

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

H.542

The Committee on Corrections and Institutions moves that the bill be amended by striking out Secs. E.338.1 and E.338.2 in their entirety and inserting in lieu thereof new Secs. E.338.1 and E.338.2 to read as follows:

E.338.1. 28 V.S.A. § 801 is amended to read:

§ 801. MEDICAL CARE OF INMATES

* * *

(e)(1) Except as otherwise provided in this subsection, an inmate who is admitted to a correctional facility while under the medical care of a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse and who is taking medication at the time of admission pursuant to a valid prescription as verified by the inmate’s pharmacy of record, primary care provider, other licensed care provider, or as verified by the Vermont Prescription Monitoring System or other prescription monitoring or information system, including buprenorphine, methadone, or other medication prescribed in the course of medication-assisted treatment, shall be entitled to continue that medication and to be provided that medication by the Department pending an evaluation by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse.

(2) Notwithstanding subdivision (1) of this subsection,;

1 receive the medication as soon as possible and for as long as medically
2 necessary. The inmate shall attend the counseling and behavioral therapy
3 components of medication-assisted treatment as medically necessary.

4 (2) Nothing in this subsection shall prevent an inmate who commences
5 medication-assisted treatment while in a correctional facility from transferring
6 from buprenorphine to methadone if:

7 (A) methadone is deemed medically necessary by a provider
8 authorized to prescribe methadone; and

9 (B) the inmate elects to commence methadone as recommended by a
10 provider authorized to prescribe methadone.

11 (c) The licensed practitioner who makes the clinical judgment to
12 discontinue a medication shall cause the reason for the discontinuance to be
13 entered into the inmate's medical record, specifically stating the reason for the
14 discontinuance. The inmate shall be provided, both orally and in writing, with
15 a specific explanation of the decision to discontinue the medication and with
16 notice of the right to have his or her community-based prescriber notified of
17 the decision. If the inmate provides signed authorization, the Department shall
18 notify the community-based prescriber in writing of the decision to discontinue
19 the medication.

20 (d)(1) As part of reentry planning, the Department shall commence
21 medication-assisted treatment prior to an inmate's release if:

- 1 (A) the inmate screens positive for an opioid use disorder;
- 2 (B) medication-assisted treatment is medically necessary; ~~and~~
- 3 (C) the inmate elects to commence medication-assisted treatment;
- 4 and
- 5 (D) the inmate agrees to attend the counseling and behavioral therapy
- 6 components of medication-assisted treatment as medically necessary.

7 (2) If medication-assisted treatment is indicated and despite best efforts

8 induction is not possible prior to release, the Department shall ensure

9 comprehensive care coordination with a community-based provider.

10 (e) ~~Any counseling~~ Counseling or behavioral therapies shall be provided in

11 conjunction with the use of medication for medication-assisted treatment ~~shall~~

12 ~~be medically necessary.~~ as provided for in the Department of Health’s “Rule

13 Governing Medication-Assisted Therapy for Opioid Dependence for: (1)

14 Office-Based Opioid Treatment Providers Prescribing Buprenorphine; and (2)

15 Opioid Treatment Providers.”