

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred House Bill
3 No. 711 entitled “An act relating to the creation of the Opioid Settlement
4 Advisory Committee and the Opioid Abatement Special Fund” respectfully
5 reports that it has considered the same and recommends that the bill be
6 amended by striking out all after the enacting clause and inserting in lieu
7 thereof the following:

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

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

10 Subchapter 1. Treatment of Opioid Use Disorder

11 * * *

12 Subchapter 2. Opioid Settlement

13 § 4771. PURPOSE

14 It is the purpose of this subchapter to comply with any opioid litigation
15 settlements to which the State or municipalities within the State were a party
16 regarding the management and expenditure of monies received by the State.

17 While an opioid litigation settlement may designate a portion of the monies for
18 local or State use, this subchapter applies to only monies from abatement
19 accounts funds.

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) a primary care prescriber with experience providing medication-
20 assisted treatment within the Blueprint for Health hub and spoke model,
21 appointed by the Executive Director of the Blueprint for Health, to provide a

1 statewide perspective on the provision of medication-assisted treatment
2 services;

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

7 (H) an individual with experience providing substance misuse
8 treatment or recovery services within the Department of Health’s preferred
9 provider network, appointed by the Clinical Director of Alcohol and Drug
10 Abuse Program, to provide a statewide perspective on the provision of
11 treatment or recovery, or both;

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

15 (J) two individuals with lived experience of opioid use disorder,
16 including at least one of whom is in recovery, appointed by the Governor, to
17 provide a statewide perspective on the experience of living with opioid use
18 disorder;

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

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

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

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

18 (c) Powers and duties. The Advisory Committee shall consult with the
19 Substance Misuse Advisory Council and other stakeholders to identify
20 spending priorities as related to opioid use disorder prevention, intervention,
21 treatment, and recovery services and harm reduction strategies for the purpose

1 of providing recommendations to the Governor, the Department of Health, and
2 the General Assembly on prioritizing spending from the Opioid Abatement
3 Special Fund. The Advisory Committee shall consider:

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

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

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

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

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

1 (f) Meetings.

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

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

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

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

11 (g) Compensation and reimbursement.

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

18 (2) Other members of Advisory Committee shall be entitled to per diem
19 compensation and reimbursement of expenses as permitted under 32 V.S.A.
20 § 1010 for not more than six meetings per year. These payments shall be
21 appropriated from the Opioid Abatement Special Fund.

1 § 4773. DESIGNATION OF LEAD STATE AGENCY

2 The Department of Health shall serve as the lead State agency and single
3 point of contact for submitting requests for funding to the national abatement
4 account fund administrator. Approved requests shall be disbursed to the State
5 for deposit into the Opioid Abatement Special Fund established in section
6 4774 of this subchapter.

7 § 4774. OPIOID ABATEMENT SPECIAL FUND

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

13 (2) The Department shall include a spending plan, informed by the
14 recommendations of the Opioid Settlement Advisory Committee established
15 pursuant to section 4772 of this subchapter, as part of its annual budget
16 submission, and once approved, the Department shall request to have the funds
17 formally released from the national abatement accounts fund. The Department
18 shall disburse monies from the Opioid Abatement Special Fund pursuant to
19 32 V.S.A. chapter 7, subchapter 3.

20 (3) Disbursements from the Opioid Abatement Special Fund shall
21 supplement and not supplant or replace any existing or future local, State, or

1 federal government funding for infrastructure, programs, supports, and
2 resources, including health insurance benefits, federal grant funding, and
3 Medicaid and Medicare funds.

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

7 (1) treatment of opioid use disorder;

8 (2) support for individuals in treatment and recovery from opioid use
9 disorder;

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

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

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

14 (6) preventing overprescribing and ensuring appropriate prescribing and
15 dispensing of opioids;

16 (7) preventing the misuse of opioids;

17 (8) preventing overdose deaths and other harms;

18 (9) educating law enforcement and other first responders regarding
19 appropriate practices and precautions when dealing with fentanyl or other
20 drugs and providing wellness and support services for first responders and

1 others who experience secondary trauma associated with opioid-related
2 emergency events;

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

5 (11) researching opioid abatement;

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

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

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

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

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

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

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

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

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

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

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

14 (3) assisting pregnant and postpartum individuals, specifically;

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

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

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

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

6 (A) expanding comprehensive evidence-based recovery support for
7 babies with NAS;

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

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

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

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

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

18 (C) broadening the scope of recovery services to include co-
19 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) supporting prevention 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 current
18 Department of Health and U.S. Centers for Disease Control and Prevention
19 guidelines, including providers at 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.

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18 (Committee vote: _____)

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Representative _____

FOR THE COMMITTEE