

Burlington Mayor Emma Mulvaney-Stanak has identified H.72 and OPCs as an immediate priority for her Administration. She met with the Burlington Fire Department late last week, and discussed H.72. I know it's fairly late in the Committee process for this bill, but in light of that discussion with the BFD, the City would like to request two additions to H.72.

The notations below pertain to the version of [H.72 that passed the House](#). I believe that is the latest version.

1. In Sec. 1, please add the language in red to the end of subsection (l), which is on page 3, beginning on line 2:

(l) The Department of Health, in consultation with stakeholders and health departments of other states that have overdose prevention centers, shall develop operating guidelines for overdose prevention centers not later than April 1, 2025. The operating guidelines shall include the level of staff qualifications required for medical safety and treatment and referral support. **The operating guidelines shall ensure that an overdose prevention center staffs trained professionals during operating hours who, at a minimum, can provide basic medical care, such as CPR, overdose interventions, first aid, and wound care, as well as have the ability to perform medical assessments with program participants to determine if there is a need for EMS response.**

Comment: the purpose of this proposed language is to provide some more specifics about the kind of training and expertise OPC staff should have in order to both provide effective care and hopefully reduce calls to EMS for assistance.

1. In Sec. 7, please add the language in red to subsection (a)(6), which is on page 10, beginning on line 5:

(a)(6) the impact of overdose prevention center pilot programs on the number of emergency response calls related to overdoses **and other opioid-related medical needs** across Vermont, with a focus on the communities where pilot programs are established.

Comment: Emergency responders currently receive calls for opioid-related needs beyond just for overdoses. Likewise, OPCs will be providing more holistic care beyond just overdose prevention. And so tracking this more broadly will help provide more fulsome data that can then yield a more accurate assessment of the impact of OPCs on calls to emergency responders. Data from jurisdictions that already have OPCs indicate that the existence of OPCs reduces calls to emergency responders, and so that is what we also anticipate seeing in the pilot projects. But either way, the better the data, the better our system of care.

The City is available to help facilitate discussion on this. Thanks for considering. I will also try and follow-up with you at the State House.

Jamie

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