

H. 660 – Differences between House and Senate Versions – May 19, 2026

H. 660 Passed by House	H. 660 Passed by Senate	Department of Health Recommendation
<ul style="list-style-type: none"> • \$900,000 to Department of Health for new recovery resident beds at NARR certification level III or above • \$300,000 to Department of Health for new NARR-certified recovery resident beds in specific geographic locations (Brattleboro, Middlebury, Addison, Randolph, Chester, St. Albans, or any other identified region of the State) <p>[Section 1, subsection (a)(6)(A) and (B)]</p>	<ul style="list-style-type: none"> • \$600,000 to Department of Health for new recovery residence beds at NARR certification level III or above • \$600,000 to Department of Health for opioid use disorder residential treatment beds at ASAM level 3.1 <p>[Section 1, subsection (a)(6)(A) and (B)]</p>	<ul style="list-style-type: none"> • \$1.2M to Department of Health for new recovery residence beds at NARR level III or above <p>Rationale: Need flexibility to effectively coordinate OASF funding with RHT funding.</p> <p>Did not recommend funding for treatment and the specific need for additional funding has not been made clear to the Department – not opposed to additional funding but note that this will have ongoing budget pressures. If retained, need to strike “opioid use disorder.”</p>
<p>No appropriation for recovery centers</p>	<p>\$800,000 appropriation for recovery centers</p> <p>[Section 1, subsection (a)(10)]</p>	<p>Did not recommend appropriation for recovery centers</p> <p>Rationale: Not included in Department’s or OSAC’s recommendations. Already have funding within H.660 of over \$1 million for recovery center work with DOC. If they need a base appropriation it should come from somewhere else. Department is going to work with them to dig into their budgets this year, as the specific need for this additional funding has not been made clear to the Department.</p>
<p>No appropriation for Department of Public Safety’s PSET project</p>	<p>\$287,000 appropriation for Department of Public Safety’s PSET project</p> <p>[Section 1, subsection (a)(11)]</p>	<p>Recommend appropriation for DPS PSET project</p> <p>Rationale: Included in Department’s recommendations. Appreciated and supported by local municipalities and communities.</p>

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<p>No appropriation for Burlington Overdose Prevention Center</p>	<p>\$1.1M to Department of Health for Burlington Overdose Prevention Center with funding not distributed until a location has been procured, the OPC is being fit up for intended use, and the OPC is currently or will imminently become operational.</p> <p>Includes intent language to continue appropriating funds annually from OASF at least through FY28.</p> <p>[Section 1, subsection (a)(12)(A) and (B)]</p>	<p>Did not recommend appropriation for Burlington Overdose Prevention Center</p> <p>Rationale: Not included in Department's or OSAC's recommendations. The project is sufficiently funded for the current stage of work and has over \$1.9 million carryforward</p>
<p>Appropriation from OASF for four prevention projects (Elevate Youth Services, Greater Falls Connections, Interaction: Friends of Change, Winooski Partnership for Prevention)</p> <p>[Section 1, subsections (a)(10), (11), (12), (13)]</p> <p>[Note: Version of H. 660 passed out of H. Human Services proposed funding the four prevention projects with SMPF]</p>	<p>Appropriation from SMPF for four prevention projects (Elevate Youth Services, Greater Falls Connections, Interaction: Friends of Change, Winooski Partnership for Prevention)</p> <p>[Section 7]</p>	<p>Did not recommend appropriations for the four prevention projects.</p> <p>If funded, the Department of Health recommends funding from OASF.</p> <p>Rationale: Do not want to short-circuit established review processes for distributing SMPF through Vermont Prevention Lead Organizations (VPLO). Regardless of funding source, need to be very clear with project leads, and Legislature that there is not ongoing funding available for these projects in this manner (if using SMPF funds would be using carryforward, not included in SFY27 appropriation).</p>

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<p data-bbox="191 131 762 349">Includes language requiring the Department of Health to review all previous OASF appropriations and make recommendations to OSAC and the legislature about which appropriations could be funded in future years by SMPF</p> <p data-bbox="191 381 762 417">[Section 4, subsection (a)]</p> <p data-bbox="191 449 762 524">[Note: Language also included in House version of the budget (H. 951)]</p>	<p data-bbox="762 131 1335 235">Language not included in Senate version of H. 660 or Senate version of the budget (H. 951)</p>	<p data-bbox="1335 131 1906 203">The Department of Health is not opposed to conducting this review.</p>

<p>In FY28, limits OSAC to accepting funding proposals only for projects identified in statute as intended for annual funding (i.e., outreach and engagement, recovery residences, SSPs, and OPC).</p> <p>[Section 4, subsection (b)]</p>	<p>In FY28, limits OSAC to accepting funding proposals only for projects identified in statute as intended for annual funding (i.e., outreach and engagement, recovery residences, SSPs, and OPC).</p> <p>If funds are available after making FY28 appropriations recommendations for previously funded programs and initiatives, OSAC shall identify specific areas of focus and make funding recommendations within those areas based on needs assessments and statewide data, not requesting new proposals.</p> <p>[Section 4]</p>	<p>The Department of Health recommends allowing OSAC to accept funding proposals and make recommendations for <u>any</u> previously funded project, not just the four identified in statute.</p> <p>Support the Senate version for OSAC to make broader recommendations for funding rather than requesting new proposals.</p> <p>Rationale: Goal is to ensure that any previously funded projects that are effective continue to be funded appropriately.</p> <p>Prefer that if OSAC is making any further recommendations in FY28, they recommend broad categories of funding with others (i.e., VDH) conducting an RFP process, rather than OSAC soliciting individual project proposals and evaluating those proposals. This addresses workload issues faced by the Council, as well as equity and fairness issues faced by those applying for the funding.</p> <p>If the policy goal is only to accept proposals and recommendations for projects identified in statute as intended for annual funding, the Department recommends the following language for Senate bill section 4, p. 8, lines 16-18; House bill section 4(b), p. 7, lines 8-11:</p> <p>Notwithstanding 18 V.S.A. § 4772(e), the Opioid Settlement Advisory Committee shall not accept funding proposals or make funding recommendations from the Opioid Abatement Special Fund for fiscal year</p>
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		<p>2028, unless a program or initiative was previously identified in statute as intended for annual funding.</p> <p>And including clarification about the purpose of OSAC’s review of all previously funded programs and initiatives in Senate bill section 4, p. 9, line 1; House bill section 4(b), p. 7, line 14:</p> <p>“It instead shall review..., where applicable, <u>for the purpose of informing FY29 recommendations and beyond.</u>”</p>
<p>Did not revise language in 18 V.S.A. § 4772(e)(1)</p>	<p>Revises language in 18 V.S.A. § 4772(e)(1) to require OSAC and VDH recommendations to be “developed in consultation with the Office of the Attorney General.”</p> <p>[Section 3]</p>	<p>Recommends that the Senate language be replaced with “The Department shall consult with the Office of the Attorney General about whether the recommendations are an allowable use of the Opioid Abatement Special Fund.”</p> <p>Rationale: If the legislature is concerned about verifying the recommendations are an allowable use of the OASF, the AGO role needs to be limited to consulting on the allowable uses of the funds.</p>
<p>Did not revise language in 18 V.S.A. § 4772(e)(2)</p>	<p>Revises language in 18 V.S.A. § 4772(e)(2) to add:</p> <p>“If the Department does not agree with the recommendations of the Advisory Committee, it may separately submit its own recommendations developed in consultation with the Office of the Attorney General to the General Assembly.”</p> <p>[Section 3]</p>	<p>The Department of Health does not believe this addition is necessary. There is an existing requirement in 18 VSA § 4774(a)(2) for the Department to submit a spending plan to the General Assembly, informed by the recommendations of the OSAC.</p> <p>If the Senate language is retained, it should parallel the Department-recommended language in 18 V.S.A. § 4772(e)(1) for consultation with the Office of the Attorney General regarding if the recommendations are allowable.</p>

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<p>Did not revise language in 18 V.S.A. § 4774</p>	<p>Revises language in 18 V.S.A. § 4774(a)(1) to add that funds:</p> <p>“must be utilized exclusively for opioid prevention, intervention, treatment, recovery, and harm reduction services, <u>co-occurring mental health conditions, and co-occurring substance use disorders.</u>”</p> <p>[Section 3a]</p>	<p>If there are continued concerns that the statutory language does not align with the allowable uses of the OASF, the Department of Health recommends modernizing this language to be consistent with the AGO’s broad interpretation of the allowable uses of the fund.</p> <p>Recommend replacing “utilized exclusively for opioid prevention, intervention, treatment, recovery, and harm reduction” in 18 V.S.A. § 4774(a)(1) with “... utilized exclusively for <u>substance use disorder</u> opioid prevention, intervention, treatment, recovery, and harm reduction services.”</p> <p>If this change is made, the Department recommends making the same change in 18 V.S.A. § 4774(a)(2).</p>
<p>Does not include requirement for the Department of Health to submit quarterly reports regarding expenditures from the OASF to the legislature.</p>	<p>Includes requirement for the Department of Health to submit quarterly reports regarding expenditures from the OASF to the legislature.</p> <p>[Section 5]</p>	<p>The Department of Health supports this report requirement.</p>
<p>Does not include requirement for the Department of Health to report on its specific spending proposal from the SMPF for the coming fiscal year in its annual budget presentation.</p>	<p>Includes requirement for the Department of Health to report on its specific spending proposal from the SMPF for the coming fiscal year in its annual budget presentation.</p> <p>[Section 8]</p>	<p>The Department of Health supports this report requirement.</p>

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<p>Does not include requirement for syringe recovery plan.</p>	<p>Includes requirement for the Department of Health to submit a plan to the legislature containing recommendations on the implementation of syringe recovery models and requiring syringe service providers to report the syringe return rate.</p> <p>[Section 6a]</p>	<p>The Department does not oppose this requirement but notes that Department has included a 95% return rate as a performance measure in the grant agreements for FY27 to increase the number of syringes returned for disposal and continues work on several efforts to address syringe litter and collects data that can be reported back to the legislature.</p>
<p>Does not include appropriation from OASF for DAIL HireAbility.</p> <p>DAIL HireAbility appropriated \$850,000 GF in House version of the budget (H. 951)</p>	<p>Senate version of H. 660 does not include an appropriation from OASF for DAIL HireAbility.</p> <p>However, DAIL HireAbility appropriated \$850,000 OASF in Senate version of the budget (H. 951).</p>	<p>Recommend DAIL HireAbility funded through GF, not OASF.</p>