

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 *medications, in combination with counseling and behavioral therapies, to*
12 *provide a whole patient approach in treatment of substance use disorders.*

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

14 § 801. MEDICAL CARE OF INMATES

15 * * *

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

20 * * *

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 subchapter:

10 (A) “Medically necessary” describes health care services that are
11 appropriate in terms of type, amount, frequency, level, setting, and duration to
12 the individual’s diagnosis or condition, are informed by generally accepted
13 medical or scientific evidence, and are consistent with generally accepted
14 practice parameters. Such services shall be informed by the unique needs of
15 each individual and each presenting situation, and shall include a determination
16 that a service is needed to achieve proper growth and development or to
17 prevent the onset or worsening of a health condition.

18 (B) “Medication-assisted treatment” shall have the same meaning as
19 in 18 V.S.A. § 4750.

20 * * *

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

2 § 801b. MEDICATION-ASSISTED TREATMENT IN CORRECTIONAL
3 FACILITIES

4 (a) If an inmate receiving medication-assisted treatment prior to entering
5 the correctional facility continues to receive medication prescribed in the
6 course of medication-assisted treatment pursuant to section 801 of this title, the
7 inmate shall be authorized to receive that medication for as long as medically
8 necessary.

9 (b)(1) If an inmate screens positive as having a moderate or high risk for
10 opioid use disorder pursuant to subsection 801(b) of this title and has not been
11 receiving medication-assisted treatment prior to admission to a correctional
12 facility, the inmate may elect to commence buprenorphine-specific medication-
13 assisted treatment if it is deemed medically necessary and in the inmate's best
14 interests by a provider authorized to prescribe buprenorphine. The inmate
15 shall be authorized to receive the medication for as long as medically
16 necessary. If an inmate elects to commence buprenorphine-specific
17 medication-assisted treatment under this subdivision, treatment shall
18 commence as soon after the screening as possible.

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

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

3 (B) methadone is deemed medically necessary and in the inmate's
4 best interests by a provider authorized to prescribe methadone; and

5 (C) the inmate elects to commence methadone as recommended by a
6 provider authorized to prescribe methadone.

7 (c) The licensed practitioner who makes the clinical judgment to
8 discontinue a medication used for the purpose of medication-assisted treatment
9 shall cause the reason for the discontinuance to be entered into the inmate's
10 permanent medical record, specifically stating the reason for the
11 discontinuance. If the inmate provides a signed release that allows access to
12 information in the inmate's permanent record, the Department shall follow up
13 in writing with the licensed practitioner who prescribed the medication to
14 notify him or her of the decision. The inmate shall also be provided with a
15 specific explanation of the decision, both orally and in writing.

16 (d) Regardless of whether an inmate received medication-assisted treatment
17 while in the correctional facility, if the inmate screened positive for opioid use
18 disorder while in the Department's custody, the Department shall begin reentry
19 planning, including consideration of whether it is medically appropriate to
20 commence medication-assisted treatment, not later than 90 days prior to the
21 inmate's discharge from the correctional facility.

1 (e) Any counseling or behavioral therapies provided in conjunction with
2 the use of buprenorphine and methadone shall be clinically indicated.

3 * * *

4 Sec. 4. MEMORANDUM OF UNDERSTANDING; MEDICATION-
5 ASSISTED TREATMENT IN STATE CORRECTIONAL
6 FACILITIES

7 (a) On or before December 31, 2018, the Departments of Corrections and
8 of Health may enter into a memorandum of understanding with opioid
9 treatment programs throughout the State, certified and accredited pursuant to
10 42 C.F.R. part 8, that serve regions in which a State correctional facility is
11 located to provide medication-assisted treatment to inmates who screen
12 positive as moderate- or high-risk opioid users. Treatment received pursuant
13 to this section shall be coordinated pursuant to 18 V.S.A. § 4753.

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

16 Sec. 5. EFFECTIVE DATE

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

18 (Committee vote: _____)

19 _____

20 Representative _____

21 FOR THE COMMITTEE