s existing services for individuals with eating disorders and provide recommendations for expanding and improving existing services.
 - Requires the Working Group to consult with relevant stakeholders, including individuals with lived experience with eating disorders, their parents, medical or public health professionals with expertise in treatment and research relating to eating disorders.

- Requires the Working Group to report its findings to the House Committees on Health Care and Human Services and Senate Committee on Health and Welfare by 2/1/23
- Requires the Working Group's first meeting to occur 9/1/22
- Requires the DMH to provide administrative, technical, and legal assistance to the Working Group
- Provides a sunset date for the Working Group: 2/1/23

SEC. 14. EFFECTIVE DATE JULY 1, 2022