1	H.218
2 3	An act relating to fiscal year 2026 appropriations from the Opioid Abatement Special Fund
4	It is hereby enacted by the General Assembly of the State of Vermont:
5	Sec. 1. APPROPRIATIONS; OPIOID ABATEMENT SPECIAL FUND
6	(a) In fiscal year 2026, the following sums shall be appropriated from the
7	Opioid Abatement Special Fund established in 18 V.S.A. § 4774:
8	(1)(A) \$1,976,000.00 to the Department of Health to fund 26 outreach
9	or case management staff positions within the preferred provider network for
10	the provision of services that increase motivation of and engagement with
11	individuals with substance use disorder in settings such as police barracks,
12	shelters, social service organizations, and elsewhere in the community.
13	(B) It is the intent of the General Assembly that these positions shall
14	be funded annually by the Opioid Abatement Special Fund unless and until the
15	Special Fund does not have sufficient monies to fund this expenditure.
16	(2) \$76,000.00 to the Department of Health for distribution to
17	Vermonters for Criminal Justice Reform to fund an outreach worker position.
18	(3)(A) \$1,400,000.00 to the Department of Health for recovery
19	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)(A) \$1,100,000.00 to the Department of Health for the purpose of
9	awarding grants to the City of Burlington for establishing an overdose
10	prevention center upon submission of a grant proposal that has been approved
11	by the Burlington City Council and meets the requirements of 18 V.S.A.
12	§ 4256, including the guidelines developed by the Department of Health.
13	(B) It is the intent of the General Assembly to continue to appropriate
14	funds from the Opioid Abatement Special Fund through fiscal year 2028 for
15	the purpose of awarding grants to the City of Burlington for the operation of
16	the overdose prevention center, unless and until the Special Fund does not have
17	sufficient monies to fund this expenditure.
18	(6) \$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 of Health for grants to providers
4	for ongoing support for contingency management.
5	(7) \$32,157.00 to the Department of Health for distribution to the
6	Brattleboro Fire Department to establish community training programs on the
7	administration of opioid antagonists, CPR, first aid, and Stop the Bleed
8	protocols.
9	(8) \$44,229.00 to the Department of Health for distribution to the
10	Champlain Housing Trust to continue a pilot program providing access to
11	wound care and preventative health care in three low-barrier shelters within
12	Chittenden County.
13	(9) \$800,000.00 to the Department for Children and Families' Office of
14	Economic Opportunity to support long-term programs at shelters for
15	individuals experiencing homelessness, including harm-reduction supports and
16	clinical nursing programs.
17	(10) \$309,000.00 to the Department of Health for Health Care and
18	Rehabilitation Services of Southeastern Vermont's Project Connectionworks to
19	reduce opioid use disorder morbidity and mortality in Windham County
20	through prevention, treatment, and recovery services.

1	(11) \$50,0000.00 to the Judicial Branch to train Vermont's judges on
2	issues related to opioid use disorder and strategies for use in dockets statewide.
3	(12) \$200,000.00 to the Department of Health for distribution to Elevate
4	Youth Services to establish Healthy Youth Program counselors at the
5	Basement Teen Center at Kellogg-Hubbard Library in Washington County.
6	(13) \$100,000.00 to the Department of Health for distribution to Friends
7	for Change's Youth Center in Bellows Falls for the purpose of delivering
8	intervention strategies and harm reduction supports to youth and young adults.
9	(14) \$170,000.00 to the Department of Health for distribution to
10	Spectrum Youth and Family Services for two new positions to expand opioid
11	use disorder screening, treatment, and case management services to youth in
12	Chittenden and Franklin Counties.
13	(15) \$80,000.00 to the Department of Health for distribution to Prevent
14	Child Abuse Vermont for the purpose of teaching parenting skills and
15	providing social and emotional parenting supports for individuals with opioid
16	use disorder.
17	(16) \$850,000.00 to the Department of Disabilities, Aging, and
18	Independent Living for distribution to HireAbility Vermont to provide
19	specialized employment services for individuals with opioid use disorder in
20	Burlington, Newport, Rutland, and Bennington.

1	(17) \$550,000.00 to the Department of Health for distribution to
2	Northeast Kingdom Community Action to hire four peer support specialists to
3	assist individuals with opioid use disorder who are transitioning out of
4	homelessness into safe, permanent housing.
5	(18) \$150,000.00 to the Department of Health for distribution to
6	Connecticut Valley Addiction Services, Inc. to expand opioid use treatment in
7	rural Windsor County.
8	(19) \$300,000.00 to the Department of Health for distribution to
9	Vermonters for Criminal Justice Reform and the Johnson Health Center to
10	continue and improve the Managed Medical Response Partnership.
11	(20) \$30,000.00 to the Department of Health for distribution to
12	Treatment Associates of Washington County Mental Health to hire an
13	embedded recovery coach.
14	(21) \$20,824.00 to the Department of Health for distribution to
15	Umbrella to provide integrated services between domestic and sexual violence
16	providers and partners in recovery in northeastern Vermont.
17	(b) All grant agreements associated with funds appropriated pursuant to
18	this section shall require outcome and measurements data to be collected and
19	reported to the department issuing the grant and to the Opioid Settlement
20	Advisory Committee.

1	Sec. 2. 18 V.S.A. chapter 93 is amended to read:
2	CHAPTER 93. OPIOID USE DISORDER
3	Subchapter 1. Treatment of Opioid Use Disorder
4	* * *
5	§ 4754. LIMITATION ON PRIOR AUTHORIZATION REQUIREMENTS
6	(a) A health insurance plan shall not require prior authorization for
7	prescription drugs for a patient who is receiving medication-assisted treatment
8	medication for opioid use disorder if the dosage prescribed is within the U.S.
9	Food and Drug Administration's dosing recommendations.
10	(b) A health insurance plan shall not require prior authorization for all
11	counseling and behavioral therapies associated with medication assisted
12	treatment medication for opioid use disorder for a patient who is receiving
13	medication-assisted treatment.
14	Subchapter 2. Opioid Settlement
15	* * *
16	§ 4772. OPIOID SETTLEMENT ADVISORY COMMITTEE
17	* * *
18	(b) Membership.
19	(1) The Advisory Committee shall be composed of the following
20	members and shall reflect the diversity of Vermont in terms of gender, race,
21	age, ethnicity, sexual orientation, gender identity, disability status, and

socioeconomic status and ensure inclusion of individuals with lived experience of opioid use disorder and their family members whenever possible:

3 ***

(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;

10 ***

(c) Powers and duties. The Advisory Committee shall demonstrate broad 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,

21

1	treatment, and recovery services and harm reduction strategies for the purpose
2	of providing recommendations to the Governor, the Department of Health, and
3	the General Assembly on prioritizing spending from the Opioid Abatement
4	Special Fund. The Advisory Committee shall consider:
5	(1) the impact of the opioid crisis on communities throughout Vermont,
6	including communities' abatement needs and proposals for abatement
7	strategies and responses;
8	(2) the perspectives of and proposals from opioid use disorder
9	prevention coalitions, recovery centers, and medication-assisted treatment
10	medication for opioid use disorder providers; and
11	(3) the ongoing challenges of the opioid crisis on marginalized
12	populations, including individuals who have a lived experience of opioid use
13	disorder.
14	* * *
15	(e) Presentation. Annually, the Advisory Committee shall vote on its
16	recommendations. Recommendations shall be informed by outcomes and
17	measurements reported by previous grantees. If the recommendations are
18	supported by an affirmative vote of the majority, the Advisory Committee shall
19	present its recommendations for expenditures from the Opioid Abatement
20	Special Fund established pursuant to this subchapter to the Department of

Health and concurrently submit its recommendations in writing to the House

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

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

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