

VERMONT ADMINISTRATIVE RULES

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Signature of Records Custodian

6/20/2024

Date

Tanya Marshall

Typed Name

VT State Archivist

Title

ADMINISTRATIVE PROCEDURES ACT

PROPOSED FILING

2024

Proposed Rule Number: **24P023**

Adopted Rule Number:

ENTITLED:

**Administration of Nonemergency Involuntary
Psychiatric Medications.**

Document Name: 24P023.pdf

In accordance with 3 V.S.A. § 117(g) (6), these records have been digitally scanned for the purpose of preservation using *Imaging Guidelines for all Public Agencies 2008* or as amended, provided by the Vermont State Archives & Records Administration and Vermont Department of Information & Innovation.

280 State Drive – Center Building
Waterbury, VT 05671-1000



OFFICE OF THE SECRETARY
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JENNEY SAMUELSON
SECRETARY

TODD W. DALOZ
DEPUTY SECRETARY

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

MEMORANDUM

TO: Sarah Copeland Hanzas, Secretary of State

FROM: Jenney Samuelson, Secretary, Agency of Human Services

A handwritten signature in blue ink, appearing to be 'Jenney Samuelson', written over the 'FROM:' line.

DATE: January 31, 2023

SUBJECT: Signatory Authority for Purposes of Authorizing Administrative Rules

I hereby designate Deputy Secretary of Human Services Todd W. Daloz as signatory to fulfill the duties of the Secretary of the Agency of Human Services as the adopting authority for administrative rules as required by Vermont's Administrative Procedure Act, 3. V.S.A § 801 et seq.

Cc: Todd W. Daloz

Proposed Filing - Coversheet

Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the “Rule on Rulemaking” ([CVR 04-000-001](#)) adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms and enclosures with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms shall be submitted to the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of Proposed Filing Coversheet will be used to generate a notice of rulemaking in the portal of “Proposed Rule Postings” online, and the newspapers of record. Publication of notices will be charged back to the promulgating agency.

**PLEASE REMOVE ANY COVERSHEET OR FORM NOT
REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!**

Certification Statement: As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

**The Rules for Administration of Nonemergency Involuntary
Psychiatric Medications**

_____/s/ Todd W. Daloz_____, on 10/9/2023
(signature) (date)

Printed Name and Title:

Todd W. Daloz
Deputy Secretary

RECEIVED BY: 

- Coversheet
- Adopting Page
- Economic Impact Analysis
- Environmental Impact Analysis
- Strategy for Maximizing Public Input
- Scientific Information Statement (if applicable)
- Incorporated by Reference Statement (if applicable)
- Clean text of the rule (Amended text without annotation)
- Annotated text (Clearly marking changes from previous rule)
- ICAR Filing Confirmed



Agency of Human Services

1. TITLE OF RULE FILING:

**The Rules for Administration of Nonemergency
Involuntary Psychiatric Medications**

2. ADOPTING AGENCY:

Department of Mental Health

3. PRIMARY CONTACT PERSON:

(A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

Name: Karen Barber

Agency: Agency of Human Services

Mailing Address: 280 State Drive, Ctr. Bldg., Waterbury, VT
05671

Telephone: 802-461-809 Fax:

E-Mail: karen.barber@vermont.gov

Web URL *(WHERE THE RULE WILL BE POSTED)*:

[https://mentalhealth.vermont.gov/
policy-and-legislative-resources/rules](https://mentalhealth.vermont.gov/policy-and-legislative-resources/rules)

4. SECONDARY CONTACT PERSON:

(A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).

Name: Nicole DiStasio

Agency: Agency of Human Services

Mailing Address: 280 State Drive, Ctr. Bldg., Waterbury, VT
05671

Telephone: 802-904-322# Fax:

E-Mail: nicole.distasio@vermont.gov

5. RECORDS EXEMPTION INCLUDED WITHIN RULE:

(DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE, EXEMPTING IT FROM INSPECTION AND COPYING?) No

IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

6. LEGAL AUTHORITY / ENABLING LEGISLATION:

(THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).

18 V.S.A. § 7628 and Act 27 (2023) and 3 V.S.A. § 801(b) (11) f.c.

7. EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:

18 V.S.A. § 7628 states, "The Department of Mental Health shall develop and adopt by rule a strict protocol to ensure the health, safety, dignity and respect of patients subject to administration of involuntary psychiatric medications in any designated hospital. This protocol shall be followed by all designated hospitals administering involuntary psychiatric medications."

Act 27 (2023) states, "the Commissioner of Mental Health shall file an initial proposed rule amendment with the Secretary of State pursuant to 3 V.S.A. § 836(a) (2) to amend the Department of Mental Health, Rules for the Administration of Nonemergency Involuntary Psychiatric Medications (CVR 13-150-11) for the purpose of allowing the administration of involuntary medication at a forensic facility."

8. CONCISE SUMMARY (150 WORDS OR LESS):

This rule outlines the procedures for the administration of nonemergency involuntary psychiatric medications by the Department of Mental Health Services (DMH). This rulemaking adds a "forensic facility," as defined by Act 27 (2023) to the list of facilities where involuntary psychiatric medications can be administered. Section 7: USE OF RESTRAINTS WHEN ADMINISTERING NONEMERGENCY INVOLUNTARY MEDICATION" has been removed from this rule because these requirements are addressed in a separate DMH rule. Terms and formatting have also been updated.

9. EXPLANATION OF WHY THE RULE IS NECESSARY:

Act 27 (2023) requires the Department to make this amendment. More generally, this rule for the administration of nonemergency involuntary psychiatric

medications is necessary to provide a clear framework for addressing situations where individuals with mental health issues may require treatment without consent.

10. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY AS DEFINED
IN 3 V.S.A. § 801(b)(13)(A):

This amendment is required by Act 27 (2023). The decisions made by the Department regarding these regulations are factually based, rationally connected to those factual bases, and would make sense to a reasonable person.

11. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES
AFFECTED BY THIS RULE:

Patients who have been determined to need the administration of involuntary psychiatric medications. Treatment Teams.

12. BRIEF SUMMARY OF ECONOMIC IMPACT (**150 WORDS OR LESS**):

This rulemaking is not anticipated to have a measurable economic impact, as it simply adds to the locations where such medications can be administered.

13. A HEARING WILL BE SCHEDULED.

IF A HEARING WILL NOT BE SCHEDULED, PLEASE EXPLAIN WHY.

14. HEARING INFORMATION

(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING, PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION NEEDED FOR THE NOTICE OF RULEMAKING.

Date: 7/26/2024

Time: 01:00 PM

Street Address: 280 State Drive, Ctr. Bldg., Waterbury, VT

Zip Code: 05671

URL for Virtual: [https://teams.microsoft.com/l/meetup-join/19%](https://teams.microsoft.com/l/meetup-join/19%3ameeting_YTlj0TEyNzAtZjJiYy00ZTIyLWE0ZDgtYTVlOWI3YzE0MThm)

[3ameeting_YTlj0TEyNzAtZjJiYy00ZTIyLWE0ZDgtYTVlOWI3YzE0MThm](https://teams.microsoft.com/l/meetup-join/19%3ameeting_YTlj0TEyNzAtZjJiYy00ZTIyLWE0ZDgtYTVlOWI3YzE0MThm)
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433c-9c02-70edcc7559c6%22%2c%22Oid%22%3a%22a958e0f7-a03f-
4904-

b5a6-5f387e9f350b%22%7d

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

Date:

Time: AM

Street Address:

Zip Code:

URL for Virtual:

15. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING): 8/7/~~2002~~ 2024 *SAC*.

16. KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

Involuntary

Psychiatric Medication

Forensic Facility

Mental Health

Adopting Page

Instructions:

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

1. TITLE OF RULE FILING:

**The Rules for Administration of Nonemergency
Involuntary Psychiatric Medications**

2. ADOPTING AGENCY:

Department of Mental Health

3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU
BASED ON THE DEFINITIONS PROVIDED BELOW*):

- **AMENDMENT** - Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment if the rule is replaced with other text.
- **NEW RULE** - A rule that did not previously exist even under a different name.
- **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

This filing is **AN AMENDMENT OF AN EXISTING RULE** .

4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF
THE LAST ADOPTION FOR THE EXISTING RULE*):

Economic Impact Analysis

Instructions:

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn’t appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

1. TITLE OF RULE FILING:

**The Rules for Administration of Nonemergency
Involuntary Psychiatric Medications**

2. ADOPTING AGENCY:

Department of Mental Health

3. CATEGORY OF AFFECTED PARTIES:

LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:

Patients: No economic impact is anticipated

Treatment Teams and forensic facilities: No economic impact is anticipated.

4. IMPACT ON SCHOOLS:

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:

No impact is anticipated for schools.

5. ALTERNATIVES: *CONSIDERATION OF ALTERNATIVES TO THE RULE TO REDUCE OR AMELIORATE COSTS TO LOCAL SCHOOL DISTRICTS WHILE STILL ACHIEVING THE OBJECTIVE OF THE RULE.*

Because there are no impacts, alternatives have not been considered.

6. IMPACT ON SMALL BUSINESSES:

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):

No impact is anticipated for small businesses.

7. SMALL BUSINESS COMPLIANCE: *EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.*

Because there are no impacts, alternatives have not been considered.

8. COMPARISON:

COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:

The Department is required to amend this rule. In the absence of this amendment, these procedures would be utilized at another designated facility in lieu of a forensic facility.

9. SUFFICIENCY: *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*

The Department has provided the relevant information it has based on an assessment of the potential impacts.

Environmental Impact Analysis

Instructions:

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

1. TITLE OF RULE FILING:

**The Rules for Administration of Nonemergency
Involuntary Psychiatric Medications**

2. ADOPTING AGENCY:

Department of Mental Health

3. GREENHOUSE GAS: *EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):*

No impact is anticipated.

4. WATER: *EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):*

No impact is anticipated.

5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*

No impact is anticipated.

6. **RECREATION:** *EXPLAIN HOW THE RULE IMPACTS RECREATION IN THE STATE:*

No impact is anticipated.

7. **CLIMATE:** *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*

No impact is anticipated.

8. **OTHER:** *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*

No impact is anticipated.

9. **SUFFICIENCY:** *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*

The rule does not impact any of the areas listed above, and therefore, this analysis sufficiently captures that there will be no environmental impact.

Public Input Maximization Plan

Instructions:

Agencies are encouraged to hold hearings as part of their strategy to maximize the involvement of the public in the development of rules. Please complete the form below by describing the agency's strategy for maximizing public input (what it did do, or will do to maximize the involvement of the public).

This form must accompany each filing made during the rulemaking process:

1. TITLE OF RULE FILING:

**The Rules for Administration of Nonemergency
Involuntary Psychiatric Medications**

2. ADOPTING AGENCY:

Department of Mental Health

3. PLEASE DESCRIBE THE AGENCY'S STRATEGY TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE, LISTING THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

A public hearing will be held.

The rule will be posted on the Department of Mental Health website:

<https://mentalhealth.vermont.gov/policy-andlegislative-resources/rules>

4. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

Solicited input from: Vermont Legal Aid, Disability Rights Vermont, Adult State

Standing Committee, Mad Freedom, VAHHS, VCP, NAMI, Vermont Psychiatric

Survivors.

Received input from: Disability Rights Vermont, Adult State Standing Committee,

Public Input

Mad Freedom, VAHHS.

RULES
for the
ADMINISTRATION OF NONEMERGENCY INVOLUNTARY PSYCHIATRIC MEDICATIONS

1. POLICY STATEMENT

The Department of Mental Health (DMH) is committed to providing voluntary mental health care in a service system that respects individuals' health, safety, and dignity. DMH recognizes the right of a legally competent person to make decisions regarding medication. At the same time DMH acknowledges that involuntary care is currently unavoidable in certain circumstances as set forth in Title 18 of the Vermont Statutes Annotated. DMH continues to work toward the development of a service system in which coercion and involuntary care will no longer be necessary. Until that ideal is achieved, DMH will strive to provide involuntary care found to be necessary in a manner that affords as much protection as possible for the respect, dignity, and rights of the individual.

2. AUTHORITY

This rule is adopted pursuant to 18 V.S.A. § 7628 and Act 27 (2023).

3. DEFINITIONS

- 3.1. *The Commissioner:* The Commissioner of DMH or a designee as authorized by 18 V.S.A. § 7401(13).
- 3.2. *Competence:* A person is competent if a person is able to make a decision regarding medication and to appreciate the consequences.
- 3.3. *Court Order:* An order from the criminal court or the family court authorizing the DMH to administer involuntary medication to the person named in the order.
- 3.4. *Designated Facility:* A hospital, forensic facility (as defined by Act 27 of 2023), medical psychiatric unit in a correctional facility, or other facility authorized by statute to administer nonemergency involuntary psychiatric medications. A Designated Facility shall meet the requirements of this protocol, including the requisite trained staff, medical personnel and physical space and as designated by the Commissioner to provide care for a patient with mental illness.
- 3.5. *DMH:* The Department of Mental Health.
- 3.6. *Impartial Evaluator:* A contracted individual not employed by DMH or under the supervision of the Commissioner, who has no prior personal knowledge of the circumstances under review.
- 3.7. *Medical Personnel:* A physician, physician assistant, advance practice registered nurse,

registered nurse, or psychiatric technician/mental health specialist.

3.8. *Person*: An individual who is the subject of a court order authorizing DMH to administer involuntary medication to that individual.

3.9. *Qualified Practitioner*: An advance practice registered nurse or physician assistant who is licensed by the State of Vermont and who is appropriately credentialed to provide the psychiatric services described in this Rule.

3.10. *Treatment Team*: The Person's community and/or treating psychiatrist(s), or other Qualified Practitioner, case manager and any other individual the community treatment team deems clinically appropriate. If the Person does not have a treatment team in the community, the members of the team will be the person's inpatient or residential facility treating psychiatrist, or other Qualified Practitioner, case manager and any other individual deemed clinically appropriate.

4. NOTICE OF INTENT TO ADMINISTER MEDICATION

4.1. Prior to executing a court order authorizing the administration of involuntary medication,

4.1.1. DMH shall:

- a. Allow the person's legal counsel twenty-four hours to inform the person of the court's order; and
- b. Notify the person's treatment team of the court order.

4.1.2. The person's treating physician or Qualifying Practitioner shall meet with the person:

- a. After the person has been informed by their legal counsel of the court order; or
- b. After the person's legal counsel has had twenty-four hours to inform the person of the court order, regardless of whether the legal counsel has chosen to meet with the person.

4.1.3. The treatment team must:

- a. Inform the person orally and in writing in a language and in a manner understandable to the person of:
 - i. the type of medication to be administered;
 - ii. the dose that will be administered;
 - iii. the method of delivery;
 - iv. the route of delivery;
 - v. the frequency of delivery;
 - vi. the intended effects;
 - vii. any risks in keeping with standard medical practice, including

likely side effects, unlikely but serious side effects, health problems that might be encountered, common drug interactions including those of street drugs and alcohol, and in the case of all women of child bearing age, the effects of neuroleptics on a fetus or nursing child; and

- b. Offer the person an opportunity to take oral medication unless the court order authorizes the administration of a long-acting medication which can only be administered by injection.

5. ADMINISTRATION OF NONEMERGENCY MEDICATION

- 5.1. The physician or Qualifying Practitioner writing the medication order for the medication shall be responsible for assessing and documenting the following:
 - 5.1.1. The person’s current physical health status;
 - 5.1.2. Whether the person is currently taking any other medications;
 - 5.1.3. The person’s history of side effects from medication;
 - 5.1.4. Whether the person is pregnant if a woman of child bearing age;
 - 5.1.5. The person’s medical history, including any history of substance abuse; and
 - 5.1.6. That the medication order is in compliance with the court's medication order with respect to the type of medication, the dosage, the length of administration and the method of administration.
- 5.2. The treating physician or Qualified Practitioner shall conduct monthly reviews of the medication to assess the continued need for involuntary medication, the effectiveness of the medication, the existence of any side effects, and shall document this review in detail in the person’s chart.
- 5.3. The treating physician or Qualified Practitioner shall provide written notice to the court to terminate the medication order when involuntary medication is no longer required.
- 5.4. The treatment team shall:
 - 5.4.1. Make best efforts to obtain the person’s preference on the manner of medication administration after the court issues an order granting the application and immediately prior to the administration of medication;
 - 5.4.2. Consider the current, written medical history of the patient that includes whether the patient has a history of trauma;
 - 5.4.3. Have at least one member present when the medication is administered and at the

time of release; and

- 5.4.4. Assure that the person has the opportunity to choose a support person, to be present to offer emotional support when the medication is administered. If the chosen support person is not available within a reasonable period of time or interferes with the administration of medication, or the frequency of administration precludes the presence of the support person each time, medication may be administered without the support person's presence.

5.5. Location

- 5.5.1. Medications must be administered at a Designated Facility. The medication must be administered in an area of the facility that provides the person with privacy.

A sheriff may transport the person to or from the Designated Facility if, and only if, the person's treating physician, Qualified Practitioner, or another member of the treatment team makes an individualized determination, documented in the person's chart, that physical restraint is necessary to prevent the person from inflicting serious physical injury to themselves or others.

- 5.5.2. If the person is transported by a sheriff, a member of the treatment team shall be present when the sheriff picks up the person for transport and will accompany the person during the transport, if the parties agree.

5.6. Oral Medication

- 5.6.1. The Medical Personnel or Qualified Practitioner who administers medication to the person shall be trained in the administration of medication when treating a resistant person.

- 5.6.2. The Medical Personnel or Qualified Practitioner shall:

- a. Verify that the person is the subject of a current involuntary medication order;
- b. Verify that the proper medication is provided to the person in the proper dosage; and
- c. Follow clinically appropriate practices and procedures for the administration of oral medication.

- 5.6.3. The Medical Personnel or Qualified Practitioner may perform a mouth check to verify that the person has swallowed the medication.

- a. If the person refuses to comply with a mouth check, then the treatment team is not required to offer voluntary oral medication the next time medication is administered but may do so at their discretion.
- b.

- 5.6.4. After administering the medication, a facility staff member shall personally observe the person long enough to ensure there are no adverse side effects and to

ensure safety.

5.7. Injectable Medication

5.7.1. The Medical Personnel or Qualified Practitioner who administers the medication to the person shall be

trained in the administration of administration of medication when treating a resistant person.

5.7.2. The Medical Personnel or Qualified Practitioner shall:

- a. Verify that the person is the subject of a current involuntary medication order;
- b. Verify that the proper medication is prepared in the proper dosage;
- c. Fully inform the person of all aspects of the procedure;
- d. Give the person a choice of clinically appropriate injection sites and follow that preference if medically safe;
- e. Follow clinically appropriate practices and procedures for the administration of injectable medication;
- f. Be of the gender chosen by the person receiving the medication if at all possible;
- g. Ensure that a physician is immediately accessible; and
- h. Be responsible for assuring that a support of the person's choosing is present when the medication is administered, unless the support person interferes with the administration of the medication or, the frequency of administration precludes the presence of the support person each time.

5.7.3. The Medical Personnel or Qualified Practitioner shall be accompanied by at least one health professional of the gender chosen by the person .

5.7.4. After administering the medication, a facility staff member shall:

- a. personally observe the person long enough to ensure there are no adverse side effects endangering safety;
- b. offer emotional support to the person.

5.7.5. All procedures shall be documented in accordance with standard medical practice.

6. FUTURE ADMINISTRATION OF INVOLUNTARY MEDICATION

6.1. Where the court's medication order authorizes future administration of involuntary medication, the treating physician shall execute and file with the Commissioner a certification executed under penalty of perjury stating the following:

6.1.1. The person has refused medication;

6.1.2. The person is not competent to make a decision regarding medication and to

appreciate the consequences;

6.1.3. The proposed medications, the dosage range, length of administration and method of administration; and

6.1.4. The substantial probability that in the near future the person will pose a danger of harm to self or others if not involuntarily medicated.

6.2. Within 24 hours of receipt of the physician's certification, the Commissioner shall provide the amount of notice required by the court order to the person, the person's legal counsel and the court.

6.2.1. The notice shall state that the person may request an immediate hearing to contest the order.

6.2.2. The person may be admitted to a Designated Facility on the date specified in the notice for up to 72 hours in order to administer involuntary medication.

6.3. The procedures set forth in Section 6 of these rules shall be followed for any person subject to a future administration of involuntary medication.

7. USE OF RESTRAINTS WHEN ADMINISTERING NONEMERGENCY INVOLUNTARY MEDICATION

7.1. Restraints may be used only pursuant to the Regulation Establishing Standards for Emergency Involuntary Procedures which can be found on DMH's website.

8. DISCHARGE OF PERSON NOT SUBJECT TO ORDER OF HOSPITALIZATION

8.1. If a person is brought into the Designated Facility only pursuant to a medication order, a physician or Qualified Practitioner must determine the amount of time that the person will be required to stay at the facility prior to discharge, but in no case longer than the time period allowed in the court order. This decision shall be based on appropriate clinical practices and procedures regarding the discharge of a person who has received the type of medication administered to the person.

8.2. Prior to discharge, the person shall receive the necessary counseling and assistance to support the person's comfort.

8.3. Prior to discharge, a member of the treatment team shall provide the person with written instructions regarding:

8.3.1. Side effects;

8.3.2. Required after-care;

8.3.3. A name and phone number to contact if the person has any questions or

concerns or starts to experience side effects;

8.3.4. Grievance procedures; and

8.3.5. Follow-up with the community mental health center.

8.4. A physician or Qualified Practitioner must approve the person's release after making a determination that there are minimal clinical risks.

8.5. A member of the treatment team shall arrange transportation to return the person to their residence. If the person does not have housing available, a member of the treatment team shall arrange temporary housing for the person.

9. COMPLIANCE AND ENFORCEMENT

9.1. A member of the treatment team shall report to the Commissioner every time a person is administered involuntary medication in a designated facility within seventy-two hours of entering the facility.

9.2. The Commissioner shall review on a periodic basis every instance of a person being administered involuntary medication in a designated facility.

9.3. The Commissioner shall conduct periodic reviews of every person who is subject to an involuntary medication order.

9.4. The Commissioner may revoke a facility's designated status for noncompliance with this rule.

9.5. Any person who is subject to an involuntary medication order may file a grievance with the appropriate agency alleging a violation of this protocol. The grievance must be filed within ninety (90) days of the action that is being grieved. This time limit may be extended if the person did not know or understand the right to appeal. The agency shall report the filing and substance of a grievance to the Commissioner within seventy-two hours of receiving the grievance.

9.6. Within thirty (30) days of receiving the grievance, the Designated Facility shall notify the person of its decision in writing, in a language and manner understandable to the person, including the reasons for the decision.

9.7. The decision made by the Designated Facility concerning the grievance may be appealed to the Commissioner. Any such appeal must be filed within thirty (30) days of the day the person received written notice of the decision.

9.8. Upon receipt of the appeal, the Commissioner shall assign an impartial evaluator to conduct a review of the appealed incident. Within thirty (30) days of receipt of the appeal assignment, the evaluator shall recommend to the Commissioner whether to affirm or change the decision of the agency or designated facility. Within ten (10) days of receiving the evaluator's decision, the Commissioner shall notify the person of the

Commissioner's decision in writing, in a language and manner understandable to the person, including the reasons for the decision.

Effective Date: August 18, 1999, amended effective _____

RULES
for the
ADMINISTRATION OF NONEMERGENCY INVOLUNTARY PSYCHIATRIC MEDICATIONS

1. POLICY STATEMENT

The Department of ~~Developmental and Mental Health Services~~ Mental Health (DMH) is committed to providing voluntary mental health care in a service system that respects ~~consumers'~~ individuals' health, safety, and dignity. ~~The Department~~ DMH recognizes the right of a legally competent person to make decisions regarding medication. At the same time ~~the Department~~ DMH acknowledges that involuntary care is currently unavoidable in certain circumstances as set forth in ~~the Mental Health Act~~ Title 18 of the Vermont Statutes Annotated. ~~The Department~~ DMH continues to work toward the development of a service system in which coercion and involuntary care will no longer be necessary. Until that ideal is achieved, ~~the Department~~ DMH will strive to provide involuntary care found to be necessary in a manner that affords as much protection as possible for the respect, ~~dignity~~ dignity, and rights of the individual.

2. AUTHORITY

~~These~~ rules ~~is~~ are adopted pursuant to ~~authorized by~~ 18 V.S.A. § 7628 and Act 27 (2023).

~~**3. AVAILABILITY**~~

~~A copy of these rules shall be made available to any person who requests a copy.~~

4.3. DEFINITIONS

4.1.3.1. The Commissioner: The Commissioner of ~~the Department of Developmental and Mental Health Services~~ DMH or a designee as authorized by 18 V.S.A. § 7401(13).

4.2.3.2. Competence: A person is competent if a person is able to make a decision regarding medication and to appreciate the consequences.

4.3.3.3. Court Order: An order from the criminal court or the family court authorizing ~~the Department of Developmental and Mental Health Services~~ DMH to administer involuntary medication to the person named in the order.

~~4.4. The Department: The Department of Developmental and Mental Health Services.~~

3.4. Designated Facility: A hospital, forensic facility (as defined by Act 27 of 2023), or medical psychiatric unit in a correctional facility, or other facility authorized by statute to administer nonemergency involuntary psychiatric medications. A Designated Facility shall demonstrating the ability to meet the requirements of this protocol, including the requisite trained staff, medical personnel and physical space and as designated by the Commissioner to provide care for a patient with mental illness.

3.5. DMH: The Department of Mental Health.

~~3.6. Impartial Evaluator: A contracted individual not employed by DMH or under the supervision of the Commissioner, who has no prior personal knowledge of the circumstances under review.~~

~~4.5-3.7. Medical Personnel Staff: A physician, physician assistant, advance practice registered nurse, registered nurse, or psychiatric technician/mental health specialist.~~

3.8. Patient Person: An individual who is the subject of a court order authorizing ~~the Department of Developmental and Mental Health Services-DMH~~ to administer involuntary medication to that individual.

~~3.9. Qualified Practitioner: An advance practice registered nurse or physician assistant who is licensed by the State of Vermont and who is appropriately credentialed to provide the psychiatric services described in this Rule.~~

~~4.7-3.10 Treatment Team: The patient's Person's community and/or treating psychiatrist(s), or other Qualified Practitioner, case manager and any other individual the community treatment team deems clinically appropriate. If the person does not have a treatment team in the community, the members of the team will be the Person's inpatient or residential facility treating psychiatrist, or other Qualified Practitioner, case manager and any other individual deemed clinically appropriate.~~

~~4.8. Impartial Evaluator: A contracted individual not employed by the Department nor under the supervision of the Commissioner, who has no prior personal knowledge of the circumstances under review.~~

5.4. NOTICE OF INTENT TO ADMINISTER MEDICATION

~~5.1.4.1. Prior to executing a court order authorizing the administration of involuntary medication,~~

~~5.1.4.1.1. The Department DMH shall:~~

- ~~a. Allow the patient's person's legal counsel twenty-four hours to inform the patient person of the court order; and~~
- ~~b. Notify the patient's person's treatment team of the court order.~~

~~5.1.2.4.1.2. The patient's person's treating physician or Qualifying Practitioner shall meet with the patient person:~~

- ~~a. After the patient person has been informed by ~~his or her~~ their legal counsel of the court order; or~~
- ~~b. After the patient's person's legal counsel has had twenty-four hours to inform the patient person of the court order, regardless of whether the legal counsel has chosen to meet with the patient person.~~

5.1.3.4.1.3. The treatment team must:

- a. Inform the patient person orally and in writing in a language and in a manner understandable to the patient person of:
 - i. the type of medication to be administered;
 - ii. the dose that will be administered;
 - iii. the method of delivery;
 - iv. the route of delivery;
 - v. the frequency of delivery;
 - vi. the intended effects;
 - vii. any risks in keeping with standard medical practice, including likely side effects, unlikely but serious side effects, health problems that might be encountered, common drug interactions including those of street drugs and alcohol, and in the case of all women of child bearing age, the effects of neuroleptics on a fetus or nursing child; and
- b. Offer the patient person an opportunity to take oral medication unless the court order authorizes the administration of a long-acting medication which can only be administered by injection.

6.5. ADMINISTRATION OF NONEMERGENCY MEDICATION

6.1.5.1. The physician or Qualifying Practitioner writing the medication Physician's oOrder for the medication at the hospital shall be responsible for assessing and documenting the following ~~which shall then be provided to the facility administering the medication:~~

6.1.1.5.1.1. The patient's person's current physical health status;

6.1.2.5.1.2. Whether the patient person is currently taking any other medications;

6.1.3.5.1.3. The patient's person's history of side effects from medication;

6.1.4.5.1.4. Whether the patient person is pregnant if a woman of child bearing age;

6.1.5.5.1.5. The patient's person's medical history, including any history of substance abuse; and

6.1.6.5.1.6. That the physician's medication order is in compliance with the court's medication order with respect to the type of medication, the dosage, the length of administration and the method of administration.

6.2.5.2. The treating physician or Qualified Practitioner shall conduct monthly reviews of the medication to assess the continued need for involuntary medication, the effectiveness of the medication, the existence of any side effects, and shall document this review in detail in the patient's person's chart.

~~6.3.5.3.~~ The treating physician or Qualified Practitioner shall provide written notice to the court to terminate the medication order when involuntary medication is no longer required.

~~6.4.5.4.~~ The treatment team shall:

~~6.4.1.5.4.1.~~ Make best efforts to obtain the ~~patient's~~ person's preference on the manner of medication administration after the court issues an order granting the application and immediately prior to the administration of medication;

~~6.4.2.5.4.2.~~ ~~Provide the facility administering the medication with a~~ Consider the current, written medical history of the patient that includes whether the patient has a history of trauma;

~~6.4.3.5.4.3.~~ Have at least one member present when the medication is administered and at the time of release; and

~~6.4.4.5.4.4.~~ Assure that the ~~patient~~ person has the opportunity to choose a support person, to be present to offer emotional support when the medication is administered. If the chosen support person is not available within a reasonable period of time or interferes with the administration of medication, or the frequency of administration precludes the presence of the support person each time, medication may be administered without the support person's presence.

~~6.5.5.5.~~ Location

~~6.5.1.~~ Medications must be administered at a Designated Facility. ~~the Vermont State Hospital or at a facility designated by the Commissioner of the Department of Developmental and Mental Health Services as a hospital where involuntary medication may be administered.~~

~~6.6.2.5.6.2.~~ The ~~person who gives the medication to the~~ Medical Personnel or Qualified Practitioner ~~patient~~ shall:

- a. Verify that the ~~patient~~ person is the subject of a current involuntary medication order;
- b. Verify that the proper medication is provided to the ~~patient~~ person in the proper dosage; and
- c. Follow clinically appropriate practices and procedures for the administration of oral medication.

~~5.6.3.~~ The ~~person who gives the medication to the patient~~ Medical Personnel or Qualified Practitioner may perform a mouth check to verify that the ~~patient~~ person has swallowed the medication.

~~a.~~ If the person refuses to comply with a mouth check, then the treatment team is not required to offer voluntary oral medication the next time medication is

administered but may do so at their discretion.

d.b.

6.6.3-5.6.4. After administering the medication, a hospital-facility staff member shall personally observe the patient-person long enough to ensure there are no adverse side effects and to ensure patient safety.

~~6.6.4.— If the patient refuses to comply with a mouth check then, in the discretion of the treatment team, voluntary oral medication may not be offered the next time medication is administered.~~

6.7.5.7. Injectable Medication

6.7.1-5.7.1. The Medical Personnel or Qualified Practitioner ~~person~~ who administers the medication to the patient-person shall be:

- ~~a.— A licensed nurse or doctor trained in the administration of administration of medication when treating a resistant person; and~~
- ~~b.— Trained in the administration of medication when treating a resistant patient.~~

6.7.2-5.7.2. The ~~person who administers the medication~~ Medical Personnel or Qualified Practitioner shall:

- a. Verify that the patient-person is the subject of a current involuntary medication order;
- b. Verify that the proper medication is prepared in the proper dosage;
- c. Fully inform the patient-person of all aspects of the procedure;
- d. Give the patient-person a choice of clinically appropriate injection sites and follow that preference if medically safe;
- e. Follow clinically appropriate practices and procedures for the administration of injectable medication;
- f. Be of the gender chosen by the person receiving the medication if at all possible;
- g. Ensure that a physician is immediately accessible; and
- h. Be responsible for assuring that a support ~~person~~ of the patient's-person's choosing is present when the medication is administered, unless the support person interferes with the administration of the medication or, the frequency of administration precludes the presence of the support person each time.

6.7.3-5.7.3. The ~~person~~ Medical Personnel or Qualified Practitioner ~~who administers the medication~~ shall be accompanied by at least one health professional of the gender chosen by the person ~~patient~~.

6.7.4-5.7.4. After administering the medication, a facility staff member shall:

- a. personally observe the patient-person long enough to ensure there are no adverse side effects endangering patient safety;
- b. offer emotional support to the patient-person.

6.7.5-5.7.5. All procedures shall be documented in accordance with standard medical practice.

7.6. FUTURE ADMINISTRATION OF INVOLUNTARY MEDICATION

7.1.6.1. Where the court's medication order authorizes future administration of involuntary medication, the treating physician shall execute and file with the Commissioner a certification executed under penalty of perjury stating the following:

7.1.1.6.1.1. The patient-person has refused medication;

7.1.2.6.1.2. The patient-person is not competent to make a decision regarding medication and to appreciate the consequences;

7.1.3.6.1.3. The proposed medications, the dosage range, length of administration and method of administration; and

7.1.4.6.1.4. The substantial probability that in the near future the person will pose a danger of harm to self or others if not ~~hospitalized and~~ involuntarily medicated.

7.2.6.2. Within 24 hours of receipt of the physician's certification, the Commissioner shall provide the amount of notice required by the court order to the patient-person, the patient's-person's attorney-legal counsel and the court.

~~8.6.3. Any other pertinent factors.~~

~~8.7. A Certificate of Need for emergency restraints shall be entered into the patient's record that documents the emergency circumstances requiring the use of restraints.~~

~~8.8. Legal counsel for the patient shall be notified and provided with a copy of the Certificate of Need within twenty four hours following administration of medication.~~

~~8.9. The least restrictive method of restraint must be used and applied in a manner which provides for padding and protection of all parts of the body where pressure areas might occur by friction and shall:~~

~~8.9.1. Be adjusted to eliminate the danger of gangrene, sores and paralysis;~~

~~8.9.2. Allow room for healthy breathing; and~~

~~8.9.3. Allow the patient as much freedom as possible.~~

~~8.10. Restraints shall be applied under direct supervision of a nurse who is trained in the use of restraints. The following should not be used under any circumstances: a) face down restraint with back pressure; b) any technique that obstructs the airway or impairs breathing, c) any technique that obstructs vision, d) any technique that restricts the recipient's ability to communicate.~~

~~8.11. Medical staff must constantly observe a patient in restraints. Vital signs should be checked initially and regularly thereafter (every fifteen minutes at a minimum) if abnormal.~~

~~8.12.7.2. A patient in restraints shall be encouraged to take liquids, be allowed reasonable opportunity for toileting and shall be provided appropriate food, lighting, ventilation and clothing or covering. An individual being restrained should always be informed about what is happening, verbally and during the restraint period. Information should include what events or behaviors precipitated the use of restraint, and when and under what circumstances the patient can expect to be released.~~

~~8.13. A patient shall be removed from restraints as soon as it is determined that safety reasons no longer necessitate the use of restraints. Restraint orders should always be time limited, and should be removed as soon as it becomes safe to do so, even if the time limited order has not expired. Every hour, a nurse shall review the need for continued restraint. No~~

~~9.3.8.3. Prior to discharge, a member of the treatment team shall provide the patient-person with physician's order for the use of restraints shall extend beyond a two-hour period.~~
written instructions regarding:

~~8.14. Medical staff shall examine a patient for injuries immediately after being released from restraints.~~
9.3.1.8.3.1. Side effects;

~~8.15. 9.3.2.8.3.2. Required after-care; Following the removal of restraints, medical staff must inquire if the patient wishes to have a particular person notified of the use of restraints. If so, medical staff must notify that person within twenty-four hours of the restraint.~~

~~8.16. Patient and staff debriefing should be required after every incident of seclusion or restraint, both separately and together. Gender concerns should be addressed as part of the debriefing.~~

9.8. DISCHARGE OF **PATIENT-PERSON** NOT SUBJECT TO ORDER OF HOSPITALIZATION

~~9.1.8.1. If a person is brought into the hospital-Designated Facility only pursuant to a medication order, a physician or Qualified Practitioner must determine the amount of time that the patient-person will be required to stay at the hospital facility.~~

prior to discharge, but in no case longer than the time period allowed in the court order. This decision shall be based on appropriate clinical practices and procedures regarding the discharge of a patient-person who has received the type of medication administered to the patient-person.

~~9.2.8.2. Prior to discharge, the patient-person shall receive any support and the necessary counseling and assistance to support the necessary to ensure the patient's-person's comfort.~~

9.3.8.3. Prior to discharge, a member of the treatment team shall provide the patient-person with written instructions regarding:

9.3.1.8.3.1. Side effects;

9.3.2.8.3.2. Required after-care;

9.3.3.8.3.3. A ~~person's or persons'~~ name and phone number to contact if the patient-person has any questions or concerns or starts to experience side effects;

9.3.4.8.3.4. Grievance procedures; and

9.3.5.8.3.5. Follow-up with the community mental health center.

9.4.8.4. A physician or Qualified Practitioner must approve the patient's-person's release after making a determination that there are minimal clinical risks.

9.5.8.5. A member of the treatment team shall arrange transportation to return the patient-person to their residence. If the patient-person does not have housing available, a member of the treatment team shall arrange temporary housing for the patient-person.

10.9. COMPLIANCE AND ENFORCEMENT

10.1.9.1. A member of the treatment team shall report to the Commissioner every time a patient-person is administered involuntary medication in a designated facility within seventy-two hours of entering the hospital/facility.

10.2.9.2. The Commissioner shall review on a periodic basis every instance of a patient-person being administered involuntary medication in a designated facility.

10.3.9.3. The Commissioner shall conduct periodic reviews of every patient-person who is subject to an involuntary medication order.

10.4.9.4. ~~A facility's designation shall depend upon strict compliance with this protocol. The Commissioner may revoke a facility's designated status for noncompliance with this rule.~~

10.5.9.5. Any patient-person who is subject to an involuntary medication order may file a grievance with the appropriate agency alleging a violation of this protocol. The grievance must be filed within ninety (90) days of the action that is being grieved. This time limit may be extended if the patient person did not know or understand the right to appeal. The agency shall report the filing and substance of a grievance to the Commissioner within seventy-two hours of receiving the grievance.

~~10.6.9.6.~~ Within thirty (30) days of receiving the grievance, the ~~community mental health center or D~~designated ~~F~~facility shall notify the ~~patient person~~ of its decision in writing, in a language and manner understandable to the ~~patient person~~, including the reasons for the decision.

~~10.7.9.7.~~ The decision made by the ~~community mental health center or D~~designated ~~F~~facility concerning the grievance may be appealed to the Commissioner. Any such appeal must be filed within thirty (30) days of the day the ~~patient person~~ received written notice of the decision.

~~10.8.9.8.~~ Upon receipt of the appeal, the Commissioner shall assign an impartial evaluator to conduct a review of the appealed incident. Within thirty (30) days of receipt of the appeal assignment, the evaluator shall recommend to the Commissioner whether to affirm or change the decision of the agency or designated facility. Within ten (10) days of receiving the evaluator's decision, the Commissioner shall notify the ~~patient person~~ of ~~his/her the Commissioner's~~ decision in writing, in a language and manner understandable to the ~~patient person~~, including the reasons for the decision.

Effective Date: August 18, 1999, amended effective



INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES

Meeting Date/Location: January 8, 2024, virtually via Microsoft Teams
Members Present: Chair Sean Brown, Jared Adler, Jennifer Mojo, Diane Sherman, Michael Obuchowski, and Nicole Dubuque
Members Absent: John Kessler
Minutes By: Melissa Mazza-Paquette

- 2:00 p.m. meeting called to order, welcome and introductions.
- Review and approval of [minutes](#) from the November 13, 2023 meeting.
- No additions/deletions to agenda. Agenda approved as drafted.
- No public comments made.
- Presentation of Proposed Rules on pages 2-12 to follow.
 1. Administration of Nonemergency Involuntary Psychiatric Medications, Department of Mental Health, page 2
 2. Vital Records Rule, Department of Health, page 3
 3. VPharm Coverage, Department of Vermont Health Access, page 4
 4. Rules Governing the Importation of Domestic Animals, Including Livestock and Poultry, Vermont Agency of Agriculture, Food & Markets, page 5
 5. Antidegradation Implementation Rule, Agency of Natural Resources, page 6
 6. Reach Up Eligibility Rules, Department for Children and Families, page 7
 7. Reach Up Services Rules, Department for Children and Families, page 8
 8. Reach First Rules, Department for Children and Families, page 9
 9. Postsecondary Education Program Rules, Department for Children and Families, page 10
 10. Private Nonmedical Institution Rules Simplification, Department of Vermont Health Access, page 11
 11. Nursing Home Reimbursement Rule Simplification, Department of Vermont Health Access, page 12
- Next scheduled meeting is Monday, February 23, 2024 at 1:00 p.m.
- 3:38 p.m. meeting adjourned.

Proposed Rule: Administration of Nonemergency Involuntary Psychiatric Medications, Department of Mental Health

Presented By: Karen Barber

Motion made to accept the rule as presented without any recommendations by Sean Brown, seconded by Nicole Dubuque, and passed unanimously except for Jared Adler who abstained.

Proposed Rule: Vital Records Rule, Department of Health

Presented By: Natalie Weill

Motion made to accept the rule by Jared Adler, seconded by Diane Sherman, and passed unanimously with the following recommendations:

1. Proposed Coversheet:
 - a. #8: Begin by stating what the overall rule does - can use language from the purpose of the rule.
 - b. #12: Include the group of individuals who are incarcerated out-of-state here and in the Economic Impact Analysis.
 - c. #14: Update dates per the APA process.

Proposed Rule: VPharm Coverage, Department of Vermont Health Access

Presented By: Danielle Fuoco

Motion made to accept the rule by Nicole Dubuque, seconded by Mike Obuchowski, and passed unanimously with the following recommendations:

1. Proposed Filing – Coversheet:
 - a. #8: Define 'VPharm' at the end of the 1st sentence.
 - b. #12 and #3 of the Economic Impact Statement: Use consistent language in both responses.
 - c. #14: Update dates per APA process.

Proposed Rule: Rules Governing the Importation of Domestic Animals, Including Livestock and Poultry, Vermont Agency of Agriculture, Food & Markets

Presented By: Kaitlynn Levine

Motion made to accept the rule by Mike Obuchowski, seconded by Sean Brown, and passed unanimously except for Nicole Dubuque who abstained, with the following recommendations:

1. Title Page: Proposed rule must be signed by Agency Secretary Anson Tebbetts prior to moving forward with LCAR.
2. Economic Impact Analysis, #3: Include the estimated costs and benefits anticipated. May use language from #8, Concise Summary on the Proposed Coversheet, and address the cost neutral balance.
3. Public Input Maximization Plan, #3: Define the stakeholders and distribution lists.

Proposed Rule: Antidegradation Implementation Rule, Agency of Natural Resources

Presented By: Hannah Smith, Peter LaFlamme, and Bethany Sargent

Motion made to accept the rule by Sean Brown, seconded by Jared Adler, and passed unanimously except for Jen Mojo who abstained, with the following recommendations:

1. Proposed Filing – Coversheet:
 - a. #8: Define 'WQS' if spacing allows.
 - b. #9: Remove '1' prior to 'states' in 1st sentence.
2. Public Input Maximization Plan, #3: Clarify who the stakeholders are.

Proposed Rule: Reach Up Eligibility Rules, Agency of Human Services, Department for Children and Families

Presented By: Heidi Moreau and Erin Oalican

Motion made to accept the rule by Jen Mojo, seconded by Mike Obuchowski, and passed unanimously with the following recommendation:

1. Public Input Maximization Plan, #3: Include participants noted in #4.

Proposed Rule: Reach Up Services Rules, Agency of Human Services, Department for Children and Families

Presented By: Heidi Moreau and Erin Oalican

Motion made to accept the rule by Sean Brown, seconded by Diane Sherman, and passed unanimously with the following recommendation:

1. Public Input Maximization Plan, #3: Include participants noted in #4.

Proposed Rule: Reach First Rules, Agency of Human Services, Department for Children and Families

Presented By: Heidi Moreau and Erin Oalican

Motion made to accept the rule by Sean Brown, seconded by Mike Obuchowski, and passed unanimously with the following recommendation:

1. Public Input Maximization Plan, #3: Include participants noted in #4.

Proposed Rule: Postsecondary Education Program Rules, Agency of Human Services, Department for Children and Families

Presented By: Heidi Moreau and Erin Oalican

Motion made to accept the rule by Diane Sherman, seconded by Jen Mojo, and passed unanimously with the following recommendations:

1. Proposed Filing – Coversheet, #8: Define ‘PSE’.
2. Public Input Maximization Plan, #3: Include participants noted in #4.

Presented By: James LaRock

Motion made to accept the rule by Sean Brown, seconded by Jared Adler, and passed unanimously except with the following recommendations:

1. Proposed Filing – Coversheet:
 - a. #7: Provide a detailed explanation of where the authority is to adopt this without rulemaking,
 - b. #8: Include more detail; a summary of substantive changes. Clarify why the rule is necessary. Define what is being kept in the rule and what is going into the manual.
2. Throughout the proposed rule filing: Clarify where necessary that you're retaining part of the rule.

Presented By: James LaRock

Motion made to accept the rule by Sean Brown, seconded by Nicole Dubuque, and passed unanimously with the following recommendations:

1. Proposed Filing – Coversheet:
 - a. #7: Provide a detailed explanation of where the authority is to adopt this without rulemaking,
 - b. #8: Include more detail; a summary of substantive changes. Clarify why the rule is necessary. Define what is being kept in the rule and what is going into the manual.
2. Throughout the proposed rule filing: Clarify where necessary that you're retaining part of the rule.