

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Corrections and Institutions to which was referred
3 Senate Bill No. 166 entitled “An act relating to the provision of medication-
4 assisted treatment for inmates” respectfully reports that it has considered the
5 same and recommends that the House propose to the Senate that the bill be
6 amended by striking out all after the enacting clause and inserting in lieu
7 thereof the following:

8 Sec. 1. 18 V.S.A. § 4750 is added to read:

9 § 4750. DEFINITION

10 As used in this chapter, “medication-assisted treatment” means the use of
11 certain medications, including either methadone or buprenorphine, in
12 combination with any clinically indicated counseling and behavioral therapies
13 for the treatment of opioid use disorder.

14 Sec. 2. 28 V.S.A. § 801 is amended to read:

15 § 801. MEDICAL CARE OF INMATES

16 * * *

17 (b) ~~Upon~~ Within 24 hours after admission to a correctional facility ~~for a~~
18 ~~minimum of 14 consecutive days~~, each inmate shall be ~~given a physical~~
19 ~~assessment~~ screened for opioid use disorders as part of the inmate’s initial
20 health care screening unless extenuating circumstances exist.

21 * * *

1 (e)(1) Except as otherwise provided in this subsection, an ~~offender inmate~~
2 who is admitted to a correctional facility while under the medical care of a
3 licensed physician, a licensed physician assistant, or a licensed advanced
4 practice registered nurse, ~~or a licensed nurse practitioner~~ and who is taking
5 medication at the time of admission pursuant to a valid prescription as verified
6 by the inmate’s pharmacy of record, primary care provider, other licensed care
7 provider, or as verified by the Vermont Prescription Monitoring System or
8 other prescription monitoring or information system, including buprenorphine,
9 methadone, or other medication prescribed in the course of medication-assisted
10 treatment, shall be entitled to continue that medication and to be provided that
11 medication by the Department pending an evaluation by a licensed physician, a
12 licensed physician assistant, ~~a licensed nurse practitioner,~~ or a licensed
13 advanced practice registered nurse.

14 (2) However, Notwithstanding subdivision (1) of this subsection, the
15 Department may defer provision of a validly prescribed medication in
16 accordance with this subsection if, in the clinical judgment of a licensed
17 physician, a physician assistant, ~~a nurse practitioner,~~ or an advanced practice
18 registered nurse, it is not in the inmate’s best ~~interest~~ interests to continue the
19 medication at that time.

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

1 be entered into the inmate’s permanent medical record, specifically stating the
2 reason for the discontinuance. If the inmate provides a signed release that
3 allows access to information in the inmate’s permanent record, the Department
4 shall follow up in writing with the licensed practitioner who prescribed the
5 medication, to notify him or her of the decision. The inmate shall also be
6 provided with a specific explanation of the decision, both orally and in writing.

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

9 (5) As used in this subsection, “medication-assisted treatment” shall
10 have the same meaning as in 18 V.S.A. § 4750.

11 * * *

12 Sec. 3. 28 V.S.A. § 801b is added to read:

13 § 801b. MEDICATION-ASSISTED TREATMENT IN CORRECTIONAL
14 FACILITIES

15 (a) If an inmate receiving medication-assisted treatment prior to entering
16 the correctional facility continues to receive medication prescribed in the
17 course of medication-assisted treatment pursuant to section 801 of this title, the
18 inmate shall be authorized to receive that medication for up to 120 days, which
19 includes the time necessary to conduct a compassionate taper from the
20 medication [OR: for as long as medically necessary.]

1 **(b)(1)** If an inmate screens positive as having a moderate or high risk for
2 opioid use disorder pursuant to subsection (b) of section 801 of this title and
3 has not been receiving medication-assisted treatment prior to admission to a
4 correctional facility, the inmate may elect to commence buprenorphine-specific
5 medication-assisted treatment if it is deemed clinically appropriate and in the
6 inmate’s best interests by a provider authorized to prescribe buprenorphine. If
7 an inmate elects to commence buprenorphine-specific medication-assisted
8 treatment under this subdivision, treatment shall commence as soon after the
9 screening as possible.

10 **(2)** Nothing in this subsection shall prevent an inmate who commences
11 medication-assisted treatment while in a correctional facility from
12 commencing methadone or from transferring from buprenorphine to
13 methadone if:

14 **(A)** the inmate screens positive as having a moderate or high risk for
15 opioid use disorder:

16 **(B)** the inmate elects to commence methadone over other treatment
17 options;

18 **(C)** methadone is deemed clinically appropriate and in the inmate’s
19 best interests by a provider authorized to prescribe methadone; and

1 (D) the correctional facility in which the inmate is located offers
2 methadone-specific medication-assisted treatment to inmates commencing
3 treatment.

4 (c)(1) Prior to commencing a compassionate taper for an inmate receiving
5 medication-assisted treatment in a correctional facility, the Department shall
6 obtain a confirmation, documented in the inmate’s medical record, from a
7 provider:

8 (A) who is authorized to prescribe the medication received by the
9 inmate, but who is not the inmate’s prescriber of record; and

10 (B) who has had an opportunity personally to examine the inmate.

11 (2) If the second provider concurs in the decision to commence a
12 compassionate taper, the inmate’s prescriber of record shall counsel the inmate
13 on the process and symptoms related to the compassionate taper before it is
14 initiated.

15 (d) Regardless of whether an inmate received medication-assisted treatment
16 while in the correctional facility, if the inmate screened positive for opioid use
17 disorder while in the Department’s custody the Department shall begin reentry
18 planning, including consideration of whether its medically appropriate to
19 commence medication-assisted treatment, not later than one month prior to the
20 inmate’s discharge from the correctional facility.

1 (e) As used in this subsection, “medication-assisted treatment” shall have
2 the same meaning as in 18 V.S.A. § 4750.

3 * * *

4 Sec. 4. RECEIPT OF METHADONE-SPECIFIC MEDICATION-ASSISTED
5 TREATMENT BY INMATES; PLAN

6 (a) The Commissioners of Corrections and of Health jointly shall develop a
7 plan to implement the use of methadone as part of medication-assisted
8 treatment provided to inmates housed in a correctional facility who screen
9 positive as moderate- or high-risk opioid users while in the custody of the
10 Department of Corrections. The plan shall address:

11 (1) whether the Department of Health’s or the Department of
12 Corrections’ contracted provider of health care services shall determine
13 whether medication-assisted treatment is deemed clinically appropriate and
14 whether it is in an inmate’s best interests for methadone-specific medication-
15 assisted treatment to be initiated while the individual is in the Department of
16 Corrections’ custody or upon his or her reentry to the community;

17 (2) whether the prescriptive authority for methadone shall be maintained
18 by opioid treatment programs throughout the State, certified and accredited
19 pursuant to 42 C.F.R. part 8, or by the Department of Corrections’ contracted
20 provider of health care services and how methadone shall be administered to
21 appropriate inmates; and

1 (3) an estimate of the costs to implement the plan developed pursuant to
2 this section.

3 **(1)** On or before October 1, 2018, the Commissioners jointly shall
4 submit the plan developed pursuant to subsection (a) of this section to the Joint
5 Legislative Justice Oversight Committee **that weighs equal access to**
6 **medication-assisted treatment by inmates regardless of correctional facility.** If
7 there are not barriers beyond the control of the State, the Departments shall
8 take steps to implement fully the plan, including addressing any budgetary
9 concerns.

10 **(2) As part of its annual report, the Joint Legislative Justice Oversight**
11 **Committee shall recommend any legislative actions related to the plan**
12 **submitted pursuant to subdivision (1) of this subsection.**

13 (c) As used in this section, “medication-assisted treatment” shall have the
14 same meaning as in 18 V.S.A. § 4750.

15 Sec. **5**. MEMORANDUM OF UNDERSTANDING; MEDICATION-
16 ASSISTED TREATMENT IN STATE CORRECTIONAL
17 FACILITIES

18 (a) On or before December 31, 2018, the Departments of Corrections and
19 of Health may enter into a memorandum of understanding with opioid
20 treatment programs throughout the State, certified and accredited pursuant to
21 42 C.F.R. part 8, that serve regions in which a State correctional facility is

1 located to provide medication-assisted treatment to inmates who screen
2 positive as moderate- or high-risk opioid users. Treatment received pursuant
3 to this section shall be coordinated pursuant to 18 V.S.A. § 4753.

4 (b) As used in this section, “medication-assisted treatment” shall have the
5 same meaning as in 18 V.S.A. § 4750.

6 Sec. 6. EFFECTIVE DATE

7 This act shall take effect on July 1, 2018.

8

9

10

11

12

13

14

15 (Committee vote: _____)

16

17

18

Representative _____

FOR THE COMMITTEE