

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred House Bill  
3 No. 72 entitled “An act relating to a harm-reduction criminal justice response  
4 to drug use” respectfully reports that it has considered the same and  
5 recommends that the Senate propose to the House that the bill be amended by  
6 striking out all after the enacting clause and inserting in lieu thereof the  
7 following:

8 \* \* \* Overdose Prevention Centers \* \* \*

9 Sec. 1. 18 V.S.A. § 4256 is added to read:

10 § 4256. OVERDOSE PREVENTION CENTERS

11 (a) An overdose prevention center:

12 (1) provides a space supervised by health care professionals or other  
13 trained staff where persons who use drugs can consume preobtained drugs and  
14 medication for substance use disorder;

15 (2) provides harm reduction supplies, including sterile injection  
16 supplies; collects used hypodermic needles and syringes; and provides secure  
17 hypodermic needle and syringe disposal services;

18 (3) provides drug testing services;

19 (4) answers questions on safer consumption practices;

20 (5) administers first aid, if needed, and monitors and treats potential  
21 overdoses;

1           (6) provides referrals to addiction treatment, medical services, and social  
2           services;

3           (7) educates participants on the risks of contracting HIV and viral  
4           hepatitis, wound care, and safe sex education;

5           (8) provides overdose prevention education and distributes overdose  
6           reversal medications, including naloxone;

7           (9) educates participants regarding proper disposal of hypodermic  
8           needles and syringes;

9           (10) provides reasonable security of the program site;

10           (11) establishes operating procedures for the program as well as  
11           eligibility criteria for program participants; and

12           (12) trains staff members to deliver services offered by the program.

13           (b) The Department of Health, in consultation with stakeholders and health  
14           departments of other jurisdictions that have overdose prevention centers, shall  
15           develop operating guidelines for overdose prevention centers not later than  
16           August 15, 2024. The operating guidelines shall include the level of staff  
17           qualifications required for medical safety and treatment and referral support,  
18           and require an overdose prevention center to staff trained professionals during  
19           operating hours who, at a minimum, can provide basic medical care, such as  
20           CPR, overdose interventions, first aid, and wound care, as well as have the

1 ability to perform medical assessments with program participants to determine  
2 if there is a need for emergency medical service response.

3 (c) An overdose prevention center shall be permitted to operate within a  
4 municipality only upon the affirmative vote of the legislative body of the  
5 municipality.

6 (d)(1) The following persons are entitled to the immunity protections set  
7 forth in subdivision (2) of this subsection for participation in or with an  
8 approved overdose prevention center that is acting in the good faith provision  
9 of overdose prevention services in accordance with the guidelines established  
10 pursuant to this section:

11 (A) an individual using the services of an overdose prevention center;

12 (B) a staff member, operator, administrator, or director of an  
13 overdose prevention center, including a health care professional, manager,  
14 employee, or volunteer; or

15 (C) a property owner, lessor, or sublessor on the property at which an  
16 overdose prevention center is located and operates;

17 (D) an entity operating the overdose prevention center; and

18 (E) a state or municipal employee acting within the course and scope  
19 of the employee's employment.

20 (2) Persons identified in subdivision (1) of this subsection shall not be:

1           (A) cited, arrested, charged, or prosecuted for unlawful possession of  
2           a regulated drug in violation of this chapter or for attempting, aiding or  
3           abetting, or conspiracy to commit a violation of any of provision of this  
4           chapter;

5           (B) subject to property seizure or forfeiture for unlawful possession  
6           of a regulated drug in violation of this chapter;

7           (C) subject to any civil liability or civil or administrative penalty,  
8           including disciplinary action by a professional licensing board, credentialing  
9           restriction, contractual liability, or medical staff or other employment action;  
10          or

11          (D) denied any right or privilege.

12          (3) The immunity provisions of subdivisions (2)(A) and (B) of this  
13          subsection apply only to the use and derivative use of evidence gained as a  
14          proximate result of participation in or with an overdose prevention center.  
15          Entering or exiting an overdose prevention center shall not serve as the basis  
16          for, or a fact contributing to the existence of, reasonable suspicion or probable  
17          cause to conduct a search or seizure.

18          (e) An entity operating an overdose prevention center shall make publicly  
19          available the following information annually on or before January 15:

20               (1) the number of program participants;

21               (2) deidentified demographic information of program participants;

1           (3) the number of overdoses and the number of overdoses reversed on-  
2 site;

3           (4) the number of times emergency medical services were contacted and  
4 responded for assistance;

5           (5) the number of times law enforcement were contacted and responded  
6 for assistance; and

7           (6) the number of participants directly and formally referred to other  
8 services and the type of services.

9           Sec. 2. PILOT PROGRAM; OVERDOSE PREVENTION CENTERS

10           (a) In fiscal year 2025, \$1,100,000.00 is appropriated to the Department of  
11 Health from the Opioid Abatement Special Fund for the purpose of awarding  
12 grants to the City of Burlington for establishing an overdose prevention center  
13 upon submission of a grant proposal that meets the requirements of 18 V.S.A.  
14 § 4256, including the guidelines developed by the Department of Health  
15 pursuant to that section.

16           (b) The Department of Health shall report on or before October 1, 2024,  
17 January 1, 2025, April 1, 2025, and July 1, 2025 to the Joint Fiscal Committee  
18 and the Joint Health Reform Oversight Committee regarding the status of  
19 distribution of the grants authorized in subsection (a) of this section.

1       Sec. 3. STUDY; OVERDOSE PREVENTION CENTERS

2           (a) On or before December 1, 2024, the Department of Health shall  
3       contract with a researcher or independent consulting entity with expertise in  
4       the field of rural addiction or overdose prevention centers, or both, to study the  
5       impact of the overdose prevention center pilot program authorized in Sec. 2 of  
6       this act. The study shall evaluate the current impacts of the overdose crisis in  
7       Vermont, as well as any changes up to four years following the implementation  
8       of the overdose prevention center pilot program. The work of the researcher or  
9       independent consulting entity shall be governed by the following goals:

10           (1) the current state of the overdose crisis and deaths across the State of  
11       Vermont and the impact of the overdose prevention center pilot program on the  
12       overdose crisis and deaths across Vermont, with a focus on the community  
13       where the pilot program is established;

14           (2) the current crime rates in the community where the overdose  
15       prevention center pilot program will be established and the impact of the  
16       overdose prevention center pilot program on crime rates in the community  
17       where the overdose prevention center pilot program is established;

18           (3) the current rates of syringe litter in the community where the  
19       overdose prevention center pilot program will be established and the impact of  
20       the overdose prevention center pilot program on the rate of syringe litter where  
21       the overdose prevention center pilot program is established;

1           (4) the current number of emergency medical services response calls  
2           related to overdoses across Vermont, with a focus on the community where the  
3           pilot program will be established and the impact of the overdose prevention  
4           center pilot program on the number of emergency response calls related to  
5           overdoses;

6           (5) the current rate of syringe service program participant uptake of  
7           treatment and recovery services and the impact of the overdose prevention  
8           center pilot program on the rates of participant uptake of treatment and  
9           recovery services; and

10           (6) the impact of the overdose prevention center pilot program on the  
11           number of emergency response calls related to overdoses and other opioid-  
12           related medical needs across Vermont, with a focus on the community where  
13           the pilot program is established.

14           (b) The Department of Health shall collaborate with the researcher or  
15           independent consulting entity to provide the General Assembly with interim  
16           annual reports on or before January 15 of each year with a final report  
17           containing the results of the study and any recommendations on or before  
18           January 15, 2029.

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1 Sec. 4. APPROPRIATION; STUDY; OVERDOSE PREVENTION

2 CENTER

3 In fiscal year 2025, \$300,000.00 is appropriated to the Department of  
4 Health from the Opioid Abatement Special Fund for the purpose of funding the  
5 study of the impact of overdose prevention center pilot programs authorized in  
6 Sec. 2 of this act.

7 \* \* \* Syringe Service Programs \* \* \*

8 Sec. 5. 18 V.S.A. § 4475(2) is amended to read:

9 (2) “Organized community-based needle exchange program” means a  
10 program approved by the Commissioner of Health under section 4478 of this  
11 title, the purpose of which is to provide access to clean needles and syringes;  
12 ~~and that is operated by an AIDS service organization, a substance abuse~~  
13 ~~treatment provider, or a licensed health care provider or facility.~~ Such  
14 programs shall be operated in a manner that is consistent with the provisions of  
15 10 V.S.A. chapter 159 (waste management; hazardous waste), and any other  
16 applicable laws.

17 Sec. 6. 18 V.S.A. § 4478 is amended to read:

18 § 4478. NEEDLE EXCHANGE PROGRAMS

19 The Department of Health, in ~~collaboration~~ consultation with ~~the statewide~~  
20 ~~harm-reduction-coalition~~ community stakeholders, shall develop operating  
21 guidelines for needle exchange programs. If a program complies with such



1 operating guidelines and with existing laws and rules, it shall be approved by  
2 the Commissioner of Health. ~~Such operating guidelines shall be established~~  
3 ~~not later than September 30, 1999.~~ A needle exchange program may apply to  
4 be an overdose prevention center pursuant to section 4256 of this title.

5 Sec. 7. APPROPRIATION; SYRINGE SERVICE PROGRAMS

6 In fiscal year 2025, the Department of Health shall provide grants in the  
7 amount of \$400,000.00 General Fund and \$1,100,000.00 Opioid Settlement  
8 Fund to syringe service programs for HIV and Harm Reduction Services not  
9 later than September 1, 2024. The method by which these prevention funds are  
10 distributed shall be determined by mutual agreement of the Department of  
11 Health and the Vermont AIDS service organizations and other Vermont  
12 HIV/AIDS prevention providers with a goal of increasing the number and  
13 reach of such programs and availability and efficacy of services throughout  
14 Vermont, especially in underserved rural areas.

15 \* \* \* Technical Amendments \* \* \*

16 Sec. 8. 18 V.S.A. § 4254 is redesignated to read:

17 § 4254. REPORTING A DRUG OVERDOSE; IMMUNITY FROM  
18 LIABILITY

19 Sec. 9. REDESIGNATION

20 18 V.S.A. § 4240 and 4240a are redesignated as 18 V.S.A. § 41257 and  
21 4258.

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\* \* \* Effective Dates \* \* \*

Sec. 10. EFFECTIVE DATE

This act shall take effect on passage.

(Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

FOR THE COMMITTEE