

1 H.876

2 Introduced by Committee on Corrections and Institutions

3 Date:

4 Subject: Corrections; medical care; earned time

5 Statement of purpose of bill as introduced: This bill proposes to make
6 amendments to various corrections laws. Specifically, this bill proposes to
7 mandate the Department of Corrections or its third-party medical provider to
8 provide medically necessary medications and prescriptions to inmates, in
9 addition to coordinating support services, upon release from a correctional
10 facility; expands the Department's earned time program to parolees and
11 mandates a report of expanding the earned time program to include
12 educational credits; requires the Department to facilitate the provision of
13 identification cards to inmates upon release from a correctional facility; creates
14 a study committee to enhance family visitation at correctional facilities for
15 persons who identify as parents, guardians, and parents with visitation rights;
16 and mandates a Department report on the transition away from the use of
17 privately operated, for-profit, or out-of-state correctional facilities to house
18 Vermont inmates and in an effort to prohibit the use of such facilities in 2034.

19 An act relating to miscellaneous amendments to the corrections laws

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

2 ~~Sec. 1, 28 V.S.A., § 801 is amended to read:~~

3 § 801. MEDICAL CARE OF INMATES

4 (a) Provision of medical care. The Department shall provide health care
5 for inmates in accordance with the prevailing medical standards. When the
6 provision of such care requires that the inmate be taken outside the boundaries
7 of the correctional facility wherein the inmate is confined, the Department
8 shall provide reasonable safeguards, when deemed necessary, for the custody
9 of the inmate while ~~he or she~~ the inmate is confined at a medical facility.

10 (b) Screenings and assessments.

11 (1) Upon admission to a correctional facility for a minimum of 14
12 consecutive days, each inmate shall be given a physical assessment unless
13 extenuating circumstances exist.

14 (2) Within 24 hours after admission to a correctional facility, each
15 inmate shall be screened for substance use disorders as part of the initial and
16 ongoing substance use screening and assessment process. This process
17 includes screening and assessment for opioid use disorders.

18 (c) Emergency care. When there is reason to believe an inmate is in need
19 of medical care, the officers and employees shall render emergency first aid
20 and immediately secure additional medical care for the inmate in accordance
21 ~~with the standards set forth in subsection (a) of this section. A correctional~~

1 ~~facility shall have on staff at all times at least one person trained in emergency~~
2 ~~first aid.~~

3 (d) ~~Policies.~~ The Department shall establish and maintain policies for the
4 delivery of health care in accordance with the standards in subsection (a) of
5 this section.

6 (e) ~~Pre-existing prescriptions; definitions for subchapter.~~

7 (1) Except as otherwise provided in this subsection, an inmate who is
8 admitted to a correctional facility while under the medical care of a licensed
9 physician, a licensed physician assistant, or a licensed advanced practice
10 registered nurse and who is taking medication at the time of admission
11 pursuant to a valid prescription as verified by the inmate's pharmacy of record,
12 primary care provider, other licensed care provider, or as verified by the
13 Vermont Prescription Monitoring System or other prescription monitoring or
14 information system, including buprenorphine, methadone, or other medication
15 prescribed in the course of ~~medication-assisted treatment~~ medication for opioid
16 use disorder, shall be entitled to continue that medication and to be provided
17 that medication by the Department pending an evaluation by a licensed
18 physician, a licensed physician assistant, or a licensed advanced practice
19 registered nurse.

20 (2) Notwithstanding subdivision (1) of this subsection, the Department
21 ~~may defer provision of a validly prescribed medication in accordance with this~~

1 ~~subsection if, in the clinical judgment of a licensed physician, a physician~~
2 assistant, or an advanced practice registered nurse, it is not medically
3 necessary to continue the medication at that time.

4 (3) The licensed practitioner who makes the clinical judgment to
5 discontinue a medication shall cause the reason for the discontinuance to be
6 entered into the inmate's medical record, specifically stating the reason for the
7 discontinuance. The inmate shall be provided, both orally and in writing, with
8 a specific explanation of the decision to discontinue the medication and with
9 notice of the right to have his or her the inmate's community-based prescriber
10 notified of the decision. If the inmate provides signed authorization, the
11 Department shall notify the community based prescriber in writing of the
12 decision to discontinue the medication.

13 (4) It is not the intent of the General Assembly that this subsection shall
14 create a new or additional private right of action.

15 (5) As used in this subchapter:

16 (A) "Medically necessary" describes health care services that are
17 appropriate in terms of type, amount, frequency, level, setting, and duration to
18 the individual's diagnosis or condition, are informed by generally accepted
19 medical or scientific evidence, and are consistent with generally accepted
20 practice parameters. Such services shall be informed by the unique needs of
21 ~~each individual and each presenting situation, and shall include a~~

1 ~~determination that a service is needed to achieve proper growth and~~

2 ~~development or to prevent the onset or worsening of a health condition.~~

3 ~~(B) “Medication-assisted treatment” shall have “Medication for~~
4 ~~opioid use disorder” has the same meaning as in 18 V.S.A. § 4750.~~

5 ~~(f) Third-party medical provider contracts. Any contract between the~~
6 ~~Department and a provider of physical or mental health services shall establish~~
7 ~~policies and procedures for continuation and provision of medication at the~~
8 ~~time of admission and thereafter, as determined by an appropriate evaluation,~~
9 ~~which will protect the mental and physical health of inmates.~~

10 ~~(g) Prescription medication; reentry planning.~~

11 ~~(1) If an offender takes a prescribed medication while incarcerated and~~
12 ~~that prescribed medication continues to be both available at the facility and~~
13 ~~clinically appropriate for the offender at the time of discharge from the~~
14 ~~correctional facility, the Department or its contractor shall provide the~~
15 ~~offender, at the time of release, with a sufficient supply of the prescribed~~
16 ~~medication, not to exceed a 14-day supply, to ensure that the inmate may~~
17 ~~continue taking the medication as prescribed until the offender is able to fill a~~
18 ~~new prescription for the medication in the community. The Department or its~~
19 ~~contractor shall also provide the offender exiting the facility with a valid~~
20 ~~prescription to continue the medication after any supply provided during~~
21 ~~release from the facility is depleted.~~

1 ~~(2) The Department or its contractor shall identify any necessary~~
2 licensed health care provider or substance use disorder treatment program, or
3 both, and schedule an intake appointment for the offender with the provider or
4 program to ensure that the offender can continue care in the community as part
5 of the offender's reentry plan. The Department or its contractor may employ
6 or contract with a case worker or health navigator to assist with scheduling any
7 health care appointments in the community.

8 Sec. 2. 28 V.S.A. § 801b is amended to read:

9 § 801b. ~~MEDICATION-ASSISTED TREATMENT~~ MEDICATION FOR
10 OPIOID USE DISORDER IN CORRECTIONAL FACILITIES

11 (a) If an inmate receiving ~~medication-assisted treatment~~ medication for
12 opioid use disorder prior to entering the correctional facility continues to
13 receive medication prescribed in the course of ~~medication-assisted treatment~~
14 medication for opioid use disorder pursuant to section 801 of this title, the
15 inmate shall be authorized to receive that medication for as long as medically
16 necessary.

17 (b)(1) If at any time an inmate screens positive as having an opioid use
18 disorder, the inmate may elect to commence buprenorphine-specific
19 ~~medication-assisted treatment~~ medication for opioid use disorder if it is
20 ~~deemed medically necessary by a provider authorized to prescribe~~

1 ~~buprenorphine. The inmate shall be authorized to receive the medication as~~
2 soon as possible and for as long as medically necessary.

3 (2) Nothing in this subsection shall prevent an inmate who commences
4 ~~medication-assisted treatment~~ medication for opioid use disorder while in a
5 correctional facility from transferring from buprenorphine to methadone if:

6 (A) methadone is deemed medically necessary by a provider
7 authorized to prescribe methadone; and

8 (B) the inmate elects to commence methadone as recommended by a
9 provider authorized to prescribe methadone.

10 (c) The licensed practitioner who makes the clinical judgment to
11 discontinue a medication shall cause the reason for the discontinuance to be
12 entered into the inmate's medical record, specifically stating the reason for the
13 discontinuance. The inmate shall be provided, both orally and in writing, with
14 a specific explanation of the decision to discontinue the medication and with
15 notice of the right to have ~~his or her~~ the inmate's community-based prescriber
16 notified of the decision. If the inmate provides signed authorization, the
17 Department shall notify the community-based prescriber in writing of the
18 decision to discontinue the medication.

19 (d)(1) As part of reentry planning, the Department shall commence
20 ~~medication-assisted treatment~~ medication for opioid use disorder prior to an
21 ~~inmate's~~ offender's release if:

1 ~~(A) the inmate offender screens positive for an opioid use disorder;~~

2 ~~(B) medication-assisted treatment medication for opioid use disorder~~
3 ~~is medically necessary; and~~

4 ~~(C) the inmate offender elects to commence medication-assisted~~
5 ~~treatment medication for opioid use disorder.~~

6 (2) If ~~medication-assisted treatment medication for opioid use disorder~~
7 ~~is indicated and despite best efforts induction is not possible prior to release,~~
8 ~~the Department shall ensure comprehensive care coordination with a~~
9 ~~community-based provider.~~

10 (3) ~~If an offender takes a prescribed medication as part of medication~~
11 ~~for opioid use disorder while incarcerated and that prescription medication is~~
12 ~~both available at the facility and clinically appropriate for the offender at the~~
13 ~~time of discharge from the correctional facility, the Department or its~~
14 ~~contractor shall provide the offender, at the time of release, with a legally~~
15 ~~permissible supply to ensure that the offender may continue taking the~~
16 ~~medication as prescribed prior to obtaining the prescription medication in the~~
17 ~~community.~~

18 (e)(1) Counseling or behavioral therapies shall be provided in conjunction
19 with the use of medication for medication-assisted treatment as provided for in
20 the Department of Health's "Rule Governing Medication-Assisted Therapy for
21 ~~Opioid Dependence Medication for Opioid Use Disorder for. (1) Office-Based~~

1 ~~Opioid Treatment Providers Prescribing Buprenorphine; and (2) Opioid~~
2 ~~Treatment Providers.”~~

3 ~~(2) As part of reentry planning, the Department shall inform and offer~~
4 ~~care coordination to an offender to expedite access to counseling and~~
5 ~~behavioral therapies within the community.~~

6 ~~(3) As part of reentry planning, the Department or its contractor shall~~
7 ~~identify any necessary licensed health care provider or an opioid use disorder~~
8 ~~treatment program, or both, and schedule an intake appointment for the~~
9 ~~offender with the providers or treatment program, or both, to ensure that the~~
10 ~~offender can continue treatment in the community as part of the offender’s~~
11 ~~reentry plan. The Department or its contractor may employ or contract with a~~
12 ~~case worker or health navigator to assist with scheduling any health care~~
13 ~~appointments in the community.~~

14 Sec. 3. 28 V.S.A. § 818 is amended to read:

15 § 818. EARNED TIME; REDUCTION OF TERM

16 (a) Rule adoption. On or before September 1, ~~2020~~ 2024, the Department
17 of Corrections shall file a proposed rule pursuant to 3 V.S.A. chapter 25
18 implementing an earned time program to become effective on January 1, ~~2021~~
19 2025. The Commissioner shall adopt rules to carry out the provisions of this
20 ~~section as an emergency rule and concurrently propose them as a permanent~~

1 rule. The emergency rule shall be deemed to meet the standard for the
2 adoption of emergency rules pursuant to 3 V.S.A. § 844(a).

3 (b) Earned time program; generally. The earned time program
4 implemented pursuant to this section shall comply with the following
5 standards:

6 (1) The program shall be available for all sentenced offenders, including
7 furloughed offenders, provided that the program shall not be available to
8 offenders on probation or parole, to offenders eligible for a reduction of term
9 pursuant to section 811 of this title, to offenders sentenced to serve an
10 interrupted sentence, or to offenders sentenced to life without parole.
11 Offenders currently serving a sentence shall be eligible to begin earning a
12 reduction in term when the earned time program becomes effective.

13 (A) Notwithstanding this subdivision (1), when an offender has been
14 convicted of a disqualifying offense, the offender's ability to participate and
15 earn time in the program shall be determined pursuant to subdivision (5) of
16 this subsection.

17 (B) Notwithstanding this subdivision (1), beginning on January 1,
18 2025, the program shall be available to offenders on parole.

19 (2) Offenders shall earn a reduction of seven days in the minimum and
20 maximum sentence for each month during which the offender:

21 (A) is not adjudicated of a major disciplinary rule violation, and

1 ~~(B) is not reincarcerated from the community for a violation of~~
2 release conditions, provided that an offender who loses a residence for a reason
3 other than fault on the part of the offender shall not be deemed reincarcerated
4 under this subdivision.

5 (3) An offender who receives post-adjudication treatment in a
6 residential setting for a substance use disorder shall earn a reduction of one
7 day in the minimum and maximum sentence for each day that the offender
8 receives the inpatient treatment. While a person is in residential substance
9 abuse treatment, ~~he or she~~ the person shall not be eligible for earned time
10 except as provided in this subsection.

11 (4) The Department shall:

12 (A) ensure that all victims of record are notified of the earned time
13 program at its outset and made aware of the option to receive notifications
14 from the Department pursuant to this subdivision;

15 (B) provide timely notice not less frequently than every 90 days to
16 the offender any time the offender receives a reduction in ~~his or her~~ the
17 offender's term of supervision pursuant to this section;

18 (C) maintain a system that documents and records all such reductions
19 in each offender's permanent record; and

20 (D) record any reduction in an offender's term of supervision
21 pursuant to this section on a monthly basis and ensure that victims who want

1 ~~information regarding changes in scheduled release dates have access to such~~
2 information.

3 (5) Notwithstanding 1 V.S.A. § 214, an offender who was serving a
4 sentence for a disqualifying offense on January 1, 2021 shall not earn any
5 earned time sentence reductions under this section after the effective date of
6 this act. This subdivision (5) shall not be construed to limit or affect earned
7 time that an offender has earned on or before the effective date of this act.

8 (c) Definitions. As used in this section:

9 (1) "Disqualifying offense" means:

10 (A) murder in violation of 13 V.S.A. § 2301;

11 (B) voluntary manslaughter in violation of 13 V.S.A. § 2304;

12 (C) kidnapping in violation of 13 V.S.A. § 2405;

13 (D) lewd and lascivious conduct with a child in violation of
14 13 V.S.A. § 2602, provided that the offense shall not be considered a
15 disqualifying offense if the offender is under 18 years of age, the child is at
16 least 12 years of age, and the conduct is consensual;

17 (E) sexual assault in violation of 13 V.S.A. § 3252(a) or (b);

18 (F) aggravated sexual assault in violation of 13 V.S.A. § 3253, or

19 (G) aggravated sexual assault of a child in violation of 13 V.S.A.

20 § 3255a.

1 (2) "Interrupted sentence" means a sentence that is not served
2 continuously, including a sentence to be served in intervals or a sentence to the
3 work crew.

4 Sec. 4. JOINT LEGISLATIVE JUSTICE OVERSIGHT COMMITTEE

5 REVIEW; EARNED TIME EDUCATIONAL CREDITS

6 (a) The Joint Legislative Justice Oversight Committee shall review whether
7 the Department of Corrections' earned time program should permit earned
8 time for educational credits. The review shall include consideration of
9 expanding such a program to include offenders and parolees. The review shall
10 also include an examination of the current operation and effectiveness of the
11 Department's victim notification system and whether it has the capabilities to
12 handle an expansion of the earned time program.

13 (b) On or before November 15, 2024, the Committee shall submit any
14 recommendations to the Senate Committee on Judiciary and the House
15 Committee on Corrections and Institutions.

16 Sec. 5. 23 V.S.A. § 115 is amended to read:

17 § 115. NONDRIVER IDENTIFICATION CARDS

18 * * *

19 (m)(1) An individual sentenced to serve a period of imprisonment of six
20 months or more committed to the custody of the Commissioner of Corrections
21 who is eligible for a nondriver identification card under the requirements of

1 ~~this section shall, upon proper application and in advance of release from a~~
2 correctional facility, be provided with a nondriver identification card for a fee
3 of \$0.00.

4 (2) As part of reentry planning, the Department of Corrections shall
5 inquire with the individual to be released about the individual's desire to
6 obtain a nondriver identification card or any driving credential, if eligible, and
7 inform the individual about the differences, including any costs to the
8 individual.

9 (3) If the individual desires a nondriver identification card, the
10 Department of Corrections shall coordinate with the Department of Motor
11 Vehicles to provide an identification card for the individual at the time of
12 release.

13 Sec. 6. FAMILY VISITATION; STUDY COMMITTEE; REPORT

14 (a) Creation. There is created the Family Friendly Visitation Study
15 Committee to examine how the Department of Corrections can facilitate
16 greater family friendly visitation methods for all inmates who identify as
17 parents, guardians, and parents with visitation rights.

18 (b) Membership. The Study Committee shall be composed of the
19 following members:

20 (1) the Commissioner of Corrections or designee;

21 (2) the Child, Family, and Youth Advocate or designee,

- 1 ~~(3) a representative from Lund's Kids-A-Part program;~~
- 2 (4) the Commissioner for Children and Families or designee; and
- 3 ~~(3) a representative from the Vermont Network Against Domestic and~~
- 4 Sexual Violence.
- 5 (c) Powers and duties. The Study Committee shall study methods and
- 6 approaches to better family friendly visitation for inmates who identify as
- 7 parents, guardians, and parents with visitation rights, including the following
- 8 issues:
- 9 (1) establishing a Department policy that facilitates family friendly
- 10 visitation to inmates who identify as parents, guardians, and parents with
- 11 visitation rights;
- 12 (2) assessing correctional facility capacity and resources needed to
- 13 facilitate greater family friendly visitation to inmates who identify as parents,
- 14 guardians, and parents with visitation rights;
- 15 (3) evaluating the possibility of locating inmates at correctional
- 16 facilities closer to family;
- 17 (4) assessing how inmate discipline at a correctional facility affects
- 18 family visitation;
- 19 (5) examining the current Kids-A-Part visitation program and
- 20 determining steps to achieve parity with the objectives pursuant to subsection
- 21 (a) of this section,

1 ~~(6) exploring more family friendly visiting days and hours; and~~

2 ~~(7) consulting with other stakeholders on relevant issues as necessary.~~

3 ~~(d) Assistance. The Study Committee shall have the administrative,~~
4 ~~technical, and legal assistance of the Department of Corrections.~~

5 ~~(e) Report. On or before January 15, 2025, the Study Committee shall~~
6 ~~submit a written report to the House Committee on Corrections and~~
7 ~~Institutions and the Senate Committee on Judiciary with its findings and any~~
8 ~~recommendations for legislative action.~~

9 ~~(f) Meetings.~~

10 ~~(1) The Commissioner of Corrections or designee shall call the first~~
11 ~~meeting of the Study Committee to occur on or before August 1, 2024.~~

12 ~~(2) The Study Committee shall meet not more than six times.~~

13 ~~(3) The Commissioner of Corrections or designee shall serve as the~~
14 ~~Chair of the Study Committee.~~

15 ~~(4) A majority of the membership shall constitute a quorum.~~

16 ~~(5) The Study Committee shall cease to exist on February 15, 2025.~~

17 ~~(g) Compensation and reimbursement. Members of the Study Committee~~
18 ~~who are not employees of the State of Vermont and who are not otherwise~~
19 ~~compensated or reimbursed for their attendance shall be entitled to~~
20 ~~compensation and reimbursement of expenses pursuant to 32 V.S.A. § 1010 for~~
21 ~~not more than six meetings per year.~~

1 ~~Sec. 7. OUT-OF-STATE CORRECTIONAL FACILITIES; TRANSITION;~~

2 REPORT

3 (a) ~~Intent.~~ It is the intent of the General Assembly that, by 2034, the
4 practice of Vermont inmates being housed in privately operated, for-profit, or
5 out-of-state correctional facilities shall be prohibited so that corporations are
6 not enriched for depriving the liberty of persons sentenced to imprisonment. It
7 is the further intent of the General Assembly that such a prohibition does not
8 affect inmates that are incarcerated pursuant to an interstate compact.

9 (b) ~~Report.~~ On or before January 1, 2026, the Department of Corrections,
10 in consultation with the Office of the State Auditor, the Judiciary, the
11 Department of Buildings and General Services, the Department of State's
12 Attorneys and Sheriffs, the Office of the Defender General, and the Law
13 Enforcement Advisory Board, shall submit a written report in the form of an
14 actionable plan to the House Committee on Corrections and Institutions and
15 the Senate Committee on Judiciary detailing the feasibility of necessary steps
16 and preparations required to transition away from contracting with privately
17 operated, for-profit, or out-of-state correctional facilities. The report shall
18 include:

19 (1) an assessment of the current contracts with privately operated, for-
20 profit, or out-of-state correctional facilities, including the duration of the

1 ~~contract, fiscal implications, and the number of inmates housed at each~~
2 ~~facility;~~

3 ~~(2) strategies to transition Vermont inmates currently housed at privately~~
4 ~~operated, for-profit, or out-of-state correctional facilities to Vermont-based~~
5 ~~correctional facilities or alternative rehabilitation programs;~~

6 ~~(3) an analysis of the financial and operational impact of ending~~
7 ~~contracts with privately operated, for-profit, or out-of-state correctional~~
8 ~~facilities, including any potential cost savings or additional expenses incurred~~
9 ~~by the State;~~

10 ~~(4) plans to enhance the capabilities of Vermont-based correctional~~
11 ~~facilities in anticipation of any changes to Vermont's incarcerative population~~
12 ~~resulting from the termination of contracts with privately operated, for-profit,~~
13 ~~or out-of-state correctional facilities, and~~

(4) plans to enhance the capabilities of Vermont-based correctional
facilities and to employ the use of alternatives to incarceration in anticipation
of any changes to Vermont's incarcerative population resulting from the
termination of contracts with privately operated, for-profit, or out-of-state
correctional facilities; and

14 ~~(5) any recommendations for legislative action that may be necessary to~~
15 ~~transition away from contracting with privately operated, for-profit, or out-of-~~
16 ~~state correctional facilities.~~

1 ~~(c) Collaboration. In preparation of its report pursuant to subsection (b) of~~
2 ~~this section, the Department shall collaborate with all relevant government~~
3 ~~agencies, relevant community organizations, and relevant advocacy groups.~~

4 (d) Legislative consideration. The written report submitted pursuant to
5 subsection (b) of this section shall be considered for legislative action during
6 the 2026 legislative session.

7 Sec. 8. EFFECTIVE DATE

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

Sec. 1. 28 V.S.A. § 801 is amended to read:

§ 801. MEDICAL CARE OF INMATES

(a) Provision of medical care. The Department shall provide health care for inmates in accordance with the prevailing medical standards. When the provision of such care requires that the inmate be taken outside the boundaries of the correctional facility wherein the inmate is confined, the Department shall provide reasonable safeguards, when deemed necessary, for the custody of the inmate while ~~he or she~~ the inmate is confined at a medical facility.

(b) Screenings and assessments.

(1) Upon admission to a correctional facility for a minimum of 14 consecutive days, each inmate shall be given a physical assessment unless extenuating circumstances exist.

(2) Within 24 hours after admission to a correctional facility, each inmate shall be screened for substance use disorders as part of the initial and ongoing substance use screening and assessment process. This process includes screening and assessment for opioid use disorders.

(c) Emergency care. When there is reason to believe an inmate is in need of medical care, the officers and employees shall render emergency first aid and immediately secure additional medical care for the inmate in accordance with the standards set forth in subsection (a) of this section. A correctional facility shall have on staff at all times at least one person trained in emergency first aid.

(d) Policies. The Department shall establish and maintain policies for the delivery of health care in accordance with the standards in subsection (a) of this section.

(e) Pre-existing prescriptions; definitions for subchapter.

(1) Except as otherwise provided in this subsection, an inmate who is admitted to a correctional facility while under the medical care of a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse and who is taking medication at the time of admission pursuant to a valid prescription as verified by the inmate's pharmacy of record, primary care provider, other licensed care provider, or as verified by the Vermont Prescription Monitoring System or other prescription monitoring

or information system, including buprenorphine, methadone, or other medication prescribed in the course of ~~medication-assisted-treatment~~ medication for opioid use disorder, shall be entitled to continue that medication and to be provided that medication by the Department pending an evaluation by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse.

(2) Notwithstanding subdivision (1) of this subsection, the Department may defer provision of a validly prescribed medication in accordance with this subsection if, in the clinical judgment of a licensed physician, a physician assistant, or an advanced practice registered nurse, it is not medically necessary to continue the medication at that time.

(3) The licensed practitioner who makes the clinical judgment to discontinue a medication shall cause the reason for the discontinuance to be entered into the inmate's medical record, specifically stating the reason for the discontinuance. The inmate shall be provided, both orally and in writing, with a specific explanation of the decision to discontinue the medication and with notice of the right to have ~~his or her~~ the inmate's community-based prescriber notified of the decision. If the inmate provides signed authorization, the Department shall notify the community-based prescriber in writing of the decision to discontinue the medication.

(4) It is not the intent of the General Assembly that this subsection shall create a new or additional private right of action.

(5) As used in this subchapter:

(A) “Medically necessary” describes health care services that are appropriate in terms of type, amount, frequency, level, setting, and duration to the individual’s diagnosis or condition, are informed by generally accepted medical or scientific evidence, and are consistent with generally accepted practice parameters. Such services shall be informed by the unique needs of each individual and each presenting situation, and shall include a determination that a service is needed to achieve proper growth and development or to prevent the onset or worsening of a health condition.

(B) ~~“Medication-assisted treatment” shall have~~ “Medication for opioid use disorder” has the same meaning as in 18 V.S.A. § 4750.

(f) Third-party medical provider contracts. Any contract between the Department and a provider of physical or mental health services shall establish policies and procedures for continuation and provision of medication at the time of admission and thereafter, as determined by an appropriate evaluation, which will protect the ~~mental and physical~~ health of inmates.

(g) Prescription medication; reentry planning.

(1) If an offender takes a prescribed medication while incarcerated and that prescribed medication continues to be both available at the facility and

clinically appropriate for the offender at the time of discharge from the correctional facility, the Department or its contractor shall provide the offender, at the time of release, with not less than a 28-day supply of the prescribed medication, if possible, to ensure that the inmate may continue taking the medication as prescribed until the offender is able to fill a new prescription for the medication in the community. The Department or its contractor shall also provide the offender exiting the facility with a valid prescription to continue the medication after any supply provided during release from the facility is depleted.

(2) The Department or its contractor shall identify any necessary licensed health care provider or substance use disorder treatment program, or both, and schedule an intake appointment for the offender with the provider or program to ensure that the offender can continue care in the community as part of the offender's reentry plan. The Department or its contractor may employ or contract with a case worker or health navigator to assist with scheduling any health care appointments in the community.

Sec. 2. 28 V.S.A. § 801b is amended to read:

§ 801b. ~~MEDICATION-ASSISTED TREATMENT~~ MEDICATION FOR
OPIOID USE DISORDER IN CORRECTIONAL FACILITIES

(a) If an inmate receiving ~~medication-assisted treatment~~ medication for opioid use disorder prior to entering the correctional facility continues to

receive medication prescribed in the course of ~~medication-assisted treatment~~ medication for opioid use disorder pursuant to section 801 of this title, the inmate shall be authorized to receive that medication for as long as medically necessary.

(b)(1) If at any time an inmate screens positive as having an opioid use disorder, the inmate may elect to commence buprenorphine-specific ~~medication-assisted treatment~~ medication for opioid use disorder if it is deemed medically necessary by a provider authorized to prescribe buprenorphine. The inmate shall be authorized to receive the medication as soon as possible and for as long as medically necessary.

(2) Nothing in this subsection shall prevent an inmate who commences ~~medication-assisted treatment~~ medication for opioid use disorder while in a correctional facility from transferring from buprenorphine to methadone if:

(A) methadone is deemed medically necessary by a provider authorized to prescribe methadone; and

(B) the inmate elects to commence methadone as recommended by a provider authorized to prescribe methadone.

(c) The licensed practitioner who makes the clinical judgment to discontinue a medication shall cause the reason for the discontinuance to be entered into the inmate's medical record, specifically stating the reason for the discontinuance. The inmate shall be provided, both orally and in writing, with

a specific explanation of the decision to discontinue the medication and with notice of the right to have ~~his or her~~ the inmate's community-based prescriber notified of the decision. If the inmate provides signed authorization, the Department shall notify the community-based prescriber in writing of the decision to discontinue the medication.

(d)(1) As part of reentry planning, the Department shall commence ~~medication-assisted treatment~~ medication for opioid use disorder prior to an ~~inmate's~~ offender's release if:

(A) the ~~inmate~~ offender screens positive for an opioid use disorder;

(B) ~~medication-assisted treatment~~ medication for opioid use disorder is medically necessary; and

(C) the ~~inmate~~ offender elects to commence ~~medication-assisted treatment~~ medication for opioid use disorder.

(2) If ~~medication-assisted treatment~~ medication for opioid use disorder is indicated and despite best efforts induction is not possible prior to release, the Department shall ensure comprehensive care coordination with a community-based provider.

(3) If an offender takes a prescribed medication as part of medication for opioid use disorder while incarcerated and that prescription medication is both available at the facility and clinically appropriate for the offender at the time of discharge from the correctional facility, the Department or its

contractor shall provide the offender, at the time of release, with a legally permissible supply to ensure that the offender may continue taking the medication as prescribed prior to obtaining the prescription medication in the community.

(e)(1) Counseling or behavioral therapies shall be provided in conjunction with the use of medication for medication-assisted treatment as provided for in the Department of Health’s “Rule Governing Medication-Assisted Therapy for Opioid Dependence Medication for Opioid Use Disorder for: (1) Office-Based Opioid Treatment Providers Prescribing Buprenorphine; and (2) Opioid Treatment Providers.”

(2) As part of reentry planning, the Department shall inform and offer care coordination to an offender to expedite access to counseling and behavioral therapies within the community.

(3) As part of reentry planning, the Department or its contractor shall identify any necessary licensed health care provider or an opioid use disorder treatment program, or both, and schedule an intake appointment for the offender with the providers or treatment program, or both, to ensure that the offender can continue treatment in the community as part of the offender’s reentry plan. The Department or its contractor may employ or contract with a case worker or health navigator to assist with scheduling any health care appointments in the community.

*Sec. 3. JOINT LEGISLATIVE JUSTICE OVERSIGHT COMMITTEE;
EARNED TIME EXPANSION; PAROLEES; EDUCATIONAL
CREDITS, REVIEW*

(a) The Joint Legislative Justice Oversight Committee shall review whether the Department of Corrections' current earned time program should be expanded to include parolees, as well as permitting earned time for educational credits for both offenders and parolees.

(b) The review of the Department's earned time program shall also include an examination of the current operation and effectiveness of the Department's victim notification system and whether it has the capabilities to handle an expansion of the earned time program. The Committee shall solicit testimony from the Department; the Center for Crime Victim Services; victims and survivors of crimes, including those who serve on the advisory council for the Center for Crime Victim Services; and the Department of State's Attorneys and Sheriffs.

(c) On or before November 15, 2024, the Committee shall submit any recommendations from the study pursuant to this section to the Senate Committee on Judiciary and the House Committee on Corrections and Institutions.

Sec. 4. 23 V.S.A. § 115 is amended to read:

§ 115. NONDRIVER IDENTIFICATION CARDS

** * **

(m)(1) An individual sentenced to serve a period of imprisonment of six months or more committed to the custody of the Commissioner of Corrections who is eligible for a nondriver identification card under the requirements of this section shall, upon proper application and in advance of release from a correctional facility, be provided with a nondriver identification card for a fee of \$0.00.

(2) As part of reentry planning, the Department of Corrections shall inquire with the individual to be released about the individual's desire to obtain a nondriver identification card or any driving credential, if eligible, and inform the individual about the differences, including any costs to the individual.

(3) If the individual desires a nondriver identification card, the Department of Corrections shall coordinate with the Department of Motor Vehicles to provide an identification card for the individual at the time of release.

Sec. 5. FAMILY VISITATION; STUDY COMMITTEE; REPORT

(a) Creation. There is created the Family Friendly Visitation Study Committee to examine how the Department of Corrections can facilitate

greater family friendly visitation methods for all inmates who identify as parents, guardians, and parents with visitation rights.

(b) Membership. The Study Committee shall be composed of the following members:

(1) the Commissioner of Corrections or designee;

(2) the Child, Family, and Youth Advocate or designee;

(3) a representative from Lund's Kids-A-Part program;

(4) the Commissioner for Children and Families or designee; and

(5) a representative from the Vermont Network Against Domestic and Sexual Violence.

(c) Powers and duties. The Study Committee shall study methods and approaches to better family friendly visitation for inmates who identify as parents, guardians, and parents with visitation rights, including the following issues:

(1) establishing a Department policy that facilitates family friendly visitation to inmates who identify as parents, guardians, and parents with visitation rights;

(2) assessing correctional facility capacity and resources needed to facilitate greater family friendly visitation to inmates who identify as parents, guardians, and parents with visitation rights;

(3) evaluating the possibility of locating inmates at correctional facilities closer to family;

(4) assessing how inmate discipline at a correctional facility affects family visitation;

(5) examining the current Kids-A-Part visitation program and determining steps to achieve parity with the objectives pursuant to subsection (a) of this section;

(6) exploring more family friendly visiting days and hours; and

(7) consulting with other stakeholders on relevant issues as necessary.

(d) Assistance. The Study Committee shall have the administrative, technical, and legal assistance of the Department of Corrections.

(e) Report. On or before January 15, 2025, the Study Committee shall submit a written report to the House Committee on Corrections and Institutions and the Senate Committee on Judiciary with its findings and any recommendations for legislative action.

(f) Meetings.

(1) The Commissioner of Corrections or designee shall call the first meeting of the Study Committee to occur on or before August 1, 2024.

(2) The Study Committee shall meet not more than six times.

(3) The Commissioner of Corrections or designee shall serve as the Chair of the Study Committee.

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

(5) The Study Committee shall cease to exist on February 15, 2025.

(g) Compensation and reimbursement. Members of the Study Committee who are not employees of the State of Vermont and who are not otherwise compensated or reimbursed for their attendance shall be entitled to compensation and reimbursement of expenses pursuant to 32 V.S.A. § 1010 for not more than six meetings per year.

Sec. 6. CORRECTIONAL FACILITIES; INMATE POPULATION

REDUCTION; REPORT

(a) Findings and intent.

(1) The General Assembly finds that the population of inmates in Vermont has risen from approximately 300 detainees per day in 2020 to approximately 500 detainees per day in 2024 while the sentenced population has remained relatively stable during the same time period.

(2) It is the intent of the General Assembly that, by 2034, the practice of Vermont inmates being housed in privately operated, for-profit, or out-of-state correctional facilities shall be prohibited so that corporations are not enriched for depriving the liberty of persons sentenced to imprisonment. It is the further intent of the General Assembly that such a prohibition does not affect inmates who are incarcerated pursuant to an interstate compact.

(b) Report. On or before November 15, 2025, the Judiciary, in consultation with the Department of Corrections, the Department of State's Attorneys and Sheriffs, the Office of the Defender General, and the Law Enforcement Advisory Board, shall submit a written report to the House Committee on Corrections and Institutions and the Senate Committee on Judiciary detailing methods to reduce the number of offenders and detainees in Vermont correctional facilities. The report shall include:

(1) identifying new laws or amendments to current laws to help reduce the number of individuals who enter the criminal justice system;

(2) methods to divert individuals away from the criminal justice system once involved;

(3) initiatives to keep individuals involved in the criminal justice system out of Vermont's correctional facilities; and

(4) an analysis of the financial savings attributed to implementing subdivisions (1)–(3) of this subsection and how any savings can be reinvested.

(c) Status update. On or before December 1, 2024, the Department of Corrections shall provide a status update of the report identified in subsection (b) of this section to the Joint Legislative Justice Oversight Committee in the form of a written outline, which shall include any legislative recommendations.

(d) Support. The stakeholders identified in subsection (b) of this section may contract with third parties to assist in the development of the report pursuant to this section.

Sec. 7. REENTRY SERVICES; NEW CORRECTIONAL FACILITIES;

PROGRAMMING; RECOMMENDATIONS

On or before November 15, 2024, the Department of Corrections, in consultation with the Department of Buildings and General Services, shall submit recommendations to the Senate Committee on Judiciary and the House Committee on Corrections and Institutions detailing the following:

(1) an examination of the Department of Corrections' reentry and transitional services with the objective to transition and implement modern strategies and facilities to assist individuals involved with the criminal justice system to obtain housing, vocational and job opportunities, and other services to successfully reintegrate into society;

(2) the recommended size of a new women's correctional facility, including the scope and quality of programming and services housed in the facility and any therapeutic, educational, and other specialty design features necessary to support the programming and services offered in the facility; and

(3) whether it is advisable to construct a new men's reentry facility on the same campus as the women's correctional facility or at another location.

*Sec. 8. DEPARTMENT OF CORRECTIONS; PROBATION AND PAROLE
OFFICERS; HOSPITAL COVERAGE; PLAN*

(a) Intent. It is the intent of the General Assembly to afford relief to the probation and parole officers of the Department of Corrections who are providing emergency coverage, in addition to their own duties and responsibilities, to supervise individuals in the custody of the Department who are located or admitted at hospitals.

(b) Plan. On or before January 15, 2025, the Department of Corrections, in consultation with the Agency of Administration, shall present a plan to the Senate Committees on Appropriations and on Judiciary and the House Committees on Appropriations and on Corrections and Institutions to address the Department's staffing shortages related to hospital coverage and in accordance with subsection (a) of this section. The plan shall address:

(1) general staffing recommendations to relieve probation and parole officers from providing hospital coverage as outlined in this section;

(2) the number of staff required to provide adequate relief to probation and parole officers providing hospital coverage; and

(3) the costs associated with the Department's staffing recommendations and requirements.

Sec. 9. EFFECTIVE DATE

This act shall take effect on July 1, 2024.