



To: House Human Services Committee
From: Jessa Barnard, Vermont Medical Society
Date: February 25, 2022
RE: H.711, Opiate Settlement Bill

On behalf of the over 2,400 physician and physician assistant members of the Vermont Medical Society (VMS), we thank you for accepting these written comments regarding H.711.

We applaud the work of the Committee in advancing this legislation, as according to the American Medical Association (AMA) fewer than 20 states have enacted laws or put specific policies into effect to ensure opioid settlement funds are dedicated to treatment, public health, and prevention needs. In an Issue Brief just released yesterday (attached), the AMA urges decision makers to direct the millions in opioid litigation funds going to states and municipalities to research, education, prevention, and treatment of overdose, substance use disorders, care for patients with pain, and increasing access to harm reduction services. H. 711 moves in just this direction. We do have the following suggestions regarding the bill:

Sec. 1, Opioid Settlement Advisory Committee: Please Include Primary Care MAT Prescriber

We respectfully request that a primary care prescriber with experience providing medication-assisted treatment (MAT) services within the Blueprint for Health Hub & Spoke Model¹ be added to the Opioid Settlement Advisory Committee. This prescriber could be appointed by the Executive Director of the Blueprint for Health and would provide a statewide perspective on the provision of MAT services, relevant to a number of the priorities for funding in the bill such as increasing access to medication-assisted treatment and provider education.

§ 4774 Sec. (c)(7)(C): Provider Education

Sec. (c)(7)(C) regarding allocating funding for health care provider education and promotion of best practices specifically references 2016 CDC prescribing guidelines. We recommend you make the reference more general to “current CDC and Vermont Department of Health guidelines.” The CDC guidelines are currently being updated and the 2016 version will soon be outdated.² In addition, the Vermont Department of Health Rules Governing the Prescribing of Opioids for Pain³ contain additional details and should be addressed in programming.

Thank you for your consideration and please let me know if we can provide further information.

¹ Vermont’s “hub & spoke model,” started in 2012, has rapidly expanded Opioid Use Disorder (OUD) treatment capacity across the State, increased the number of physicians waived to prescribe buprenorphine and drastically reduced wait times for MAT. See <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/07/opioid-treatment-programs-a-key-treatment-system-component>. Currently, Vermont’s model is based around nine regional Hubs, or opioid treatment programs (OTPs) that provide treatment for OUD patients with acute needs. Once the OUD patient is stabilized, they are transferred to one of Vermont’s 113 local Spokes practices. “Spokes” are primary care settings that offer “office-based opioid treatment” (OBOT) and are staffed by at least one buprenorphine-prescribing physician who is supported by a “MAT team” consisting of a registered nurse (RN) and a master’s-level licensed counselor. The Blueprint for Health administers the Spoke part of the Hub & Spoke system.

² See <https://www.cdc.gov/opioids/guideline-update/index.html>.

³ https://www.healthvermont.gov/sites/default/files/documents/pdf/REG_opioids-prescribing-for-pain.pdf