

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) requires the Department of Health to develop  
7 guidelines for peer-delivered syringe exchange; (3) prohibit a health insurance  
8 plan from requiring prior authorization during the first 60 days of initiating  
9 medication-assisted treatment when the prescribed medication is for opioid or  
10 opiate withdrawal; (4) establish an Overdose Prevention Site Working Group;  
11 (5) require the Department of Health to adopt emergency rules authorizing  
12 syringe service providers to facilitate and support peer-delivered syringe  
13 exchange; and (6) appropriate funds for three grant programs specific to  
14 mobile medication-assisted treatment, supports for justice-involved  
15 individuals, and overdose emergency response support.

16 An act relating to opioid overdose response services

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

18 \* \* \* Operation of Syringe Service Programs \* \* \*

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

20 § 4475. DEFINITIONS

1 (a)(1) The term “drug paraphernalia” means all equipment, products,  
2 devices, and materials of any kind that are used, or promoted for use or  
3 designed for use, in planting, propagating, cultivating, growing, harvesting,  
4 manufacturing, compounding, converting, producing, processing, preparing,  
5 testing, analyzing, packaging, repackaging, storing, containing, concealing,  
6 injecting, ingesting, inhaling, or otherwise introducing into the human body a  
7 regulated drug in violation of chapter 84 of this title. “Drug paraphernalia”  
8 does not include needles and syringes distributed or possessed as part of an  
9 organized community-based needle exchange program.

10 (2) “Organized community-based needle exchange program” means a  
11 program approved by the Commissioner of Health under section 4478 of this  
12 title, the purpose of which is to provide access to clean needles and syringes;  
13 ~~and which is operated by an AIDS service organization, a substance abuse~~  
14 ~~treatment provider, or a licensed health care provider or facility.~~ Such  
15 programs shall be operated in a manner that is consistent with the provisions of  
16 10 V.S.A. chapter 159 (waste management; hazardous waste); and any other  
17 applicable laws.

18 \* \* \*

19 \* \* \* Peer-Delivered Syringe Exchange \* \* \*

20 Sec. 2. 18 V.S.A. § 4478 is amended to read:

21 § 4478. NEEDLE EXCHANGE PROGRAMS

1       (a) The Department of Health, in collaboration with the statewide harm  
2       reduction coalition, shall develop operating guidelines for needle exchange  
3       programs, including peer-delivered syringe exchange. If a program complies  
4       with such operating guidelines and with existing laws and regulations, it shall  
5       be approved by the Commissioner of Health. ~~Such operating guidelines shall~~  
6       ~~be established no later than September 30, 1999.~~

7       (b) As used in this section “peer-delivered syringe exchange” means  
8       a program approved by the Commissioner of Health in which peers with lived  
9       experience of injection drug-use perform outreach and provide sterile syringes,  
10      prevention education, and other resources from syringe service providers to  
11      people who use injection drugs.

12      Sec. 3. REPORT; PEER-DELIVERED SYRINGE EXCHANGE  
13              GUIDELINES

14      On or before October 1, 2022, the Department of Health shall submit its  
15      guidelines for peer-delivered syringe exchange established pursuant to  
16      18 V.S.A. § 4478 to the House Committee on Human Services and the Senate  
17      Committee on Health and Welfare.

18              \* \* \* Prior Authorization for Medication-Assisted Treatment \* \* \*

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

20      § 4754. LIMITATION ON PRIOR AUTHORIZATION REQUIREMENTS

1 (a) A health insurance plan shall not require prior authorization for  
2 prescription drugs for a patient who is receiving medication-assisted treatment  
3 if the dosage prescribed is within the U.S. Food and Drug Administration’s  
4 dosing recommendations or during the first 60 days of medication-assisted  
5 treatment when the medication is prescribed to a patient for opioid or opiate  
6 withdrawal.

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

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

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

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

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

19 Sec. 5. OVERDOSE PREVENTION SITE WORKING GROUP

20 (a) Creation. In recognition that fatal overdoses in Vermont are rapidly  
21 increasing with a record amount of opioid-related deaths in 2021, there is

1 created the Overdose Prevention Site Working Group to identify the feasibility  
2 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) the Attorney General or designee;

8 (4) one current member of the House of Representatives, appointed by  
9 the Speaker of the House;

10 (5) one current members of the Senate, appointed by the Committee on  
11 Committees;

12 (6) two individuals with lived experience of substance use disorder,  
13 nominated by syringe service programs and appointed the Commissioner of  
14 Health;

15 (7) the program directors from the Consortium on Substance Use, the  
16 Howard Center’s Safe Recovery program, the HIV/HCV Resource Center, and  
17 Vermont Cares or their designees;

18 (8) two providers of medication-assisted treatment, representing both the  
19 hub and spoke component of Vermont’s treatment system, appointed by the  
20 Commissioner of Health; and

21 (9) a representative, appointed by Vermont Legal Aid.

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

2                   (1) identify the feasibility of implementing overdose prevention sites;

3           and

4                   (2) make recommendations on executive and legislative actions

5           necessary to implement overdose prevention.

6           (d) Assistance. The Working shall have the administrative, technical, and

7           legal assistance of the Department of Health.

8           (e) Report. On or before November 15, 2023, the Working Group shall

9           submit a written report to the House Committee on Human Services and the

10           Senate Committee on Health and Welfare with its findings and any

11           recommendations for legislative action.

12           (f) Meetings.

13                   (1) The Commissioner of Health or designee shall call the first meeting

14           of the Working Group to occur on or before September 15, 2022.

15                   (2) The Committee shall select a chair from among its members at the

16           first meeting.

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

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

19           (g) Compensation and reimbursement.

20                   (1) For attendance at meetings during adjournment of the General

21           Assembly, a legislative member of the Working Group serving in the

1 member’s capacity as a legislator shall be entitled to per diem compensation  
2 and reimbursement of expenses pursuant to 2 V.S.A. § 23 for not more than  
3 eight meetings. These payments shall be made from monies appropriated to  
4 the General Assembly.

5 (2) Other members of the Working Group shall be entitled to [per diem  
6 compensation/reimbursement of expenses/both] as permitted under 32 V.S.A.  
7 § 1010 for not more than eight meetings. These payments shall be made from  
8 monies appropriated to the Department of Health.

9 (h) As used in this section, “overdose prevention site” means a facility  
10 where individuals can use previously purchased regulated drugs as defined in  
11 18 V.S.A. § 4201.

12 \* \* \* Appropriations \* \* \*

13 Sec. 6. APPROPRIATION; MOBILE MEDICATION-ASSISTED  
14 TREATMENT

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

21 Sec. 7. APPROPRIATION; SUBSTANCE USE SUPPORT FOR JUSTICE-

1 INVOLVED VERMONTERS

2 In fiscal year 2023, \$250,000.00 is appropriated from the General Fund to  
3 the Department of Health’s Division of Alcohol and Drug Abuse Programs to  
4 award one or more grants to an organization or organizations providing  
5 substance use treatment counseling or substance use recovery support, or both,  
6 for individuals within and transitioning out of the criminal justice system. The  
7 Division shall award grants based on an applicant’s ability accomplish the  
8 following:

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

13 (2) support justice-involved individuals in their transition out of  
14 incarceration, such as though referrals to existing statewide resources for  
15 substance use treatment or recovery; or

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

19 Sec. 8. APPROPRIATION; OVERDOSE EMERGENCY RESPONSE

20 SUPPORT



