

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. The

1 Working Group shall review the findings from previously completed reports
2 on this topic and current efforts to examine and implement an overdose
3 prevention site.

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

6 (1) the Commissioner of Health or designee;

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

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

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

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

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

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

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

1 (9) an emergency department physician, appointed by the Vermont
2 Medical Society.

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

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

5 (2) identify the feasibility, liability, and cost of both publicly funded and
6 privately funded overdose prevention sites;

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

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

11 (5) develop an actionable plan for the design, facility fit-up, and
12 implementation of one or more overdose prevention sites in Vermont.

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

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

19 (f) Meetings.

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

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

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

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

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

10 (h) As used in this section, “overdose prevention site” means a facility
11 where individuals can use previously acquired regulated drugs as defined in
12 18 V.S.A. § 4201.

13 * * * Program Presentations * * *

14 Sec. 9. MOBILE MEDICATION-ASSISTED TREATMENT

15 On or before February 15, 2023, the designated agencies operating mobile
16 medication-assisted treatment services shall present information regarding their
17 services to the House Committee on Human Services and to the Senate
18 Committee on Health and Welfare. The Department of Health’s Division of
19 Alcohol and Drug Abuse Programs shall also present a summary of its use of
20 federal funds for mobile medication-assisted treatment services and an

1 assessment as to the efficacy of mobile medication-assisted treatment services
2 at preventing overdose deaths.

3 Sec. 10. SUBSTANCE USE SUPPORT FOR JUSTICE INVOLVED

4 VERMONTERS

5 The Departments of Health and of Corrections shall continue existing
6 efforts to support access to medication-assisted treatment services to
7 individuals in the custody of the Department of Corrections and those
8 individuals transitioning out of the custody of the Department of Corrections.

9 On or before February 15, 2023, the Departments shall jointly present to the
10 House Committees on Corrections and Institutions and on Human Services and
11 to the Senate Committees on Health and Welfare and on Judiciary information:

12 (1) summarizing their use of federal funds for this purpose; and

13 (2) regarding the provision of medication-assisted treatment services to
14 justice-involved individuals.

15 Sec. 11. OVERDOSE EMERGENCY RESPONSE SUPPORT

16 The Agency of Human Services shall continue existing efforts to provide or
17 facilitate connections to substance use treatment, recovery, or harm reduction
18 services at the time of an emergency response to an overdose. On or before
19 February 15, 2023, the Agency shall present information to the House
20 Committee on Human Services and to the Senate Committee on Health and
21 Welfare summarizing the use of federal funds and status of this work.

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* * * Effective Date * * *

Sec. 12. EFFECTIVE DATE

This act shall take effect on July 1, 2022.

(Committee vote: _____)

Senator _____

FOR THE COMMITTEE