

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred Senate Bill No.
3 295 entitled “An act relating to pretrial services, risk assessments, and criminal
4 justice programs” respectfully reports that it has considered the same and
5 recommends that the House propose to the Senate that the report of the
6 Committee on Judiciary be amended as follows:

7 First: In Sec. 11, DVHA Authority, following the word “prescribers” by
8 inserting , whether practicing in or outside the State of Vermont,

9 Second: By striking out Sec. 12 in its entirety and inserting in lieu thereof a
10 new Sec. 12 to read:

11 Sec. 12. CONTINUED MEDICATION-ASSISTED TREATMENT FOR
12 INCARCERATED PERSONS

13 (a) The Vermont Department of Corrections shall offer continued
14 medication-assisted treatment for opioid dependence with methadone or
15 buprenorphine to an incarcerated person who was participating in
16 medication-assisted treatment in the community immediately prior to
17 incarceration as follows:

18 (1) for a period of 180 days from the date of incarceration for a person
19 held on detainee status, followed by a compassionate medication taper; or

20 (2) for a period of 360 days from the date of incarceration for a person
21 who was serving a sentence, followed by a compassionate medication taper.

1 (b) As used in this section, “compassionate medication taper” means a
2 clinically appropriate medication taper that is designed to minimize withdrawal
3 symptoms and limit avoidable suffering.

4 (c) A person provided with medication-assisted treatment under this section
5 may continue on medication-assisted treatment for the periods provided in
6 subsection (a) of this section as long as he or she continues to meet the
7 treatment expectations set forth by the medication-assisted treatment clinical
8 provider and the Department, in collaboration with the Department’s medical
9 provider. A person who fails to meet treatment expectations may be
10 discontinued from medication-assisted treatment using a compassionate
11 medication taper upon notification of the community provider.

12 (d) A person who is participating in medication-assisted treatment in
13 correctional facilities in Vermont as set forth in this section shall not be
14 transferred to an out-of-state facility in which medication-assisted treatment is
15 not available.

16 (e) The Department shall coordinate transition to community-based
17 medication-assisted treatment for a person who is transitioning out of the
18 facility and has been accepted for immediate treatment at an opioid treatment
19 hub or other community-based medication-assisted treatment provider,
20 including where possible induction on medication-assisted treatment prior to
21 release from incarceration, in order to avoid any significant gap in time

1 between release from incarceration and provision of community-based
2 medication-assisted treatment services.

3 (f) The Department shall provide compassionate medical detoxification to
4 any person who is physically dependent on illicit or prescribed opioids at the
5 time of incarceration and is experiencing withdrawal symptoms. A
6 compassionate medical detoxification is a clinically appropriate medical
7 detoxification via a protocol that is designed to minimize withdrawal
8 symptoms and limit avoidable suffering.

9 (g) The Department shall collaborate with the Vermont Department of
10 Health to facilitate the provision of opioid overdose prevention training for a
11 person who is incarcerated and distribution of overdose rescue kits with
12 naloxone at correctional facilities to a person who is transitioning from
13 incarceration back into the community.

14 (h) The Departments of Corrections and Health shall continue the
15 Medication-Assisted Treatment for Inmates Work Group, created by 2013 Acts
16 and Resolves No. 67, Sec. 11, to inform and monitor implementation of this
17 section. The Departments shall evaluate the provision of medication-assisted
18 treatment to people who are incarcerated in Vermont and report their findings
19 to the House Committees on Corrections and Institutions, on Human Services,
20 and on Judiciary and the Senate Committees on Health and Welfare and on
21 Judiciary on or before January 1, 2015.

1 Third: In Sec. 13, VPMS query, by striking out all following “in or outside
2 Vermont,” and inserting in lieu thereof: who prescribe buprenorphine or a
3 drug containing buprenorphine to a Vermont Medicaid beneficiary to query the
4 Vermont Prescription Monitoring System the first time they prescribe
5 buprenorphine or a drug containing buprenorphine for a patient and at regular
6 intervals thereafter. The rules may also include dosage thresholds, which may
7 be exceeded only with prior approval from the Chief Medical Officer of the
8 Department of Vermont Health Access or his or her designee.

9 Fourth: In Sec. 14, medication-assisted therapy, by striking out all
10 following “ensure that their patients” and inserting in lieu thereof: are
11 screened or assessed to determine their need for counseling and that patients
12 who are determined to need counseling receive or are referred for appropriate
13 substance abuse counseling from a licensed clinical professional.

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1 (Committee vote: _____)

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Representative _____

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FOR THE COMMITTEE