TO THE HOUSE OF REPRESENTATIVES:

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

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

§ 4750. DEFINITION

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

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

§ 801. MEDICAL CARE OF INMATES

* * *

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

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

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

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

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

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

* * *

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

§ 801b. MEDICATION-ASSISTED TREATMENT IN CORRECTIONAL FACILITIES

(a) If an inmate receiving medication-assisted treatment prior to entering the correctional facility continues to receive medication prescribed in the course of medication-assisted treatment pursuant to section 801 of this title, the inmate shall be authorized to receive that medication for up to 120 days, which includes the time necessary to conduct a compassionate taper from the medication [OR: for as long as medically necessary.]
(b)(1) If an inmate screens positive as having a moderate or high risk for opioid use disorder pursuant to subsection (b) of section 801 of this title and has not been receiving medication-assisted treatment prior to admission to a correctional facility, the inmate may elect to commence buprenorphine-specific medication-assisted treatment if it is deemed clinically appropriate and in the inmate’s best interests by a provider authorized to prescribe buprenorphine. If an inmate elects to commence buprenorphine-specific medication-assisted treatment under this subdivision, treatment shall commence as soon after the screening as possible.

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

(A) the inmate screens positive as having a moderate or high risk for opioid use disorder;

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

(C) methadone is deemed clinically appropriate and in the inmate’s best interests by a provider authorized to prescribe methadone; and
(D) the correctional facility in which the inmate is located offers methadone-specific medication-assisted treatment to inmates commencing treatment.

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

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

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

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

(d) Regardless of whether an inmate received medication-assisted treatment while in the correctional facility, if the inmate screened positive for opioid use disorder while in the Department’s custody the Department shall begin reentry planning, including consideration of whether its medically appropriate to commence medication-assisted treatment, not later than one month prior to the inmate’s discharge from the correctional facility.
(e) As used in this subsection, “medication-assisted treatment” shall have the same meaning as in 18 V.S.A. § 4750.

* * *

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

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

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

(2) whether the prescriptive authority for methadone shall be maintained by opioid treatment programs throughout the State, certified and accredited pursuant to 42 C.F.R. part 8, or by the Department of Corrections’ contracted provider of health care services and how methadone shall be administered to appropriate inmates; and
(3) an estimate of the costs to implement the plan developed pursuant to this section.

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

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

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

Sec. 5. MEMORANDUM OF UNDERSTANDING; MEDICATION-ASSISTED TREATMENT IN STATE CORRECTIONAL FACILITIES

(a) On or before December 31, 2018, the Departments of Corrections and of Health may enter into a memorandum of understanding with opioid treatment programs throughout the State, certified and accredited pursuant to 42 C.F.R. part 8, that serve regions in which a State correctional facility is
located to provide medication-assisted treatment to inmates who screen
positive as moderate- or high-risk opioid users. Treatment received pursuant
to this section shall be coordinated pursuant to 18 V.S.A. § 4753.

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

Sec. 6. EFFECTIVE DATE

This act shall take effect on July 1, 2018.

(Committee vote: __________)

_______________________

Representative __________

FOR THE COMMITTEE