

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Corrections and Institutions to which was referred
3 House Bill No. 468 entitled “An act relating to medication-assisted treatment
4 at State correctional facilities” respectfully reports that it has considered the
5 same and recommends that the bill be amended by striking out all after the
6 enacting clause and inserting in lieu thereof the following:

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

8 § 801c. MEDICATION-ASSISTED TREATMENT

9 (a) As used in this section:

10 (1) “Compassionate medical detoxification” means a clinically
11 appropriate medical detoxification that is designed to minimize withdrawal
12 symptoms and limit avoidable suffering.

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

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

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

1 (1) the inmate participated in medication-assisted treatment in the
2 community; and

3 (2) the inmate meets reasonable treatment standards developed by the
4 Department of Health.

5 (c) Decisions to continue, taper, or discontinue an inmate from medication-
6 assisted treatment shall be made on a case-by-case basis at the clinical
7 discretion of the provider. If an inmate tests positive to an illicit substance on
8 the date of incarceration, the Department shall use best efforts to stabilize the
9 inmate in treatment and recovery; provided, however, that the Department may
10 modify or suspend medication-assisted treatment during periods of acute
11 intoxication to limit overdose risk.

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

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

19 (f) The Department shall provide compassionate medical detoxification as
20 clinically indicated to all inmates who are physically dependent on illicit or
21 prescribed opioids on the date of incarceration and are experiencing

1 withdrawal symptoms. The Department, after consultation with the inmate,
2 shall determine if the inmate is requesting medication-assisted treatment
3 services prior to detoxification.

4 (g) The Department shall provide opioid overdose prevention training to
5 inmates, and provide overdose rescue kits with naloxone to offenders who are
6 transitioning out of a correctional facility.

7 Sec. 2. MEDICATION-ASSISTED TREATMENT STANDARDS;

8 STATE CORRECTIONAL FACILITIES

9 On or before September 1, 2017, the Department of Health, in consultation
10 with community-based medication-assisted treatment providers, shall review
11 and update treatment protocols established with the Department of Corrections.
12 These standards shall seek to maintain continuity of medication-assisted
13 treatment for up to 120 days.

14 Sec. 3. EFFECTIVE DATES

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

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

17
18
19
20
21

1

2

3 (Committee vote: _____)

4

5

Representative _____

6

FOR THE COMMITTEE