## 1 TO THE HONORABLE SENATE:

2 The Committee on Institutions to which was referred Senate Bill No. 166 3 entitled "An act relating to the provision of medication-assisted treatment for 4 inmates" respectfully reports that it has considered the same and recommends 5 that the bill be amended by striking out all after the enacting clause and 6 inserting in lieu thereof the following: 7 Sec. 1. 18 V.S.A. § 4750 is added to read: 8 § 4750. DEFINITION 9 As used in this chapter, "medication-assisted treatment" means the use of 10 certain medications, including either methadone or buprenorphine, in 11 combination with any clinically indicated counseling and behavioral therapies 12 for the treatment of opioid use disorder. 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 advanced practice registered nurse, or a licensed
4	nurse practitioner and who is taking medication at the time of admission
5	pursuant to a valid prescription as verified by the inmate's pharmacy of record,
6	primary care provider, other licensed care provider, or as verified by the
7	Vermont Prescription Monitoring System or other prescription monitoring or
8	information system, including buprenorphine, methadone, or other medication
9	prescribed in the course of medication-assisted treatment, shall be entitled to
10	continue that medication and to be provided that medication by the Department
11	pending an evaluation by a licensed physician, a licensed physician assistant, a
12	licensed nurse practitioner, or a licensed advanced practice registered nurse.
13	However, the Department may defer provision of medication in accordance
14	with this subsection if, in the clinical judgment of a licensed physician, a
15	physician assistant, a nurse practitioner, or an advanced practice registered
16	nurse, it is not in the inmate's best interest interests to continue the medication
17	at that time. The licensed practitioner who makes the clinical judgment shall
18	enter the reason for the discontinuance into the inmate's permanent medical
19	record. It is not the intent of the General Assembly that this subsection shall
20	create a new or additional private right of action.

1	(2) If an inmate screens positive as having a moderate or high risk for
2	opioid use disorder pursuant to subsection (b) of this section and has not been
3	receiving medication-assisted treatment prior to admission to a correctional
4	facility, the inmate may elect to commence buprenorphine-specific medication-
5	assisted treatment if it is deemed clinically appropriate and in the inmate's best
6	interests by a qualified provider.
7	(3) As used in this subsection, "medication-assisted treatment" shall
8	have the same meaning as in 18 V.S.A. § 4750.
9	* * *
10	Sec. 3. RECEIPT OF METHADONE-SPECIFIC MEDICATION-ASSISTED
11	TREATMENT BY INMATES; PLAN
12	(a) The Commissioners of Corrections and of Health jointly shall develop a
13	plan to operationalize the use of methadone as part of medication-assisted
14	treatment provided to inmates housed in a correctional facility who screen
15	positive as moderate or high risk opioid users while in the custody of the
16	Department of Corrections. The plan shall address:
17	(1) whether the Department of Health's or the Department of
18	Corrections' contracted provider of health care services shall determine
19	whether medication-assisted treatment is deemed clinically appropriate and
20	whether it is in an inmate's best interests for methadone-specific medication-

1	assisted treatment to be initiated while the individual is in the Department of
2	Corrections' custody or upon his or her reentry to the community;
3	(2) whether the prescriptive authority for methadone shall be maintained
4	by designated community-based treatment providers or the Department of
5	Corrections' contracted provider of health care services and how it shall be
6	administered to appropriate inmates; and
7	(3) an estimate of the costs to implement the plan developed pursuant to
8	this section.
9	(b) On or before October 1, 2018, the Commissioners jointly shall submit
10	the plan developed pursuant to subsection (a) of this section to the Joint
11	Legislative Justice Oversight Committee. If there are not barriers beyond the
12	control of the State, the Departments shall take steps to operationalize fully the
13	plan, including addressing any budgetary concerns.
14	(c) As used in this section, "medication-assisted treatment" shall have the
15	same meaning as in 18 V.S.A. § 4750.
16	Sec. 4. MEMORANDUM OF UNDERSTANDING; MEDICATION-
17	ASSISTED TREATMENT IN STATE CORRECTIONAL
18	FACILITIES
19	(a) On or before December 31, 2018, the Departments of Corrections and
20	of Health may enter into a memorandum of understanding with opioid
21	treatment programs throughout the State, certified and accredited pursuant to

1	42 C.F.R. part 8, that serve regions in which a State correctional facility is
2	located to provide medication-assisted treatment to inmates who screen
3	positive as moderate or high risk opioid users. Treatment received pursuant to
4	this section shall be coordinated pursuant to 18 V.S.A. § 4753.
5	(b) As used in this section, "medication-assisted treatment" shall have the
6	same meaning as in 18 V.S.A. § 4750.
7	Sec. 5. EFFECTIVE DATE
8	This act shall take effect on July 1, 2018.
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10	
11	(Committee vote:)
12	
13	Senator
14	FOR THE COMMITTEE