

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

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 shall collect information on: how often
9 a medication for which an inmate has a valid prescription is continued or
10 discontinued upon incarceration at each correctional facility, the name of the
11 medication, and the reason for discontinuance.

12 (b) The Department shall collect this information for a period of at least six
13 months and report findings based on the data collected to the House
14 Committee on Corrections and Institutions on or before January 31, 2019.
15 Prior to finalizing the report, the Department shall consult with the Prisoners'
16 Rights Office and Disability Rights Vermont.

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

19 Sec. 3. EFFECTIVE DATES

20 (a) This section and Sec. 2 shall take effect on passage.

21 (b) Sec. 1 shall take effect on July 1, 2018.

1 (Committee vote: _____)

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Representative _____

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FOR THE COMMITTEE