| 1  | TO THE HOUSE OF REPRESENTATIVES:   |  |
|----|--|--|
| 2  | The Committee on Human Services to which was referred House Bill No.             |  |
| 3  | 218 entitled "An act relating to fiscal year 2026 appropriations from the Opioid |  |
| 4  | Abatement Special Fund" 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. APPROPRIATIONS; OPIOID ABATEMENT SPECIAL FUND                            |  |
| 8  | (a) In fiscal year 2026, the following sums shall be appropriated from the       |  |
| 9  | Opioid Abatement Special Fund established in 18 V.S.A. § 4774:                   |  |
| 10 | (1)(A) \$1,976,000.00 to the Department of Health to fund 26 outreach            |  |
| 11 | or case management staff positions within the preferred provider network for     |  |
| 12 | the provision of services that increase motivation of and engagement with        |  |
| 13 | individuals with substance use disorder in settings such as police barracks,     |  |
| 14 | shelters, social service organizations, and elsewhere in the community.          |  |
| 15 | (B) It is the intent of the General Assembly that these positions shall          |  |
| 16 | be funded annually by the Opioid Abatement Special Fund unless and until the     |  |
| 17 | Special Fund does not have sufficient monies to fund this expenditure.           |  |
| 18 | (2) \$76,000.00 to the Department of Health for distribution to                  |  |
| 19 | Vermonters for Criminal Justice Reform to fund an outreach worker position.      |  |
| 20 | (3)(A) \$1,400,000.00 to the Department of Health for recovery                   |  |
| 21 | residences certified by the Vermont Alliance for Recovery Residences.            |  |

| 1  | (B) It is the intent of the General Assembly that recovery residences             |  |
|----|---|--|
| 2  | be funded annually at not less than fiscal year 2026 levels, unless and until the |  |
| 3  | Special Fund does not have sufficient monies to fund this expenditure.            |  |
| 4  | (4)(A) \$850,000.00 to the Department of Health for syringe services.             |  |
| 5  | (B) It is the intent of the General Assembly that syringe services be             |  |
| 6  | funded annually at not less than fiscal year 2026 levels, unless and until the    |  |
| 7  | Special Fund does not have sufficient monies to fund this expenditure.            |  |
| 8  | (5) \$800,000.00 to the Department of Health for grants to providers for          |  |
| 9  | ongoing support for contingency management.                                       |  |
| 10 | (6) \$32,157.00 to the Department of Health for distribution to the               |  |
| 11 | Brattleboro Fire Department to establish community training programs on the       |  |
| 12 | administration of opioid antagonists, CPR, first aid, and Stop the Bleed          |  |
| 13 | protocols.  |  |
| 14 | (7) \$44,229.00 to the Department of Health for distribution to the               |  |
| 15 | Champlain Housing Trust to continue a pilot program providing access to           |  |
| 16 | wound care and preventative health care in three low-barrier shelters within      |  |
| 17 | Chittenden County.  |  |
| 18 | (8) \$800,000.00 for distribution between both:                                   |  |
| 19 | (A) the Department for Children and Families' Office of Economic                  |  |
| 20 | Opportunity to support long-term programs at shelters for individuals             |  |

| 1  | experiencing homelessness, including harm-reduction supports and clinical          |
|----|--|
| 2  | nursing programs; and  |
| 3  | (B) the Department of Corrections for distribution to Pathways                     |
| 4  | Vermont to implement a contingency management pilot program in Chittenden          |
| 5  | County for individuals under the supervision of the Department of Corrections.     |
| 6  | (9) \$309,000.00 to the Department of Health for Health Care and                   |
| 7  | Rehabilitation Services of Southeastern Vermont's Project Connectionworks to       |
| 8  | reduce opioid use disorder morbidity and mortality in Windham County               |
| 9  | through prevention, treatment, and recovery services.                              |
| 10 | (10) \$50,0000.00 to the Judicial Branch to train Vermont's judges on              |
| 11 | issues related to opioid use disorder and strategies for use in dockets statewide. |
| 12 | (11) \$200,000.00 to the Department of Health for distribution to Elevate          |
| 13 | Youth Services to establish Healthy Youth Program counselors at the                |
| 14 | Basement Teen Center at Kellogg-Hubbard Library in Washington County.              |
| 15 | (12) \$100,000.00 to the Department of Health for distribution to Friends          |
| 16 | for Change's Youth Center in Bellows Falls for the purpose of delivering           |
| 17 | intervention strategies and harm reduction supports to youth and young adults.     |
| 18 | (13) \$170,000.00 to the Department of Health for distribution to                  |
| 19 | Spectrum Youth and Family Services for two new positions to expand opioid          |
| 20 | use disorder screening, treatment, and case management services to youth in        |
| 21 | Chittenden and Franklin Counties.  |

| 1  | (14) \$80,000.00 to the Department of Health for distribution to Prevent      |  |  |
|----|---|--|--|
| 2  | Child Abuse Vermont for the purpose of teaching parenting skills and          |  |  |
| 3  | providing social and emotional parenting supports for individuals with opioid |  |  |
| 4  | use disorder.   |  |  |
| 5  | (15) \$850,000.00 to the Department of Disabilities, Aging, and               |  |  |
| 6  | Independent Living for distribution to HireAbility Vermont to provide         |  |  |
| 7  | specialized employment services for individuals with opioid use disorder in   |  |  |
| 8  | Burlington, Newport, Rutland, and Bennington.                                 |  |  |
| 9  | (16) \$550,000.00 to the Department of Health for distribution to             |  |  |
| 10 | Northeast Kingdom Community Action to hire four peer support specialists to   |  |  |
| 11 | assist individuals with opioid use disorder who are transitioning out of      |  |  |
| 12 | homelessness into safe, permanent housing.                                    |  |  |
| 13 | (17) \$150,000.00 to the Department of Health for distribution to             |  |  |
| 14 | Connecticut Valley Addiction Services, Inc. to expand opioid use treatment in |  |  |
| 15 | rural Windsor County.   |  |  |
| 16 | (18) \$300,000.00 to the Department of Health for distribution to             |  |  |
| 17 | Vermonters for Criminal Justice Reform and the Johnson Health Center to       |  |  |
| 18 | continue and improve the Managed Medical Response Partnership.                |  |  |
| 19 | (19) \$30,000.00 to the Department of Health for distribution to              |  |  |
| 20 | Treatment Associates of Washington County Mental Health to hire an            |  |  |
| 21 | embedded recovery coach.  |  |  |

| 1  | (20) \$20,824.00 to the Department of Health for distribution to             |  |
|----|--|--|
| 2  | Umbrella to provide integrated services between domestic and sexual violence |  |
| 3  | providers and partners in recovery in northeastern Vermont.                  |  |
| 4  | (b) The Department of Health shall carry forward \$1,100,000.00              |  |
| 5  | appropriated from the Opioid Settlement Special Fund in fiscal year 2025 for |  |
| 6  | the purpose of awarding grants to the City of Burlington for establishing an |  |
| 7  | overdose prevention center upon submission of a grant proposal that has been |  |
| 8  | approved by the Burlington City Council and meets the requirements of 18     |  |
| 9  | V.S.A. § 4256, including the guidelines developed by the Department of       |  |
| 10 | Health. Any unmet need in fiscal year 2026 shall be addressed in the         |  |
| 11 | Department's budget adjustment proposal.                                     |  |
| 12 | (c) All grant agreements associated with funds appropriated pursuant to this |  |
| 13 | section shall require outcome and measurements data to be collected and      |  |
| 14 | reported to the department issuing the grant and to the Opioid Settlement    |  |
| 15 | Advisory Committee.  |  |
| 16 | Sec. 2. 18 V.S.A. chapter 93 is amended to read:                             |  |
| 17 | CHAPTER 93. OPIOID USE DISORDER  |  |
| 18 | Subchapter 1. Treatment of Opioid Use Disorder                               |  |
| 19 | * * *  |  |

| 1  | § 4754. LIMITATION ON PRIOR AUTHORIZATION REQUIREMENTS                         |  |
|----|--|--|
| 2  | (a) A health insurance plan shall not require prior authorization for          |  |
| 3  | prescription drugs for a patient who is receiving medication assisted treatmen |  |
| 4  | medication for opioid use disorder if the dosage prescribed is within the U.S. |  |
| 5  | Food and Drug Administration's dosing recommendations.                         |  |
| 6  | (b) A health insurance plan shall not require prior authorization for all      |  |
| 7  | counseling and behavioral therapies associated with medication-assisted        |  |
| 8  | treatment medication for opioid use disorder for a patient who is receiving    |  |
| 9  | medication-assisted treatment.   |  |
| 10 | Subchapter 2. Opioid Settlement  |  |
| 11 | * * *  |  |
| 12 | § 4772. OPIOID SETTLEMENT ADVISORY COMMITTEE                                   |  |
| 13 | * * *  |  |
| 14 | (b) Membership.  |  |
| 15 | (1) The Advisory Committee shall be composed of the following                  |  |
| 16 | members and shall reflect the diversity of Vermont in terms of gender, race,   |  |
| 17 | age, ethnicity, sexual orientation, gender identity, disability status, and    |  |
| 18 | socioeconomic status and ensure inclusion of individuals with lived experience |  |
| 19 | of opioid use disorder and their family members whenever possible:             |  |
| 20 | * * *  |  |

(E) a primary care prescriber with experience providing medicationassisted treatment medication for opioid use disorder within the Blueprint for
Health hub and spoke model, appointed by the Executive Director of the
Blueprint for Health, to provide a statewide perspective on the provision of
providing medication assisted treatment medication for opioid use disorder
services;

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ongoing consultation with individuals living with opioid use disorder about their direct experience with related systems, including medication assisted treatment medication for opioid use disorder, residential treatment, recovery services, harm reduction services, overdose, supervision by the Department of Corrections, and involvement with the Department for Children and Families' Family Services Division. To that end, the Advisory Committee shall demonstrate consultation with individuals with direct lived experience of opioid use disorder, frontline support professionals, the Substance Misuse Oversight Prevention and Advisory Council, and other stakeholders to identify spending priorities as related to opioid use disorder prevention, intervention, treatment, and recovery services and harm reduction strategies for the purpose of providing recommendations to the Governor, the Department of Health, and

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| 1  | the General Assembly on prioritizing spending from the Opioid Abatement      |  |
|----|--|--|
| 2  | Special Fund. The Advisory Committee shall consider:                         |  |
| 3  | (1) the impact of the opioid crisis on communities throughout Vermont,       |  |
| 4  | including communities' abatement needs and proposals for abatement           |  |
| 5  | strategies and responses;  |  |
| 6  | (2) the perspectives of and proposals from opioid use disorder               |  |
| 7  | prevention coalitions, recovery centers, and medication-assisted treatment   |  |
| 8  | medication for opioid use disorder providers; and                            |  |
| 9  | (3) the ongoing challenges of the opioid crisis on marginalized              |  |
| 10 | populations, including individuals who have a lived experience of opioid use |  |
| 11 | disorder.  |  |
| 12 | * * *  |  |
| 13 | (e) Presentation. Annually, the Advisory Committee shall vote on its         |  |
| 14 | recommendations. If the recommendations are supported by an affirmative      |  |
| 15 | vote of the majority, the Advisory Committee shall present its               |  |
| 16 | recommendations for expenditures from the Opioid Abatement Special Fund      |  |
| 17 | established pursuant to this subchapter to the Department of Health and      |  |
| 18 | concurrently submit its recommendations in writing to the House Committees   |  |
| 19 | on Appropriations and on Human Services and the Senate Committees on         |  |
| 20 | Appropriations and on Health and Welfare. The Advisory Committee's           |  |

written recommendations shall address how each recommendation meets one

| 1  | or more of the criteria listed in subsections 4774(b) and (c) of this subchapter. |  |  |
|----|---|--|--|
| 2  | The Advisory Committee shall give priority consideration to services requiring    |  |  |
| 3  | funding on an ongoing basis.  |  |  |
| 4  | (f) Meetings.   |  |  |
| 5  | (1) The Commissioner of Health shall call the first meeting of the                |  |  |
| 6  | Advisory Committee to occur on or before June 30, 2022.                           |  |  |
| 7  | (2) Annually, the Advisory Committee shall elect a voting vice chair              |  |  |
| 8  | from among its nongovernmental members.   |  |  |
| 9  | (3) The Advisory Committee shall meet at least quarterly but not more             |  |  |
| 10 | than 12 times per calendar year.  |  |  |
| 11 | (3)(4) The Advisory Committee shall adopt procedures to govern its                |  |  |
| 12 | proceedings and organization, including voting procedures and how the             |  |  |
| 13 | staggered terms shall be apportioned among members.                               |  |  |
| 14 | (4)(5) All meetings of the Advisory Committee shall be consistent with            |  |  |
| 15 | Vermont's Open Meeting Law pursuant to 1 V.S.A. chapter 5, subchapter 2.          |  |  |
| 16 | * * *   |  |  |
| 17 | § 4774. OPIOID ABATEMENT SPECIAL FUND   |  |  |
| 18 | * * *   |  |  |
| 19 | (c) Priority for expenditures from the Opioid Abatement Special Fund shall        |  |  |
| 20 | be aimed at reducing overdose deaths, including the following:                    |  |  |
| 21 | * * *   |  |  |

| 1  | (2) increasing access to <del>medication assisted treatment</del> <u>medication for</u> |  |
|----|---|--|
| 2  | opioid use disorder and other opioid-related treatment, specifically:                   |  |
| 3  | (A) increasing distribution of medication assisted treatment                            |  |
| 4  | medication for opioid use disorder to individuals who are uninsured or whose            |  |
| 5  | health insurance does not cover the needed goods and services;                          |  |
| 6  | (B) providing education to school-based and youth-focused programs                      |  |
| 7  | that discourage or prevent misuse, including how to access opioid use disorder          |  |
| 8  | treatment;  |  |
| 9  | (C) providing medication-assisted education and awareness training                      |  |
| 10 | on medication for opioid use disorder to health care providers, emergency               |  |
| 11 | medical technicians, law enforcement, and other first responders; and                   |  |
| 12 | * * *   |  |
| 13 | (3) assisting pregnant and postpartum individuals, specifically:                        |  |
| 14 | (A) enhancing services for expanding screening, brief intervention,                     |  |
| 15 | and referral to treatment (SBIRT) services to non-Medicaid eligible or                  |  |
| 16 | uninsured pregnant individuals;   |  |
| 17 | (B) expanding comprehensive evidence-based or evidence-informed                         |  |
| 18 | treatment and recovery services, including medication assisted treatment                |  |
| 19 | medication for opioid use disorder, for individuals with co-occurring opioid            |  |
| 20 | use disorder and other substance or mental health disorders for up to 12 months         |  |
| 21 | postpartum; and   |  |

| 1  | * * *  |  |  |
|----|--|--|--|
| 2  | (5) expanding the availability of warm handoff programs and recovery             |  |  |
| 3  | services, specifically:  |  |  |
| 4  | (A) expanding services such as navigators and on-call teams to begin             |  |  |
| 5  | medication assisted treatment medication for opioid use disorder in hospital     |  |  |
| 6  | emergency departments;   |  |  |
| 7  | * * *  |  |  |
| 8  | (6) treating incarcerated populations, specifically:                             |  |  |
| 9  | (A) providing evidence-based or evidence-informed treatment and                  |  |  |
| 10 | recovery support, including medication assisted treatment medication for         |  |  |
| 11 | opioid use disorder for individuals with opioid use disorder or co-occurring     |  |  |
| 12 | substance use or mental health disorders while transitioning out of the criminal |  |  |
| 13 | justice system; and  |  |  |
| 14 | * * *  |  |  |
| 15 | Sec. 3. EFFECTIVE DATE   |  |  |
| 16 | This act shall take effect on July 1, 2025.                                      |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
| 21 |  |  |  |

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| 1 |                   |                   |
|---|-------------------|-------------------|
| 2 | (Committee vote:) |                   |
| 3 |                   |                   |
| 4 |                   | Representative    |
| 5 |                   | FOR THE COMMITTEE |