

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Corrections and Institutions to which was referred  
3 House Bill No. 32 entitled “An act relating to treatment for opioid use disorder  
4 in correctional facilities” respectfully reports that it has considered the same  
5 and recommends that the bill be amended by striking out all after the enacting  
6 clause and inserting in lieu thereof the following:

7 Sec. 1. 28 V.S.A. § 801 is amended to read:

8 § 801. MEDICAL CARE OF INMATES

9 (a) Provision of medical care. The Department shall provide health care for  
10 inmates in accordance with the prevailing medical standards. When the  
11 provision of such care requires that the inmate be taken outside the boundaries  
12 of the correctional facility wherein the inmate is confined, the Department  
13 shall provide reasonable safeguards, when deemed necessary, for the custody  
14 of the inmate while the inmate is confined at a medical facility.

15 (b) Screenings and assessments.

16 (4) Upon admission to a correctional facility for a minimum of 14  
17 consecutive days, each inmate shall be given a physical assessment by a health  
18 care practitioner unless extenuating circumstances exist. Screening for  
19 substance use disorder shall be conducted in accordance with section 801b of  
20 this title.

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

5           (c) Emergency care. When there is reason to believe an inmate is in need  
6           of medical care, the officers and employees shall render emergency first aid  
7           and immediately secure additional medical care for the inmate in accordance  
8           with the standards set forth in subsection (a) of this section. A correctional  
9           facility shall have on staff at all times at least one person trained in emergency  
10          first aid.

11          (d) Policies. The Department shall establish and maintain policies for the  
12          delivery of health care in accordance with the standards in subsection (a) of  
13          this section.

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

15           (1) Except as otherwise provided in this subsection, an inmate who is  
16          admitted to a correctional facility while under the medical care of a ~~licensed~~  
17          ~~physician, a licensed physician assistant, or a licensed advanced practice~~  
18          ~~registered nurse~~ health care practitioner and who is taking medication at the  
19          time of admission pursuant to a valid prescription as verified by the inmate's  
20          pharmacy of record, primary care provider, other ~~licensed care provider~~ health  
21          care practitioner, or as verified by the Vermont Prescription Monitoring

1 System or other prescription monitoring or information system, including  
2 ~~buprenorphine, methadone, or other~~ medication prescribed in the course of  
3 medication for opioid use disorder, shall be entitled to continue that medication  
4 and to be provided that medication by the Department pending an evaluation  
5 by a ~~licensed physician, a licensed physician assistant, or a licensed advanced~~  
6 ~~practice registered nurse~~ health care practitioner licensed to prescribe the  
7 medication.

8 (2) Notwithstanding subdivision (1) of this subsection, the Department  
9 may defer provision of a validly prescribed medication in accordance with this  
10 subsection if, in the clinical judgment of a ~~licensed physician, a physician~~  
11 ~~assistant, or an advanced practice registered nurse~~ health care practitioner  
12 licensed to prescribe the medication, it is not medically necessary to continue  
13 the medication at that time.

14 (3) The ~~licensed~~ health care practitioner who makes the clinical  
15 judgment to discontinue a medication shall cause the reason for the  
16 discontinuance to be entered into the inmate's medical record, specifically  
17 stating the reason for the discontinuance. The inmate shall be provided, both  
18 orally and in writing, with a specific explanation of the decision to discontinue  
19 the medication and with notice of the right to have the inmate's community-  
20 based prescriber notified of the decision. If the inmate provides signed

1 authorization, the Department shall notify the community-based prescriber in  
2 writing of the decision to discontinue the medication.

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

5 (5) As used in this subchapter:

6 (A) “Detainee” means an individual incarcerated while awaiting trial.

7 (B) “Health care practitioner” means an individual licensed or  
8 certified by the Office Professional Regulation or the Board of Medical  
9 Practice to provide professional health care services to an individual during the  
10 course of that individual’s medical care and treatment.

11 (C) “Medically necessary” describes health care services that are  
12 appropriate in terms of type, amount, frequency, level, setting, and duration to  
13 the individual’s diagnosis or condition, are informed by generally accepted  
14 medical or scientific evidence, and are consistent with generally accepted  
15 practice parameters. Such services shall be informed by the unique needs of  
16 each individual and each presenting situation and shall include a determination  
17 that a service is needed to achieve proper growth and development or to  
18 prevent the onset or worsening of a health condition.

19 ~~(B)~~(D) “Medication for opioid use disorder” has the same meaning as  
20 in 18 V.S.A. § 4750.

1 (f) ~~Third-party~~ External medical provider contracts. Any contract between  
2 the Department and a provider of physical or mental health or substance use  
3 services shall establish policies and procedures for continuation and provision  
4 of medication at the time of admission and thereafter, as determined by an  
5 appropriate evaluation by a health care practitioner, which will protect the  
6 health of inmates.

7 (g) Prescription medication; reentry planning.

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



1 ~~receive~~ shall be entitled to continue receiving that that medication, pending an  
2 evaluation by a health care practitioner licensed to prescribe the medication,  
3 for as long as medically necessary.

4 ~~(b)(c)~~(1) If at any time an inmate screens positive as having an opioid use  
5 disorder, the inmate may elect to commence ~~buprenorphine-specific~~  
6 medication for opioid use disorder if it is deemed medically necessary by a  
7 ~~provider authorized to prescribe buprenorphine~~ a health care practitioner  
8 licensed to prescribe the proposed medication. The inmate shall be authorized  
9 to receive the medication as soon as possible and for as long as medically  
10 necessary.

11 (2) Nothing in this subsection shall prevent an inmate who commences  
12 medication for opioid use disorder while in a correctional facility from  
13 transferring ~~from buprenorphine to methadone~~ to a new medication prescribed  
14 in the course of medication for opioid use disorder if:

15 (A) ~~methadone~~ the new medication is deemed medically necessary  
16 by a ~~provider authorized~~ health care practitioner licensed to prescribe  
17 ~~methadone~~ the medication; and

18 (B) the inmate elects to commence ~~methadone~~ the new medication as  
19 recommended by a ~~provider authorized~~ health care practitioner licensed to  
20 prescribe ~~methadone~~ that medication.

1        ~~(e)~~(d) The ~~licensed~~ health care practitioner who makes the clinical  
2 judgment to discontinue a medication prescribed in the course of medication  
3 for opioid use disorder shall cause the reason for the discontinuance to be  
4 entered into the inmate’s medical record, specifically stating the reason for the  
5 discontinuance. The inmate shall be provided, both orally and in writing, with  
6 a specific explanation of the decision to discontinue the medication and with  
7 notice of the right to have the inmate’s community-based prescriber notified of  
8 the decision. If the inmate provides signed authorization, the Department shall  
9 notify the community-based prescriber in writing of the decision to discontinue  
10 the medication.

11        ~~(d)(1) As part of reentry planning, the Department shall commence~~  
12 ~~medication for opioid use disorder prior to an offender’s release if:~~

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

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

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

16 ~~disorder.~~

17        ~~(2) If medication for opioid use disorder is indicated and despite best~~  
18 ~~efforts induction is not possible prior to release, the Department shall ensure~~  
19 ~~comprehensive care coordination with a community-based provider.~~

20        ~~(3) If an offender takes a prescribed medication as part of medication for~~  
21 ~~opioid use disorder while incarcerated and that prescription medication is both~~

1 ~~available at the facility and clinically appropriate for the offender at the time of~~  
2 ~~discharge from the correctional facility, the Department or its contractor shall~~  
3 ~~provide the offender, at the time of release, with a legally permissible supply to~~  
4 ~~ensure that the offender may continue taking the medication as prescribed prior~~  
5 ~~to obtaining the prescription medication in the community.~~

6 (e)(1) Counseling or behavioral therapies shall be ~~provided~~ offered in  
7 conjunction with the use of medication for medication-assisted treatment as  
8 provided for in the Department of Health’s “Rule Governing Medication for  
9 Opioid Use Disorder for: (1) Office-Based Opioid Treatment Providers  
10 Prescribing Buprenorphine; and (2) Opioid Treatment Providers.”

11 ~~(f)(2) As part of reentry planning~~ Prior to community reentry, the  
12 Department shall ~~inform~~ provide information and offer care coordination to an  
13 offender to expedite access to counseling ~~and~~, behavioral therapies, and  
14 medication for opioid use disorder within the community.

15 ~~(3) As part of reentry planning, the~~ The Department ~~or its contractor~~  
16 shall identify ~~any necessary licensed~~ a health care provider practitioner  
17 licensed to prescribe medication for opioid use disorder or an opioid use  
18 ~~disorder~~ treatment program, or both, and schedule an intake appointment for  
19 the offender with the ~~providers~~ health care practitioner or opioid treatment  
20 program, or both, to ensure that the offender can continue treatment in the  
21 community as part of the offender’s reentry plan. The Department ~~or its~~

1 ~~contractor~~ may employ ~~or contract with~~ a case worker or contract with a health  
2 navigator to assist with scheduling any health care appointments in the  
3 community.

4 (g)(1) As part of reentry planning required pursuant to this chapter, the  
5 Department shall commence medication for opioid use disorder prior to an  
6 offender's release if:

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

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

9 (C) the offender elects to commence medication for opioid use  
10 disorder.

11 (2) If medication for opioid use disorder is indicated and despite best  
12 efforts induction is not possible prior to release, the Department shall ensure  
13 comprehensive care coordination with a community-based provider.

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

1 the medication as prescribed prior to obtaining the ~~prescription~~ medication in  
2 the community.

3 (h) [MOUD training for DOC staff?]

4 (i) The Department may contract with an external medical provider  
5 pursuant to subsection 801(f) of this chapter to provide health care and  
6 substance use disorder services as required pursuant to this chapter.

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

8 § 801b. SUBSTANCE USE DISORDER; MEDICATION FOR OPIOID USE  
9 DISORDER IN CORRECTIONAL FACILITIES

10 \* \* \*

11 (j) Annually on or before January 15, the Department for Vermont Health  
12 Access, in consultation with the Department of Corrections, shall submit a  
13 report to the House Committee on Corrections and Institutions and to the  
14 Senate Committee on Judiciary containing the aggregated number of  
15 previously incarcerated individuals reentering the community in the past year  
16 who were receiving medication for opioid use disorder at the time of release,  
17 and of those individuals, the aggregated number of individuals who continue to  
18 refill a prescription for medication for opioid use disorder six months after  
19 reentering the community. [Need more testimony]

20 [Reporting on other data points?]

21 Sec. 3. EFFECTIVE DATES

1        This act shall take effect on July 1, 2026, except that Sec. 3 shall take effect  
2        on July 1, 2027.

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6        (Committee vote: \_\_\_\_\_)

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\_\_\_\_\_

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Representative \_\_\_\_\_

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FOR THE COMMITTEE