

1 H.468

2 Introduced by Representatives Colburn of Burlington, Burke of Brattleboro,

3 Cina of Burlington, Conquest of Newbury, Gonzalez of

4 Winooski, Haas of Rochester, LaLonde of South Burlington,

5 McCullough of Williston, Morris of Bennington, Troiano of

6 Stannard, Weed of Enosburgh, and Willhoit of St. Johnsbury

7 Referred to Committee on

8 Date:

9 Subject: Corrections; correctional facilities; medication-assisted treatment

10 Statement of purpose of bill as introduced: This bill proposes to provide

11 medication-assisted treatment at all State correctional facilities.

12 An act relating to medication-assisted treatment at State correctional
13 facilities

14 It is hereby enacted by the General Assembly of the State of Vermont:

15 Sec. 1. 28 V.S.A. § 801c is added to read:

16 § 801c. MEDICATION-ASSISTED TREATMENT

17 (a) As used in this section:

18 (1) “Compassionate medical detoxification” means a clinically

19 appropriate medical detoxification that is designed to minimize withdrawal

20 symptoms and limit avoidable suffering.

1 (2) “Compassionate medication taper” means a clinically appropriate
2 medication taper that is designed to minimize withdrawal symptoms and limit
3 avoidable suffering.

4 (3) “Medication-assisted treatment” means an evidenced-based
5 treatment approach used to treat opioid addiction that involves prescribing
6 either buprenorphine or methadone to opioid-dependent individuals.

7 (b) The Department shall provide medication-assisted treatment followed
8 by a compassionate medical taper at all State correctional facilities to all
9 inmates, provided that:

10 (1) the inmate participated in medication-assisted treatment in the
11 community within 90 days prior to incarceration; and

12 (2) the inmate meets reasonable treatment standards developed by the
13 Department of Health.

14 (c) The Department shall not deny treatment described under subsection (b)
15 of this section to an inmate who tests positive to an illicit substance on the date
16 of incarceration. If an inmate tests positive to an illicit substance on the date of
17 incarceration, the Department shall use best efforts to stabilize the inmate in
18 treatment and recovery; provided, however, that the Department may modify
19 or suspend medication-assisted treatment during periods of acute intoxication
20 to limit overdose risk.

1 (d) If an inmate fails to meet reasonable treatment standards described in
2 subdivision (b)(3) of this section, the Department shall notify the community
3 provider and shall discontinue medication-assisted treatment using a
4 compassionate medication taper.

5 (e) An inmate participating in medication-assisted treatment shall not be
6 transferred to an out-of-State facility that does not offer medication-assisted
7 treatment.

8 (f) When an offender participating in medication-assisted treatment
9 is transitioning out of a correctional facility and will participate in medication-
10 assisted treatment at a community-based provider, the Department shall
11 provide medication-assisted treatment induction services prior to release from
12 the correctional facility to avoid any gap in treatment.

13 (g) The Department shall provide compassionate medical detoxification to
14 all inmates who are physically dependent on illicit or prescribed opioids on the
15 date of incarceration and are experiencing withdrawal symptoms. The
16 Department, after consultation with the inmate, shall determine if the inmate is
17 requesting medication-assisted treatment services prior to detoxification.

18 (h) The Department shall provide opioid overdose prevention training to
19 inmates, and provide overdose rescue kits with naloxone to offenders who are
20 transitioning out of a correctional facility.

1 Sec. 2. MEDICATION-ASSISTED TREATMENT STANDARDS;

2 STATE CORRECTIONAL FACILITIES

3 On or before September 1, 2017, the Department of Health, in consultation
4 with community-based medication-assisted treatment providers, shall review
5 and update treatment protocols established with the Department of Corrections.

6 These standards shall seek to maintain continuity of medication-assisted
7 treatment as long as the treatment is providing benefit to the inmate.

8 Sec. 3. EFFECTIVE DATES

9 (a) Sec. 1 shall take effect on October 1, 2017.

10 (b) Sec. 2 and this section shall take effect on July 1, 2017.