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H.72

Introduced by Representatives Small of Winooski, Berbeco of Winooski,
Black of Essex, Bluemle of Burlington, Bos-Lun of
Westminster, Brumsted of Shelburne, Christie of Hartford, Cina
of Burlington, Dodge of Essex, Donnally of Hyde Park,
Garofano of Essex, Goldman of Rockingham, Headrick of
Burlington, Hooper of Randolph, Hyman of South Burlington,
LaMont of Morristown, Leavitt of Grand Isle, Logan of
Burlington, McGill of Bridport, Mulvaney-Stanak of
Burlington, Pajala of Londonderry, Rachelson of Burlington,
Rice of Dorset, Sims of Craftsbury, Stone of Burlington,
Surprenant of Barnard, Templeman of Brownington, Torre of
Moretown, and Troiano of Stannard

Referred to Committee on

Date:

Subject: Health; human services; regulated drugs; crimes

Statement of purpose of bill as introduced: This bill proposes to eliminate
criminal and civil penalties for operation of a safer drug consumption
program; repeal the crack statute; repeal the sunset of the decriminalization of
small amount of buprenorphine; establish the Drug Use Standards Advisory
Board within the Vermont Sentencing Commission for determining

1 benchmarks for personal use dosage and personal use supply for regulated
2 drugs; and require the Sentencing Commission to use benchmark
3 recommendations from the Drug Use Standards Advisory Board to make
4 recommendations regarding adjustments in the amounts for possession,
5 dispensing, and sale of regulated drugs.

6 An act relating to a harm-reduction criminal justice response to drug use

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

8 ~~*** S.C. Drug Consumption Program ***~~

9 Sec. 1. 18 V.S.A. § 4254 is amended to read:

10 § 4254. IMMUNITY FROM LIABILITY

11 * * *

12 (j)(1) The following persons shall not be cited, arrested, or prosecuted for a
13 violation of this chapter or subject to the property forfeiture provisions of this
14 chapter for participation in or with a safer drug consumption program:

15 (A) a person using the services of a safer drug consumption program;

16 (B) a staff member or administrator of a safer drug consumption

17 program, including a health care professional, manager, employee, or

18 volunteer, or

1 ~~(C) a property owner who owns real property at which a safer drug~~
2 ~~consumption program is located and operates.~~

3 ~~(2) The immunity provisions of this section apply only to the use and~~
4 ~~derivative use of evidence gained as a proximate result of participation in or~~
5 ~~with a safer drug consumption program.~~

6 ~~(k) A safer drug consumption program:~~

7 ~~(1) provides a space supervised by health care professionals or other~~
8 ~~trained staff where persons who use drugs can consume pre-obtained drugs;~~

9 ~~(2) provides sterile injection supplies, collects used hypodermic needles~~
10 ~~and syringes, and provides secure hypodermic needle and syringe disposal~~
11 ~~services;~~

12 ~~(3) answers questions on safe consumption practices;~~

13 ~~(4) administers first aid, if needed, and monitors and treats potential~~
14 ~~overdoses;~~

15 ~~(5) provides referrals to addiction treatment, medical services, and~~
16 ~~social services upon request;~~

17 ~~(6) educates participants on the risks of contracting HIV and viral~~
18 ~~hepatitis, wound care, and safe sex education;~~

19 ~~(7) provides overdose prevention education and access to or referrals to~~
20 ~~obtain naloxone,~~

1 ~~(8) educates participants regarding proper disposal of hypodermic~~
2 ~~needles and syringes;~~

3 ~~(9) provides reasonable security of the program site;~~

4 ~~(10) establishes operating procedures for the program as well as~~
5 ~~eligibility criteria for program participants; and~~

6 ~~(11) trains staff members to deliver services offered by the program.~~

7 ~~(l) To receive immunity protections under this section, an entity operating a~~
8 ~~safer drug consumption program shall make publicly available the following~~
9 ~~information annually on or before January 15 and July 15:~~

10 ~~(1) the number of program participants;~~

11 ~~(2) aggregate information regarding the characteristics of the program~~
12 ~~participants;~~

13 ~~(3) the number of hypodermic needles and syringes distributed for use~~
14 ~~on-site;~~

15 ~~(4) the number of overdoses and the number of overdoses reversed on-~~
16 ~~site; and~~

17 ~~(5) the number of participants directly and formally referred to other~~
18 ~~services and the type of services.~~

19 * * * Repeal of Crack Statute * * *

20 Sec. 2. 18 V.S.A. § 4231 is amended to read:

21 ~~§ 4231. COCAINE~~

(c) Trafficking.

~~(1) Trafficking. A person knowingly and unlawfully possessing cocaine in an amount consisting of 150 grams or more of one or more preparations, compounds, mixtures, or substances containing cocaine with the intent to sell or dispense the cocaine shall be imprisoned not more than 30 years or fined not more than \$1,000,000.00, or both. There shall be a permissive inference that a person who possesses cocaine in an amount consisting of 150 grams or more of one or more preparations, compounds, mixtures, or substances containing cocaine intends to sell or dispense the cocaine. The amount of possessed cocaine under this subdivision to sustain a charge of conspiracy under 13 V.S.A. § 1404 shall be ~~no~~ not less than 400 grams in the aggregate.~~

~~(2) A person knowingly and unlawfully possessing crack cocaine in an amount consisting of 60 grams or more of one or more preparations, compounds, mixtures, or substances containing crack cocaine with the intent to sell or dispense the crack cocaine shall be imprisoned not more than 30 years or fined not more than \$1,000,000.00, or both. There shall be a permissive inference that a person who possesses crack cocaine in an amount consisting of 60 grams or more of one or more preparations, compounds, mixtures, or substances containing crack cocaine intends to sell or dispense the crack cocaine. [Repealed.]~~

~~*** Remove Future Repeal of Buprenorphine Exemption ***~~

Sec. 3. REPEAL

2021 Acts and Resolves No. 46, Secs. 3 (repeal of buprenorphine exemption) and 4(b) (effective date; repeal of buprenorphine exemption) are repealed.

~~*** Drug Use Standards Advisory Board ***~~

Sec. 4. 13 V.S.A. § 5453 is added to read:

§ 5453. DRUG USE STANDARDS ADVISORY BOARD

(a) There is hereby created the Drug Use Standards Advisory Board established within the Vermont Sentencing Commission composed of experts in the fields of general and mental health care, substance use disorder treatment, and drug user communities.

(b) The primary objective of the Board shall be to determine, for each regulated and unregulated drug, the benchmark personal use dosage and the benchmark personal use supply. The benchmarks determined pursuant to this subsection shall be determined with a goal of preventing and reducing the criminalization of personal drug use. The Board may provide additional recommendations to the Commission and the General Assembly regarding how to transition from a criminal justice approach to a public health approach to addressing drug possession.

1 ~~(c)(1) The Board shall be convened and chaired by the Deputy~~
2 Commissioner of Substance Use Programs. After receiving nominations from
3 harm reduction service providers, the Deputy Commissioner shall appoint
4 three consumer representatives to the Board who have lived experience in drug
5 use and consumption practices. The Deputy Commissioner, after consulting
6 with the three consumer representatives, shall strive for geographic diversity in
7 appointing the remaining Board members as follows:

8 (A) two representatives from harm reduction service providers;

9 (B) an expert on medication-assisted treatment programs;

10 (C) an expert on human behavior and addiction;

11 (D) an expert on substance use disorder treatment;

12 (E) an expert on legal reform from the Vermont Law School Center
13 for Justice Reform;

14 (F) an academic researcher specializing in drug use or drug policy;

15 and

16 (G) a representative of law enforcement.

17 (2) The Chief Prevention Officer shall be a nonvoting member of the
18 Board.

19 (d) The Board shall have the administrative assistance of the Division of
20 Substance Use Programs.

1 ~~(e) Members of the Board shall be entitled to per diems pursuant to~~
2 32 V.S.A. § 1010 for not more than three meetings to develop initial
3 recommendations required by subsection (f) of this section and once annually
4 thereafter.

5 (f) On or before September 1, 2023, the Board shall provide to the
6 Commission and the General Assembly:

7 (1) the recommended quantities for both the benchmark personal use
8 dosage and benchmark personal use supply for each category of regulated drug
9 listed in 18 V.S.A. § 4201(29); and

10 (2) a recommendation as to whether 18 V.S.A. § 4233 (heroin) and
11 18 V.S.A. § 4233a (fentanyl) should be combined into one statute.

12 (g) On or before December 1, 2023, based on the benchmark personal use
13 dosage and benchmark personal use supply recommendations of the Board, the
14 Commission shall make recommendations to the General Assembly regarding
15 adjustments in the amounts for possession, dispensing, and sale of regulated
16 drugs under this chapter and a proposal for combining the heroin and fentanyl
17 statutes if recommended by the Board.

18 (h) Starting in 2024, the Board shall convene at least one time per year to
19 review benchmarks established pursuant to this section and recommend any
20 necessary amendments to the Commission and the General Assembly.

21 ~~(i) As used in this section.~~

1 ~~(1) "Benchmark personal use dosage" means the quantity of a drug~~
2 ~~commonly consumed over a 24-hour period for any therapeutic, medicinal, or~~
3 ~~recreational purpose.~~

4 ~~(2) "Benchmark personal use supply" means the quantity of a drug~~
5 ~~commonly possessed for consumption by an individual for any therapeutic,~~
6 ~~medicinal, or recreational purpose.~~

7 Sec. 5. SUNSET OF DRUG USE STANDARDS ADVISORY BOARD

8 ~~13 V.S.A. § 5453 (Drug Use Standards Advisory Board) is repealed on~~
9 ~~July 1, 2028.~~

10 * * * Effective Date * * *

11 Sec. 6. EFFECTIVE DATE

12 ~~This act shall take effect on passage.~~

Sec. 1. 18 V.S.A. § 4254 is amended to read:

§ 4254. IMMUNITY FROM LIABILITY; OVERDOSE PREVENTION

** * **

(j)(1) The following persons shall not be cited, arrested, or prosecuted for
unlawful possession of a regulated drug in violation of this chapter or subject
to the property forfeiture provisions of this chapter for participation in or with
an overdose prevention center that has been approved pursuant to subsection
(m) of this section and that is acting in the good faith provision of overdose

~~prevention services in accordance with the guidelines established pursuant to
subsection (l) of this section:~~

~~(A) a person using the services of an overdose prevention center;~~

~~(B) a staff member or administrator of an overdose prevention center,~~

~~including a health care professional, manager, employee, or volunteer; or~~

~~(C) a property owner who owns real property at which an overdose
prevention center is located and operates.~~

~~(2) The immunity provisions of this subsection apply only to the use and
derivative use of evidence gained as a proximate result of participation in or
with an overdose prevention center.~~

~~(k) An overdose prevention center:~~

~~(1) provides a space supervised by health care professionals or other
trained staff where persons who use drugs can consume preobtained drugs and
medication for substance use disorder;~~

~~(2) provides harm reduction supplies, including sterile injection
supplies; collects used hypodermic needles and syringes; and provides secure
hypodermic needle and syringe disposal services;~~

~~(3) answers questions on safer consumption practices;~~

~~(4) administers first aid, if needed, and monitors and treats potential
overdoses.~~

~~(5) provides referrals to addiction treatment, medical services, and social services;~~

~~(6) educates participants on the risks of contracting HIV and viral hepatitis, wound care, and safe sex education;~~

~~(7) provides overdose prevention education and distributes overdose reversal medications, including naloxone;~~

~~(8) educates participants regarding proper disposal of hypodermic needles and syringes;~~

~~(9) provides reasonable security of the program site;~~

~~(10) establishes operating procedures for the program as well as eligibility criteria for program participants; and~~

~~(11) trains staff members to deliver services offered by the program.~~

~~(l) The Department of Health, in consultation with stakeholders and health departments of other states that have overdose prevention centers, shall develop operating guidelines for overdose prevention centers not later than April 1, 2025. The operating guidelines shall include the level of staff qualifications required for medical safety and treatment and referral support.~~

~~(m)(1) An entity may apply to the Department of Health for approval to operate an overdose prevention center. Entities may apply to establish and operate more than one program, and services may be provided at a fixed~~

~~location or a mobile unit, or both. A safe syringe program may apply to
operate an overdose prevention center.~~

~~(2) If an applicant complies with all applicable laws, rules, and
operating guidelines adopted pursuant to subsection (1) of this section, the
application shall be approved within 45 days after receipt. If the application is
denied, the applicant shall be provided with a written explanation of the basis
for the denial and the steps necessary to remedy the application. The
applicant may resubmit the application and the Department shall have 45 days
to respond. Approval for a program shall be for a period of two years and may
be renewed.~~

~~(n) An overdose prevention center shall be permitted to operate within a
municipality only upon the affirmative vote of the legislative body of the
municipality.~~

~~(o) An entity operating an overdose prevention center shall make
publicly available the following information annually on or before January 15:~~

~~(1) the number of program participants;~~

~~(2) deidentified demographic information of program participants;~~

~~(3) the number of overdoses and the number of overdoses reversed on-
site;~~

~~(4) the number of times emergency medical services were contacted and
responded for assistance.~~

~~(5) the number of times law enforcement were contacted and responded for assistance; and~~

~~(6) the number of participants directly and formally referred to other services and the type of services.~~

Sec. 2. 18 V.S.A. § 4475(2) is amended to read:

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

Sec. 3. 18 V.S.A. § 4478 is amended to read:

§ 4478. NEEDLE EXCHANGE PROGRAMS

~~The Department of Health, in collaboration consultation with the statewide harm reduction coalition community stakeholders, shall develop operating guidelines for needle exchange programs. If a program complies with such operating guidelines and with existing laws and regulations, it shall be approved by the Commissioner of Health. Such operating guidelines shall be established no later than September 30, 1999. A needle exchange program~~

~~may apply to be an overdose prevention center pursuant to section 4254 of this title.~~

Sec. 4. 33 V.S.A. § 2004 is amended to read:

§ 2004. MANUFACTURER FEE

(a) Annually, each pharmaceutical manufacturer or labeler of prescription drugs that are paid for by the Department of Vermont Health Access for individuals participating in Medicaid, Dr. Dynasaur, or VPharm shall pay a fee to the Agency of Human Services. The fee shall be ~~1.75~~ 2.25 percent of the previous calendar year's prescription drug spending by the Department and shall be assessed based on manufacturer labeler codes as used in the Medicaid rebate program.

(b) Fees collected under this section shall fund collection and analysis of information on pharmaceutical marketing activities under 18 V.S.A. §§ 4632 and 4633; analysis of prescription drug data needed by the Office of the Attorney General for enforcement activities; the Vermont Prescription Monitoring System established in 18 V.S.A. chapter 84A; the evidence-based education program established in 18 V.S.A. chapter 91, subchapter 2; statewide unused prescription drug disposal initiatives; prevention of prescription drug misuse, abuse, and diversion; the Substance Misuse Prevention Oversight and Advisory Council established in 18 V.S.A. § 4803; ~~treatment of substance use disorder, exploration of nonpharmacological~~

~~approaches to pain management; a hospital antimicrobial program for the purpose of reducing hospital-acquired infections; the purchase and distribution of fentanyl testing strips; the purchase and distribution of naloxone to emergency medical services personnel; and any opioid-antagonist education, training, and distribution program operated by the Department of Health or its agents; and grants to overdose prevention centers to address the harms of the opioid epidemic. The fees shall be collected in the Evidence-Based Education and Advertising Fund established in section 2004a of this title.~~

~~(c) The Secretary of Human Services or designee shall make rules for the implementation of this section.~~

~~* * *~~

~~Sec. 5. 33 V.S.A. § 2004a is amended to read:~~

~~§ 2004a. EVIDENCE-BASED EDUCATION AND ADVERTISING FUND~~

~~(a) The Evidence-Based Education and Advertising Fund is established in the State Treasury as a special fund to be a source of financing for activities relating to fund collection and analysis of information on pharmaceutical marketing activities under 18 V.S.A. §§ 4632 and 4633; for analysis of prescription drug data needed by the Office of the Attorney General for enforcement activities; for the Vermont Prescription Monitoring System established in 18 V.S.A. Chapter 84A, for the evidence-based education~~

~~program established in 18 V.S.A. chapter 01, subchapter 2; for statewide unused prescription drug disposal initiatives; for the prevention of prescription drug misuse, abuse, and diversion; for the Substance Misuse Prevention Oversight and Advisory Council established in 18 V.S.A. § 4803; for treatment of substance use disorder; for exploration of nonpharmacological approaches to pain management; for a hospital antimicrobial program for the purpose of reducing hospital-acquired infections; for the purchase and distribution of fentanyl testing strips; for the purchase and distribution of naloxone to emergency medical services personnel; and for the support of any opioid-antagonist education, training, and distribution program operated by the Department of Health or its agents; and grants to overdose prevention centers to address the harms of the opioid epidemic. Monies deposited into the Fund shall be used for the purposes described in this section.~~

~~* * *~~

~~Sec. 6. PILOT PROGRAM; OVERDOSE PREVENTION CENTERS~~

~~In fiscal year 2025, ~~\$1,000,000.00~~ \$2,000,000.00 is authorized from the Evidence-Based Education and Advertising Fund pursuant to 33 V.S.A. § 2004a to the Department of Health for the purpose of awarding ~~one or more~~ grants for two fixed-site or mobile overdose prevention centers to applicants that demonstrate the ability to run such a program in accordance with the requirements of Sec. 1 of this act. The Department shall award grants based~~

~~on an applicant's ability to establish such sites in accordance with guidelines established by the Department for overdose prevention centers.~~

Sec. 7. STUDY; OVERDOSE PREVENTION CENTERS

~~*(a) On or before December 1, 2024, the Department of Health shall contract with a researcher or independent consulting entity with expertise in the field of rural addiction or overdose prevention centers, or both, to study the impact of overdose prevention center pilot programs authorized in Sec. 6 of this act in their respective communities. The study shall evaluate the current impacts of the overdose crisis in Vermont, as well as any changes up to four years following the implementation of the overdose prevention center pilot programs. The work of the researcher or independent consulting entity shall be governed by the following goals:*~~

~~*(1) the current state of the overdose crisis and deaths across the State of Vermont and the impact of overdose prevention center pilot programs on the overdose crisis and deaths across Vermont, with a focus on the communities where pilot programs are established;*~~

~~*(2) the current crime rates in communities where the overdose prevention center pilot programs will be established and the impact of overdose prevention center pilot programs on crime rates in communities where the overdose prevention center pilot programs are established,*~~

~~(3) the current rates of syringe litter in communities where overdose prevention center pilot programs will be established and the impact of overdose prevention center pilot programs on the rates of syringe litter where overdose prevention center pilot programs are established;~~

~~(4) the current number of emergency medical services response calls related to overdoses across Vermont, with a focus on the communities where pilot programs will be established, and the impact of overdose prevention center pilot programs on the number of emergency response calls related to overdoses;~~

~~(5) the current rate of syringe service program participant uptake of treatment and recovery services and the impact of overdose prevention center pilot programs on the rates of participant uptake of treatment and recovery services; and~~

~~(6) the impact of overdose prevention center pilot programs on the number of emergency response calls related to overdoses across Vermont, with a focus on the communities where pilot programs are established.~~

~~(b) The Department of Health shall collaborate with the researcher or independent consulting agency to provide the General Assembly with interim annual reports on or before January 15 of each year with a final report containing the results of the study and any recommendations on or before January 15, 2029.~~

~~Sec. 8. APPROPRIATION; STUDY; OVERDOSE PREVENTION~~

~~CENTERS~~

~~*In fiscal year 2025, \$300,000.00 is appropriated to the Department of Health from the ~~General Fund~~ Opioioid Abatement Special Fund for the purpose of funding the study of the impact of overdose prevention center pilot programs authorized in Sec. 7 of this act.*~~

~~Sec. 9. EFFECTIVE DATE~~

~~*This act shall take effect on July 1, 2024 passage.*~~

~~*** Overdose Prevention Centers ***~~

~~Sec. 1. 18 V.S.A. § 4256 is added to read:~~

~~§ 4256. OVERDOSE PREVENTION CENTERS~~

~~(a) An overdose prevention center:~~

~~(1) provides a space, either at a fixed location or a mobile facility, supervised by health care professionals or other trained staff where persons who use drugs can consume preobtained drugs and medication for substance use disorder;~~

~~(2) provides harm reduction supplies, including sterile injection supplies; collects used hypodermic needles and syringes; and provides secure hypodermic needle and syringe disposal services;~~

~~(3) provides drug-checking services;~~

~~(4) answers questions on safer consumption practices;~~

(5) administers first aid, if needed, and monitors and treats potential overdoses;

(6) provides referrals to addiction treatment, medical services, and social services;

(7) educates participants on the risks of contracting HIV and viral hepatitis, wound care, and safe sex education;

(8) provides overdose prevention education and distributes overdose reversal medications, including naloxone;

(9) educates participants regarding proper disposal of hypodermic needles and syringes;

(10) provides reasonable security of the program site;

(11) establishes operating procedures for the program as well as eligibility criteria for program participants; and

(12) trains staff members to deliver services offered by the program.

(b) The Department of Health, in consultation with stakeholders and health departments of other jurisdictions that have overdose prevention centers, shall develop operating guidelines for overdose prevention centers not later than September 15, 2024. The operating guidelines shall include the level of staff qualifications required for medical safety and treatment and referral support and require an overdose prevention center to staff trained professionals during operating hours who, at a minimum, can provide basic medical care, such as

CPR, overdose interventions, first aid, and wound care, as well as have the ability to perform medical assessments with program participants to determine if there is a need for emergency medical service response. Overdose prevention center staff may include peers, case managers, medical professionals, and mental health counselors.

(c)(1) The following persons are entitled to the immunity protections set forth in subdivision (2) of this subsection for participation in or with an approved overdose prevention center that is acting in the good faith provision of overdose prevention services in accordance with the guidelines established pursuant to this section:

(A) an individual using the services of an overdose prevention center;

(B) a staff member, operator, administrator, or director of an overdose prevention center; including a health care professional, manager, employee, or volunteer; or

(C) a property owner, lessor, or sublessor on the property at which an overdose prevention center is located and operates;

(D) an entity operating the overdose prevention center; and

(E) a State or municipal employee acting within the course and scope of the employee's employment.

(2) Persons identified in subdivision (1) of this subsection shall not be:

(A) cited, arrested, charged, or prosecuted for unlawful possession of a regulated drug in violation of this chapter or for attempting, aiding or abetting, or conspiracy to commit a violation of any of provision of this chapter;

(B) subject to property seizure or forfeiture for unlawful possession of a regulated drug in violation of this chapter;

(C) subject to any civil liability or civil or administrative penalty, including disciplinary action by a professional licensing board, credentialing restriction, contractual liability, or medical staff or other employment action;
or

(D) denied any right or privilege.

(3) The immunity provisions of subdivisions (2)(A) and (B) of this subsection apply only to the use and derivative use of evidence gained as a proximate result of participation in or with an overdose prevention center. Entering, exiting, or utilizing the services of an overdose prevention center shall not serve as the basis for, or a fact contributing to the existence of, reasonable suspicion or probable cause to conduct a search or seizure.

(4) The immunity provisions in subdivision (2)(C) of this subsection shall not apply to:

(A) an individual using the services of an overdose prevention center if the basis for the civil claim is that the person operated a motor vehicle in violation of 23 V.S.A. § 1201; or

(B) claims unrelated to the provision of overdose prevention services.

(d) An entity operating an overdose prevention center shall make publicly available the following information annually on or before January 15:

(1) the number of program participants;

(2) deidentified demographic information of program participants;

(3) the number of overdoses and the number of overdoses reversed on-site;

(4) the number of times emergency medical services were contacted and responded for assistance;

(5) the number of times law enforcement were contacted and responded for assistance; and

(6) the number of participants directly and formally referred to other services and the type of services.

(e) An overdose prevention center shall not be construed as a health care facility for purposes of chapter 221, subchapter 5 of this title.

Sec. 1a. 18 V.S.A. § 9435(g) is added to read:

(g) Excluded from this subchapter are overdose prevention centers established and operated in accordance with section 4256 of this title.

Sec. 2. PILOT PROGRAM; OVERDOSE PREVENTION CENTERS

(a) In fiscal year 2025, \$1,100,000.00 is appropriated to the Department of Health from the Opioid Abatement Special Fund for the purpose of awarding grants to the City of Burlington for establishing an overdose prevention center upon submission of a grant proposal that has been approved by the Burlington City Council and meets the requirements of 18 V.S.A. § 4256, including the guidelines developed by the Department of Health pursuant to that section.

(b) The Department of Health shall report on or before October 1, 2024, January 1, 2025, April 1, 2025, and July 1, 2025 to the Joint Fiscal Committee and the Joint Health Reform Oversight Committee regarding the status of distribution of the grants authorized in subsection (a) of this section.

(c) It is the intent of the General Assembly to continue to appropriate funds from the Opioid Abatement Special Fund through fiscal year 2028 for the purpose of awarding grants to the City of Burlington for the operation of the pilot program.

Sec. 3. STUDY; OVERDOSE PREVENTION CENTERS

(a) On or before December 1, 2024, the Department of Health shall contract with a researcher or independent consulting entity with expertise in the field of rural addiction or overdose prevention centers, or both, to study the impact of the overdose prevention center pilot program authorized in Sec. 2 of this act. The study shall evaluate the current impacts of the overdose crisis in

Vermont, as well as any changes up to four years following the implementation of the overdose prevention center pilot program. The work of the researcher or independent consulting entity shall be governed by the following goals:

(1) the current state of the overdose crisis and deaths across the State of Vermont and the impact of the overdose prevention center pilot program on the overdose crisis and deaths across Vermont, with a focus on the community where the pilot program is established;

(2) the current crime rates in the community where the overdose prevention center pilot program will be established and the impact of the overdose prevention center pilot program on crime rates in the community where the overdose prevention center pilot program is established;

(3) the current rates of syringe litter in the community where the overdose prevention center pilot program will be established and the impact of the overdose prevention center pilot program on the rate of syringe litter where the overdose prevention center pilot program is established;

(4) the current number of emergency medical services response calls related to overdoses across Vermont, with a focus on the community where the pilot program will be established and the impact of the overdose prevention center pilot program on the number of emergency response calls related to overdoses;

(5) the current rate of syringe service program participant uptake of treatment and recovery services and the impact of the overdose prevention center pilot program on the rates of participant uptake of treatment and recovery services; and

(6) the impact of the overdose prevention center pilot program on the number of emergency response calls related to overdoses and other opioid-related medical needs across Vermont, with a focus on the community where the pilot program is established.

(b) The Department of Health shall collaborate with the researcher or independent consulting entity to provide the General Assembly with interim annual reports on or before January 15 of each year with a final report containing the results of the study and any recommendations on or before January 15, 2029.

Sec. 4. APPROPRIATION; STUDY; OVERDOSE PREVENTION

CENTER

In fiscal year 2025, \$300,000.00 is appropriated to the Department of Health from the Opioid Abatement Special Fund for the purpose of funding the study of the impact of overdose prevention center pilot programs authorized in Sec. 2 of this act.

** * * Syringe Service Programs * * **

Sec. 5. 18 V.S.A. § 4475(a)(2) is amended to read:

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

Sec. 6. 18 V.S.A. § 4478 is amended to read:

§ 4478. NEEDLE EXCHANGE PROGRAMS

The Department of Health, in ~~collaboration~~ consultation with ~~the statewide harm reduction coalition~~ community stakeholders, shall develop operating guidelines for needle exchange programs. If a program complies with such operating guidelines and with existing laws and rules, it shall be approved by the Commissioner of Health. ~~Such operating guidelines shall be established not later than September 30, 1999.~~ A needle exchange program may apply to be an overdose prevention center pursuant to section 4256 of this title.

**** Technical Amendments ****

Sec. 7. 18 V.S.A. § 4254 is redesignated to read:

*§ 4254. REPORTING A DRUG OVERDOSE; IMMUNITY FROM
LIABILITY*

Sec. 8. REDESIGNATION

*18 V.S.A. §§ 4240 and 4240a are redesignated as 18 V.S.A. §§ 4257 and
4258.*

**** Effective Date ****

Sec. 9. EFFECTIVE DATE

This act shall take effect on passage.