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House Judiciary Committee, Vermont State Legislature

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Chair LaLonde, Vice Chair Burditt, and members of the House Judiciary Committee,

Thank you for the opportunity to speak today. I am the Founder and President of CARTER, Inc., a 501c3 non-profit contracted with the State of Vermont, Department of Health to facilitate the Impaired Driver Rehabilitation Program (IDRP). I come before you to oppose H.25, which is to implement an income-based sliding scale for fees for the IDRP. The intent behind this bill—to help people seeking license reinstatement— is important. However, we must recognize that the proposed approach would ultimately do more harm than good, both to the program's integrity and to the public safety of Vermonters.

The Value of IDRP

The IDRP is essential in Vermont's public health and safety framework. It is not just a bureaucratic hurdle for individuals convicted of driving under the influence (DUI); it is a fundamental part of keeping Vermonters safe, reducing recidivism and providing a structured path for individuals to regain their driving privileges. As an alternative to harsher penalties, it offers a second chance—one that comes with education, accountability, and an opportunity for real change.

Driving is a privilege, not a right. The requirements attached to regaining a suspended license—including completing the IDRP—are not arbitrary; they are designed to ensure that individuals understand the consequences of impaired driving and prevent future problems, including fatalities. The financial responsibility tied to this process is a serious one.

The Economic Realities of IDRP

The key concern with H.25 is the financial viability of the IDRP itself. The fees for this program have not changed in 14 years, yet the costs of running it have only increased. As we heard yesterday from the Department of Health, four IDRP providers have recently ended their contracts because it is not financially sustainable under the current fee structure. This should raise alarm bells. If providers continue to exit, Vermonters will have fewer rehabilitation options, leading to longer wait times, diminished service quality, and, ultimately, greater difficulty for individuals seeking to complete their requirements.



H.25 proposes a fee exemption for individuals at 175% of the federal poverty level (FPL)—which equates to approximately \$27,000 per year for an individual or \$55,000 for a family of four. While the intention may be to reduce financial barriers, the reality is that most Vermonters who enroll in IDRP would qualify for a discount using a sliding scale. IDPR Providers would not be able to continue to offer the program for free or lower rates. IDRP providers do not receive recurring revenue. Unlike interlock device providers—who can absorb some discounts because they receive payments over an extended period (18 months or more)—IDRP fees are a one-time payment that covers assessment, instruction, administration, and coordination between the Vermont Department of Health, Department of Motor Vehicles, and other agencies involved in diversion and restorative justice.

Additionally, the Department of Health receives 20% of each IDRP fee from providers. Reducing fees would not only strain the program itself but also decrease the funds allocated to the department, which plays a critical role in Vermont's broader public health initiatives. Testimony from the Department of Health offered some staggering numbers of what it would cost to implement and administer the system proposed in H.25.

The Circular Reasoning of the License Suspension Argument

One of the rationales behind H.25 appears to be that individuals with suspended licenses—some of whom continue to drive despite their suspension—are unable to afford the costs of reinstatement, including the IDRP fee. However, this reasoning is flawed. The suggestion that individuals should receive a reduced or waived fee because they have been driving illegally creates a concerning precedent. It effectively normalizes the idea that consequences for serious offenses can be circumvented due to financial hardship, which in turn undermines both the deterrent effect and the restorative intent of the IDRP.

It is worth remembering why this program exists in the first place. Driving under the influence is not a minor infraction; it is a serious public safety issue. In IDRP courses, there is an entire section dedicated to the financial and personal consequences of a DUI. Participants watch a video of a family who lost their son in a DUI-related crash. The driver responsible served four years in jail, and his family paid over \$200,000 in fines, fees, and related costs—not to mention the immeasurable emotional toll of the tragedy. These are the real stakes.

Compared to that, \$400 for an assessment and a 10-hour class is a very modest and an entirely reasonable cost to help reinforce public safety, help individuals understand the weight of their actions and to help them make better choices in the future.

Conclusion: A Better Path Forward

H.25 is not the solution. Rather than weakening the IDRP by reducing its financial sustainability, we should focus on strengthening the program to ensure it remains an effective tool for education, deterrence, and rehabilitation. If the concern is truly financial accessibility, there may be alternative solutions that do not risk undermining the entire system.

One proposal may be a central fund of \$50,000 annually to be managed by an entity outside state government that can receive applications for reduced fees and distribute those funds to IDRP providers directly on behalf of applicants to make up the difference of the cost.

Another proposal could be to consider waiving or reducing all of the fees associated with license reinstatement such as the DMV license reinstatement fee, safe driving program fee, and other related state-mandated fees.

We need to rethink what is being put forth in this bill before it moves forward. The IDRP is a cornerstone of Vermont's approach to restorative justice and public safety. Undercutting it would not only hamper the ability to offer IDRP at all, but also weaken our collective commitment to accountability, responsible driving, and the prevention of future tragedies.

I urge you to oppose H.25 and work toward solutions that preserve the integrity of this vital program. Thank you for your time and consideration.

Respectfully,

R. T. Barnett, PsyD, LADC

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