

# 2023-2024 Bills Passed by the House Committee on Human Services

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January 2025

*Act 2 (H.1): An act relating to legislative oversight of payment reform and conflict-free case management for developmental disability services*

- Repealed and replaced a section requiring the legislative approval of payment reform and conflict-free case management provisions for developmental disability services prior to their implementation with a section that requires the Department of Disabilities, Aging, and Independent Living (DAIL) to present its proposals related to payment reform and conflict-free case management to the committees of jurisdiction and consider their input.

*Act 10 (H.190): An act relating to removing the residency requirement from Vermont's patient choice at end of life laws*

- Eliminated requirement that a patient with a terminal condition must be a Vermont resident to be eligible for medication to be self-administered to hasten the patient's own death in accordance with Vermont's patient choice at end of life laws.

# *Act 22 (H.222): An act relating to reducing overdoses*

- Updated the Unused Prescription Drug Disposal Program to include needles and syringes and required the Department of Health (VDH) and the Blueprint for Health to facilitate regional stakeholder meetings regarding public needle and syringe disposal program.
- Required VDH to distribute opioid antagonists and to establish opioid antagonist dispensing kiosks.
- Removed the requirements that: (1) a health care professional may only prescribe, dispense, and distribute an opioid antagonist to individuals who have received education approved by VDH, and (2) an individual call for emergency medical services after administering an opioid antagonist.
- Prohibited a health insurer or other health benefit plan offered by an insurer or pharmacy benefit manager on behalf of a health insurer covering prescription drugs from using step-therapy, “fail first,” or other protocols requiring documented trials of medication before approving a prescription for the treatment of substance use disorder.
- Prohibited the Department of Vermont Health Access (DVHA), or DVHA’s pharmacy benefits manager, from requiring a health care provider to document a patient’s adverse reaction to a medication prior to prescribing an alternative medication for opioid use disorder to the patient.
- Allowed controlled substances for use in opioid use disorder treatment to be prescribed via telehealth in accordance with federal requirements.

# *Act 22 (H.222): An act relating to reducing overdoses (continued)*

- Required the Agency of Human Services (AHS) to provide coverage to Medicaid beneficiaries for medically necessary medication for opioid use disorder when prescribed by a health care professional practicing within the scope of the professional's license and participating in Medicaid.
- Pending approval from the Drug Utilization Review Board, required AHS to cover at least one medication in each therapeutic class for methadone, buprenorphine, and naltrexone without prior authorization.
- Directed DVHA to amend its rules to enable health care providers in office-based treatment programs to prescribe 24 milligrams or less of the preferred medication for buprenorphine without prior authorization.
- Made numerous appropriations from the Opioid Abatement Settlement Fund, including for outreach and case management staff, distribution of fentanyl test strips, and implementing a wound care telehealth consultation pilot program.

*Act 49 (H.94): An act relating to removing the Reach Up ratable reduction*

- Directed the Department for Children and Families (DCF) to submit a report to the General Assembly containing an actionable, phased plan that estimates the amount needed to remove the ratable reduction in the Reach Up program.

# *Act 58 (H.67): An act relating to household products containing hazardous substances*

- Established an extended producer responsibility program for the collection and disposition of covered household hazardous products.
- Prohibited a manufacturer from selling covered household hazardous products unless the manufacturer participates in a stewardship organization implementing an approved plan.
- Required any stewardship organization representing manufacturers of covered household hazardous products to coordinate and submit to the Agency of Natural Resource (ANR) a collection plan for review.
- Required ANR to review and approve collection plans, plan amendments, and registration of stewardship organizations.

## *Act 76 (H.217): An act relating to child care, early education, workers' compensation, and unemployment insurance*

- Establishes the Prekindergarten Education Implementation Committee to develop a plan for the implementation of a prekindergarten program for four-year-old children in either a public school setting or through the school district by contract with private providers.
- Directs the Agency of Education submit a plan to the General Assembly for the purpose of elevating the status of early education within the Agency.
- Makes multiple changes to the Child Care Financial Assistance Program (CCFAP), including:
  - authorizes the Commissioner for Children and Families to adjust the subsidy and family contribution by rule to account for increasing child care costs, not to exceed 1.5 times the most recent annual increase in the NAICS index for education services.
  - allows Vermont residents whose citizenship status would otherwise exclude them from participating in CCFAP to be served under the Program using solely State funds.
  - expands to 575 percent FPL the allowed gross income of those families eligible to participate in CCFAP.
  - adjusts a family contribution scale to begin at \$50.00 per week for families at 176 percent FPL.
  - readjusts the child care provider reimbursement rate within CCFAP to be 35 percent higher than the 2023 5-STAR (STep Ahead Recognition System) rate

*Act 76 (H.217): An act relating to child care, early education, workers' compensation, and unemployment insurance (continued)*

- Authorizes the use of readiness payments for multiple purposes, including increasing capacity for infants and toddlers, improving facilities, expanding hours of operation, and increasing workforce capacity.
- Makes adjustment to child care provider payments
- Establishes the child care quality and capacity incentive program, which enables the Commissioner of DCF to award child care providers with incentive payments when certain achievements are attained, including achieving a higher level in the quality rating and improvement system, increasing and maintaining infant and toddler capacity, and providing nonstandard hours of child care services.

# *Act 81 (H.171): An act relating to adult protective services and emergency housing transition*

- Modernizes adult protective services rendered as the result of a substantiated report of abuse, neglect, or exploitation of a vulnerable adult submitted to DAIL to bring the program into alignment with best practices utilized in other states.
- Addressed the conclusion of Vermont's pandemic-era General Assistance Emergency Housing Program on June 30, 2023, by establishing the parameters of the emergency housing transition benefit for individuals who were participating in the program on that date.
  - Directed that, not later than April 1, 2024, the Agency of Human Services, directly or through its community partners, must assist in finding or offer an alternative housing placement to each household that was housed in a hotel or motel provided through the Program on June 30, 2023, unless the household secures its own housing.
  - Outlined the conditions that a household must meet to receive the emergency housing transition benefit.

## *Act 88 (H.469): An act relating to remote and electronic processes for executing an advance directive*

- Made permanent remote witness authority for advance directives.
  - Remote witnessing previously authorized only through March 31, 2024.
  - Remote witness can be on live, interactive, audio-video connection or on telephone.
- Made permanent remote explainer authority for explanation of nature and effect of advance directive when principal is in/being admitted to hospital or long-term care facility.
  - Explainer can be on live, interactive, audio-video connection or on telephone.
- Enacted additional in-person and remote witnessing provisions for execution of “Ulysses clause.”
  - Ulysses clause: optional provision where principal can allow specifically named agent to authorize or withhold care over principal’s objection if principal lacks capacity.
- Allows all parties involved in execution of advance directive to use a digital signature.

# *Act 115 (S.189): An act relating to mental health response service guidelines and the safety of social service and home health providers*

- Directs the Department of Mental Health (DMH) to develop guidelines for use by municipalities recommending the best practices for de-escalation and mental health response services, including crisis response services.
- Requires AHS, in collaboration with the Vermont chapter of the National Association of Social Workers, to convene one or more meetings related to social service provider safety with community-based social service organizations and other stakeholders.
- Authorizes a home health agency that previously discharged an individual to protect staff safety to deny a subsequent admission or to decline to send an employee on a visit if the individual who exhibited the behavior may be present at the home, where the behavior or conditions causing the discharge cannot be reasonably mitigated or eliminated.
- Requires DAIL, in consultation with home health agencies, to provide an update to the General Assembly by February 15, 2025, on the number of safety discharges made by home health agencies during the previous year and the number of individuals denied subsequent admission to or services from a home health agency due to a previous safety discharge.

*Act 119 (H.183): An act relating to  
reenvisioning the Agency of Human Services*

- Directs the Agency of Human Services, in collaboration the commissioner of each department in the Agency and in consultation with relevant stakeholders, to consider options for reenvisioning the Agency.
- Status update due by February 1, 2025.
- Final recommendations due by November 1, 2025.

*Act 126 (S.114): An act relating to  
the establishment of the Psychedelic Therapy  
Advisory Group*

- Created Psychedelic Therapy Advisory Working Group to:
  - review existing research on cost-benefit profile of using psychedelics to improve mental health;
  - make findings and recommendations regarding:
    - advisability of establishing a State program to permit health care providers to administer psychedelics in a therapeutic setting; and
    - impact on public health of allowing individuals to legally access psychedelics under State law.
- Report due by November 15, 2024.
  - Posted on General Assembly website.

*Act 131 (S.25): An act relating to regulating  
consumer products containing  
perfluoroalkyl and polyfluoroalkyl substances or  
other chemicals*

- Prohibits a manufacturer from selling, offering for sale, distributing for sale, or distributing for use in this State any cosmetic or menstrual product containing certain chemicals or chemical classes, including perfluoroalkyl and polyfluoroalkyl substances (PFAS).
- Prohibits a manufacturer from knowingly selling, offering for sale, distributing for sale, or distributing for use in this State any cosmetic or menstrual product containing 1,4-dioxane at or exceeding 10 ppm.
- Imposes restrictions on the sale and distribution of previously unregulated consumer products containing PFAS, including artificial turf, incontinency products, juvenile products, cookware, and textiles.
- Directs ANR to propose a program requiring the State to identify and restrict the sale and distribution of consumer products containing PFAS that could impact public health and the environment.

*Act 137 (S.192): An act relating to civil commitment procedures at a secure residential recovery facility and a psychiatric residential treatment facility for youth and civil commitment procedures for individuals with intellectual disability*

- Enables DMH to seek treatment for certain individuals at a secure residential recovery facility, regardless of whether the individual was previously hospitalized, and to use emergency involuntary procedures and court-ordered involuntary medication at a secure residential recovery facility.
- Make miscellaneous changes to civil commitment processes for individuals with a mental health condition, including modifying existing language authorizing initial commitment “for an indeterminate period” to “a period of 90 days.”
- Authorizes treatment at a new type of facility, a psychiatric residential treatment facility for youth, and establishes a licensing requirement for the operation of a psychiatric residential treatment facility for youth.
- Updates civil commitment procedures for individuals with intellectual disabilities.
- Authorizes the proposal of alternative options for a secure community-based residence or residences to treat certain individuals with intellectual disability who have been charged with a crime and found incompetent to stand trial or adjudicated not guilty by reason of insanity and require a more secure level of care than is currently available.
- Directs the Agency of Human Services to submit a report to the General Assembly that provides a fiscal estimate for the implementation of a competency restoration program operated or under contract with the Department of Mental Health.

# *Act 154 (H.661): An act relating to child abuse and neglect investigation and substantiation standards and procedures*

- Modernizes DCF investigation and substantiations standards and procedures when handling complaints related to child abuse and neglect allegations.
  - Raises the evidentiary standards to substantiate an allegation to a preponderance of the evidence standard and enhances timelines to respond to investigation and substantiation reviews.
  - Requires DCF to use best efforts to obtain the person's current mailing and email address so that it can better effectuate notifications.
  - Aims to ensure broader disclosure of records to individuals requesting reviews or appeals.
  - Mandates the adoption of rules related to placement on the Child Protection Registry (Registry), standards for determining child protection level designations, and for notice and appeal procedures for alternatives to conduct substantiation.
  - Requires DCF to author reports creating a model policy related to confidentially storing child abuse and neglect investigation interviews and related to substantiation determinations, categories, and thresholds for Registry placement.

# *Act 163 (S.186): An act relating to the systemic evaluation of recovery residences and recovery communities*

- Directs VDH to develop and recommend a certification program for recovery residences operating in the State that choose to obtain certification.
- Requires VDH to complete an assessment of certified and noncertified recovery residences, including the creation of a comprehensive inventory of all recovery residences in the State, the results of which must be submitted to the General Assembly by December 15, 2025.
- Between July 1, 2024 and July 1, 2026, enables a recovery residence to immediately exit or transfer a resident if certain conditions are met, including that, prior to any exit or transfer, (1) the recovery residence has developed and adopted a residential agreement and obtained a resident's written consent, (2) the resident violated the substance use policy in the residential agreement or engaged in acts of violence that threatened the health or safety of other residents, and (3) the recovery residence provided or arranged for a stabilization bed or other alternative temporary housing.
- Directs data collection pertaining to recovery residence-initiated exits and transfers be submitted to the General Assembly.

*Act 164 (S.302): An act relating to public health outreach programs regarding dementia risk*

- Directs VDH, DMH, and DAIL to provide education on specific topics to health care providers and to increase public awareness about Alzheimer's disease and other types of dementia as part of existing public health outreach programs.
- Directs VDH to provide a presentation to relevant standing committees of the General Assembly describing the public health impact of rare diseases in Vermont and the Department's role in addressing rare diseases statewide.

# *Act 178 (H.72): An act relating to a harm-reduction criminal justice response to drug use*

- Established statutory requirements for an overdose prevention center.
  - Overdose prevention center services include providing a fixed or mobile site, supervised by health care professionals or other trained staff, where persons who use drugs can consume preobtained drugs and medication for substance use disorder.
  - Provides limited criminal and civil immunity to users of center's services, individuals and entities who operate center in accordance with Department of Health rules.
- Appropriated \$1.1 million to Department of Health in FY 25 from Opioid Abatement Special Fund for grants to City of Burlington to establish overdose prevention center upon submission of grant proposal approved by Burlington City Council and meeting requirements of 18 V.S.A. § 4256.
- Department of Health reports regarding status of distribution of grants to Burlington due October 1, 2024, and January 1, April 1, and July 1, 2025.
  - January report [posted](#) on General Assembly website.
- By December 1, 2024, Department of Health must contract with researcher or independent consulting entity to study impact of overdose prevention center pilot program authorized by act; interim reports due annually, final report due in 2029.
  - First interim annual report [posted](#) on General Assembly website.

## *S.18 (Vetoed): An act relating to banning flavored tobacco products and e-liquids*

- Would have made many changes to laws relating to tobacco products, tobacco substitutes (e-cigarettes), e-liquids, and tobacco paraphernalia, including:
  - banning retail sale of flavored tobacco substitutes, flavored e-liquids, and menthol-flavored tobacco products beginning on January 1, 2026;
  - prohibiting sale of discounted tobacco products, tobacco substitutes, e-liquids, and tobacco paraphernalia;
  - allowing minors 12 years of age or older to consent to treatment for dependence on nicotine, tobacco products, and tobacco substitutes;
  - directing Health Equity Advisory Commission to recommend whether retail sale of menthol tobacco products, including menthol cigarettes, should be banned in Vermont;
  - requiring Department of Health and others to prepare reports and to develop options for diversion to tobacco cessation program for persons <21 instead of civil penalties and fines;
  - creating new investigator position at Department of Liquor and Lottery to investigate and enforce laws on direct-to-consumer sales and delivery of alcohol and tobacco products.