

1/24/24

Vermont Just Justice Recommendations/Summation

- **We are asking for enforcement of counseling and recovery supports across all correctional facilities**, so the standard of care for MAT is the same for every incarcerated person. Our testimony will show there are not MAT treatment groups available to all MAT individuals
 - We are asking that the language of 801 (e) 1 2 and 3 are rewritten so that an incarcerated individual stays on community medications if a verified prescription is validated as written in (e) 1, strike the last sentence, and to strike the second sentence in (2) and strike all of (3). That would change the language to an incarcerated individual can stay on community medication.
 - What kind of oversight and meaningful interventions can be provided for an individual leaving incarceration and their medications are not called in to a pharmacy? Someone needs to be available to solve that in real time. or to double check the meds are called in. How can that be a never event?
 - What kind of oversight can be instituted today, for the next level of care to an outside provider when medication management does not work? Should there be an algorithm to determine this, and if determined that further care is needed, the DOC provider should be the decision maker, versus the utilization review person who may or may not be medically trained.
 - Any incarcerated individual with a specialist for serious medical issues should be scheduled to meet that community provider within 3 months of incarceration and those recommendations need to be followed. When an actual provider makes this decision, should utilization review be the final answer?
 - There needs to be a defined person or persons available 24 hours a day, who works for the state who can directly answer family members concerns when an urgent or emergent situation regarding their loved ones healthcare concerns. Emergency hospitalizations, lack of follow up appointments for urgent medical conditions. There should be a point person/persons available to family members.
 - Finally, we urge this committee to begin the planning process of providing Vermont based health care for our incarcerated population. Connecticut and Rhode Island do so. Rhode Island incorporates medical students. We could do the same with UVM and possible Dartmouth Med Students. We have nursing students who could rotate through. We need a change. This last contract had one for profit bidder. In 3 years, what if we have no bidders? The time to act is now. Private equity for profit incarcerative health care should not be allowed in our state.

- Vermont Just Justice thanks you for your time and consideration of what we have seen as shortfalls in medical care. We are aware the legislature appropriates a large sum of money for this care, and has instituted MAT. We are very thankful for that, and we recognize and appreciate this work. We are available for questions, and input. We all want the same thing! Health challenges are an issue for everyone, how it is paid for to what is the standard of care. We have hope that working together can create meaningful, lasting solutions for our incarcerated folks while doing their time, and upon release to be fully functioning healthy individuals who can hold a job or contribute in some way. Perhaps, be a parent, be a friend, be the support person to their loved ones, whatever their role is, they are members of our community.

Many Thanks,

Vermont Just Justice