

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. The inmate shall be provided, both orally and in
3 writing, with a specific explanation of the decision to discontinue the
4 medication and with notice of the right to have his or her community-based
5 prescriber notified of the decision. If the inmate provides signed authorization,
6 the Department shall notify the community-based prescriber in writing of the
7 decision to discontinue the medication.

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

10 (5) As used in this subchapter:

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

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

21 * * *

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 *as soon as possible and* for as
16 long as medically necessary.

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

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

1 (B) methadone is deemed medically necessary [*and in the inmate's*
2 *best interests*] by a provider authorized to prescribe methadone; and

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

5 (c) The licensed practitioner who makes the clinical judgment to
6 discontinue a medication shall cause the reason for the discontinuance to be
7 entered into the inmate's permanent medical record, specifically stating the
8 reason for the discontinuance. *The inmate shall be provided, both orally and in*
9 *writing, with a specific explanation of the decision to discontinue the*
10 *medication and with notice of the right to have his or her community-based*
11 *prescriber notified of the decision. If the inmate provides signed authorization,*
12 *the Department shall notify the community-based prescriber in writing of the*
13 *decision to discontinue the medication.*

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

20 (e) Any counseling or behavioral therapies provided in conjunction with
21 the use of buprenorphine and methadone shall be *medically necessary.*

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Sec. 4. 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. 5. EFFECTIVE DATE

This act shall take effect on July 1, 2018.

(Committee vote: _____)

Representative _____

FOR THE COMMITTEE