

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. LEGISLATIVE INTENT

9 It is the intent of the General Assembly that medication-assisted treatment
10 offered at or facilitated by a correctional facility is a medically necessary
11 component of treatment for inmates diagnosed with opioid use disorder.

12 Sec. 2. 18 V.S.A. § 4750 is added to read:

13 § 4750. DEFINITION

14 As used in this chapter, “medication-assisted treatment” means the use of
15 U.S. Federal Drug Administration-approved medications, in combination with
16 counseling and behavioral therapies, to provide a whole patient approach to the
17 treatment of substance use disorders.

18 Sec. 3. 28 V.S.A. § 801 is amended to read:

19 § 801. MEDICAL CARE OF INMATES

20 * * *

1 (b)(1) Upon admission to a correctional facility for a minimum of
2 14 consecutive days, each inmate shall be given a physical assessment unless
3 extenuating circumstances exist.

4 (2) Within 24 hours after admission to a correctional facility, each
5 inmate shall be screened for substance use disorders as part of the initial and
6 ongoing substance use screening and assessment process. This process
7 includes screening and assessment for opioid use disorders.

8 * * *

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

1 (2) ~~However~~ Notwithstanding subdivision (1) of this subsection, 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~~ medically necessary to
6 continue the medication at that time.

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

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

18 (5) As used in this subchapter:

19 (A) “Medically necessary” describes health care services that are
20 appropriate in terms of type, amount, frequency, level, setting, and duration to
21 the individual's diagnosis or condition, are informed by generally accepted

1 medical or scientific evidence, and are consistent with generally accepted
2 practice parameters. Such services shall be informed by the unique needs of
3 each individual and each presenting situation, and shall include a determination
4 that a service is needed to achieve proper growth and development or to
5 prevent the onset or worsening of a health condition.

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

8 * * *

9 Sec. 4. 28 V.S.A. § 801b is added to read:

10 § 801b. MEDICATION-ASSISTED TREATMENT IN CORRECTIONAL
11 FACILITIES

12 (a) If an inmate receiving medication-assisted treatment prior to entering
13 the correctional facility continues to receive medication prescribed in the
14 course of medication-assisted treatment pursuant to section 801 of this title, the
15 inmate shall be authorized to receive that medication for as long as medically
16 necessary.

17 (b)(1) If at any time an inmate screens positive as having an opioid use
18 disorder, the inmate may elect to commence buprenorphine-specific
19 medication-assisted treatment if it is deemed medically necessary by a provider
20 authorized to prescribe buprenorphine. The inmate shall be authorized to

1 receive the medication as soon as possible and for as long as medically
2 necessary.

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

6 (A) methadone is deemed medically necessary by a provider
7 authorized to prescribe methadone; and

8 (B) the inmate elects to commence methadone as recommended by a
9 provider authorized to prescribe methadone.

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

19 (d) As part of reentry planning for an inmate who screens positive for an
20 opioid use disorder and for whom medication assisted treatment is medically
21 necessary, the Department shall commence medication-assisted treatment prior

1 to release. If medication-assisted treatment is indicated and despite best efforts
2 induction is not possible prior to release, the Department shall ensure
3 comprehensive care coordination with a community-based provider.

4 (e) Any counseling or behavioral therapies provided in conjunction with
5 the use of medication-assisted treatment shall be medically necessary.

6 * * *

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

10 (a) On or before December 31, 2018, the Departments of Corrections and
11 of Health may enter into a memorandum of understanding with opioid
12 treatment programs throughout the State, certified and accredited pursuant to
13 42 C.F.R. part 8, that serve regions in which a State correctional facility is
14 located to provide medication-assisted treatment to those inmates for whom a
15 licensed practitioner has determined medication-assisted treatment is medically
16 necessary. Treatment received pursuant to this section shall be coordinated
17 pursuant to 18 V.S.A. § 4753.

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

20 Sec. 6. EFFECTIVE DATE

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

1

2 (Committee vote: _____)

3

4

Representative _____

5

FOR THE COMMITTEE