

The House passed version of H.72 primarily focuses on the establishment and protections of Overdose Prevention Centers in the state of Vermont. Before I define what an Overdose Prevention Center is, it is important for us to **acknowledge the impact of stigma** on how we as a community view those who use drugs. Drug use and misuse is too often disregarded and seen as a personal choice, which fails to recognize that Substance Use Disorder is a mental health disorder that affects a person's brain and behavior, leading to their inability to control their use of substances. And the fact of the matter is that the drugs that are being bought and sold in Vermont are becoming increasingly dangerous and deadly. According to a December report from the Department of Health, they have been seeing increased involvement of xylazine and gabapentin in fatal opioid overdoses and that the unknown combination of such drugs is leading to these record setting numbers in our state.

As of the end of September, there have been 180 opioid-related accidental and undetermined deaths among Vermont residents. 180. I remember when our colleague, the member from Bennington, stood before this body and shared in a different bill report that there were 180 preliminary opioid-related deaths in 2021. He compared that number to the numbers of representatives and senators sitting in these very seats. Now, we are talking about 180 deaths in 9 months; where the number of opioid-related deaths in our state is now higher than the three-year average through September. In 2022, we set a record with a preliminary 243 opioid-related deaths. This comes after already setting a record high in 2021, where the final number reached 217 opioid-related deaths.

Our neighboring states have also come to recognize the gravity of the crisis before us and are similarly embracing Overdose Prevention Centers as a necessary part of a comprehensive solution to the overdose crisis. **In 2021, OnPoint NYC made history and became the first organization in the United States to open** and operate two publicly recognized Overdose Prevention Centers. Since their establishment, OnPoint's service delivery has resulted in zero deaths. **In 2022, Rhode Island passed legislation allowing for a harm reduction center pilot program** in their state and provided funding for their establishment through their Opioid Abatement Settlement Funds. Most recently, in **December 2023, Massachusetts released their Overdose Prevention Center Feasibility Report**, compiled as part of the administration's Opioid Epidemic Strategy, which recognized that the establishment of Overdose

Prevention Centers in Massachusetts as an evidence-based, life-saving tool that aligns with Department of Public Health's approach to reduce the harms of substance use. **Overdose Prevention Centers have operated for more than 30 years in Canada, Australia, and much of Europe, and are in place or being explored in New York City, Rhode Island, Minnesota, and Philadelphia.**

Overdose Prevention Centers are an evidence-based, harm reduction strategy which primarily prevent overdose death and other health risks associated with drug use while facilitating connection to care. In addition to saving lives, these centers have consistently been shown to significantly reduce public drug use and hazardous waste, such as used needles and syringes, in public spaces. Research even shows that after an Overdose Prevention Site was opened in Vancouver, there was an abrupt and sustained decrease in crime in the district where the Overdose Prevention Site is located, including violent, property, and total crime. So to summarize, all of the available international peer-reviewed evidence suggests that Overdose Prevention Center implementation is associated with an overall reduction of public disorder.

We are at a crisis point. We have been in a overdose death crisis for too long. And in a year where public safety seems to be at the forefront priority, it is clear that we need to expand our approach to address this crisis.

There are a **variety of services to be provided by an Overdose Prevention Center** including to provide harm reduction supplies; collect used hypodermic needles and syringes; answer questions on safer consumption practices; administer first aid, if needed, and monitor and treat potential overdoses; provide referrals to addiction treatment, medical services, and social services; educate participants on the risks of contracting bloodborne diseases, wound care, safe sex, and proper disposal of hypodermic needles and syringes; and provide overdose prevention education and distribute naloxone.

In the process of considering this bill, **we had the opportunity to hear testimony from Overdose Prevention Center workers in New York City and Grande Prairie, Alberta.** What was unique about the center in Alberta is that they operated both a fixed and a mobile site in rural Northern Canada. Though their demographics do not directly match Vermont's, their insight and expertise

allowed us the opportunity to understand how these centers can effectively operate in rural settings.

To assist us in our work, the House Judiciary Committee has also reviewed the immunity section of the House passed version of H.72 and found it favorable on a straw poll vote.

The Department of Health will be responsible for developing operating guidelines for overdose prevention centers in consultation with stakeholders and health departments of other states that have overdose prevention centers, which currently includes Rhode Island and New York. The Department will also be responsible for receiving applications and approving which entity or entities may operate an Overdose Prevention Center. Approval is dependent on the applicant's ability to comply with all applicable laws, rules, and operating guidelines. Application decisions must be made within 45 days after receipt. If the application is denied, the applicant shall be provided with a written explanation of the basis for the denial and the steps necessary to remedy the application. The applicant is able to then apply again. Approval for a program shall be for a period of two years and may be renewed.

H.72 as passed by the House also increases the manufacturer fee for each pharmaceutical manufacturer or labeler of prescription drugs that are paid for by the Department of Vermont Health Access for individuals participating in Medicaid, Dr. Dynasaur, or VPharm from 1.75 to 2.25% and clarifies that the these fees shall also fund grants to overdose prevention centers to address the harms of the opioid epidemic. These fees are deposited into the Evidence-Based Education and Advertising Fund.

We understand the necessity of studying this intervention in Vermont, therefore we ask the Department of Health to contract with a researcher or independent consulting entity with expertise in the field of rural addiction or overdose prevention centers, or both, to study the impact of overdose prevention center pilot programs. The study will evaluate both the current impacts of the overdose crisis in Vermont, as well as any changes up to four years following the implementation of the overdose prevention center pilot programs. In particular, we have instructed the researcher to look into the following items: the current state of the overdose crisis and deaths across, crime rates in communities where

the overdose prevention center pilot programs will be established, the rates of syringe litter in communities where overdose prevention center pilot programs will be established, the number of emergency medical services response calls related to overdoses across Vermont, the rate of syringe service program participant uptake of treatment and recovery services, and the impact of overdose prevention center pilot programs on the number of emergency response calls related to overdoses across Vermont. Interim reports will be provided to the General Assembly on or before January 15 of each year with a final report containing the results of the study and any recommendations on or before January 15, 2029.

While considering this bill we heard from the following witnesses:

Nurse Practitioner from Johnson Health Center
Chair of the Vermont EMS Advisory Committee
Chair of the Vermont Overdose Prevention Network
Commissioner of the Vermont Department of Health
Legislative & Assistant Appellate Attorney from the Vermont Department of State's Attorneys and Sheriffs
City Council Member from the City Of Burlington
Professor of Epidemiology from the Brown University School of Public Health
Senior Director of Programs for OnPoint NYC
Member of the Opioid Settlement Advisory Committee
Executive Director of Northreach Society in Alberta Canada
Substance Use Policy Analyst for the City of Burlington
Chief Prevention Officer for the State of Vermont
Chief of Staff from the Attorney General's Office
Director of Client Services for Vermonters for Criminal Justice Reform

Vote out of the House was 96 in support and 35 were opposed.

Federal OPC Consideration:

Opponents of Overdose Prevention Centers, argue that the federal "crackhouse statute" prohibits their establishment. Effectively, this law makes it illegal to use or maintain any place for manufacturing, distributing, or using controlled substances. While some courts have suggested that this statute could apply to Overdose Prevention Centers, legal experts, law enforcement figures, and state authorities have argued otherwise, emphasizing that Overdose Prevention Centers primarily aim to offer medical aid, counseling, and overdose prevention rather than encourage drug possession or distribution.

Despite one federal district court's consideration of the statute against Overdose Prevention Centers, no authoritative federal ruling regarding Vermont's authority to establish Overdose Prevention Centers. Moreover, federal agencies have not intervened in other states' Overdose Prevention Center initiatives, such as in New York City. The Department of Justice is reportedly assessing supervised consumption sites on a district-by-district basis in collaboration with local leaders to establish suitable regulations.

Essentially, this law should not hinder Overdose Prevention Centers any more than federal drug laws have obstructed our states' regulation of cannabis. States maintain substantial authority in public health matters, evident in the implementation of the "Good Samaritan" laws and other drug-related policies aimed at saving lives and providing care.

Numerous legal figures, including former Attorney General T.J. Donovan and law enforcement officials, have supported states' rights to establish Overdose Prevention Centers, affirming that any potential conflict with federal law shouldn't prevent Vermont from passing laws that prioritize saving lives and enhancing comprehensive services for individuals in need within the state.

Treatment

Public suffering is a huge concern to us all. Overdose deaths continue to rise. Treatment is a needed response to people navigating addiction. But the emphasis on forced treatment and criminalization fail to recognize the increased overdose risk that comes with forced treatment. Some people may not be ready, willing, or able to achieve immediate abstinence. When abstinence is the only required metric for success it deters people from seeking help in the first place. Treatment is a continuum of care that should welcome all people to achieve their unique goals.

While treatment is vital, it may not be the most pressing need for all consumers. Many people have to address other basic needs first such as attaining permanent housing, mental health treatment, and financial stability. Once those basic needs are met, people are more able to focus on addressing their substance use.

As I highlighted previously, Overdose Prevention Centers are more than just a place to use pre-obtained substances and have been instrumental in the communities where they have been established to provide referrals to addiction treatment, medical services, and social services; breaking down the myriad barriers to treatment.

— — — — —

This bill does not address the barriers to treatment, but your House Human Services Committee has consistently worked to address these issues through other legislation. This bill is about saving lives so that Vermonters have a chance to access treatment because there is no pathway to treatment if you are dead.