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MEMORANDUM

TO: Representative LaLonde, Chair, House Committee on Judiciary

FROM: Kelly Dougherty, Deputy Commissioner, Vermont Department of Health

DATE: February 5, 2025

SUBJECT: H. 25 – An act relating to imposing Impaired Driver Rehabilitation Program

fees based on a person's ability to pay

Thanks again for the opportunity to share the Department of Health's perspective on H. 25 with the Committee.

As I highlighted during my testimony on Wednesday, January 29, 2025, under the current structure, the IDRP fees are currently specified in statute and cannot exceed \$200 for the evaluation component of the program and \$250 for the education component of the program; however, the Department of Health has currently set the fees below the statutory maximums (i.e., \$180 for the evaluation component and \$220 for the education component). These fees are paid directly to the education/evaluation provider. The provider applies the majority of the participant fee to the program cost and remits approximately 5-6% of the participant fee to the Department. The amount of the fee that goes to the Department depends on the service.

Currently, the IDRP provides services to 1,150 participants and costs \$630,000 to implement annually. The total annual fees paid amounts to \$510,000, which covers 81% of the program cost. The remaining program costs are covered by the federal Substance Abuse Block Grant, to the extent of available funding.

The Department estimates that the bill, as introduced, would reduce revenue from fees by 57% and increase the cost of the program up to \$250,000.

The Department's preliminary estimate is that additional one-time costs would range from \$50,000 - \$100,000 to cover the costs for rulemaking, contract revisions, and the establishment of the revenue collection system. And additional ongoing implementation costs would range from \$175,000 - \$250,000 for an additional 1 – 1.5 FTE for application processing and eligibility verification. The Department also estimates that fee revenue would be reduced by approximately \$293,000.



Overall, the Department estimates that the budget impact of the bill as introduced would be \$543,000 resulting from a program cost increase of up to \$250,000 plus an estimated revenue loss from reduced fees of \$293,000.

During my testimony, the Committee requested information about the number of people who are required to complete IDRP. The Department of Health does not have this data. It may be held with the DMV or the judiciary.

The Committee also requested information about whether other states with higher fees have implemented a sliding scale approach. No other New England state uses a model that includes a sliding scale approach to fees. In Connecticut and Massachusetts, the courts decide eligibility. New Hampshire provides a 50% reduction in fees only for residents who receive other benefits (similar to the current model for the ignition interlock device discounts in Vermont). Rhode Island and Maine provide no financial assistance.

Please do not hesitate to reach out to the Department of Health if we can be of further assistance.

