

### Amendment to Title 28 V.S.A. 801 (e) 1, 2, 3 (f)

As a result of testimony from countless individuals, we are asking the Institution and Corrections Committee to amend 801 (e) 1, 2, 3 (f) and

#### Title V.S.A. § 801. Medical care of inmates

(a) 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 is confined at a medical facility.

### Amendment to Title 28 V.S.A. 801 (e) 1, 2, 3 (f)

(e)(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, 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 *not* 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 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.~~

f) 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 in accordance with 801 (e) 1. Any contract between the Department and a provider of physical or mental health services shall establish policies and procedures that align with the prevailing medical standards of care as set forth in V.S.A.801 (a)~~

(B) “Medication-assisted treatment” shall have the same meaning as in 18 V.S.A. § 4750.

**18 V.S.A. § 4750:**

- Prescribing physicians and collaborating health care and addictions professionals may coordinate care for patients receiving medication for monitoring opioid use disorder, which may include adherence to treatment, coordinating access to recovery supports, **and providing counseling, contingency management, and case management services.** (Added 2015, No. 173 (Adj. Sess.), § 3; amended 2023, No. 22, § 6c, eff. May 25, 2023.)