

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Judiciary to which was referred House Bill No. 213
3 entitled “An act relating to establishing statewide access to drug and DUI
4 treatment courts” respectfully reports that it has considered the same and
5 recommends that the bill be amended by striking out all after the enacting
6 clause and inserting in lieu thereof the following:

7 Sec. 1. LEGISLATIVE FINDINGS

8 The General Assembly finds that:

9 (1) Alcohol is the most commonly abused addictive drug.

10 (2) More than one-half of the motor vehicle operators in Vermont
11 involved in fatal crashes in 2016 had an impairing substance in their system.

12 (3) Every year, nearly 3,000 separate cases of drug- or alcohol-impaired
13 driving are filed in Vermont, and nearly one-third of all DUI charges filed are
14 against repeat offenders.

15 (4) Impaired drivers with high blood alcohol content and repeat offense
16 impaired drivers are disproportionately involved in fatal crashes.

17 (5) According to a 2010 report from the National Highway Traffic
18 Safety Association, the economic impact nationally of alcohol-impaired
19 crashes is \$49 billion.

20 (6) It costs roughly \$50,000.00 per year to incarcerate an offender in
21 Vermont.

1 (7) With a near daily barrage of news about drug crime, arrests,
2 prosecutions, convictions, and sentencing, we see there is little evidence that
3 the traditional response is making any positive change in the lives of the
4 substance abusing population.

5 (8) According to the National Institute of Justice, treatment courts save
6 between \$3,000.00 and \$13,000.00 per individual participant as compared to
7 the traditional criminal justice approach. These savings are largely achieved
8 through fewer subsequent arrests and a lower recidivism rate.

9 (9) Treatment courts are intensive, judicially led programs, designed to
10 address addiction and criminal thinking by high-risk, high-needs individuals.

11 (10) Treatment courts provide frequent and random drug testing,
12 intensive probation supervision, close judicial monitoring, and swift sanctions
13 while also using incentives to motivate offenders.

14 (11) Judges who preside over treatment dockets develop enhanced
15 expertise in working with offenders with addictions and mental health issues,
16 expertise that extends to the rest of the docket.

17 (12) Trial judges in Vermont who have presided over treatment dockets
18 find the approach powerfully compelling and far more effective at altering
19 behavior in a positive fashion than the traditional court model.

1 (13) Treatment courts motivate users to remain in treatment. The
2 likelihood of recovery from a substance abuse disorder correlates positively
3 with the duration of time in treatment.

4 (14) Vermont has only one DUI Treatment Docket presently in Windsor
5 County. The DUI Treatment Docket is a variant of the adult treatment court
6 model.

7 (15) Treatment courts in Vermont have been funded primarily with
8 federal grant money. Expanding treatment dockets to all parts of the State will
9 require a capital investment by Vermont.

10 (16) Opiate-related crime and addiction-related family issues have
11 driven an increase in court cases that has overwhelmed Vermont’s judicial
12 system in recent years. Research shows that treatment courts are proven
13 effective models for reducing instances of repeat offenses and for saving
14 overall criminal justice costs. Nationally, some treatment courts reduce
15 recidivism by up to 60 percent for graduates of the program as compared to
16 nonparticipants.

17 (17) The General Assembly intends this act to be a continuation of
18 justice reinvestment efforts initiated in 2007 by the Legislative, Judicial, and
19 Executive Branches, and continued with the enactment of 2014 Acts and
20 Resolves No. 195, a justice reinvestment effort instituting broad criminal
21 justice reforms designed to give courts more information about people charged

1 with crimes and more easily connect those people with substance abuse and
2 mental health services. Justice reinvestment is a data-driven approach to
3 improve public safety, reduce corrections and related criminal justice spending,
4 and reinvest savings in strategies that can decrease crime and strengthen
5 communities.

6 (18) The opiate addiction crisis facing Vermont has burdened the State's
7 child protection system and resulted in a dramatic surge of Child in Need of
8 Supervision (CHINS) petitions filed in the Family Division of Superior Court,
9 overwhelming the CHINS docket and court staff.

10 Sec. 2. MOBILE ADULT TREATMENT COURT PILOT PROGRAM

11 (a) Establishment. A pilot project creating a mobile adult treatment court
12 program is established for the purpose of providing access to a treatment court
13 docket in multiple counties across the State.

14 (b) Program implementation. The program shall be implemented by a
15 Judicial Master.

16 (c) Consultation with treatment organizations. The pilot program shall
17 consult with and utilize local community mental health centers, substance
18 abuse treatment provider organizations, and any other appropriate service
19 providers serving those locations to coordinate services in counties served by
20 the mobile treatment court program.

1 (d) Report. On or before January 15, 2018, the Chief Superior Judge shall
2 report to the House and Senate Committees on Judiciary on the progress and
3 outcomes of the pilot project.

4 Sec. 3. 2 V.S.A. § 40 is added to read:

5 § 40. STATEWIDE ADULT TREATMENT COURTS; INTENT

6 It is the intent of the General Assembly that Vermonters throughout the
7 State have access to Adult Treatment Dockets within the Superior Court that
8 operate in compliance with Adult Drug Court Best Practice Standards as issued
9 by the National Association of Drug Court Professionals.

10 Sec. 4. ADULT TREATMENT COURTS; REPORT TO HOUSE AND
11 SENATE COMMITTEES ON JUDICIARY

12 Pursuant to 4 V.S.A. § 40, it is the intent of the General Assembly that adult
13 treatment court programs are available to Vermonters statewide and operating
14 in compliance with national best practice standards and policy standards for
15 adult treatment courts developed by the Vermont Supreme Court. On or before
16 January 15, 2019, the Commissioner of Health and the Chief Justice of the
17 Vermont Supreme Court shall report to the House and Senate Committees on
18 Judiciary on the progress toward achieving this goal, including a summary of
19 the funds disbursed, the number of counties operating an adult treatment court
20 program, and data about those operating programs, including the program

1 model and level of compliance with national best practice and policy
2 standards.

3 Sec. 5. SUPREME COURT OF VERMONT; RECOMMENDATIONS FOR
4 STATEWIDE ROLLOUT; STANDARDS FOR ADULT
5 TREATMENT COURTS

6 (a) On or before September 1, 2017, the Supreme Court of Vermont shall
7 submit to the Joint Legislative Justice Oversight Committee a recommended
8 plan to achieve statewide access to adult treatment courts within five years,
9 including setting forth a rollout schedule and recommendations for maintaining
10 statewide oversight to ensure each program operates in compliance with
11 national best practice standards.

12 (b) On or before January 15, 2018, the Supreme Court of Vermont shall
13 develop policy standards by which adult treatment courts in Vermont shall
14 operate and report on those standards to the House and Senate Committees on
15 Judiciary.

16 Sec. 6. 33 V.S.A. § 2004 is amended to read:

17 § 2004. MANUFACTURER FEE

18 (a) Annually, each pharmaceutical manufacturer or labeler of prescription
19 drugs that are paid for by the Department of Vermont Health Access for
20 individuals participating in Medicaid, Dr. Dynasaur, or VPharm shall pay a fee
21 to the Agency of Human Services. The fee shall be ~~4.5~~ 1.7 percent of the

1 previous calendar year's prescription drug spending by the Department and
2 shall be assessed based on manufacturer labeler codes as used in the Medicaid
3 rebate program.

4 (b)(1) Fees collected under this section shall fund:

5 (A) collection and analysis of information on pharmaceutical
6 marketing activities under 18 V.S.A. §§ 4632 and 4633;

7 (B) analysis of prescription drug data needed by the Office of the
8 Attorney General for enforcement activities;

9 (C) the Vermont Prescription Monitoring System established in
10 18 V.S.A. chapter 84A;

11 (D) the evidence-based education program established in 18 V.S.A.
12 chapter 91, subchapter 2;

13 (E) statewide unused prescription drug disposal initiatives;

14 (F) prevention of prescription drug misuse, abuse, and diversion;

15 (G) treatment of substance use disorder;

16 (H) exploration of nonpharmacological approaches to pain
17 management;

18 (I) a hospital antimicrobial program for the purpose of reducing
19 hospital-acquired infections;

20 (J) the purchase and distribution of naloxone to emergency medical
21 services personnel; and

