H.32

Introduced by Representatives Headrick of Burlington, Maguire of Rutland City, Arsenault of Williston, Bartley of Fairfax, Burke of Brattleboro, Burkhardt of South Burlington, Burrows of West Windsor, Campbell of St. Johnsbury, Cole of Hartford, Dodge of Essex, Donahue of Northfield, Galfetti of Barre Town, Graning of Jericho, Gregoire of Fairfield, Harrison of Chittenden, Howard of Rutland City, Keyser of Rutland City, Krasnow of South Burlington, Labor of Morgan, Luneau of St. Albans City, Malay of Pittsford, McCann of Montpelier, McCoy of Poultney, McGill of Bridport, Morgan, L. of Milton, Morgan, M. of Milton, Morrissey of Bennington, Noyes of Wolcott, Parsons of Newbury, Powers of Waterford, Rachelson of Burlington, Surprenant of Barnard, Tomlinson of Winooski, Toof of St. Albans Town, and Waszazak of Barre City

Referred to Committee on

Date:

Subject: Corrections; human services; substance use disorder; medication for opioid use disorder

Statement of purpose of bill as introduced: This bill proposes to require the Department of Corrections to enter into memorandums of understanding with

opioid treatment programs nearest each correctional facility in the State for the provision of opioid use disorder services, including medication for opioid use disorder. This bill also authorizes the Department of Corrections to enter into memorandums of understanding with office-based treatment providers within reasonable proximity to a correctional facility in the State for the provision of opioid use disorder services, including medication for opioid use disorder.

An act relating to treatment for opioid use disorder in correctional facilities

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. LEGISLATIVE INTENT

It is the intent of the General Assembly that inmates with opioid use disorder receive the same coordinated, accessible, and evidence-based treatment for opioid use disorder in a correctional facility as provided by Vermont's hub and spoke community system.

Sec. 2. 28 V.S.A. § 801 is amened to read:

§ 801. MEDICAL CARE OF INMATES

(a) Provision of medical care. 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 the inmate is confined at a medical facility.

(b) Screenings and assessments.

(1) Upon admission to a correctional facility for a minimum of 14 consecutive days, each inmate shall be given a physical assessment unless extenuating circumstances exist.

(2) Within 24 hours after admission to a correctional facility, each inmate shall be screened for substance use disorders as part of the initial and ongoing substance use screening and assessment process. This process includes screening and assessment for opioid use disorders.

* * *

(e) Pre-existing prescriptions; definitions for subchapter.

(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 for opioid use disorder, 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 or in the case of medication for opioid use disorder, a provider serving the correctional facility in accordance with a memorandum of understanding executed pursuant to subsection 801b(a) of this title.

(2) Notwithstanding subdivision (1) of this subsection, the Department may 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, or in the case of medication for opioid use disorder, a provider serving the correctional facility in accordance with a memorandum of understanding executed pursuant to subsection 801b(a) of this title, it is not medically necessary to continue the medication at that time.

(3) ~~The~~ A licensed practitioner ~~who makes~~ making the clinical judgment to discontinue a medication that is not prescribed in the course of medication for opioid use disorder 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 the inmate's 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.

(4) It is not the intent of the General Assembly that this subsection shall create a new or additional private right of action.

(5) As used in this subchapter:

(A) "Medically necessary" describes health care services that are appropriate in terms of type, amount, frequency, level, setting, and duration to the individual's diagnosis or condition~~,~~; are informed by generally accepted medical or scientific evidence~~,~~; and are consistent with generally accepted community practice parameters. Such services shall be informed by the unique needs of each individual and each presenting situation and shall include a determination that a service is needed to achieve proper growth and development or to prevent the onset or worsening of a health condition.

(B) "Medication for opioid use disorder" has the same meaning as in 18 V.S.A. § 4750.

(f) Third-party medical provider contracts. 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 health of inmates.

(g) Prescription medication; reentry planning.

(1) ~~If~~ Except with regard to medication for opioid use disorder, if an ~~offender~~ inmate takes a prescribed medication while incarcerated and that prescribed medication continues to be both available at the facility and clinically appropriate for the ~~offender~~ inmate at the time of discharge from the correctional facility, the Department or its contractor shall provide the ~~offender~~ inmate, at the time of release, with not less than a 28-day supply of the prescribed medication, if possible, to ensure that the inmate may continue taking the medication as prescribed until the ~~offender~~ inmate is able to fill a new prescription for the medication in the community. The Department or its contractor shall also provide the ~~offender~~ inmate exiting the facility with a valid prescription to continue the medication after any supply provided during release from the facility is depleted.

(2) ~~The~~ Unless otherwise specified in section 801b of this title, the Department or its contractor shall identify any necessary licensed health care provider or substance use disorder treatment program, or both, and schedule an intake appointment for the ~~offender~~ inmate with the provider or program to ensure that the ~~offender~~ inmate can continue care in the community as part of the ~~offender's~~ inmate's reentry plan. The Department or its contractor may employ or contract with a case worker or health navigator to assist with scheduling any health care appointments in the community.

Sec. 3. 28 V.S.A. § 801b is amended to read:

§ 801b. MEDICATION FOR OPIOID USE DISORDER IN CORRECTIONAL FACILITIES

(a) ~~If an inmate receiving medication for opioid use disorder prior to entering the correctional facility continues to receive medication prescribed in the course of medication for opioid use disorder pursuant to section 801 of this title, the inmate shall be authorized to receive that medication for as long as medically necessary~~ Memorandum of understanding. The Department of Corrections shall execute a memorandum of understanding with the opioid treatment program nearest each correctional facility in the State for the provision of services for inmates with opioid use disorder, including medication for opioid use disorder. The Department may also execute a memorandum of understanding with one or more office-based opioid treatment providers within reasonable proximity to a correctional facility in the State for the provision of services to inmates with opioid use disorder, including medication for opioid use disorder. To the extent feasible, each memorandum of understanding shall require the parties to adhere to the Department of Health's "Rule Governing Medication for Opioid Use Disorder for: (1) Office-Based Opioid Treatment Providers Prescribing Buprenorphine; and (2) Opioid Treatment Providers" (CVR 13-140-062). Each memorandum of understanding shall ensure continuity of care for inmates with opioid use

disorder from the time of entry through release from a correctional facility. Memorandums of understanding entered into by the Department pursuant to this section shall expand access to a full range of medications for opioid use disorder at each correctional facility in the State, including opioid antagonists where clinically appropriate.

(b)(1) Initiation of medication for opioid use disorder. If at any time an inmate screens positive as having an opioid use disorder, the inmate may elect to commence ~~buprenorphine-specific~~ medication for opioid use disorder if it is deemed medically necessary by a provider ~~authorized to prescribe buprenorphine~~ serving the correctional facility in accordance with a memorandum of understanding executed pursuant to subsection (a) of this section. The inmate shall be authorized to receive ~~the~~ medication for opioid use disorder as soon as possible and for as long as medically necessary.

(2) Nothing in this subsection shall prevent an inmate who commences medication for opioid use disorder while in a correctional facility from transferring ~~from buprenorphine to methadone if:~~

~~(A) methadone is deemed medically necessary by a provider authorized to prescribe methadone; and~~

~~(B) the inmate elects to commence methadone as recommended by a provider authorized to prescribe methadone~~ to a new type of medication for opioid use disorder when the provider serving the correctional facility in

accordance with a memorandum of understanding executed pursuant to subsection (a) of this section determines the transfer is medically necessary and the inmate provides informed consent to the new type of medication.

(c) Continuation of medication for opioid use disorder. If an inmate receiving medication for opioid use disorder prior to entering the correctional facility continues to receive medication prescribed in the course of medication for opioid use disorder pursuant to section 801 of this title, the inmate shall be authorized to receive that medication for as long as medically necessary as determined by the provider serving the correctional facility in accordance with a memorandum of understanding executed pursuant to subsection (a) of this section.

~~(c)~~(d) Discontinuation of medication for opioid use disorder. ~~The licensed practitioner who makes the clinical judgment~~ A provider serving the correctional facility in accordance with a memorandum of understanding executed pursuant to subsection (a) of this section shall determine whether it is medically necessary to discontinue a medication for opioid use disorder. If it is so determined, the provider 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~~ The inmate shall also receive notice of the right to have the inmate's

community-based prescriber notified of the decision, if the inmate was inducted on medication for opioid use disorder prior to incarceration. If the inmate provides signed authorization, the Department shall notify the community-based prescriber in writing of the decision to discontinue the medication.

~~(d)(1)~~(e) Reentry planning and case management. ~~As part of reentry planning, the Department shall commence medication for opioid use disorder prior to an offender's release if:~~

~~(A) the offender screens positive for an opioid use disorder;~~

~~(B) medication for opioid use disorder is medically necessary; and~~

~~(C) the offender elects to commence medication for opioid use disorder~~

(1) The Department shall develop an individualized reentry plan for each inmate transitioning to the community who is receiving medication for opioid use disorder at the time of release that addresses housing, employment, mental health services, and other social determinants of health. The plan shall facilitate continuity of care related to the individual's opioid use disorder for a minimum of six months after an inmate's release from a correctional facility. Each individualized reentry plan shall:

(A) require the Department to schedule appointments with an opioid treatment program or office-based opioid treatment provider in the same region

as an inmate's residence at the time of the inmate's release, including follow-up appointments;

(B) ensure that each inmate reentering the community receives a discharge summary detailing all referral appointments and a list of regionally appropriate resources for individuals with opioid use disorder;

(C) require that all inmates transitioning to the community who are receiving medication for opioid use disorder at the time of release receive not less than a seven-day supply of the medication to bridge the gap until the individual's first post-incarceration visit at an opioid treatment program or office-based opioid treatment provider and a valid prescription to continue the medication for opioid use disorder after the medication supplied at the time of release from the correctional facility is depleted; and

(D) ensure that a case manager monitors the individual's adherence to treatment for opioid use disorder and provides support for long-term recovery.

(2) If medication for opioid use disorder is indicated and despite best efforts induction is not possible prior to release, the Department shall ensure ~~comprehensive care coordination with a community-based provider~~ an individualized reentry plan is developed for the individual in accordance with subdivision (1) of this subsection.

~~(3) If an offender takes a prescribed medication as part of medication for opioid use disorder while incarcerated and that prescription medication is both available at the facility and clinically appropriate for the offender at the time of discharge from the correctional facility, the Department or its contractor shall provide the offender, at the time of release, with a legally permissible supply to ensure that the offender may continue taking the medication as prescribed prior to obtaining the prescription medication in the community.~~

~~(e)(1)~~(f) Counseling and behavioral therapy. Counseling or behavioral therapies shall be provided in conjunction with the use of medication for ~~medication-assisted treatment~~ opioid use disorder as provided for in the Department of Health's "Rule Governing Medication for Opioid Use Disorder for: (1) Office-Based Opioid Treatment Providers Prescribing Buprenorphine; and (2) Opioid Treatment Providers."

~~(2) As part of reentry planning, the Department shall inform and offer care coordination to an offender to expedite access to counseling and behavioral therapies within the community.~~

~~(3) As part of reentry planning, the Department or its contractor shall identify any necessary licensed health care provider or an opioid use disorder treatment program, or both, and schedule an intake appointment for the offender with the providers or treatment program, or both, to ensure that the offender can continue treatment in the community as part of the offender's~~

~~reentry plan. The Department or its contractor may employ or contract with a case worker or health navigator to assist with scheduling any health care appointments in the community.~~

(g) Reporting. Annually, on or before January 15, the Department shall submit a report to the House Committee on Corrections and Institutions and to the Senate Committee on Judiciary addressing:

(1) the number of individuals during the prior year who received medication for opioid use disorder in a correctional facility by medication type;

(2) recidivism rates for individuals receiving medication for opioid use disorder while in a correctional facility;

(3) cost analysis and savings related to reduced recidivism, health care expenditures, and criminal justice expenses for individuals who received medication for opioid use disorder while in a correctional facility, if applicable; and

(4) health and social outcomes for individuals receiving medication for opioid use disorder while in a correctional facility at six-months post release.

(h) Training. The Department shall ensure that all staff involved in the administration of medication for opioid use disorder or support of inmate's receiving medication for opioid use disorder complete annual training on the benefits of medication for opioid use disorder, protocols related to the administration and storage of medication for opioid use disorder, and any

security concerns related to the use of medication for opioid use disorder in a correctional facility. Trainings conducted pursuant to this subsection shall be developed in conjunction with providers serving a correctional facility in accordance with a memorandum of understanding executed pursuant to subsection (a) of this section.

(i) As used in this section:

(1) Office-based opioid treatment provider" means a provider, as defined by 18 V.S.A. § 9402, that prescribes medication for opioid use disorder pursuant to federal and State law, federal regulation, and State rule, and that is not an opioid treatment program. An office-based opioid treatment provider may include a preferred provider, a specialty addiction practice, an individual provider practice, or several providers practicing as a group.

(2) "Opioid treatment program" means a specialty treatment program or practitioner registered under 21 U.S.C. § 823(g)(1) engaged in the treatment of individuals with opioid use disorder, including dispensing medication, such as methadone and buprenorphine, to treat opioid use disorder under controlled and observed conditions.

(3) "Preferred provider" means an entity that has attained a certificate from the Department of Health and has an existing contract or grant from the Department of Health to provide substance use disorder treatment.

Sec. 4. REPORT; OPIOID TREATMENT PROGRAM CERTIFICATION

(a) On or before January 15, 2026, the Department of Corrections shall submit a report to the House Committee on Corrections and Institutions and to the Senate Committee on Judiciary containing a plan to obtain federal certification for opioid treatment programs at all correctional facilities in accordance with 42 C.F.R. Part 8 and transition from the memorandums of understanding executed between opioid treatment programs, office-based opioid treatment providers, and correctional facilities pursuant to this act to in-house opioid use disorder services, including medication for opioid use disorder.

(b) As used in this section, "opioid treatment program" has the same meaning as in 28 V.S.A. § 801b.

Sec. 5. GRANTS; MEDICATION FOR OPIOID USE DISORDER IN CORRECTIONAL FACILITIES

(a) The Department of Corrections shall seek and apply for federal and State grants to support the memorandums of understanding executed between opioid treatment programs, office-based opioid treatment providers, and correctional facilities pursuant to this act, including grants for provider and staff training, technology improvements, and the development of infrastructure necessary for care coordination.

(b) As used in this section, "opioid treatment program" and "office based opioid treatment provider" have the same meaning as in 28 V.S.A. § 801b.

Sec. 6. EFFECTIVE DATE

This act shall take effect on July 1, 2025.