

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred House Bill No.  
3 72 entitled “An act relating to a harm-reduction criminal justice response to  
4 drug use” respectfully reports that it has considered the same and recommends  
5 that the bill be amended by striking out all after the enacting clause and  
6 inserting in lieu thereof the following:

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

8 § 4254. IMMUNITY FROM LIABILITY; OVERDOSE PREVENTION

9 \* \* \*

10 (j)(1) The following persons shall not be cited, arrested, or prosecuted for a  
11 violation of this chapter or subject to the property forfeiture provisions of this  
12 chapter for participation in or with an overdose prevention center that has been  
13 approved pursuant to subsection (m) of this section:

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

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

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

17 (C) a property owner who owns real property at which an overdose

18 prevention center is located and operates.

19 (2) The immunity provisions of this section apply only to the use and

20 derivative use of evidence gained as a proximate result of participation in or

21 with an overdose prevention center.

- 1           (k) An overdose prevention center:
- 2                   (1) provides a space supervised by health care professionals or other  
3 trained staff where persons who use drugs can consume preobtained drugs and  
4 medication for opioid use disorder;
- 5                   (2) provides harm reduction supplies, including sterile injection  
6 supplies; collects used hypodermic needles and syringes; and provides secure  
7 hypodermic needle and syringe disposal services;
- 8                   (3) answers questions on safe consumption practices;
- 9                   (4) administers first aid, if needed, and monitors and treats potential  
10 overdoses;
- 11                   (5) provides referrals to addiction treatment, medical services, and social  
12 services upon request;
- 13                   (6) educates participants on the risks of contracting HIV and viral  
14 hepatitis, wound care, and safe sex education;
- 15                   (7) provides overdose prevention education and distributes overdose  
16 reversal medications, including naloxone;
- 17                   (8) educates participants regarding proper disposal of hypodermic  
18 needles and syringes;
- 19                   (9) provides reasonable security of the program site;
- 20                   (10) establishes operating procedures for the program as well as  
21 eligibility criteria for program participants; and

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

2           (l) The Department of Health, in collaboration with the Vermont Overdose  
3 Prevention Network, shall develop operating guidelines for overdose  
4 prevention centers.

5           (m)(1) An entity may apply to the Department of Health or a district or  
6 municipal board of health for approval to operate an overdose prevention  
7 center. Entities may apply to establish and operate more than one program,  
8 and services may be provided at a fixed location or a mobile unit, or both. A  
9 safe syringe program may apply to operate an overdose prevention center.

10           (2) If an applicant complies with all applicable laws, rules, and  
11 operating guidelines adopted pursuant to subsection (l) of this section, the  
12 application shall be approved within 45 days after receipt. If the application is  
13 denied, the applicant shall be provided with a written explanation of the basis  
14 for the denial and the steps necessary to remedy the application. Approval for  
15 a program shall be for a period of two years and may be renewed.

16           (n) An entity operating an overdose prevention center shall submit an  
17 annual report to the Department of Health at a date set by the Department that  
18 shall include:

19           (1) the number of program participants;

20           (2) aggregate information regarding the characteristics of the program  
21 participants;

1           (3) the number of hypodermic needles and syringes distributed for use

2           on-site;

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

4           (5) the number of times emergency services was contacted for

5           assistance; and

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

7           services and the type of services.

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

9           (2) “Organized community-based needle exchange program” means a  
10           program approved by the Commissioner of Health under section 4478 of this  
11           title, the purpose of which is to provide access to clean needles and syringes,  
12           ~~and which is operated by an AIDS service organization, a substance abuse~~  
13           ~~treatment provider, or a licensed health care provider or facility.~~ Such  
14           programs shall be operated in a manner that is consistent with the provisions of  
15           10 V.S.A. chapter 159 (waste management; hazardous waste), and any other  
16           applicable laws.

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

18           § 4478. NEEDLE EXCHANGE PROGRAMS

19           The Department of Health, in collaboration with the statewide harm  
20           reduction coalition, shall develop operating guidelines for needle exchange  
21           programs. If a program complies with such operating guidelines and with

1 existing laws and regulations, it shall be approved by the Commissioner of  
2 Health. ~~Such operating guidelines shall be established no later than September~~  
3 ~~30, 1999.~~ A needle exchange program may apply to be an overdose prevention  
4 center pursuant to section 4254 of this title.

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

6 § 2004. MANUFACTURER FEE

7 (a) Annually, each pharmaceutical manufacturer or labeler of prescription  
8 drugs that are paid for by the Department of Vermont Health Access for  
9 individuals participating in Medicaid, Dr. Dynasaur, or VPharm shall pay a fee  
10 to the Agency of Human Services. The fee shall be ~~4.75~~ 2.25 percent of the  
11 previous calendar year's prescription drug spending by the Department and  
12 shall be assessed based on manufacturer labeler codes as used in the Medicaid  
13 rebate program.

14 \* \* \*

15 **Sec. 5. PILOT PROGRAM; OVERDOSE PREVENTION CENTERS**

16 In fiscal year 2025, \$X,000,000.00 is appropriated from the Evidence-Based  
17 Education and Advertising Fund pursuant to 18 V.S.A. § 4774 to the  
18 Department of Health for the purpose of awarding one or more grants for  
19 fixed-site or mobile supervised consumption services. The Department shall  
20 award grants based on an applicant's ability to establish such sites in

1 accordance with guidelines established by the Department for overdose  
2 prevention centers.

3 **Sec. 6. STUDY; OVERDOSE PREVENTION CENTERS**

4 (a) On or before December 1, 2024, the Department of Health shall  
5 contract with a researcher or independent consulting entity with expertise in  
6 the field of rural addiction or overdose prevention centers, or both, to study the  
7 impact of overdose prevention center pilot programs authorized in Sec. 5 of  
8 this act in their respective communities. The study shall evaluate the current  
9 impacts of the overdose crisis in Vermont, as well as any changes up to one  
10 year following the implementation of the overdose prevention center pilot  
11 programs. The work of the researcher or independent consulting entity shall be  
12 governed by the following goals:

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

17 (2) the current crime rates in communities where the overdose  
18 prevention center pilot programs will be established and the impact of  
19 overdose prevention center pilot programs on crime rates in communities  
20 where the overdose prevention center pilot programs are established;

1           (3) the current rates of syringe litter in communities where overdose  
2           prevention center pilot programs will be established;

3           (4) the current number of emergency response calls related to overdoses  
4           across the State of Vermont, with a focus on the communities where pilot  
5           programs will be established;

6           (4) the impact of overdose prevention center pilot programs on the rates  
7           of syringe litter where overdose prevention center pilot programs are  
8           established; and

9           (5) the impact of overdose prevention center pilot programs on the  
10          number of emergency response calls related to overdoses across the State of  
11          Vermont, with a focus on the communities where pilot programs are  
12          established.

13          (b) The Department of Health shall provide the General Assembly with the  
14          results of the study and any recommendations on or before January 15, 2026.

15          Sec. 6. EFFECTIVE DATE

16          This act shall take effect on July 1, 2024.

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19          (Committee vote: \_\_\_\_\_)

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Representative \_\_\_\_\_

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FOR THE COMMITTEE