

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. 1, legislative findings, by creating new subsections to be
8 subsections (h) and (i) to read:

9 (h) Approximately 54,000 Vermonters have abused, or been dependent on,
10 alcohol or illicit drugs in the past year, according to the current National
11 Survey on Drug Use and Health. More people abuse or are dependent on
12 alcohol (approximately 39,000) than all illicit drugs combined (18,000). Many
13 Vermonters struggle with both alcohol and illicit drugs. Substance abuse is
14 expensive, and not solely due to the cost of providing treatment. Research
15 indicates that \$1.00 invested in addiction treatment saves between \$4.00 and
16 \$7.00 in reduced drug-related crime, criminal justice costs, and theft. Earlier
17 intervention to provide services before major problems develop can save even
18 more.

19 (i) According to the Agency of Human Services’ Report on Substance
20 Continuum of Services and Recommendations, despite the number of people
21 with substance use disorders, this condition is significantly under-treated for

1 many reasons. One of the challenges associated with attracting and retaining
2 qualified individuals to the field of substance abuse treatment and prevention is
3 that there are insufficient training opportunities, no opportunities for private
4 practitioner Licensed Alcohol and Drug Counselors (LADC) to receive
5 payment for providing services to Medicaid eligible patients, and low wages
6 for LADCs working in community provider settings.

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

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

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

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

20 (a) The Department of Corrections, in consultation with the Medication-
21 Assisted Treatment for Inmates Work Group created by 2013 Acts and

1 Resolves No. 67, Sec. 11, shall develop and implement a one-year
2 demonstration project to pilot the continued use of medication-assisted
3 treatment within Department facilities for detainees and sentenced inmates.

4 (b) The pilot project shall offer continued medication-assisted treatment for
5 opioid dependence with methadone or buprenorphine to incarcerated persons
6 who were participating in medication-assisted treatment in the community
7 immediately prior to incarceration as follows:

8 (1) for a period of 180 days from the date of incarceration for a person
9 held on detainee status, followed by a prescribed taper; or

10 (2) for a period of 360 days from the date of incarceration for a person
11 who was serving a sentence, followed by a prescribed taper.

12 (c) As used in this section, “prescribed taper” means a clinically
13 appropriate medication taper that is designed to minimize withdrawal
14 symptoms and limit avoidable suffering.

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

19 (1) an update on the implementation of the recommendations provided
20 in the “Medication-Assisted Treatment for Inmates: Work Group Report and

1 Recommendations” submitted to the Vermont General Assembly on November
2 26, 2013;

3 (2) medication-assisted treatment time frames;

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

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

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

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

12 (e) **By July 30, 2014**, the Department shall enter into memoranda of
13 understanding with the Department of Health and with hub treatment providers
14 regarding ongoing medication-assisted treatment for persons in the custody of
15 the Department.

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

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

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

12 Sec. 13. VPMS QUERY; RULEMAKING

13 The Secretary of Human Services shall adopt rules requiring:

14 (1) All Medicaid participating providers, whether licensed in or outside
15 Vermont, who prescribe buprenorphine or a drug containing buprenorphine to
16 a Vermont Medicaid beneficiary to query the Vermont Prescription Monitoring
17 System the first time they prescribe buprenorphine or a drug containing
18 buprenorphine for the patient and at regular intervals thereafter. Regular
19 intervals shall exceed the requirements for other Schedule III pharmaceuticals,
20 and queries shall be done prior to prescribing a replacement prescription. The
21 rules shall also include dosage thresholds, which may be exceeded only with

1 prior approval from the Chief Medical Officer of the Department of Vermont
2 Health Access or designee.

3 (2) All providers licensed in Vermont who prescribe buprenorphine or a
4 drug containing buprenorphine to a Vermont patient who is not a Medicaid
5 beneficiary to query the Vermont Prescription Monitoring System the first time
6 they prescribe buprenorphine or a drug containing buprenorphine for the
7 patient and at regular intervals thereafter. Regular intervals shall exceed the
8 requirements for other Schedule III pharmaceuticals and queries shall be done
9 prior to prescribing a replacement prescription. The rules shall also include
10 dosage thresholds.

11 Sixth: By striking out Sec. 14, medication-assisted therapy, in its entirety
12 and inserting in lieu thereof a new Sec. 14 to read:

13 Sec. 14. MEDICATION-ASSISTED THERAPY; RULEMAKING

14 The Commissioner of Health shall adopt rules relating to
15 medication-assisted therapy for opioid dependence for physicians treating
16 fewer than 30 patients, which shall include a requirement that such physicians
17 ensure that their patients are screened or assessed to determine their need for
18 counseling and that patients who are determined to need counseling or other
19 support services are referred for appropriate counseling from a licensed clinical
20 professional or for other services as needed.

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

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

4 Subchapter 8. Naloxone Hydrochloride

5 § 2080. NALOXONE HYDROCHLORIDE; DISPENSING OR

6 FURNISHING

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

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

15 Eighth: By striking out Sec. 16 in its entirety and inserting in lieu thereof a
16 new Sec. 16 to read:

17 Sec. 16. 33 V.S.A. § 813 is added to read:

18 § 813. MEDICAID PARTICIPATING PROVIDERS

19 The Department of Vermont Health Access shall grant authorization to a
20 licensed alcohol and drug abuse counselor to participate as a Medicaid

1 provider to deliver clinical and case coordination services to Medicaid
2 beneficiaries, regardless of whether the counselor is a preferred provider.

3 Ninth: By adding a new section to be Sec. 16a to read:

4 Sec. 16a. DEPARTMENT OF CORRECTIONS AND HEALTH CARE
5 REFORM

6 The Agency of Human Services and its departments shall assist the
7 Department of Corrections in fully enacting the provisions of the Affordable
8 Care Act as they pertain to persons in the criminal justice population, including
9 access to health information technology, the Blueprint for Health, Medicaid
10 enrollment, health benefit exchange, health plans, and other components under
11 the Department of Vermont Health Access that support and ensure a seamless
12 process for reentry to the community or readmission to a correctional facility.

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16 (Committee vote: _____)

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Representative _____

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FOR THE COMMITTEE