

1 Introduced by Committee on Human Services

2 Date:

3 Subject: Human services; opioid use disorder; Opioid Settlement Advisory
4 Committee; Opioid Abatement Special Fund

5 Statement of purpose of bill as introduced: This bill proposes to establish the
6 Opioid Settlement Advisory Committee and Opioid Abatement Special Fund.

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

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

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

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

12 Subchapter 1. Treatment of Opioid Use Disorder

13 * * *

14 Subchapter 2. Opioid Settlement

15 § 4771. PURPOSE

16 It is the purpose of this subchapter to comply with any opioid litigation
17 settlements to which the State or municipalities within the State were a party
18 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 Humans 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.

1 § 4774. OPIOID ABATEMENT SPECIAL FUND

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

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

10 (1) treatment of opioid use disorder;

11 (2) support for individuals in treatment and recovery;

12 (3) connecting individuals who need help to the help needed;

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

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

16 (6) preventing overprescribing and ensuring appropriate prescribing and
17 dispensing of opioids;

18 (7) preventing the misuse of opioids;

19 (8) preventing overdose deaths and other harms;

20 (9) educating law enforcement and other first responders regarding
21 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.