TO THE HOUSE OF REPRESENTATIVES:

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

First: In Sec. 1, legislative findings, by creating a new subsection to be subsection (f) to read:

(f) Approximately 54,000 Vermonters have abused, or been dependent on, alcohol or illicit drugs in the past year, according to the current National Survey on Drug Use and Health. More people abuse or are dependent on alcohol (approximately 39,000) than all illicit drugs combined (18,000). Many Vermonters struggle with both alcohol and illicit drugs. Substance abuse is expensive, and not solely due to the cost of providing treatment. It is estimated that the State spending related to substance abuse accounts for approximately 18.4 percent of the Vermont budget, the majority of which is spent on the indirect cost of substance abuse in the categories of criminal justice, education, health, family, mental health, and State workforce. Research indicates that $1.00 invested in addiction treatment saves between $4.00 and $7.00 in reduced drug-related crime, criminal justice costs, and theft. Earlier

intervention to provide services before major problems develop can save even more.

Second: In Sec. 3, risk and needs screening tools and services, in subsection (g), by inserting at the end of the subsection The recommendation for the system for referral shall be inclusive of all initiatives within the Agency of Human Services, including those within the Blueprint for Health and Screening, Brief Intervention, and Referral for Treatment (SBIRT), as well as initiatives within the Green Mountain Care Board and the State Innovation Model (SIM) grant.

Third: In Sec. 11, DVHA Authority, following the word "prescribers" by inserting , whether practicing in or outside the State of Vermont,

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

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

(a) The Department of Corrections, in consultation with the Medication-Assisted Treatment for Inmates Work Group created by 2013 Acts and Resolves No. 67, Sec. 11, shall develop and implement a one-year demonstration project to pilot the continued use of medication-assisted treatment within Department facilities for detainees and sentenced inmates.

(b) The Commissioner of Corrections shall publish an interim revision memorandum to replace Directive 363.01. The Medication-Assisted Treatment for Inmates Work Group shall provide details of the demonstration project, including:

(1) an update on the implementation of the recommendations provided in the "Medication-Assisted Treatment for Inmates: Work Group Report and Recommendations" submitted to the Vermont General Assembly on November 26, 2013;

(2) medication-assisted treatment time frames;

(3) Department protocols for detainees and inmates transitioning in and out of treatment settings, or between correctional facilities and treatment services;

(4) protocols regarding medical tapers, detoxification, and withdrawal;

(5) plans and timing for expansion of the pilot program; and

(6) an evaluation plan that includes appropriate metrics for determining treatment efficacy, reincarceration episodes, Department- and community-based collaboration challenges, and system costs.

(c) The Department shall enter into memoranda of understanding with the Department of Health and with hub treatment providers regarding ongoing medication-assisted treatment for persons in the custody of the Department.

(d) The Department shall collaborate with the Department of Health to facilitate the provision of opioid overdose prevention training for persons who are incarcerated and distribution of overdose rescue kits with naloxone at correctional facilities to persons who are transitioning from incarceration back into the community.

(e) The Departments of Corrections and of Health shall continue the Medication-Assisted Treatment for Inmates Work Group created by 2013 Acts and Resolves No. 67, Sec. 11, to inform and monitor implementation of the demonstration project. The Departments shall evaluate the demonstration project and provision of medication-assisted treatment to persons who are incarcerated in Vermont and report their findings to the House Committees on Corrections and Institutions, on Human Services, and on Judiciary and the Senate Committees on Health and Welfare and on Judiciary on or before January 1, 2015.

Fifth: By striking out Sec. 13 in its entirety and inserting in lieu thereof a new Sec. 13 to read:

Sec. 13. VPMS QUERY; RULEMAKING

The Secretary of Human Services shall adopt rules requiring:

(1) All Medicaid participating providers, whether licensed in or outside Vermont, who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary to query the Vermont Prescription Monitoring

System the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and at regular intervals thereafter. Regular intervals may exceed the requirements for other Schedule III pharmaceuticals, and shall be done at least annually, in case of clinical concern, and prior to prescribing a replacement prescription. The rules shall also include dosage thresholds, which may be exceeded only with prior approval from the Chief Medical Officer of the Department of Vermont Health Access or designee.

(2) All providers licensed in Vermont who prescribe buprenorphine or a drug containing buprenorphine to a Vermont patient who is not a Medicaid beneficiary to query the Vermont Prescription Monitoring System the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and at regular intervals thereafter. Regular intervals may exceed the requirements for other Schedule III pharmaceuticals and shall be done at least annually, in case of clinical concern, and prior to prescribing a replacement prescription. The rules shall also include dosage thresholds.

Sixth: In Sec. 14, medication-assisted therapy, by striking out all following "ensure that their patients" and inserting in lieu thereof: are screened or assessed to determine their need for counseling and that patients who are determined to need counseling or other support services receive are referred from a licensed clinical professional for appropriate substance abuse counseling or other services as needed.

Seventh: By striking out Sec. 15 in its entirety and inserting in lieu thereof a new Sec. 15 to read:

Sec. 15. 26 V.S.A. chapter 36, subchapter 8 is added to read:

Subchapter 8. Naloxone Hydrochloride

§ 2080. NALOXONE HYDROCHLORIDE; DISPENSING OR FURNISHING

(a) The Board of Pharmacy shall adopt protocols for licensed pharmacists to dispense or otherwise furnish naloxone hydrochloride to patients who do not hold an individual prescription for naloxone hydrochloride. Such protocols shall be consistent with rules adopted by the Commissioner of Health.

(b) Notwithstanding any provision of law to the contrary, a licensed pharmacist may dispense naloxone hydrochloride to any person as long as the pharmacist complies with the protocols adopted pursuant to subsection (a) of this section.

(Committee vote: _____)

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Representative _____

FOR THE COMMITTEE