

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) Closing Windsor Prison is expected to save \$3.5 million per year.  
11           Reallocating those savings to treatment courts would provide substantial  
12           resources to support treatment courts throughout the State.

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

20           (18) The General Assembly intends this act to be a continuation of  
21           justice reinvestment efforts initiated in 2007 by the Legislative, Judicial, and

1 Executive Branches, and continued with the enactment of 2014 Acts and  
2 Resolves No. 195, a justice reinvestment effort instituting broad criminal  
3 justice reforms designed to give courts more information about people charged  
4 with crimes and more easily connect those people with substance abuse and  
5 mental health services. Justice reinvestment is a data-driven approach to  
6 improve public safety, reduce corrections and related criminal justice spending,  
7 and reinvest savings in strategies that can decrease crime and strengthen  
8 communities.

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

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

14 § 40. STATEWIDE ADULT TREATMENT COURTS; INTENT

15 It is the intent of the General Assembly that Vermonters throughout the  
16 State have access to an Adult Treatment Docket within the Criminal Division  
17 of the Superior Court that operates in compliance with Adult Drug Court Best  
18 Practice Standards as issued by the National Association of Drug Court  
19 Professionals.

1       Sec. 3. ADULT TREATMENT COURTS; REPORT TO HOUSE AND  
2                   SENATE COMMITTEES ON JUDICIARY

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

14       Sec. 4. SUPREME COURT OF VERMONT; RECOMMENDATIONS FOR  
15                   STATEWIDE ROLLOUT; STANDARDS FOR ADULT  
16                   TREATMENT COURTS

17       (a) On or before September 1, 2017, the Supreme Court of Vermont shall  
18       submit to the Joint Legislative Justice Oversight Committee a recommended  
19       plan to achieve statewide access to adult treatment courts within five years,  
20       including setting forth a rollout schedule and recommendations for maintaining

1 statewide oversight to ensure each program operates in compliance with  
2 national best practice standards.

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

7 **Sec. 5. 33 V.S.A. § 2004 is amended to read:**

8 § 2004. MANUFACTURER FEE

9 (a) Annually, each pharmaceutical manufacturer or labeler of prescription  
10 drugs that are paid for by the Department of Vermont Health Access for  
11 individuals participating in Medicaid, Dr. Dynasaur, or VPharm shall pay a fee  
12 to the Agency of Human Services. The fee shall be ~~4.5~~ 1.7 percent of the  
13 previous calendar year's prescription drug spending by the Department and  
14 shall be assessed based on manufacturer labeler codes as used in the Medicaid  
15 rebate program.

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

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

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

1            (C) the Vermont Prescription Monitoring System established in  
2            18 V.S.A. chapter 84A;

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

5            (E) statewide unused prescription drug disposal initiatives;

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

7            (G) treatment of substance use disorder;

8            (H) exploration of nonpharmacological approaches to pain  
9            management;

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

12           (J) the purchase and distribution of naloxone to emergency medical  
13           services personnel; ~~and~~

14           (K) any opioid-antagonist education, training, and distribution  
15           program operated by the Department of Health or its agents; and

16           (L) operation of court dockets throughout the State relating to  
17           individuals and families affected by substance use disorder.

18           (2)(A) ~~The fees shall be collected~~ 88.2 percent of the fees shall be  
19           deposited in the Evidence-Based Education and Advertising Fund established  
20           in section 2004a of this title.





1        (b) Program implementation. The program shall be implemented by a  
2        Judicial Master.

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

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

11       **Sec. 8. POSITIONS**

12       On July 1, 2017, the following new permanent positions are created in the  
13       Judiciary:

14            (1) two classified positions—docket clerk B;

15            (2) one classified position—treatment program coordinator; and

16            (3) one exempt position—Judicial Master, pursuant to 4 V.S.A. § 38.

17        Sec. 9. 2016 Acts and Resolves No. 167 Sec. 2 is amended to read:

18            Sec. 2. REPEAL

19            4 V.S.A. § 38 (Judicial Masters) shall be repealed on July 1, ~~2019~~ 2021.

20            Sec. 10. REPEAL

1        Sec. 7 of this Act, Mobile Adult Treatment Court Pilot Program, shall be  
2        repealed on July 1, 2021.

3        Sec. 9. EFFECTIVE DATE

4        This act shall take effect on passage.

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7        (Committee vote: \_\_\_\_\_)

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Representative \_\_\_\_\_

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FOR THE COMMITTEE