

1 Introduced by Committee on Health and Welfare

2 Date:

3 Subject: Human services; substance misuse prevention

4 Statement of purpose of bill as introduced: This bill proposes to establish a
5 Substance Misuse Prevention Advisory Council to replace the Alcohol and
6 Drug Abuse Council. It also proposes to establish a Director of Substance
7 Misuse Prevention. The bill proposes to eliminate the Tobacco Evaluation and
8 Review Board and rename the Controlled Substances and Pain Management
9 Advisory Council to be the Vermont Prescription Monitoring System Advisory
10 Council.

11 An act relating to substance misuse prevention

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

13 * * * Legislative Intent * * *

14 Sec. 1. LEGISLATIVE INTENT

15 It is the intent of the General Assembly:

16 (1) to explore revenue generated by the taxation of substances such as
17 cannabis, tobacco, tobacco substitutes, and alcohol for the purpose of funding
18 substance misuse prevention initiatives throughout the State;

1 Sec. 3. 18 V.S.A. § 4284 is amended to read:

2 § 4284. PROTECTION AND DISCLOSURE OF INFORMATION

3 * * *

4 (g) Following consultation with the ~~Controlled Substances and Pain~~
5 ~~Management~~ Vermont Prescription Monitoring System Advisory Council and
6 an opportunity for input from stakeholders, the Department shall develop a
7 policy that will enable it to use information from VPMS to determine if
8 individual prescribers and dispensers are using VPMS appropriately.

9 (h) Following consultation with the ~~Controlled Substances and Pain~~
10 ~~Management~~ Vermont Prescription Monitoring System Advisory Council and
11 an opportunity for input from stakeholders, the Department shall develop a
12 policy that will enable it to evaluate the prescription of regulated drugs by
13 prescribers.

14 * * *

15 Sec. 4. 18 V.S.A. § 4289 is amended to read:

16 § 4289. STANDARDS AND GUIDELINES FOR HEALTH CARE

17 PROVIDERS AND DISPENSERS

18 * * *

19 (e) The Commissioner of Health shall, after consultation with the
20 ~~Controlled Substances and Pain Management~~ Vermont Prescription
21 Monitoring System Advisory Council, adopt rules necessary to effect the

1 purposes of this section. The Commissioner and the Council shall consider
2 additional circumstances under which health care providers should be required
3 to query the VPMS, including whether health care providers should be
4 required to query the VPMS prior to writing a prescription for any opioid
5 Schedule II, III, or IV controlled substance or when a patient requests renewal
6 of a prescription for an opioid Schedule II, III, or IV controlled substance
7 written to treat acute pain, and the Commissioner may adopt rules accordingly.

8 * * *

9 * * * Substance Misuse Prevention * * *

10 Sec. 5. 18 V.S.A. chapter 94 is amended to read:

11 CHAPTER 94. ~~DIVISION OF ALCOHOL AND DRUG ABUSE~~

12 ~~PROGRAMS~~ SUBSTANCE USE DISORDERS

13 Subchapter 1. Director of Substance Misuse Prevention

14 § 4800. DIRECTOR OF SUBSTANCE MISUSE PREVENTION

15 There is created the permanent position of Director of Substance Misuse
16 Prevention within the Office of the Secretary in the Agency of Human Services
17 for the purpose of directing and coordinating systemic substance misuse
18 prevention strategies across State government and in collaboration with
19 community partners. The Director shall have a masters-level degree specific to
20 substance use disorder, public health, or any other course of study as the
21 Secretary deems appropriate.

1 ~~(8) a representative of hospitals, appointed by the Vermont Association~~
2 ~~of Hospitals and Health Systems;~~

3 ~~(9) an educator involved in substance abuse prevention services,~~
4 ~~appointed by the Governor;~~

5 ~~(10) a youth substance abuse prevention specialist, appointed by the~~
6 ~~Governor;~~

7 ~~(11) a community prevention coalition member, appointed by the~~
8 ~~Governor; and~~

9 ~~(12) a member of the peer community involved in recovery services,~~
10 ~~appointed by the Governor.~~

11 ~~(c) The term of office of members appointed pursuant to subsection (b) of~~
12 ~~this section shall be three years.~~

13 ~~(d) The Council membership shall annually elect a member to serve as~~
14 ~~chair.~~

15 ~~(e) All members shall be voting members.~~

16 ~~(f) At the expiration of the term of an appointed member or in the event of a~~
17 ~~vacancy during an unexpired term, the new member shall be appointed in the~~
18 ~~same manner as his or her predecessor. Members of the Council may be~~
19 ~~reappointed.~~

1 ~~(g)(1) The Council may submit a written report to the House Committee on~~
2 ~~Human Services and to the Senate Committee on Health and Welfare with its~~
3 ~~findings and any recommendations for legislative action.~~

4 ~~(2) The report shall include the following:~~

5 ~~(A) measurable goals for the State's substance abuse system of care;~~

6 ~~and~~

7 ~~(B) three to five performance measures that demonstrate the system's~~
8 ~~results.~~

9 ~~(3) The provisions of 2 V.S.A. § 20(d) (expiration of required reports)~~
10 ~~shall not apply to the report required to be made under this subsection.~~

11 ~~(h) Each member of the Council not otherwise receiving compensation from~~
12 ~~the State of Vermont or any political subdivision thereof shall be entitled to~~
13 ~~receive per diem compensation as provided in 32 V.S.A. § 1010(b) for not~~
14 ~~more than six meetings annually. Each member shall be entitled to his or her~~
15 ~~actual and necessary expenses.~~

16 (a) Creation. There is created the Substance Misuse Prevention Advisory
17 Council within the Department of Health for the purpose of consolidating
18 oversight of substance misuse prevention programs across the Department
19 and for providing advice to the Commissioner for improving prevention
20 policies and programming throughout the State. The Advisory Council's

1 prevention initiatives shall encompass all substances at risk of misuse,
2 including tobacco, tobacco substitutes, cannabis, opioids, and alcohol.

3 (b) Membership. The Advisory Council shall be composed of the
4 following members:

5 (1) the Secretary of Human Services or designee;

6 (2) the Secretary of Education or designee;

7 (3) the Commissioner of Health or designee;

8 (4) the Commissioner of Public Safety or designee;

9 (5) the Attorney General or designee;

10 (6) the U.S. Attorney for the District of Vermont or designee;

11 (7) the Chief Justice of the Vermont Supreme Court or designee;

12 (8) a House member, appointed by the Speaker of the House;

13 (9) a Senator, appointed by the Committee on Committees;

14 (10) the Executive Director of the Department of State's Attorneys and
15 Sheriffs or designee;

16 (11) a representative appointed by the Vermont Mayors Coalition;

17 (12) a representative of a local, nonprofit housing organization,
18 appointed by the Governor;

19 (13) an educator with expertise in substance misuse prevention,
20 appointed by the Governor;

1 (14) a representative of State municipalities, appointed by the Vermont

2 League of Cities and Towns;

3 (15) a substance misuse prevention professional, appointed by the

4 Governor;

5 (16) a representative appointed by the Vermont Association of Mental

6 Health, Addiction, and Recovery;

7 (17) a representative of the recovery community, appointed by the

8 Governor;

9 (18) an addiction treatment provider, appointed by the Governor;

10 (19) a representative appointed by the Vermont Association of

11 Hospitals and Health Systems;

12 (20) a representative appointed by the Vermont Sheriffs' Association;

13 (21) a representative of the Vermont Association of Chiefs of Police;

14 (22) the Resident Agent in Charge of the U.S. Drug Enforcement or

15 designee;

16 (23) a first responder, appointed by the Governor;

17 (24) a physician with expertise in substance use disorders, appointed

18 by the Vermont Medical Society;

19 (25) a representative of Vermont's business community, appointed by

20 the Governor;

1 (26) a representative for people with substance use disorder who are
2 engaged in the criminal justice system, appointed by the Governor;

3 (27) a member at large, appointed by the Governor; and

4 (28) a youth engaged in substance use prevention, appointed by the
5 Governor.

6 (c) Powers and duties. The Advisory Council shall strengthen the State’s
7 response to the substance disorder crisis by advancing evidence-based and
8 evidence-informed substance misuse prevention initiatives. The Advisory
9 Council’s duties shall include:

10 (1) reviewing and making recommendations on best practices to assist
11 communities to significantly reduce the demand for substances through
12 prevention and education, including the oversight of regional prevention
13 networks established pursuant to section 4805 of this title;

14 (2) identifying and assisting in the coordination of intervention,
15 treatment, and recovery services for all Vermonters affected by substance use
16 disorder;

17 (3) facilitating interagency work to reduce the supply of illegal
18 substances in Vermont;

19 (4) reviewing substance misuse prevention program evaluations and
20 making specific recommendations for modification based on the results; and

1 (5) reviewing existing State health, mental health, and drug and
2 alcohol addiction laws, rules, policies, and programs and proposing changes
3 to eliminate redundancy and to eliminate barriers experienced by
4 communities in coordinating preventative action with State government.

5 (d) Subcommittees. The Advisory Council shall have the ability to create
6 issue-specific subcommittees for the purpose of carrying out its duties. Any
7 subcommittees created may draw on the expertise of any individual
8 regardless of whether that individual is a member of the Advisory Council.

9 (e) Assistance. The Advisory Council shall have the administrative,
10 technical, and legal assistance of Substance Misuse Prevention Manager
11 established pursuant to section 4804 of this title.

12 (f) Report. Annually on or before January 1, the Advisory Council shall
13 submit a written report to the Governor, the House Committees on
14 Appropriations and on Human Services, and the Senate Committees on
15 Appropriations and on Health and Welfare with its findings and any
16 recommendations for legislative action.

17 (g) Organization.

18 (1) The Secretary of Human Services or designee and the substance
19 misuse prevention professional shall serve as co-chairs of the Advisory
20 Council.

1 (2) Members of the Advisory Council shall serve two year terms. Any
2 vacancy on the Advisory Council shall be filled in the same manner as the
3 original appointment. The replacement member shall serve for the remainder
4 of the unexpired term.

5 (3) A majority of the membership shall constitute a quorum.

6 (h) Compensation and reimbursement.

7 (1) For attendance at meetings during adjournment of the General
8 Assembly, a legislative member of Advisory Council serving in his or her
9 capacity as a legislator shall be entitled to per diem compensation and
10 reimbursement of expenses pursuant to 2 V.S.A. § 406 for not more than six
11 meetings.

12 (2) Other members of the Advisory Council shall be entitled to per
13 diem compensation and reimbursement of expenses as permitted under 32
14 V.S.A. § 1010 for not more than six meetings.

15 (3) Payments to members of the Advisory Council authorized under
16 this subsection shall be made from monies appropriated to the Department of
17 Health.

18 § 4804. ADMINISTRATIVE SUPPORT MANAGER OF SUBSTANCE

19 MISUSE PREVENTION

20 ~~The Agency of Human Services shall provide the Council with such~~
21 ~~administrative support as is necessary for it to accomplish the purposes of this~~

1 ~~chapter~~ There is created the permanent position of the Manager of Substance
2 Misuse Prevention within the Department of Health for the purpose of
3 coordinating the work of the Substance Misuse Prevention Advisory Council
4 established pursuant to section 4803 of this title.

5 § 4805. DUTIES REGIONAL PREVENTION NETWORKS

6 The Council shall:

7 ~~(1) advise the Governor as to the nature and extent of alcohol and drug~~
8 ~~abuse problems and the programs necessary to understand, prevent, and~~
9 ~~alleviate those problems;~~

10 ~~(2) make recommendations to the Governor and General Assembly for~~
11 ~~developing:~~

12 ~~(A) a comprehensive and coordinated system for delivering effective~~
13 ~~programs, including any appropriate reassignment of responsibility for such~~
14 ~~programs; and~~

15 ~~(B) a substance abuse system of care that integrates substance abuse~~
16 ~~services with health care reform initiatives, such as pay for performance~~
17 ~~methodologies;~~

18 ~~(3) provide for coordination and communication among the regional~~
19 ~~alcohol and drug abuse councils, State agencies and departments, providers,~~
20 ~~consumers, consumer advocates, and interested citizens;~~

1 ~~(4) jointly, with the State Board of Education, develop educational and~~
2 ~~preventive programs;~~

3 ~~(5) assess substance abuse services and service delivery in the State,~~
4 ~~including the following:~~

5 ~~(A) the effectiveness of existing substance abuse services in Vermont~~
6 ~~and opportunities for improved treatment; and~~

7 ~~(B) strategies for enhancing the coordination and integration of~~
8 ~~substance abuse services across the system of care; and~~

9 ~~(6) provide recommendations to the General Assembly regarding State~~
10 ~~policy and programs for individuals experiencing public inebriation.~~

11 A regional prevention network is established throughout the State, which
12 shall be overseen by the Substance Misuse Prevention Advisory Council
13 established pursuant to section 4803 of this title. The regional prevention
14 network shall foster the creation and implementation of substance misuse
15 prevention programming that is tailored to specific community needs,

16 including:

17 (1) developing and advancing afterschool prevention programming;

18 (2) maintaining and coordinating educational and counter-marketing
19 campaigns;

20 (3) providing policy and technical assistance for community leaders
21 with regard to best practices and model public health policies;

- 1 (3) tobacco cessation programs;
- 2 (4) countermarketing activities;
- 3 (5) enforcement activities;
- 4 (6) surveillance and evaluation activities;
- 5 (7) policy initiatives; and
- 6 (8) any other activities determined by the Commissioner ~~or the Board~~ to
7 be necessary to implement the provisions of this section.

8 ~~(b) By June 1, 2001, the Department and the Board shall jointly establish a~~
9 ~~plan that includes goals for each program component listed in subsection (a) of~~
10 ~~this section, for reducing adult and youth smoking rates by 50 percent in the~~
11 ~~following 10 years. By June 1 of each year, the Department and the Board~~
12 ~~shall jointly establish goals for reducing adult and youth smoking rates in the~~
13 ~~following two years, including goals for each program component listed in~~
14 ~~subsection (a) of this section. The services provided by a quitline approved by~~
15 ~~the Department of Health shall be offered and made available to any minor,~~
16 ~~upon his or her consent, who is a smoker or user of tobacco products as~~
17 ~~defined in 7 V.S.A. § 1001.~~

18 * * *

19 ~~(f) The Board shall be represented on all tobacco program advisory~~
20 ~~committees, including the youth working group, Community Grants Advisory~~
21 ~~Board, and the Scientific Advisory Board. The Board's representative on any~~

1 ~~such advisory committee shall include at least one member other than the~~
2 ~~Commissioner of Health. [Repealed.]~~

3 ~~§ 9504. CREATION OF THE VERMONT TOBACCO EVALUATION AND~~
4 ~~REVIEW BOARD~~

5 ~~(a) There is created and established, within the Office of the Secretary, a~~
6 ~~body to be known as the Vermont Tobacco Evaluation and Review Board, an~~
7 ~~independent State board created to work in partnership with the Agency of~~
8 ~~Human Services and the Department of Health in establishing the annual~~
9 ~~budget, program criteria and policy development, and review and evaluation of~~
10 ~~the tobacco prevention and treatment program.~~

11 ~~(b) The Board shall consist of 14 members, including ex officio the~~
12 ~~Commissioner of Health and the Secretary of Education or their designees; the~~
13 ~~Commissioner of Liquor Control or designee; the Attorney General or~~
14 ~~designee; a member of the House of Representatives appointed by the Speaker~~
15 ~~of the House; a member of the Senate appointed by the Committee on~~
16 ~~Committees; a member representing a nonprofit organization qualifying under~~
17 ~~Section 501(c)(3) of the Internal Revenue Code and dedicated to anti-tobacco~~
18 ~~activities appointed by the Speaker of the House; a member representing the~~
19 ~~low income community appointed by the Senate Committee on Committees;~~
20 ~~two persons under the age of 30, one appointed by the Speaker of the House~~
21 ~~and one appointed by the Committee on Committees; and four members~~

1 appointed by the Governor with the advice and consent of the Senate,
2 including: one K-12 educator involved in prevention education; one tobacco
3 use researcher; one member representing the health care community; and one
4 tobacco industry countermarketing expert. The public members shall serve for
5 three year terms, beginning on July 1 of the year in which the appointment is
6 made, except that the first members appointed by the Governor to the Board
7 shall be appointed, two for a term of two years, one for a term of three years,
8 and one for a term of four years. Vacancies shall be filled in the same manner
9 as the original appointment for the unexpired portion of the term vacated.

10 (e) The Governor shall appoint a chair from among the Board's public
11 members. The Chair shall serve for a term of two years. The Chair may be
12 removed for good cause by a two-thirds, voting majority of the Board. The
13 Board may elect such other officers as it may determine. The Board may
14 appoint committees or subcommittees for the purpose of providing advice on
15 community-based programs, countermarketing activities, and independent
16 program evaluations. Meetings shall be held at the call of the Chair or at the
17 request of three members; however, the Board shall meet no fewer than four
18 times a year. A majority of the sitting members shall constitute a quorum, and
19 action taken by the Board under the provisions of this chapter may be
20 authorized by a majority of the members present and voting at any regular or
21 special meeting. Actions taken by the Board to approve, authorize, award,

1 ~~grant, or otherwise expend money appropriated to the Board or the Department~~
2 ~~shall require authorization from a majority of members of the entire Board.~~

3 ~~(d) Public members other than ex officio members shall be entitled to per~~
4 ~~diem compensation authorized under 32 V.S.A. § 1010 for each day spent in~~
5 ~~the performance of their duties, and members shall be reimbursed from the~~
6 ~~Fund for reasonable expenses incurred in carrying out their duties under this~~
7 ~~chapter. Legislative members shall be entitled to per diem compensation and~~
8 ~~reimbursement for expenses in accordance with 2 V.S.A. § 406.~~

9 ~~(e) The Board may employ staff, through the Agency of Human Services, to~~
10 ~~assist the Board in planning, administering, and executing its functions under~~
11 ~~this chapter, subject to the policies, control, and direction of its members and~~
12 ~~the powers and duties of the Board under this chapter. The Board may employ~~
13 ~~technical experts and contractors as necessary to effect the purposes of this~~
14 ~~chapter. The Board shall use the Office of the Attorney General for legal~~
15 ~~services. The Board shall receive additional staff assistance from the~~
16 ~~Department of Health, the Office of Legislative Council, and the Joint Fiscal~~
17 ~~Office.~~

18 ~~(f) The Agency of Human Services shall provide administrative support to~~
19 ~~the Board for the purposes of this chapter.~~

20 ~~(g) No member of the Board shall have any direct or knowing affiliation or~~
21 ~~contractual relationship with any tobacco company, its affiliates, its~~

1 ~~subsidiaries, or its parent company. Each Board member shall file a conflict of~~
2 ~~interest statement, stating that he or she has no such affiliation or contractual~~
3 ~~relationship. [Repealed.]~~

4 § 9505. GENERAL POWERS AND DUTIES

5 The ~~Board~~ Department shall have all the powers necessary and convenient
6 to carry out and effectuate the purposes and provisions of this section, and
7 shall:

8 (1) ~~Establish jointly with the Department of Health~~ the selection criteria
9 for community grants and review and recommend the grants to be funded.

10 (2) ~~Select, upon the advice of the Commissioner,~~ a contractor
11 responsible for countermarketing activities. The Department shall pay the fees
12 and costs of any such contractor. ~~The Board and Commissioner shall jointly~~
13 and approve any final countermarketing campaign.

14 (3) ~~Review and advise the Department~~ selection criteria for grantees and
15 contracts funded by the Program ~~in conformity with the goals established by~~
16 ~~the Department and Board.~~

17 (4) ~~Establish jointly with the Department~~ an application process, criteria,
18 and components for an independent evaluation. The ~~Board~~ Department shall
19 select an independent contractor to perform an independent evaluation, and
20 oversee the independent contractor's evaluation of the tobacco prevention,
21 treatment, and control program.

1 (5) Review and make recommendations regarding the overall plan and
2 any memorandum of understanding developed ~~jointly by the Department of~~
3 ~~Health and~~ with the Agency of Education for school-based programs funded
4 through the Tobacco Program Fund.

5 (6) Review and make recommendations regarding enforcement activities
6 administered by the Department of Liquor Control in accordance with the
7 provisions of this chapter.

8 (7) Review and advise any State agency on applications for funds
9 contributed from any outside sources that are designated for purposes of
10 reducing tobacco use.

11 (8) In collaboration with the Agency ~~and Department~~, organize a
12 minimum of two public meetings by September 15 of each year, to receive
13 public input and advice for setting program priorities and establishing an
14 annual program budget.

15 (9) Conduct jointly with the Secretary a review of the ~~Department's~~
16 proposed annual budget for the program, including funds contributed from any
17 outside sources that are designated for purposes of reducing tobacco use, and
18 submit independent recommendations to the Governor, Joint Fiscal
19 Committee, and House and Senate Committees on Appropriations by
20 October 1 of each year.

1 (10) Propose ~~to the Department~~ strategies for program coordination and
2 collaboration with other State agencies, health care providers and
3 organizations, community and school groups, nonprofit organizations
4 dedicated to anti-tobacco activities, and other nonprofit organizations.

5 (11) ~~Adopt a conflict of interest policy within 30 days of the appointment~~
6 ~~of the full Board and include this policy in the annual report required under~~
7 ~~this chapter. [Repealed.]~~

8 § 9506. ALLOCATION SYSTEM

9 (a) In determining the allocation of funds available for the purposes of this
10 chapter, the Department ~~and the Board~~ shall consider all relevant factors,
11 including:

12 (1) the level of funding or other participation by private or public
13 sources in the activity being considered for funding;

14 (2) what resources will be required in the future to sustain the program;

15 (3) geographic distribution of funds; and

16 (4) the extent to which the goals of the project can be measured by
17 reductions in adult or youth smoking rates.

18 (b) The Department's ~~and Board's~~ allocation system shall include a
19 method, developed jointly, that evaluates the need for and impact and quality
20 of the activities proposed by eligible applicants, including, if appropriate,

1 measuring the results of the project through reductions in adult and youth
2 smoking rates.

3 § 9507. ANNUAL REPORT

4 (a) On or before January 15 of each year, the ~~Board~~ Department shall
5 submit a report concerning its activities under this chapter to the Governor and
6 the General Assembly. The report shall include, to the extent possible, the
7 following:

8 (1) the results of the independent program evaluation, beginning with
9 the report filed on January 15, 2003, and then each year thereafter;

10 (2) a full financial report of the activities of the Departments of Health
11 and of Liquor Control, and the Agency of Education, ~~and the Board~~, including
12 a special accounting of all activities from July 1 through December 31 of the
13 year preceding the legislative session during which the report is submitted;

14 (3) a recommended budget for the program; and

15 (4) an explanation of the results of approved programs, measured
16 through reductions in adult and youth smoking rates.

17 (b) [Repealed.]

18 * * * Substance Misuse Prevention Inventory * * *

19 Sec. 7. INVENTORY; SUBSTANCE MISUSE PREVENTION SERVICES

20 On or before January 1, 2021, the Director of Substance Misuse Prevention
21 established pursuant to 18 V.S.A. § 4800 shall develop and submit to the

1 House Committee on Human Services and to the Senate Committee on Health
2 and Welfare an inventory of substance misuse prevention programs in the
3 State. The Director shall include in the inventory:

- 4 (1) the estimated cost of each program;
5 (2) the geographic reach of each program; and
6 (3) the effectiveness of each program;
7 (4) any identified gaps in services.

8 * * * Effective Date * * *

9 Sec. 8. EFFECTIVE DATE

10 This act shall take effect on July 1, 2019.