

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Corrections and Institutions to which was referred  
3 House Bill No. 874 entitled “An act relating to inmate access to prescription  
4 drugs” respectfully reports that it has considered the same and recommends  
5 that the bill be amended by striking out all after the enacting clause and  
6 inserting in lieu thereof the following:

7 Sec. 1. 28 V.S.A. § 801 is amended to read:

8 § 801. MEDICAL CARE OF INMATES

9 \* \* \*

10 (e)(1) Except as otherwise provided in this subsection, an offender who is  
11 admitted to a correctional facility while under the medical care of a licensed  
12 physician, a licensed physician assistant, or a licensed advanced practice  
13 registered nurse, ~~or a licensed nurse practitioner~~ and who is taking medication  
14 at the time of admission pursuant to a valid prescription as verified by the  
15 inmate’s pharmacy of record, primary care provider, other licensed care  
16 provider, or as verified by the Vermont Prescription Monitoring System or  
17 other prescription monitoring or information system shall be entitled to  
18 continue that medication and to be provided that medication by the Department  
19 pending an evaluation by a licensed physician, a licensed physician assistant, ~~a~~  
20 ~~licensed nurse practitioner~~, or a licensed advanced practice registered nurse.

1           (2) ~~However, Notwithstanding~~ subdivision (e)(1) of this section, the  
2 Department may defer provision of medication in accordance with this  
3 subsection if, in the clinical judgment of a licensed physician, a physician  
4 assistant, ~~a nurse practitioner~~, or an advanced practice registered nurse, it is not  
5 in the inmate's best ~~interest~~ interests to continue the medication at that time.  
6 Before determining that continuing a medication is not in the inmate's best  
7 interests, the licensed practitioner shall attempt to confer with the practitioner  
8 who prescribed the medication and consider the prescribing practitioner's  
9 professional opinion in light of the prescribing practitioner's experience with  
10 the inmate. If the licensed practitioner cannot immediately reach the  
11 prescribing practitioner, the licensed practitioner may discontinue the  
12 medication without conferring with the prescribing practitioner. However, the  
13 licensed practitioner shall follow up at least once by phone and once in writing  
14 within two business days after the initial attempt and shall consider the  
15 prescribing practitioner's input when he or she responds. The licensed  
16 practitioner shall also consult with the inmate and consider his or her  
17 preferences and experience. All communications and attempts at contact under  
18 this subdivision shall be documented in writing in the inmate's permanent  
19 medical record.

20           (3) The licensed practitioner who makes the clinical judgment to  
21 discontinue a medication shall enter the reason for the discontinuance into the

1 inmate's permanent medical record, specifically stating why continuation of  
2 the medication would be harmful to the inmate. The inmate shall also be  
3 provided with a specific written explanation of the decision.

4 (4) It is not the intent of the General Assembly that this subsection shall  
5 create a new or additional private right of action.

6 \* \* \*

7 Sec. 2. DATA COLLECTION

8 (a) The Department of Corrections, in partnership with the Office of the  
9 Defender General Prisoners' Rights Office and Disability Rights Vermont,  
10 shall collect information on the following:

11 (1) how often medication for which an inmate has a valid prescription is  
12 discontinued upon incarceration at each correctional facility, and the name of  
13 the medication, the condition for which it was prescribed, and the reason for  
14 discontinuance; and

15 (2) the lag in time that inmates experience at each correctional facility  
16 between their arrival to the facility and when they begin receiving prescribed  
17 medication, and the name of the medication, the condition for which it was  
18 prescribed, and the day of the week of the inmate's arrival at the facility.

19 (b) The Department shall collect this information for a period of at least six  
20 months and report its findings to the House Committee on Corrections and  
21 Institutions on or before January 1, 2019 in partnership with the Prisoner's

1 Rights Office and Disability Rights Vermont. The Department shall work with  
2 the Prisoners' Rights Office and Disability Rights Vermont to ensure data  
3 collection is uniform and accurate, and that the data can be readily analyzed.

4 (c) Nothing in this section shall require the Department to reveal  
5 individually identifiable health information in violation of State or federal law.

6 Sec. 3. EFFECTIVE DATES

7 (a) This section and Sec. 2 of this act shall take effect on passage.

8 (b) Sec. 1 of this act shall take effect on July 1, 2018.

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14 (Committee vote: \_\_\_\_\_)

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Representative \_\_\_\_\_

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FOR THE COMMITTEE