

1 Introduced by Committee on Human Services

2 Date:

3 Subject: Human services; opioid use disorder; treatment; recovery

4 Statement of purpose of bill as introduced: This bill proposes to: (1) expand
5 the locations in which an organized community-based needle exchange
6 program can operate; (2) prohibit a health insurance plan from requiring prior
7 authorization during the first 60 days of initiating medication-assisted
8 treatment when the prescribed medication is for opioid or opiate withdrawal;
9 (3) establish an Overdose Prevention Site Working Group; and (4) appropriate
10 funds for three pilot programs specific to mobile medication-assisted
11 treatment, supports for justice-involved individuals, and overdose emergency
12 response support.

13 An act relating to opioid overdose response services

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

15 * * * Operation of Syringe Service Programs * * *

16 Sec. 1. 18 V.S.A. § 4475 is amended to read:

17 § 4475. DEFINITIONS

18 (a)(1) The term “drug paraphernalia” means all equipment, products,
19 devices, and materials of any kind that are used, or promoted for use or
20 designed for use, in planting, propagating, cultivating, growing, harvesting,

1 manufacturing, compounding, converting, producing, processing, preparing,
2 testing, analyzing, packaging, repackaging, storing, containing, concealing,
3 injecting, ingesting, inhaling, or otherwise introducing into the human body a
4 regulated drug in violation of chapter 84 of this title. “Drug paraphernalia”
5 does not include needles, ~~and~~ syringes, or other harm reduction supplies
6 distributed or possessed as part of an organized community-based needle
7 exchange program.

8 (2) “Organized community-based needle exchange program” means a
9 program approved by the Commissioner of Health under section 4478 of this
10 title, the purpose of which is to provide access to clean needles and syringes,
11 ~~and which is operated by an AIDS service organization, a substance abuse~~
12 ~~treatment provider, or a licensed health care provider or facility.~~ Such
13 programs shall be operated in a manner that is consistent with the provisions of
14 10 V.S.A. chapter 159 (waste management; hazardous waste); and any other
15 applicable laws.

16 * * *

17 Sec. 2. REPORT; NEEDLE EXCHANGE PROGRAM GUIDELINES

18 On or before January 1, 2023, the Department of Health shall submit a
19 written report to the House Committee on Human Services and to the Senate
20 Committee on Health and Welfare on updates to the needle exchange program
21 operating guidelines required pursuant to 18 V.S.A. § 4478 that reflect current

1 practice and consideration of the feasibility and costs of designating
2 organizations to deliver peer-operated needle exchange.

3 * * * Prior Authorization for Medication-Assisted Treatment

4 Effective July 1, 2022 * * *

5 Sec. 3. 18 V.S.A. § 4750 is amended to read:

6 § 4750. DEFINITIONS

7 As used in this chapter:

8 (1) “Health insurance plan” ~~has the same meaning as in 8 V.S.A.~~

9 § 4089b means any health insurance policy or health benefit plan offered by a
10 health insurer, as defined in section 9402 of this title, as well as Medicaid and
11 any other public health care assistance program offered or administered by the
12 State or by any subdivision or instrumentality of the State. The term does not
13 include policies or plans providing coverage for a specified disease or other
14 limited benefit coverage.

15 * * *

16 Sec. 4. 18 V.S.A. § 4754 is amended to read:

17 § 4754. LIMITATION ON PRIOR AUTHORIZATION REQUIREMENTS

18 (a) A health insurance plan shall not require prior authorization for
19 prescription drugs for a patient who is receiving medication-assisted treatment
20 if the dosage prescribed is within the U.S. Food and Drug Administration’s
21 dosing recommendations or during the first 60 days of medication-assisted

1 treatment when the medication is prescribed to a patient for opioid or opiate
2 withdrawal.

3 (b) A health insurance plan shall cover the following medications without
4 requiring prior authorization:

5 (1) one medication within each therapeutic class of medication approved
6 by the U.S. Food and Drug Administration for the treatment of substance use
7 disorders; and

8 (2) one medication that is a formulation of a buprenorphine mono-
9 product approved by the U.S. Food and Drug Administration for the treatment
10 of substance use disorders.

11 (c) A health insurance plan shall not require prior authorization for all
12 counseling and behavioral therapies associated with medication-assisted
13 treatment for a patient who is receiving medication-assisted treatment.

14 * * * Prior Authorization for Medication-Assisted Treatment

15 Effective July 1, 2025 * * *

16 Sec. 5. 18 V.S.A. § 4750 is amended to read:

17 § 4750. DEFINITIONS

18 As used in this chapter:

19 (1) “Health insurance plan” ~~means any health insurance policy or health~~
20 ~~benefit plan offered by a health insurer, as defined in section 9402 of this title,~~
21 ~~as well as Medicaid and any other public health care assistance program~~

1 ~~offered or administered by the State or by any subdivision or instrumentality of~~
2 ~~the State. The term does not include policies or plans providing coverage for a~~
3 ~~specified disease or other limited benefit coverage~~ has the same meaning as in
4 8 V.S.A. § 4089b.

5 * * *

6 Sec. 6. 18 V.S.A. § 4754 is amended to read:

7 § 4754. LIMITATION ON PRIOR AUTHORIZATION REQUIREMENTS

8 (a) A health insurance plan shall not require prior authorization for
9 prescription drugs for a patient who is receiving medication-assisted treatment
10 if the dosage prescribed is within the U.S. Food and Drug Administration’s
11 dosing recommendations ~~or during the first 60 days of medication-assisted~~
12 ~~treatment when the medication is prescribed to a patient for opioid or opiate~~
13 ~~withdrawal.~~

14 (b) ~~A health insurance plan shall cover the following medications without~~
15 ~~requiring prior authorization:~~

16 (1) ~~one medication within each therapeutic class of medication approved~~
17 ~~by the U.S. Food and Drug Administration for the treatment of substance use~~
18 ~~disorders; and~~

19 (2) ~~one medication that is a formulation of a buprenorphine mono-~~
20 ~~product approved by the U.S. Food and Drug Administration for the treatment~~
21 ~~of substance use disorders.~~

1 (ε) A health insurance plan shall not require prior authorization for all
2 counseling and behavioral therapies associated with medication-assisted
3 treatment for a patient who is receiving medication-assisted treatment.

4 * * * Report on Prior Authorization for Medication-Assisted
5 Treatment in Medicaid * * *

6 Sec. 7. REPORTS; PRIOR AUTHORIZATION FOR MEDICATION-
7 ASSISTED TREATMENT; MEDICAID

8 On or before February 1, 2023, 2024, and 2025, the Department of Vermont
9 Health Access shall report to the House Committees on Health Care and on
10 Human Services and to the Senate Committee on Health and Welfare regarding
11 prior authorization processes for medication-assisted treatment in Vermont’s
12 Medicaid program during the previous calendar year, including:

13 (1) which medications required prior authorization;

14 (2) how many prior authorization requests the Department received and
15 of these, how many were approved and denied; and

16 (3) the average and longest length of time the Department took to
17 process a prior authorization request.

18 * * * Overdose Prevention Site Working Group * * *

19 Sec. 8. OVERDOSE PREVENTION SITE WORKING GROUP

20 (a) Creation. In recognition of the rapid increase in overdose deaths across
21 the State, with a record number of opioid-related deaths in 2021, there is

1 created the Overdose Prevention Site Working Group to identify the feasibility
2 and liability of implementing overdose prevention sites in Vermont.

3 (b) Membership. The Working Group shall be composed of the following
4 members:

5 (1) the Commissioner of Health or designee;

6 (2) the Commissioner of Public Safety or designee;

7 (3) a representative, appointed by the State’s Attorneys Offices;

8 (4) two representatives, appointed by the Vermont League of Cities and
9 Towns, from different regions of the State;

10 (5) two individuals with lived experience of opioid use disorder,
11 including at least one of whom is in recovery; one member appointed by the
12 Howard Center’s Safe Recovery program; and one member appointed by the
13 Vermont Association of Mental Health and Addiction Recovery;

14 (6) the Program Director from the Consortium on Substance Use;

15 (7) the Program Director from the Howard Center’s Safe Recovery
16 program;

17 (8) a primary care prescriber with experience providing medication-
18 assisted treatment within the hub-and-spoke model, appointed by the Clinical
19 Director of Alcohol and Drug Abuse Programs; and

20 (9) an emergency department physician, appointed by the Vermont
21 Medical Society.

1 (c) Powers and duties. The Working Group shall:

2 (1) conduct an inventory of overdose prevention sites nationally;

3 (2) identify the feasibility and liability of both publicly funded and
4 privately funded overdose prevention sites;

5 (3) make recommendations on municipal and local actions necessary to
6 implement overdose prevention sites; and

7 (4) make recommendations on executive and legislative actions
8 necessary to implement overdose prevention sites, if any.

9 (d) Assistance. The Working Group shall have the administrative,
10 technical, and legal assistance of the Department of Health.

11 (e) Report. On or before November 15, 2023, the Working Group shall
12 submit a written report to the House Committee on Human Services and the
13 Senate Committee on Health and Welfare with its findings and any
14 recommendations for legislative action.

15 (f) Meetings.

16 (1) The Commissioner of Health or designee shall call the first meeting
17 of the Working Group to occur on or before September 15, 2022.

18 (2) The Committee shall select a chair from among its members at the
19 first meeting.

20 (3) A majority of the membership shall constitute a quorum.

21 (4) The Working Group shall cease to exist on November 15, 2023.

1 (g) Compensation and reimbursement. Members of the Working Group
2 shall be entitled to per diem compensation and reimbursement of expenses as
3 permitted under 32 V.S.A. § 1010 for not more than eight meetings. These
4 payments shall be made from monies appropriated to the Department of
5 Health.

6 (h) As used in this section, “overdose prevention site” means a facility
7 where individuals can use previously acquired regulated drugs as defined in
8 18 V.S.A. § 4201.

9 * * * Pilot Programs * * *

10 Sec. 9. PILOT PROGRAM; MOBILE MEDICATION-ASSISTED
11 TREATMENT

12 In fiscal year 2023, \$450,000.00 is appropriated from the General Fund to
13 the Department of Health’s Division of Alcohol and Drug Abuse Programs for
14 the purpose of awarding one or more grants for mobile medication-assisted
15 treatment services in accordance with federal laws. The Division shall award
16 grants based on an applicant’s ability to provide medication-assisted treatment,
17 including methadone, to currently underserved areas of the State.

18 Sec. 10. PILOT PROGRAM; SUBSTANCE USE SUPPORT FOR JUSTICE-
19 INVOLVED VERMONTERS

20 In fiscal year 2023, \$250,000.00 is appropriated from the General Fund to
21 the Department of Health’s Division of Alcohol and Drug Abuse Programs to

1 award one or more grants to an organization or organizations providing
2 substance use treatment counseling or substance use recovery support, or both,
3 for individuals within and transitioning out of the criminal justice system. The
4 Division shall award grants based on an applicant’s ability to accomplish the
5 following:

6 (1) provide justice-involved individuals with direct substance use
7 support services while incarcerated, such as through alcohol and drug abuse
8 counselors licensed pursuant to 26 V.S.A. chapter 62 or certified recovery
9 coaches, or both;

10 (2) support justice-involved individuals in their transition out of
11 incarceration, such as through warm handoffs to existing statewide resources
12 for substance use treatment or recovery; or

13 (3) provide long-term support for justice-involved individuals, such as
14 by coordinating peer support services or ongoing counseling post-
15 incarceration.

16 Sec. 11. PILOT PROGRAM; OVERDOSE EMERGENCY RESPONSE
17 SUPPORT

18 In fiscal year 2023, \$180,000.00 is appropriated from the General Fund to
19 the Department of Health’s Division of Alcohol and Drug Abuse Programs to
20 award four equal grants to organizations to provide or facilitate connection to
21 substance use treatment, recovery, and harm reduction services at the time of

1 emergency response to overdose. The Division shall award grants based on an
2 applicant’s ability to support individuals at risk of fatal overdose by facilitating
3 warm handoffs to treatment, recovery, and harm reduction services through
4 coordination between public safety, emergency medical services, substance use
5 treatment and health care providers, and substance use recovery services.

6 * * * Effective Dates * * *

7 Sec. 12. EFFECTIVE DATES

8 This act shall take effect on July 1, 2022, except Secs. 5 (definitions) and 6
9 (limitation on prior authorization requirements) shall take effect on July 1,
10 2025.