

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           (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.

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2 (Committee vote: \_\_\_\_\_)

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\_\_\_\_\_

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Representative \_\_\_\_\_

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FOR THE COMMITTEE