H.876

An act relating to miscellaneous amendments to the corrections laws

The Senate proposes to the House to amend the bill by striking out all after the enacting clause and inserting in lieu thereof the following:

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.

1 (b)(1) If at any time an inmate screens positive as having an opioid use
2 disorder, the inmate may elect to commence buprenorphine-specific
3 ~~medication-assisted treatment~~ <u>medication for opioid use disorder</u> if it is
4 deemed medically necessary by a provider authorized to prescribe
5 buprenorphine. The inmate shall be authorized to receive the medication as
6 soon as possible and for as long as medically necessary.
7 (2) Nothing in this subsection shall prevent an inmate who commences
8 ~~medication-assisted treatment~~ <u>medication for opioid use disorder</u> while in a
9 correctional facility from transferring from buprenorphine to methadone if:
10 (A) methadone is deemed medically necessary by a provider
11 authorized to prescribe methadone; and
12 (B) the inmate elects to commence methadone as recommended by a
13 provider authorized to prescribe methadone.
14 (c) The licensed practitioner who makes the clinical judgment to
15 discontinue a medication shall cause the reason for the discontinuance to be
16 entered into the inmate's medical record, specifically stating the reason for the
17 discontinuance. The inmate shall be provided, both orally and in writing, with
18 a specific explanation of the decision to discontinue the medication and with
19 notice of the right to have ~~his or her~~ <u>the inmate's</u> community-based prescriber
20 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 M~~edication-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

1 (a) The Joint Legislative Justice Oversight Committee shall review whether
2 the Department of Corrections' current earned time program should be
3 expanded to include parolees, as well as permitting earned time for educational
4 credits for both offenders and parolees.
5 (b) The review of the Department's earned time program shall also include
6 an examination of the current operation and effectiveness of the Department's
7 victim notification system and whether it has the capabilities to handle an
8 expansion of the earned time program. The Committee shall solicit testimony
9 from the Department; the Center for Crime Victim Services; victims and
10 survivors of crimes, including those who serve on the advisory council for the
11 Center for Crime Victim Services; and the Department of State's Attorneys
12 and Sheriffs.
13 (c) On or before November 15, 2024, the Committee shall submit any
14 recommendations from the study pursuant to this section to the Senate
15 Committee on Judiciary and the House Committee on Corrections and
16 Institutions.
17 Sec. 4. 23 V.S.A. § 115 is amended to read:
18 § 115. NONDRIVER IDENTIFICATION CARDS
19 * * *
20 (m)(1) An individual sentenced to serve a period of imprisonment of six
21 months or more committed to the custody of the Commissioner of Corrections

1 who is eligible for a nondriver identification card under the requirements of
2 this section shall, upon proper application and in advance of release from a
3 correctional facility, be provided with a nondriver identification card for a fee
4 of $0.00.
5 (2) As part of reentry planning, the Department of Corrections shall
6 inquire with the individual to be released about the individual's desire to obtain
7 a nondriver identification card or any driving credential, if eligible, and inform
8 the individual about the differences, including any costs to the 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. 5. 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 (5) 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 facilities
16 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 Institutions
7 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
21 for not more than six meetings per year.

1 Sec. 6. CORRECTIONAL FACILITIES; INMATE POPULATION
2 REDUCTION; REPORT
3 (a) Findings and intent.
4 (1) The General Assembly finds that the population of inmates in
5 Vermont has risen from approximately 300 detainees per day in 2020 to
6 approximately 500 detainees per day in 2024 while the sentenced population
7 has remained relatively stable during the same time period.
8 (2) It is the intent of the General Assembly that, by 2034, the practice of
9 Vermont inmates being housed in privately operated, for-profit, or out-of-state
10 correctional facilities shall be prohibited so that corporations are not enriched
11 for depriving the liberty of persons sentenced to imprisonment. It is the further
12 intent of the General Assembly that such a prohibition does not affect inmates
13 who are incarcerated pursuant to an interstate compact.
14 (b) Report. On or before November 15, 2025, the Judiciary, in consultation
15 with the Department of Corrections, the Department of State's Attorneys and
16 Sheriffs, the Office of the Defender General, and the Law Enforcement
17 Advisory Board, shall submit a written report to the House Committee on
18 Corrections and Institutions and the Senate Committee on Judiciary detailing
19 methods to reduce the number of offenders and detainees in Vermont
20 correctional facilities. The report shall include:

1 (1) identifying new laws or amendments to current laws to help reduce
2 the number of individuals who enter the criminal justice system;
3 (2) methods to divert individuals away from the criminal justice system
4 once involved;
5 (3) initiatives to keep individuals involved in the criminal justice system
6 out of Vermont's correctional facilities; and
7 (4) an analysis of the financial savings attributed to implementing
8 subdivisions (1)–(3) of this subsection and how any savings can be reinvested.
9 (c) Status update. On or before December 1, 2024, the Department of
10 Corrections shall provide a status update of the report identified in subsection
11 (b) of this section to the Joint Legislative Justice Oversight Committee in the
12 form of a written outline, which shall include any legislative recommendations.
13 (d) Support. The stakeholders identified in subsection (b) of this section
14 may contract with third parties to assist in the development of the report
15 pursuant to this section.
16 Sec. 7. REENTRY SERVICES; NEW CORRECTIONAL FACILITIES;
17 PROGRAMMING; RECOMMENDATIONS
18 On or before November 15, 2024, the Department of Corrections, in
19 consultation with the Department of Buildings and General Services, shall
20 submit recommendations to the Senate Committee on Judiciary and the House
21 Committee on Corrections and Institutions detailing the following:

1 (1) an examination of the Department of Corrections' reentry and
2 transitional services with the objective to transition and implement modern
3 strategies and facilities to assist individuals involved with the criminal justice
4 system to obtain housing, vocational and job opportunities, and other services
5 to successfully reintegrate into society;
6 (2) the recommended size of a new women's correctional facility,
7 including the scope and quality of programming and services housed in the
8 facility and any therapeutic, educational, and other specialty design features
9 necessary to support the programming and services offered in the facility; and
10 (3) whether it is advisable to construct a new men's reentry facility on
11 the same campus as the women's correctional facility or at another location.
12 Sec. 8. DEPARTMENT OF CORRECTIONS; PROBATION AND PAROLE
13 OFFICERS; HOSPITAL COVERAGE; PLAN
14 (a) Intent. It is the intent of the General Assembly to afford relief to the
15 probation and parole officers of the Department of Corrections who are
16 providing emergency coverage, in addition to their own duties and
17 responsibilities, to supervise individuals in the custody of the Department who
18 are located or admitted at hospitals.
19 (b) Plan. On or before January 15, 2025, the Department of Corrections, in
20 consultation with the Agency of Administration, shall present a plan to the
21 Senate Committees on Appropriations and on Judiciary and the House

1 Committee on Appropriations and on Corrections and Institutions to address
2 the Department's staffing shortages related to hospital coverage and in
3 accordance with subsection (a) of this section. The plan shall address:
4 (1) general staffing recommendations to relieve probation and parole
5 officers from providing hospital coverage as outlined in this section;
6 (2) the number of staff required to provide adequate relief to probation
7 and parole officers providing hospital coverage; and
8 (3) the costs associated with the Department's staffing recommendations
9 and requirements.
10 Sec. 9. EFFECTIVE DATE
11 This act shall take effect on July 1, 2024.