



## Office of Mayor Emma Mulvaney-Stanak

April 10, 2024

Senate Committee on Health and Welfare  
Vermont General Assembly  
115 State Street  
Montpelier, VT 05633

### **Testimony re. H.72, an act relating to a harm-reduction criminal justice response to drug use**

“Thank you for inviting me to speak on H.72, though I am sorry I could not join you in person.

I want to express that like former Mayor Weinberger, who testified so powerfully in support of the H.72, I too strongly support the bill and the pathway it provides for Burlington to pilot an Overdose Prevention Center in our community.

Overdose Prevention Centers also enjoy broad support of our City Council and from many, many Burlingtonians, who for years have wanted to make available in our community the kind of life-saving services that Overdose Prevention Centers provide. We have waited far too long for this additional strategy to help us address what is now a years-long crisis.

Burlington keenly understands that there is no one solution to the opioid crisis, but we know what the evidence and data show, and that is that Overdose Prevention Centers can help save lives. And right now, the need for OPCs is both acute and urgent. Simply put, too many people are dying that we know we could save.

This is why an OPC pilot project also has the support of our Fire Department, who are our emergency responders, acting on multiple calls a day for the kind of assistance that OPCs could also help provide. In fact, during the very first week of my administration, I spoke with our Fire Department about H.72, and they reiterated their support. They also reviewed the bill and suggested a couple of ways that it could perhaps be strengthened, namely:

- By making sure that the guidelines for OPCs are perhaps a little more specific about the kind of skillset OPC staff should have, and
- By expanding slightly the scope of one of the data sets to be collected, that is, data around how OPCs impact the number of calls to first responders for not just overdoses (as was in the prior version of the bill), but also for other care related to opioid use [such as wound care].

Our Fire Department also expressed—and I wholeheartedly agree—that moving forward, we need to ensure that communities who have OPCs receive the necessary funding to support the Centers, as well as any additional community supports and services that are part of the whole system of care. To that

end, I would just ask we all work together to ensure clear and consistent funding mechanisms for the Opioid Settlement Funds so that there is timely and sufficient distribution of funds to our community.”

## OUR PROPOSED AMENDMENTS

The notations below pertain to the version of [H.72 that passed the House](#). I believe that is the latest version.

1. In Sec. 1, please add the language in red to the end of subsection (l), which is on page 3, beginning on line 2:

(l) The Department of Health, in consultation with stakeholders and health departments of other states that have overdose prevention centers, shall develop operating guidelines for overdose prevention centers not later than April 1, 2025. The operating guidelines shall include the level of staff qualifications required for medical safety and treatment and referral support. The operating guidelines shall ensure that an overdose prevention center staffs trained professionals during operating hours who, at a minimum, can provide basic medical care, such as CPR, overdose interventions, first aid, and wound care, as well as have the ability to perform medical assessments with program participants to determine if there is a need for EMS response.

*Comment: The purpose of this proposed language is to provide more specifics about the kind of training and expertise OPC staff should have in order to both provide effective care and hopefully reduce calls to EMS for assistance.*

2. In Sec. 7, please add the language in red to subsection (a)(6), which is on page 10, beginning on line 5:

(a)(6) the impact of overdose prevention center pilot programs on the number of emergency response calls related to overdoses and other opioid-related medical needs across Vermont, with a focus on the communities where pilot programs are established.

*Comment: Emergency responders currently receive calls for opioid-related needs beyond just for overdoses. Likewise, OPCs will be providing more holistic care beyond just overdose prevention. And so tracking this more broadly will help provide more fulsome data that can then yield a more accurate assessment of the impact of OPCs on calls to emergency responders. Data from jurisdictions that already have OPCs indicate that the existence of OPCs reduces calls to emergency responders, and so that is what we also anticipate seeing in the pilot projects. But either way, the better the data, the better our system of care.*

Sincerely,



Emma Mulvaney Stanak  
Mayor of Burlington