

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 or detainee’s best interests for methadone-specific
21 medication-assisted treatment to be initiated while the individual is in the

1 Department of Corrections’ custody or upon his or her reentry to the
2 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.

9

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11 (Committee vote: _____)

12

13

Senator _____

14

FOR THE COMMITTEE