

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 dependence.

13 Sec. 2. 28 V.S.A. § 801 is amended to read:

14 § 801. MEDICAL CARE OF INMATES

15 * * *

16 (b) Upon admission to a correctional facility for a minimum of
17 14 consecutive days, each inmate shall be given a physical assessment unless
18 extenuating circumstances exist. The physical assessment shall include
19 screening for opioid dependence.

20 * * *

1 (e)(1) Except as otherwise provided in this subsection, an offender who is
2 admitted to a correctional facility while under the medical care of a licensed
3 physician, a licensed advanced practice registered nurse, or a licensed nurse
4 practitioner and who is taking medication at the time of admission pursuant to
5 a valid prescription as verified by the inmate's pharmacy of record, primary
6 care provider, other licensed care provider, or as verified by the Vermont
7 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) As used in this subsection, “medication-assisted treatment” shall
2 have the same meaning as in 18 V.S.A. § 4750.

3 * * *

4 Sec. 3. RECEIPT OF MEDICATION-ASSISTED TREATMENT BY
5 INMATES AND DETAINEES; REPORT

6 (a) On or before December 1, 2018, the Departments of Corrections and of
7 Health shall jointly report to the Joint Legislative Justice Oversight Committee
8 on strategies to provide medication-assisted treatment to inmates and detainees
9 housed in a correctional facility who screen positive as moderate- or high-risk
10 opioid users while in the custody of the Department of Corrections. The report
11 shall include:

12 (1) recommendations for referring an inmate or detainee for a substance
13 abuse assessment if the inmate or detainee screens positive as a moderate- or
14 high-risk opioid user and has not been receiving medication-assisted treatment
15 prior to admission and whether the assessment shall be completed by the
16 Department of Health or by the Department of Corrections’ contracted
17 provider of health care services;

18 (2) recommendations as to whether the Department of Health or the
19 Department of Corrections’ contracted provider of health care services shall
20 determine whether medication-assisted treatment is deemed clinically
21 appropriate and whether it is in an inmate’s or detainee’s best interests for

1 medication-assisted treatment to be initiated while the individual is in the
2 Department of Corrections’ custody or upon his or her reentry to the
3 community;

4 (3) recommendations regarding whether the prescriptive authority for
5 methadone, buprenorphine, or naltrexone shall be maintained by designated
6 community-based treatment providers or the Department of Corrections’
7 contracted provider of health care services; and

8 (4) an estimate of the costs to implement the recommendations issued
9 pursuant to this section.

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

12 Sec. 4. MEMORANDUM OF UNDERSTANDING; MEDICATION-
13 ASSISTED TREATMENT IN STATE CORRECTIONAL
14 FACILITIES

15 (a) On or before December 31, 2018, the Department of Corrections shall
16 enter into a memorandum of understanding with opioid treatment programs
17 throughout the State, certified and accredited pursuant to 42 C.F.R. Part 8, that
18 serve regions in which a State correctional facility is located to provide
19 medication-assisted treatment to inmates who screen positive as moderate- or
20 high-risk opioid users. Treatment received pursuant to this section shall be
21 coordinated pursuant to 18 V.S.A. § 4753.

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

3 Sec. 5. EFFECTIVE DATE

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

5

6

7 (Committee vote: _____)

8

9

Senator _____

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FOR THE COMMITTEE