

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred House Bill
3 No. 222 entitled “An act relating to reducing overdoses” respectfully reports
4 that it has considered the same and recommends that the Senate propose to the
5 House that the bill be amended as follows:

6 First: In Sec. 2, regional stakeholder meetings; public needle and syringe
7 disposal programs, in the first sentence, by striking out “Health’s Accountable
8 Communities for”

9 Second: In Sec. 6b, 18 V.S.A. § 4752, in subsection (e), after “Department
10 of Vermont Health Access”, by inserting the phrase or the Department’s
11 pharmacy benefits manager

12 Third: By striking out Sec. 8b in its entirety and inserting in lieu thereof a
13 new Sec. 8b to read as follows:

14 Sec. 8b. RULEMAKING; PRIOR AUTHORIZATION; BUPRENORPHINE

15 The Department of Vermont Health Access shall amend its rules pursuant to
16 3 V.S.A. chapter 25 to enable health care providers in office-based opioid-
17 treatment programs to prescribe 24 milligrams or less of the preferred
18 medication for buprenorphine without prior authorization in accordance with
19 33 V.S.A. § 19011.

20 Fourth: By inserting a new reader assistance heading and Secs. 11 and 12
21 after Sec. 10 to read as follows:

1 samples of regulated drug solely for purposes of analyzing such substances to
2 determine its chemical composition as a lifesaving intervention;

3 (2) use any available technologies to analyze the contents of samples to
4 obtain timely, highly accurate information regarding the composition of drugs
5 to prevent overdose and mitigate health risks;

6 (3) provide results of analysis obtained from drug-checking technology
7 to the person requesting drug services;

8 (4) disseminate data containing only the results of analysis and
9 containing no personally identifiable information to community members at
10 risk of overdose; and

11 (5) if necessary, arrange for a sample of a drug or substance to be tested
12 by an approved laboratory.

13 (c) In operating any drug-checking service, no personally identifiable
14 information shall be collected from a person providing a controlled substance
15 to a service provider.

16 (d) An employee, contractor, volunteer, or other person acting in the good
17 faith provision of drug-checking services authorized by the Department, acting
18 in accordance with established protocols, shall not:

19 (1) be subject to arrest, charge, or prosecution for a violation pursuant to
20 this chapter, including for attempting to, aiding and abetting in, or conspiracy
21 to commit a violation of this chapter;

1 (2) have their property subject to forfeiture, any civil or administrative
2 penalty, or liability of any kind, including disciplinary action by a professional
3 licensing board, credentialing restrictions, contractual or civil liability, or
4 medical staff or other employment action; or

5 (3) be denied any right or privilege for actions, conduct, or omissions
6 relating to the operation of a drug-checking service in compliance with this
7 chapter and any rules adopted pursuant to this chapter.

8 (e) An individual possessing a regulated substance and who provides any
9 portion of such substance to a program authorized by the Department pursuant
10 to this section for purposes of obtaining drug-checking services shall not be
11 subject to arrest, charge, or prosecution for possession of a regulated substance
12 pursuant to this chapter or civil or administrative penalty or disciplinary action
13 by a professional licensing board for a violation of this chapter;

14 (f) The Department and local governments authorized by the Department
15 shall not collect, maintain, use, or disclose any personal information relating to
16 an individual from whom the Department or local government receives any
17 drug or substance for checking or disposal.

18 (g) The result of a test carried out by an authorized drug-checking service
19 provider shall not be admissible as evidence in any criminal or civil
20 proceeding.

1 abatement account fund, the national opioid abatement trust, the supplemental
2 opioid abatement fund, or any other settlement funds that must be utilized
3 exclusively for opioid prevention, intervention, treatment, recovery, and harm
4 reduction services. The Department shall disburse monies from the Opioid
5 Abatement Special Fund pursuant to 32 V.S.A. chapter 7, subchapter 3.

6 * * *

7 Sec. 14. APPROPRIATION; OPIOID ABATEMENT SPECIAL FUND

8 In fiscal year 2023, the following monies shall be appropriated from the
9 Opioid Abatement Special Fund pursuant to 18 V.S.A. § 4774:

10 (1) \$1,980,000.00 for the expansion of naloxone distribution efforts,
11 including establishing harm reduction vending machines, home delivery and
12 mail order options, and expanding the harm reduction pack and leave behind
13 kit programs;

14 (2)(A) \$2,000,000.00 divided equally between four opioid treatment
15 programs to cover costs associated with partnering with other health care
16 providers to expand satellite locations for the dosing of medications, including
17 costs associated with the satellite locations' physical facilities; staff time at the
18 satellite locations; and staff time at opioid treatment programs to prepare
19 medications and coordinate with satellite locations;

20 (B) the satellite locations established pursuant to this subdivision
21 shall be located in Addison County, eastern Vermont between the Northeast

1 Kingdom and Brattleboro, Chittenden County, and a facility operated by the
2 Department of Corrections;

3 (3) \$1,976,000.00 to fund 26 outreach or case management staff
4 positions within the preferred provider network and within syringe service
5 organizations for the provision of services that increase motivation of and
6 engagement with individuals with substance use disorder in settings such as
7 police barracks, shelters, social service organizations, and elsewhere in the
8 community;

9 (4) \$240,000.00 divided equally among the State’s four syringe service
10 providers to provide overdose prevention services and response education and
11 resources that build trust between individuals with substance use disorder and
12 Vermont’s system of care;

13 (5) \$840,000.00 to provide contingency management services to
14 individuals with substance use disorder;

15 (6) \$100,000.00 to implement a wound care telehealth consultation pilot
16 program for the purpose of utilizing wound care experts to provide telehealth
17 drop-in appointments to address syringe use by individuals with opioid use
18 disorder;

19 (7) \$200,000.00 to expand the distribution of fentanyl test strips and, if
20 available, xylazine test strips; and

1 (8)(A) \$700,000.00 to the Department of Health’s Division of Substance
2 Use Programs to award one or more grants to an organization or organizations
3 providing or preparing to implement drug-checking services with spectroscopy
4 devices, including high-pressure mass spectrometer (HPMS) or Fourier-
5 transform infrared spectroscopy device (FTIR), in a harm reduction setting;

6 (B) the grants awarded pursuant to this subdivision (8) shall be based
7 on an applicant’s ability to provide publicly available drug-checking services.

8 and by renumbering the remaining section to be numerically correct.

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13 (Committee vote: _____)

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Senator _____

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FOR THE COMMITTEE