

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 counseling and behavioral therapies for the treatment of a  
12 substance use disorder.

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 14  
17 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 to continue the medication at that  
17 time. The licensed practitioner who makes the clinical judgment shall enter the  
18 reason for the discontinuance into the inmate's permanent medical record. It is  
19 not the intent of the General Assembly that this subsection shall create a new  
20 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  
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.

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8        (Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

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FOR THE COMMITTEE