

1 H.711

2 Introduced by Committee on Human Services

3 Date:

4 Subject: Human services; opioid use disorder; Opioid Settlement Advisory

5 Committee; Opioid Abatement Special Fund

6 Statement of purpose of bill as introduced: This bill proposes to establish the

7 Opioid Settlement Advisory Committee and Opioid Abatement Special Fund.

8 An act relating to the creation of the Opioid Settlement Advisory  
9 Committee and the Opioid Abatement Special Fund

10 It is hereby enacted by the General Assembly of the State of Vermont:

11 ~~Sec. 1. 18 V.S.A. chapter 93 is amended to read:~~

12 ~~CHAPTER 93. TREATMENT OF OPIOID ADDICTION USE DISORDER~~

13 ~~Subchapter 1. Treatment of Opioid Use Disorder~~

14 ~~\* \* \*~~

15 ~~Subchapter 2. Opioid Settlement~~

16 ~~§ 4771. PURPOSE~~

17 ~~It is the purpose of this subchapter to comply with any opioid litigation~~

18 ~~settlements to which the State or municipalities within the State were a party~~

19 ~~regarding the management and expenditure of monies received by the State.~~

1 ~~§ 4772. OPIOID SETTLEMENT ADVISORY COMMITTEE~~

2 ~~(a) Creation. There is created the Opioid Settlement Advisory Committee~~  
3 ~~to provide advice and recommendations regarding remediation spending from~~  
4 ~~the Opioid Abatement Special Fund established pursuant to this subchapter.~~

5 ~~(b) Membership.~~

6 ~~(1) The Advisory Committee shall be composed of the following~~  
7 ~~members and shall reflect the diversity of Vermont in terms of gender, race,~~  
8 ~~age, ethnicity, sexual orientation, gender identity, disability status, and~~  
9 ~~socioeconomic status:~~

10 ~~(A) the Commissioner of Health or designee, who shall serve as a~~  
11 ~~nonvoting chair;~~

12 ~~(B) the Commissioner of Mental Health or designee;~~

13 ~~(C) the Chief Prevention Officer established pursuant to 3 V.S.A.~~  
14 ~~§ 2321;~~

15 ~~(D) one current member of the House of Representatives, appointed~~  
16 ~~by the Speaker of the House;~~

17 ~~(E) one current member of the Senate, appointed by the Committee~~  
18 ~~on Committees;~~

19 ~~(F) an individual with experience providing substance misuse~~  
20 ~~prevention services and education programming, appointed by the Substance~~

1 ~~Misuse Prevention Oversight and Advisory Council, to provide a statewide~~  
2 ~~perspective on prevention services and education;~~

3 ~~(G) an individual with experience providing substance misuse~~  
4 ~~treatment or recovery services within the Department of Health's preferred~~  
5 ~~provider network, appointed by the Clinical Director of Alcohol and Drug~~  
6 ~~Abuse Program, to provide a statewide perspective on the provision of~~  
7 ~~treatment or recovery, or both;~~

8 ~~(H) a provider with academic research credentials, appointed by the~~  
9 ~~University of Vermont, to provide a statewide perspective on academic~~  
10 ~~research relating to opioid use disorder;~~

11 ~~(I) an individual with lived experience of opioid use disorder,~~  
12 ~~appointed by the Governor, to provide a statewide perspective on the~~  
13 ~~experience of living with opioid use disorder; and~~

14 ~~(J) nine individuals, each employed by a different city or town that~~  
15 ~~collectively reflect Vermont's diverse population and geography, at least one~~  
16 ~~of whom is an assistant judge, appointed by the Vermont League of Cities and~~  
17 ~~Towns.~~

18 ~~(2)(A) The term of office of each appointed member shall be four years.~~  
19 ~~Of the members first appointed, nine shall be appointed for a term of three~~  
20 ~~years and nine shall be appointed for a term of four years. Members shall hold~~  
21 ~~office for the term of their appointments and until their successors have been~~

1 ~~appointed. All vacancies shall be filled for the balance of the unexpired term~~  
2 in the same manner as the original appointment. Members are eligible for  
3 reappointment.

4 (B) A member may be removed from the Advisory Committee by the  
5 member's appointing entity for cause, which includes only neglect of duty,  
6 gross misconduct, conviction of a crime, or inability to perform the  
7 responsibilities of the office. The Chair of the Advisory Committee shall  
8 simultaneously notify the Governor, the Speaker of the House, and the  
9 President Pro Tempore that the member has been removed from the Advisory  
10 Committee.

11 (c) Powers and duties. The Advisory Committee shall receive testimony  
12 and advice on the following for the purpose of providing recommendations to  
13 the Governor, the Department of Health, and the General Assembly on  
14 prioritizing spending from the Opioid Abatement Special Fund:

15 (1) the impact of the opioid crisis on communities throughout Vermont,  
16 including communities' abatement needs and proposals for abatement  
17 strategies and responses;

18 (2) the perspectives of and proposals from opioid use disorder  
19 prevention coalitions, recovery centers, and medication-assisted treatment  
20 providers, and

1 ~~(3) the ongoing challenges of the opioid crisis on marginalized~~  
2 populations, including individuals who have a lived experience of opioid use  
3 disorder.

4 (d) Assistance. The Advisory Committee shall have the administrative,  
5 technical, and legal assistance of the Department of Health.

6 (e) Presentation. Annually, the Department of Health shall present the  
7 Advisory Committee's recommendations for expenditures from the Opioid  
8 Abatement Special Fund established pursuant to this subchapter to the House  
9 Committees on Appropriations and on Human Services and the Senate  
10 Committees on Appropriations and on Health and Welfare as part of its budget  
11 presentation.

12 (f) Meetings.

13 (1) The Commissioner of Health shall call the first meeting of the  
14 Advisory Committee to occur on or before May 1, 2022.

15 (2) The Advisory Committee shall meet at least quarterly but not more  
16 than six times per calendar year.

17 (3) The Advisory Committee shall adopt procedures to govern its  
18 proceedings, including voting procedures and how the staggered terms shall be  
19 apportioned among members.

1 ~~(4) All meetings of the Advisory Committee shall be consistent with~~  
2 ~~Vermont's Open Meeting Law pursuant to 1 V.S.A. chapter 5, subchapter 2.~~  
3 ~~The Advisory Committee shall meet at least four times per year.~~

4 ~~(g) Compensation and reimbursement.~~

5 ~~(1) For attendance at meetings during adjournment of the General~~  
6 ~~Assembly, a legislative member of the Advisory Committee serving in the~~  
7 ~~member's capacity as a legislator shall be entitled to per diem compensation~~  
8 ~~and reimbursement of expenses pursuant to 2 V.S.A. § 23 for not more than six~~  
9 ~~meetings per year. These payments shall be appropriated from the Opioid~~  
10 ~~Abatement Special Fund.~~

11 ~~(2) Other members of Advisory Committee shall be entitled to per diem~~  
12 ~~compensation and reimbursement of expenses as permitted under 32 V.S.A.~~  
13 ~~§ 1010 for not more than six meetings per year. These payments shall be~~  
14 ~~appropriated from the Opioid Abatement Special Fund.~~

15 ~~§ 4773. DESIGNATION OF LEAD STATE AGENCY~~

16 ~~The Department of Health shall serve as the lead State agency and single~~  
17 ~~point of contact for receiving requests for funding from the Opioid Abatement~~  
18 ~~Special Fund, which is funded by any opioid settlements received by the State~~  
19 ~~through litigation.~~

§ 4774. OPIOID ABATEMENT SPECIAL FUND

(a) There is created the Opioid Abatement Special Fund, a special fund established and managed pursuant to 32 V.S.A. chapter 7, subchapter 5 and administered by the Department of Health. The Opioid Abatement Special Fund shall consist of all monies received from the Opioid Settlement Fund Administrator. The Department shall disburse monies from the Opioid Abatement Special Fund pursuant to 32 V.S.A. chapter 7, subchapter 3.

(b) Expenditures from the Opioid Abatement Special Fund shall be used for the following activities:

- (1) treatment of opioid use disorder;
- (2) support for individuals in treatment and recovery;
- (3) connecting individuals who need help to the help needed;
- (4) addressing the needs of criminal justice-involved persons;
- (5) addressing the needs of pregnant or parenting individuals and their families, including babies with neonatal abstinence syndrome;
- (6) preventing overprescribing and ensuring appropriate prescribing and dispensing of opioids;
- (7) preventing the misuse of opioids;
- (8) preventing overdose deaths and other harms;
- (9) educating law enforcement and other first responders regarding appropriate practices and precaution when dealing with fentanyl or other drugs

1 ~~and providing wellness and support services for first responders and others~~  
2 who experience secondary trauma associated with opioid-related emergency  
3 events;

4 (10) supporting efforts to provide leadership, planning, coordination,  
5 facilitation, training, and technical assistance to abate the opioid epidemic;

6 (11) researching opioid abatement;

7 (12) implementing other evidence-based or evidence-informed programs  
8 or strategies that support prevention, harm reduction, treatment, or recovery of  
9 opioid use disorder and any co-occurring substance use or mental health  
10 disorder; and

11 (13) the cost of the administrative, technical, and legal assistance  
12 provided to the Advisory Committee by the Department of Health.

13 (c) Priority for expenditures from the Opioid Abatement Special Fund shall  
14 be given to the following:

15 (1) promoting the appropriate use of naloxone and other U.S. Food and  
16 Drug Administration-approved drugs to reverse opioid overdoses, specifically:

17 (A) expanding training for first responders, schools, community  
18 support groups, families; and

19 (B) increasing distribution to individuals who are uninsured or whose  
20 health insurance does not cover the needed goods and services,



1 ~~(2) increasing access to medication-assisted treatment and other opioid~~

2 ~~related treatment, specifically:~~

3 ~~(A) increasing distribution of medication-assisted treatment to~~  
4 ~~individuals who are uninsured or whose health insurance does not cover the~~  
5 ~~needed goods and services;~~

6 ~~(B) providing education to school-based and youth-focused programs~~  
7 ~~that discourage or prevent misuse, including how to access opioid use disorder~~  
8 ~~treatment;~~

9 ~~(C) providing medication-assisted education and awareness training~~  
10 ~~to health care providers, emergency medical technicians, law enforcement, and~~  
11 ~~other first responders; and~~

12 ~~(D) providing treatment and recovery support services such as~~  
13 ~~residential and inpatient treatment, intensive outpatient treatment, outpatient~~  
14 ~~therapy or counseling, and recovery housing that allows or integrates~~  
15 ~~medication and other support services;~~

16 ~~(3) pregnant and postpartum individuals, specifically:~~

17 ~~(A) enhancing services for expanding screening, brief intervention,~~  
18 ~~and referral to treatment (SBIRT) services to non-Medicaid eligible or~~  
19 ~~uninsured pregnant individuals;~~

20 ~~(B) expanding comprehensive evidence-based treatment and recovery~~  
21 ~~services, including medication-assisted treatment, for women with co-~~

1 ~~occurring opioid use disorder and other substance or mental health disorders~~

2 ~~for up to 12 months postpartum; and~~

3 ~~(C) providing comprehensive wraparound services to pregnant and~~

4 ~~postpartum individuals with opioid use disorder, including housing,~~

5 ~~transportation, job placement, training, and child care;~~

6 ~~(4) expanding treatment for neonatal abstinence syndrome (NAS),~~

7 ~~specifically:~~

8 ~~(A) expanding comprehensive evidence-based recovery support for~~

9 ~~babies with NAS;~~

10 ~~(B) expanding services for better continuum of care to address infant~~

11 ~~needs and support the parent-child relationship; and~~

12 ~~(C) expanding long-term treatment and services for medical~~

13 ~~monitoring of babies with NAS and their families;~~

14 ~~(5) expanding the availability of warm hand-off programs and recovery~~

15 ~~services, specifically:~~

16 ~~(A) expanding services such as navigators and on-call teams to begin~~

17 ~~medication-assisted treatment in hospital emergency departments;~~

18 ~~(B) expanding warm hand-off services to transition to recovery~~

19 ~~services;~~

20 ~~(C) broadening the scope of recovery services to include co-~~

21 ~~occurring substance use disorder or mental health conditions,~~

1 ~~(D) providing comprehensive wraparound services to individuals in~~  
2 recovery, including housing, transportation, job placement, training, and child  
3 care; and

4 (E) hiring additional workers to facilitate the expansions listed in this  
5 subdivision (5);

6 (6) treating incarcerated populations, specifically;

7 (A) providing evidence-based treatment and recovery support,  
8 including medication-assisted treatment for individuals with opioid use  
9 disorder or co-occurring substance use or mental health disorders while  
10 transitioning out of the criminal justice system; and

11 (B) increasing funding for correctional facilities to provide treatment  
12 to inmates with opioid use disorder;

13 (7) preventing programs, specifically;

14 (A) funding for media campaigns to prevent opioid misuse;

15 (B) funding for evidence-based prevention in schools;

16 (C) funding for health care provider education and outreach  
17 regarding best prescribing practices for opioids consistent with the 2016 U.S.  
18 Centers for Disease Control and Prevention guidelines, including providers at  
19 hospitals;

20 ~~(D) funding for community drug disposal programs, and~~

1 ~~(E) funding and training for first responders to participate in pre-~~  
2 ~~arrest diversion programs, post-overdose response teams, or similar strategies~~  
3 ~~that connect at-risk individuals to mental health services and supports;~~

4 (8) expanding syringe service programs, specifically providing  
5 comprehensive syringe services programs with more wraparound services,  
6 including linkages to opioid use disorder treatment, access to sterile syringes,  
7 and linkages to care and treatment of infectious diseases; and

8 (9) facilitating evidence-based data collection and research analyzing  
9 the effectiveness of the abatement strategies within Vermont.

10 Sec. 2. EFFECTIVE DATE

11 ~~This act shall take effect on passage.~~

*Sec. 1. 18 V.S.A. chapter 93 is amended to read:*

*CHAPTER 93. TREATMENT OF OPIOID ADDICTION USE DISORDER*

*Subchapter 1. Treatment of Opioid Use Disorder*

*\* \* \**

*Subchapter 2. Opioid Settlement*

*§ 4771. PURPOSE*

*It is the purpose of this subchapter to comply with any opioid litigation settlements to which the State or municipalities within the State were a party regarding the management and expenditure of monies received by the State. While an opioid litigation settlement may designate a portion of the monies for*

local or State use, this subchapter applies to only monies from abatement accounts funds.

§ 4772. OPIOID SETTLEMENT ADVISORY COMMITTEE

(a) Creation. There is created the Opioid Settlement Advisory Committee to provide advice and recommendations regarding remediation spending from the Opioid Abatement Special Fund established pursuant to this subchapter.

(b) Membership

(1) The Advisory Committee shall be composed of the following members and shall reflect the diversity of Vermont in terms of gender, race, age, ethnicity, sexual orientation, gender identity, disability status, and socioeconomic status and ensure inclusion of individuals with lived experience of opioid use disorder and their family members whenever possible:

(A) the Commissioner of Health or designee, who shall serve as a nonvoting chair;

(B) the Commissioner of Mental Health or designee;

(C) the Chief Prevention Officer established pursuant to 3 V.S.A. § 2321;

(D) one current member of the House of Representatives, appointed by the Speaker of the House;

(E) one current member of the Senate, appointed by the Committee on Committees,

~~(E) a primary care prescriber with experience providing medication-assisted treatment within the Blueprint for Health hub and spoke model, appointed by the Executive Director of the Blueprint for Health, to provide a statewide perspective on the provision of medication-assisted treatment services;~~

~~(G) an individual with experience providing substance misuse prevention services and education programming, appointed by the Substance Misuse Prevention Oversight and Advisory Council, to provide a statewide perspective on prevention services and education;~~

~~(H) an individual with experience providing substance misuse treatment or recovery services, appointed by the Clinical Director of the Alcohol and Drug Abuse Program or its successor, to provide a statewide perspective on the provision of treatment or recovery, or both;~~

~~(I) a provider with academic research credentials, appointed by the University of Vermont, to provide a statewide perspective on academic research relating to opioid use disorder;~~

~~(J) two individuals with lived experience of opioid use disorder, including at least one of whom is in recovery, one member appointed by the Howard Center's Safe Recovery program and one member appointed by the Vermont Association of Mental Health and Addiction Recovery, to provide a statewide perspective on the experience of living with opioid use disorder,~~

~~(K) an assistant judge, appointed by the Vermont Association of County Judges; and~~

~~(L) ten individuals, each employed by or an agent of a different city or town that collectively reflect Vermont's diverse population and geography, appointed by the Vermont League of Cities and Towns.~~

~~(2)(A) The term of office of each appointed member shall be four years. Of the members first appointed, 11 shall be appointed for a term of three years and 11 shall be appointed for a term of four years. Members shall hold office for the term of their appointments and until their successors have been appointed. All vacancies shall be filled for the balance of the unexpired term in the same manner as the original appointment. Members are eligible for reappointment.~~

~~(B) A member may be removed from the Advisory Committee by the member's appointing entity for cause, which includes only neglect of duty, gross misconduct, conviction of a crime, or inability to perform the responsibilities of the office. The Chair of the Advisory Committee shall simultaneously notify the Governor, the Speaker of the House, and the President Pro Tempore that the member has been removed from the Advisory Committee.~~

~~(b) Membership.~~

(1) The Advisory Committee shall be composed of the following members and shall reflect the diversity of Vermont in terms of gender, race, age, ethnicity, sexual orientation, gender identity, disability status, and socioeconomic status and ensure inclusion of individuals with lived experience of opioid use disorder and their family members whenever possible:

(A) the Commissioner of Health or designee, who shall serve as a nonvoting chair;

(B) the Chief Prevention Officer established pursuant to 3 V.S.A. § 2321;

(C) one current member of the House of Representatives, appointed by the Speaker of the House;

(D) one current member of the Senate, appointed by the Committee on Committees;

(E) a primary care prescriber with experience providing medication-assisted treatment within the Blueprint for Health hub and spoke model, appointed by the Executive Director of the Blueprint for Health, to provide a statewide perspective on the provision of medication-assisted treatment services;

(F) a provider with academic research credentials, appointed by the University of Vermont, to provide a statewide perspective on academic research relating to opioid use disorder;



(G) two individuals with lived experience of opioid use disorder, including at least one of whom is in recovery, one member appointed by the Howard Center's Safe Recovery program and one member appointed by the Vermont Association of Mental Health and Addiction Recovery, to provide a statewide perspective on the experience of living with opioid use disorder;

(H) an assistant judge, appointed by the Vermont Association of County Judges; and

(I) seven individuals, each employed by or an agent of a different city or town that collectively reflect Vermont's diverse population and geography, appointed by the Vermont League of Cities and Towns.

(2)(A) The term of office of each appointed member shall be four years. Of the members first appointed, eight shall be appointed for a term of three years and eight shall be appointed for a term of four years. Members shall hold office for the term of their appointments and until their successors have been appointed. All vacancies shall be filled for the balance of the unexpired term in the same manner as the original appointment. Members are eligible for reappointment.

(B) A member may be removed from the Advisory Committee by the member's appointing entity for cause, which includes only neglect of duty, gross misconduct, conviction of a crime, or inability to perform the responsibilities of the office. The Chair of the Advisory Committee shall

simultaneously notify the Governor, the Speaker of the House, and the President Pro Tempore that the member has been removed from the Advisory Committee.

(c) Powers and duties. The Advisory Committee shall demonstrate broad ongoing consultation with individuals living with opioid use disorder about their direct experience with related systems, including medication-assisted treatment, residential treatment, recovery services, harm reduction services, overdose, supervision by the Department of Corrections, and involvement with the Department for Children and Families' Family Services Division. To that end, the Advisory Committee shall demonstrate consultation with individuals with direct lived experience of opioid use disorder, frontline support professionals, the Substance Misuse Advisory Council, and other stakeholders to identify spending priorities as related to opioid use disorder prevention, intervention, treatment, and recovery services and harm reduction strategies for the purpose of providing recommendations to the Governor, the Department of Health, and the General Assembly on prioritizing spending from the Opioid Abatement Special Fund. The Advisory Committee shall consider:

(1) the impact of the opioid crisis on communities throughout Vermont, including communities' abatement needs and proposals for abatement strategies and responses;

(2) the perspectives of and proposals from opioid use disorder prevention coalitions, recovery centers, and medication-assisted treatment providers; and

(3) the ongoing challenges of the opioid crisis on marginalized populations, including individuals who have a lived experience of opioid use disorder.

(d) Assistance. The Advisory Committee shall have the administrative, technical, and legal assistance of the Department of Health.

(e) Presentation. Annually, the Advisory Committee shall present its recommendations for expenditures from the Opioid Abatement Special Fund established pursuant to this subchapter to the Department of Health and concurrently submit its recommendations in writing to the House Committees on Appropriations and on Humans Services and the Senate Committees on Appropriations and on Health and Welfare.

(f) Meetings.

(1) The Commissioner of Health shall call the first meeting of the Advisory Committee to occur on or before June 30, 2022.

(2) The Advisory Committee shall meet at least quarterly but not more than six times per calendar year.

(3) The Advisory Committee shall adopt procedures to govern its proceedings and organization, including voting procedures and how the staggered terms shall be apportioned among members.

(4) All meetings of the Advisory Committee shall be consistent with Vermont's Open Meeting Law pursuant to 1 V.S.A. chapter 5, subchapter 2.

(g) Compensation and reimbursement.

(1) For attendance at meetings during adjournment of the General Assembly, a legislative member of the Advisory Committee serving in the member's capacity as a legislator shall be entitled to per diem compensation and reimbursement of expenses pursuant to 2 V.S.A. § 23 for not more than six meetings per year. These payments shall be appropriated from the Opioid Abatement Special Fund.

(2) Other members of Advisory Committee shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than six meetings per year. These payments shall be appropriated from the Opioid Abatement Special Fund.

§ 4773. DESIGNATION OF LEAD STATE AGENCY

The Department of Health shall serve as the lead State agency and single point of contact for submitting requests for funding to the national settlement fund administrator. Approved requests shall be disbursed to the Department

for deposit into the Opioid Abatement Special Fund established in section 4774 of this subchapter.

§ 4774. OPIOID ABATEMENT SPECIAL FUND

(a)(1) There is created the Opioid Abatement Special Fund, a special fund established and managed pursuant to 32 V.S.A. chapter 7, subchapter 5 and administered by the Department of Health. The Opioid Abatement Special Fund shall consist of all abatement account fund monies disbursed by the national settlement fund administrator to the Department.

(2) The Department shall include a spending plan, informed by the recommendations of the Opioid Settlement Advisory Committee established pursuant to section 4772 of this subchapter, as part of its annual budget submission, and once approved, the Department shall request to have the funds formally released from the national abatement accounts fund. The Department shall disburse monies from the Opioid Abatement Special Fund pursuant to 32 V.S.A. chapter 7, subchapter 3.

(3) Disbursements from the Opioid Abatement Special Fund shall supplement and not supplant or replace any existing or future local, State, or federal government funding for infrastructure, programs, supports, and resources, including health insurance benefits, federal grant funding, and Medicaid and Medicare funds.

(b) Expenditures from the Opioid Abatement Special Fund shall be used for the following opioid prevention, intervention, treatment, recovery, harm reduction, and evaluation activities:

(1) preventing overdose deaths and other harms;

(2) treatment of opioid use disorder;

(3) support for individuals in treatment and recovery and their families;

(4) connecting individuals who need help to the help needed;

(5) addressing the needs of criminal justice-involved persons;

(6) addressing the needs of pregnant or parenting individuals and their families, including babies with neonatal abstinence syndrome;

(7) preventing overprescribing and ensuring appropriate prescribing and dispensing of opioids;

(8) preventing the misuse of opioids;

(9) educating law enforcement and other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs and providing wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events;

(10) supporting efforts to provide leadership, planning, coordination, facilitation, training, and technical assistance to abate the opioid epidemic;

(11) researching opioid abatement;

(12) implementing other evidence-based or evidence-informed programs or strategies that support prevention, harm reduction, treatment, or recovery of opioid use disorder and any co-occurring substance use or mental health disorder; and

(13) the cost of the administrative, technical, and legal assistance provided to the Advisory Committee by the Department of Health.

(c) Priority for expenditures from the Opioid Abatement Special Fund shall be aimed at reducing overdose deaths, including the following:

(1) promoting the appropriate use of naloxone and other U.S. Food and Drug Administration-approved drugs to reverse opioid overdoses, specifically:

(A) expanding training for first responders, schools, community support groups, families; and

(B) increasing distribution to individuals who are uninsured or whose health insurance does not cover the needed goods and services;

(2) increasing access to medication-assisted treatment and other opioid-related treatment, specifically:

(A) increasing distribution of medication-assisted treatment to individuals who are uninsured or whose health insurance does not cover the needed goods and services;

(B) providing education to school-based and youth-focused programs that discourage or prevent misuse, including how to access opioid use disorder treatment;

(C) providing medication-assisted education and awareness training to health care providers, emergency medical technicians, law enforcement, and other first responders; and

(D) providing treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allows or integrates medication and other support services;

(3) assisting pregnant and postpartum individuals, specifically:

(A) enhancing services for expanding screening, brief intervention, and referral to treatment (SBIRT) services to non-Medicaid eligible or uninsured pregnant individuals;

(B) expanding comprehensive evidence-based or evidence-informed treatment and recovery services, including medication-assisted treatment, for individuals with co-occurring opioid use disorder and other substance or mental health disorders for up to 12 months postpartum; and

(C) providing comprehensive wraparound services to pregnant and postpartum individuals with opioid use disorder, including housing, transportation, job placement, training, and child care;



(4) expanding treatment for neonatal abstinence syndrome (NAS), specifically:

(A) expanding comprehensive evidence-based or evidence-informed recovery support for babies with NAS;

(B) expanding services for better continuum of care to address infant needs and support the parent-child relationship; and

(C) expanding long-term treatment and services for medical monitoring of babies with NAS and their families;

(5) expanding the availability of warm handoff programs and recovery services, specifically:

(A) expanding services such as navigators and on-call teams to begin medication-assisted treatment in hospital emergency departments;

(B) expanding warm handoff services to transition to recovery services;

(C) broadening the scope of recovery services to include co-occurring substance use disorder or mental health conditions;

(D) providing comprehensive wraparound services to individuals in recovery, including housing, transportation, job placement, training, and child care; and

(E) hiring additional workers to facilitate the expansions listed in this subdivision (5);

(6) treating incarcerated populations, specifically;

(A) providing evidence-based or evidence-informed treatment and recovery support, including medication-assisted treatment for individuals with opioid use disorder or co-occurring substance use or mental health disorders while transitioning out of the criminal justice system; and

(B) increasing funding for correctional facilities to provide treatment and recovery support to inmates with opioid use disorder;

(7) supporting prevention programs, specifically;

(A) funding for media campaigns to prevent opioid misuse;

(B) funding for evidence-based or evidence-informed prevention in schools;

(C) funding for health care provider education and outreach regarding best prescribing practices for opioids consistent with current Department of Health and U.S. Centers for Disease Control and Prevention guidelines, including providers at hospitals;

(D) funding for community drug disposal programs; and

(E) funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to mental health services and supports;

(8) expanding syringe service programs, specifically providing comprehensive syringe services programs with more wraparound services,

including linkages to opioid use disorder treatment, access to sterile syringes, and linkages to care and treatment of infectious diseases; and

(9) facilitating evidence-based or evidence-informed data collection and research analyzing and evaluating the effectiveness of the abatement strategies within Vermont.

*Sec. 2. SUNSET; OPIOID SETTLEMENT ADVISORY COMMITTEE*

Upon written certification by the Chair of the Opioid Settlement Advisory Committee to the Governor, the Speaker of the House, and the President Pro Tempore that Vermont's share of monies from the abatement accounts portion of the national settlement fund has been fully expended, the Opioid Settlement Advisory Committee shall cease to exist.

*Sec. 3. FY23 ADVISORY COMMITTEE EXPENSES; ANTICIPATION OF RECEIPTS*

In fiscal year 2023, the Department of Health shall pay the administrative costs and any other expenses related to the activities of the Opioid Settlement Advisory Committee established pursuant to 18 V.S.A. § 4772 in anticipation of receipts.

*Sec. 4. EFFECTIVE DATE*

This act shall take effect on passage.