

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred House Bill  
3 No. 728 entitled “An act relating to opioid overdose response services”  
4 respectfully reports that it has considered the same and recommends that the  
5 Senate propose to the House that the bill be amended by striking out all after  
6 the enacting clause and inserting in lieu thereof the following:

7 \* \* \* Operation of Syringe Service Programs \* \* \*

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

9 § 4475. DEFINITIONS

10 (a)(1) The term “drug paraphernalia” means all equipment, products,  
11 devices, and materials of any kind that are used, or promoted for use or  
12 designed for use, in planting, propagating, cultivating, growing, harvesting,  
13 manufacturing, compounding, converting, producing, processing, preparing,  
14 testing, analyzing, packaging, repackaging, storing, containing, concealing,  
15 injecting, ingesting, inhaling, or otherwise introducing into the human body a  
16 regulated drug in violation of chapter 84 of this title. “Drug paraphernalia”  
17 does not include needles ~~and~~, syringes, or other harm reduction supplies  
18 distributed or possessed as part of an organized community-based needle  
19 exchange program.

20 (2) “Organized community-based needle exchange program” means a  
21 program approved by the Commissioner of Health under section 4478 of this

1 title, the purpose of which is to provide access to clean needles and syringes;  
2 ~~and which is operated by an AIDS service organization, a substance abuse~~  
3 ~~treatment provider, or a licensed health care provider or facility.~~ Such  
4 programs shall be operated in a manner that is consistent with the provisions of  
5 10 V.S.A. chapter 159 (waste management; hazardous waste); and any other  
6 applicable laws.

7 \* \* \*

8 Sec. 2. REPORT; NEEDLE EXCHANGE PROGRAM GUIDELINES

9 On or before January 1, 2023, the Department of Health shall submit a  
10 written report to the House Committee on Human Services and to the Senate  
11 Committee on Health and Welfare on updates to the needle exchange program  
12 operating guidelines required pursuant to 18 V.S.A. § 4478 that reflect current  
13 practice and consideration of the feasibility and costs of designating  
14 organizations to deliver peer-operated needle exchange.

15 \* \* \* Prior Authorization of Medication-Assisted Treatment

16 Medications for Medicaid Beneficiaries \* \* \*

17 Sec. 3. 33 V.S.A. § 1901k is added to read:

18 § 1901k. MEDICATION-ASSISTED TREATMENT MEDICATIONS

19 (a) The Agency of Human Services shall provide coverage to Medicaid  
20 beneficiaries for medically necessary medication-assisted treatment for opioid  
21 use disorder when prescribed by a health care professional practicing within

1 the scope of the professional’s license and participating in the Medicaid  
2 program.

3 (b) Upon approval of the Drug Utilization Review Board, the Agency shall  
4 cover at least one medication in each therapeutic class for methadone,  
5 buprenorphine, and naltrexone as listed on Medicaid’s preferred drug list  
6 without requiring prior authorization.

7 Sec. 4. REPORT; PRIOR AUTHORIZATION; MEDICATION-ASSISTED  
8 TREATMENT

9 (a) On or before December 1, 2022, the Department of Vermont Health  
10 Access shall research the following, in consultation with individuals  
11 representing diverse professional perspectives, and submit its findings related  
12 to prior authorization for medication-assisted treatment to the Drug Utilization  
13 Review Board and Clinical Utilization Review Board for review,  
14 consideration, and recommendations:

15 (1) the quantity limits and preferred medications for buprenorphine  
16 products;

17 (2) the feasibility and costs for adding mono-buprenorphine products as  
18 preferred medications and the current process for verifying adverse effects;

19 (3) how other states’ Medicaid programs address prior authorization for  
20 medication-assisted treatment, including the 60-day deferral of prior  
21 authorization implemented by Oregon’s Medicaid program;

1           (4) the appropriateness and feasibility of removing annual renewal of  
2           prior authorization;

3           (5) the appropriateness of creating parity between hub-and-spoke  
4           providers with regard to medication-assisted treatment quantity limits; and

5           (6) creating an automatic emergency 72-hour pharmacy override default.

6           (b) Prior to providing a recommendation to the Department, the Drug  
7           Utilization Review Board and the Clinical Utilization Review Board shall  
8           include as an agenda item at their respective meetings the Department's  
9           findings related to prior authorization required pursuant to subsection (a) of  
10          this section.

11          (c) On or before January 15, 2023, the Department shall submit a written  
12          report containing both the Department's initial research and findings and the  
13          Drug Utilization Review Board and the Clinical Utilization Review Board's  
14          recommendations pursuant to subsection (a) of this section to the House  
15          Committee on Human Services and to the Senate Committee on Health and  
16          Welfare.

17          Sec. 5. [Deleted.]

18          Sec. 6. [Deleted.]

19          Sec. 7. REPORTS; PRIOR AUTHORIZATION FOR MEDICATION-

20                   ASSISTED TREATMENT; MEDICAID

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

6            (1) which medications required prior authorization;

7            (2) the reason for initiating prior authorization;

8            (3) how many prior authorization requests the Department received and,  
9        of these, how many were approved and denied and the reason for approval or  
10       denial;

11           (4) the average and longest length of time the Department took to  
12       process a prior authorization request; and

13           (5) how many prior authorization appeals the Department received and,  
14       of these, how many were approved and denied and the reason for approval or  
15       denial.

16                    \* \* \* Overdose Prevention Site Working Group \* \* \*

17        Sec. 8. OVERDOSE PREVENTION SITE WORKING GROUP

18           (a) Creation. In recognition of the rapid increase in overdose deaths across  
19       the State, with a record number of opioid-related deaths in 2021, there is  
20       created the Overdose Prevention Site Working Group to identify the feasibility  
21       and liability of implementing overdose prevention sites in Vermont.

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

3                (1) the Commissioner of Health or designee;

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

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

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

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

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

13               (7) the Program Director from the Howard Center’s Safe Recovery  
14       program;

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

18               (9) an emergency department physician, appointed by the Vermont  
19       Medical Society.

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

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

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

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

5           (4) make recommendations on executive and legislative actions  
6           necessary to implement overdose prevention sites, if any; and

7           (5) develop a plan for the design, facility fit-up, and implementation of  
8           one or more overdose prevention sites in Vermont.

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 custody of the Department of Corrections and those individuals transitioning  
2 out of the custody of the Department of Corrections. On or before February 15,  
3 2023, the Departments shall jointly present information regarding the provision  
4 of medication-assisted treatment services to justice-involved individuals to the  
5 House Committee on Human Services and to the Senate Committee on Health  
6 and Welfare.

7 Sec. 11. OVERDOSE EMERGENCY RESPONSE SUPPORT

8 The Agency of Human Services shall continue existing efforts to provide or  
9 facilitate connections to substance use treatment, recovery, or harm reduction  
10 services at the time of an emergency response to an overdose. On or before  
11 February 15, 2023, the Agency shall present information regarding the status  
12 of this work to the House Committee on Human Services and to the Senate  
13 Committee on Health and Welfare.

14 \* \* \* Effective Date \* \* \*

15 Sec. 12. EFFECTIVE DATE

16 This act shall take effect on July 1, 2022.

1

2

3

4 (Committee vote: \_\_\_\_\_)

5

\_\_\_\_\_

6

Senator \_\_\_\_\_

7

FOR THE COMMITTEE