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 as follows:
19	(A) not more than \$35,000.00 to the Department of Corrections for
20	distribution to Pathways Vermont to implement a contingency management

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

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

1	(19) \$30,000.00 to the Department of Health for distribution to		
2	Treatment Associates of Washington County Mental Health to hire an		
3	embedded recovery coach.		
4	(20) \$20,824.00 to the Department of Health for distribution to		
5	Umbrella to provide integrated services between domestic and sexual violence		
6	providers and partners in recovery in northeastern Vermont.		
7	(b) The Department of Health shall carry forward \$1,100,000.00		
8	appropriated from the Opioid Settlement Special Fund in fiscal year 2025 for		
9	the purpose of awarding grants to the City of Burlington for establishing an		
10	overdose prevention center upon submission of a grant proposal that has been		
11	approved by the Burlington City Council and meets the requirements of 18		
12	V.S.A. § 4256, including the guidelines developed by the Department of		
13	Health. Any unmet need in fiscal year 2026, up to \$550,000.00, shall be		
14	addressed in the Department's budget adjustment proposal.		
15	(c) All grant agreements associated with funds appropriated pursuant to this		
16	section shall require outcome and measurements data to be collected and		
17	reported to the department issuing the grant and to the Opioid Settlement		
18	Advisory Committee.		
19	Sec. 2. 18 V.S.A. chapter 93 is amended to read:		
20	CHAPTER 93. OPIOID USE DISORDER		
21	Subchapter 1. Treatment of Opioid Use Disorder		

1	* * *	
2	§ 4754. LIMITATION ON PRIOR AUTHORIZATION REQUIREMENTS	
3	(a) A health insurance plan shall not require prior authorization for	
4	prescription drugs for a patient who is receiving medication-assisted treatment	
5	medication for opioid use disorder if the dosage prescribed is within the U.S.	
6	Food and Drug Administration's dosing recommendations.	
7	(b) A health insurance plan shall not require prior authorization for all	
8	counseling and behavioral therapies associated with medication assisted	
9	treatment medication for opioid use disorder for a patient who is receiving	
10	medication-assisted treatment.	
11	Subchapter 2. Opioid Settlement	
12	* * *	
13	§ 4772. OPIOID SETTLEMENT ADVISORY COMMITTEE	
14	* * *	
15	(b) Membership.	
16	(1) The Advisory Committee shall be composed of the following	
17	members and shall reflect the diversity of Vermont in terms of gender, race,	
18	age, ethnicity, sexual orientation, gender identity, disability status, and	
19	socioeconomic status and ensure inclusion of individuals with lived experience	
20	of opioid use disorder and their family members whenever possible:	
21	* * *	

1	(E) a primary care prescriber with experience providing medication-		
2	assisted treatment medication for opioid use disorder within the Blueprint for		
3	Health hub and spoke model, appointed by the Executive Director of the		
4	Blueprint for Health, to provide a statewide perspective on the provision of		
5	providing medication assisted treatment medication for opioid use disorder		
6	services;		
7	* * *		
8	(c) Powers and duties. The Advisory Committee shall demonstrate broad		
9	ongoing consultation with individuals living with opioid use disorder about		
10	their direct experience with related systems, including medication assisted		
11	treatment medication for opioid use disorder, residential treatment, recovery		
12	services, harm reduction services, overdose, supervision by the Department of		
13	Corrections, and involvement with the Department for Children and Families'		
14	Family Services Division. To that end, the Advisory Committee shall		
15	demonstrate consultation with individuals with direct lived experience of		
16	opioid use disorder, frontline support professionals, the Substance Misuse		
17	Oversight Prevention and Advisory Council, and other stakeholders to identify		
18	spending priorities as related to opioid use disorder prevention, intervention,		
19	treatment, and recovery services and harm reduction strategies for the purpose		
20	of providing recommendations to the Governor, the Department of Health, and		

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. Recommendations shall be informed by outcomes and	
15	measurements reported by previous grantees. If the recommendations are	
16	supported by an affirmative vote of the majority, the Advisory Committee shall	
17	present its recommendations for expenditures from the Opioid Abatement	
18	Special Fund established pursuant to this subchapter to the Department of	
19	Health and concurrently submit its recommendations in writing to the House	
20	Committees on Appropriations and on Human Services and the Senate	
21	Committees on Appropriations and on Health and Welfare. The Advisory	

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

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

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

1		
2		
3		
4	(Committee vote:)	
5		
6		Representative
7		FOR THE COMMITTEE