

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred House Bill
3 No. 711 entitled “An act relating to the creation of the Opioid Settlement
4 Advisory Committee and the Opioid Abatement Special Fund” respectfully
5 reports that it has considered the same and recommends that the bill be
6 amended by striking out all after the enacting clause and inserting in lieu
7 thereof the following:

8 Sec. 1. 18 V.S.A. chapter 93 is amended to read:

9 CHAPTER 93. ~~TREATMENT OF OPIOID ADDICTION~~ USE DISORDER

10 Subchapter 1. Treatment of Opioid Use Disorder

11 * * *

12 Subchapter 2. Opioid Settlement

13 § 4771. PURPOSE

14 It is the purpose of this subchapter to comply with any opioid litigation
15 settlements to which the State or municipalities within the State were a party
16 regarding the management and expenditure of monies received by the State.

17 While an opioid litigation settlement may designate a portion of the monies for
18 local or State use, this subchapter applies to only monies from abatement
19 accounts funds.

1 § 4772. OPIOID SETTLEMENT ADVISORY COMMITTEE

2 (a) Creation. There is created the Opioid Settlement Advisory Committee
3 to provide advice and recommendations regarding remediation spending from
4 the Opioid Abatement Special Fund established pursuant to this subchapter.

5 (b) Membership.

6 (1) The Advisory Committee shall be composed of the following
7 members and shall reflect the diversity of Vermont in terms of gender, race,
8 age, ethnicity, sexual orientation, gender identity, disability status, and
9 socioeconomic status and ensure inclusion of individuals with lived experience
10 of opioid use disorder and their family members whenever possible:

11 (A) the Commissioner of Health or designee, who shall serve as a
12 nonvoting chair;

13 (B) the Commissioner of Mental Health or designee;

14 (C) the Chief Prevention Officer established pursuant to 3 V.S.A.
15 § 2321;

16 (D) one current member of the House of Representatives, appointed
17 by the Speaker of the House;

18 (E) one current member of the Senate, appointed by the Committee
19 on Committees;

20 (F) a primary care prescriber with experience providing medication-
21 assisted treatment within the Blueprint for Health hub and spoke model,

1 appointed by the Executive Director of the Blueprint for Health, to provide a
2 statewide perspective on the provision of medication-assisted treatment
3 services;

4 (G) an individual with experience providing substance misuse
5 prevention services and education programming, appointed by the Substance
6 Misuse Prevention Oversight and Advisory Council, to provide a statewide
7 perspective on prevention services and education;

8 (H) an individual with experience providing substance misuse
9 treatment or recovery services, appointed by the Clinical Director of the
10 Alcohol and Drug Abuse Program or its successor, to provide a statewide
11 perspective on the provision of treatment or recovery, or both;

12 (I) a provider with academic research credentials, appointed by the
13 University of Vermont, to provide a statewide perspective on academic
14 research relating to opioid use disorder;

15 (J) two individuals with lived experience of opioid use disorder,
16 including at least one of whom is in recovery, one member appointed by the
17 Howard Center’s Safe Recovery program and one member appointed by the
18 Vermont Association of Mental Health and Addiction Recovery, to provide a
19 statewide perspective on the experience of living with opioid use disorder;

20 (K) an assistant judge, appointed by the Vermont Association of
21 County Judges; and

1 (L) ten individuals, each employed by or an agent of a different city
2 or town that collectively reflect Vermont’s diverse population and geography,
3 appointed by the Vermont League of Cities and Towns.

4 (2)(A) The term of office of each appointed member shall be four years.
5 Of the members first appointed, 11 shall be appointed for a term of three years
6 and 11 shall be appointed for a term of four years. Members shall hold office
7 for the term of their appointments and until their successors have been
8 appointed. All vacancies shall be filled for the balance of the unexpired term
9 in the same manner as the original appointment. Members are eligible for
10 reappointment.

11 (B) A member may be removed from the Advisory Committee by the
12 member’s appointing entity for cause, which includes only neglect of duty,
13 gross misconduct, conviction of a crime, or inability to perform the
14 responsibilities of the office. The Chair of the Advisory Committee shall
15 simultaneously notify the Governor, the Speaker of the House, and the
16 President Pro Tempore that the member has been removed from the Advisory
17 Committee.

18 (c) Powers and duties. The Advisory Committee shall demonstrate broad
19 ongoing consultation with individuals living with opioid use disorder about
20 their direct experience with related systems, including medication-assisted
21 treatment, residential treatment, recovery services, harm reduction services,

1 overdose, supervision by the Department of Corrections, and involvement with
2 the Department for Children and Families’ Family Services Division. To that
3 end, the Advisory Committee shall demonstrate consultation with individuals
4 with direct lived experience of opioid use disorder, frontline support
5 professionals, the Substance Misuse Advisory Council, and other stakeholders
6 to identify spending priorities as related to opioid use disorder prevention,
7 intervention, treatment, and recovery services and harm reduction strategies for
8 the purpose of providing recommendations to the Governor, the Department of
9 Health, and the General Assembly on prioritizing spending from the Opioid
10 Abatement Special Fund. The Advisory Committee shall consider:

11 (1) the impact of the opioid crisis on communities throughout Vermont,
12 including communities’ abatement needs and proposals for abatement
13 strategies and responses;

14 (2) the perspectives of and proposals from opioid use disorder
15 prevention coalitions, recovery centers, and medication-assisted treatment
16 providers; and

17 (3) the ongoing challenges of the opioid crisis on marginalized
18 populations, including individuals who have a lived experience of opioid use
19 disorder.

20 (d) Assistance. The Advisory Committee shall have the administrative,
21 technical, and legal assistance of the Department of Health.

1 (e) Presentation. Annually, the Advisory Committee shall present its
2 recommendations for expenditures from the Opioid Abatement Special Fund
3 established pursuant to this subchapter to the Department of Health and
4 concurrently submit its recommendations in writing to the House Committees
5 on Appropriations and on Humans Services and the Senate Committees on
6 Appropriations and on Health and Welfare.

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) The Advisory Committee shall meet at least quarterly but not more
11 than six times per calendar year.

12 (3) The Advisory Committee shall adopt procedures to govern its
13 proceedings, including voting procedures and how the staggered terms shall be
14 apportioned among members.

15 (4) 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 (g) Compensation and reimbursement.

18 (1) For attendance at meetings during adjournment of the General
19 Assembly, a legislative member of the Advisory Committee serving in the
20 member’s capacity as a legislator shall be entitled to per diem compensation
21 and reimbursement of expenses pursuant to 2 V.S.A. § 23 for not more than six

1 meetings per year. These payments shall be appropriated from the Opioid
2 Abatement Special Fund.

3 (2) Other members of Advisory Committee shall be entitled to per diem
4 compensation and reimbursement of expenses as permitted under 32 V.S.A.
5 § 1010 for not more than six meetings per year. These payments shall be
6 appropriated from the Opioid Abatement Special Fund.

7 § 4773. DESIGNATION OF LEAD STATE AGENCY

8 The Department of Health shall serve as the lead State agency and single
9 point of contact for submitting requests for funding to the national settlement
10 fund administrator. Approved requests shall be disbursed to the Department
11 for deposit into the Opioid Abatement Special Fund established in section
12 4774 of this subchapter.

13 § 4774. OPIOID ABATEMENT SPECIAL FUND

14 (a)(1) There is created the Opioid Abatement Special Fund, a special fund
15 established and managed pursuant to 32 V.S.A. chapter 7, subchapter 5 and
16 administered by the Department of Health. The Opioid Abatement Special
17 Fund shall consist of all abatement account fund monies disbursed by the
18 national settlement fund administrator to the Department.

19 (2) The Department shall include a spending plan, informed by the
20 recommendations of the Opioid Settlement Advisory Committee established
21 pursuant to section 4772 of this subchapter, as part of its annual budget

1 submission, and once approved, the Department shall request to have the funds
2 formally released from the national abatement accounts fund. The Department
3 shall disburse monies from the Opioid Abatement Special Fund pursuant to
4 32 V.S.A. chapter 7, subchapter 3.

5 (3) Disbursements from the Opioid Abatement Special Fund shall
6 supplement and not supplant or replace any existing or future local, State, or
7 federal government funding for infrastructure, programs, supports, and
8 resources, including health insurance benefits, federal grant funding, and
9 Medicaid and Medicare funds.

10 (b) Expenditures from the Opioid Abatement Special Fund shall be used
11 for the following opioid prevention, intervention, treatment, recovery, harm
12 reduction, and evaluation activities:

13 (1) preventing overdose deaths and other harms;

14 (2) treatment of opioid use disorder;

15 (3) support for individuals in treatment and recovery and their families;

16 (4) connecting individuals who need help to the help needed;

17 (5) addressing the needs of criminal justice-involved persons;

18 (6) addressing the needs of pregnant or parenting individuals and their
19 families, including babies with neonatal abstinence syndrome;

20 (7) preventing overprescribing and ensuring appropriate prescribing and
21 dispensing of opioids;

1 (8) preventing the misuse of opioids;

2 (9) educating law enforcement and other first responders regarding
3 appropriate practices and precautions when dealing with fentanyl or other
4 drugs and providing wellness and support services for first responders and
5 others who experience secondary trauma associated with opioid-related
6 emergency events;

7 (10) supporting efforts to provide leadership, planning, coordination,
8 facilitation, training, and technical assistance to abate the opioid epidemic;

9 (11) researching opioid abatement;

10 (12) implementing other evidence-based or evidence-informed programs
11 or strategies that support prevention, harm reduction, treatment, or recovery of
12 opioid use disorder and any co-occurring substance use or mental health
13 disorder; and

14 (13) the cost of the administrative, technical, and legal assistance
15 provided to the Advisory Committee by the Department of Health.

16 (c) Priority for expenditures from the Opioid Abatement Special Fund shall
17 be aimed at reducing overdose deaths, including the following:

18 (1) promoting the appropriate use of naloxone and other U.S. Food and
19 Drug Administration-approved drugs to reverse opioid overdoses, specifically:

20 (A) expanding training for first responders, schools, community
21 support groups, families; and

1 (B) increasing distribution to individuals who are uninsured or whose
2 health insurance does not cover the needed goods and services;

3 (2) increasing access to medication-assisted treatment and other opioid-
4 related treatment, specifically:

5 (A) increasing distribution of medication-assisted treatment to
6 individuals who are uninsured or whose health insurance does not cover the
7 needed goods and services;

8 (B) providing education to school-based and youth-focused programs
9 that discourage or prevent misuse, including how to access opioid use disorder
10 treatment;

11 (C) providing medication-assisted education and awareness training
12 to health care providers, emergency medical technicians, law enforcement, and
13 other first responders; and

14 (D) providing treatment and recovery support services such as
15 residential and inpatient treatment, intensive outpatient treatment, outpatient
16 therapy or counseling, and recovery housing that allows or integrates
17 medication and other support services;

18 (3) assisting pregnant and postpartum individuals, specifically;

19 (A) enhancing services for expanding screening, brief intervention,
20 and referral to treatment (SBIRT) services to non-Medicaid eligible or
21 uninsured pregnant individuals;

1 (B) expanding comprehensive evidence-based or evidence-informed
2 treatment and recovery services, including medication-assisted treatment, for
3 individuals with co-occurring opioid use disorder and other substance or
4 mental health disorders for up to 12 months postpartum; and

5 (C) providing comprehensive wraparound services to pregnant and
6 postpartum individuals with opioid use disorder, including housing,
7 transportation, job placement, training, and child care;

8 (4) expanding treatment for neonatal abstinence syndrome (NAS),
9 specifically:

10 (A) expanding comprehensive evidence-based or evidence-informed
11 recovery support for babies with NAS;

12 (B) expanding services for better continuum of care to address infant
13 needs and support the parent-child relationship; and

14 (C) expanding long-term treatment and services for medical
15 monitoring of babies with NAS and their families;

16 (5) expanding the availability of warm handoff programs and recovery
17 services, specifically:

18 (A) expanding services such as navigators and on-call teams to begin
19 medication-assisted treatment in hospital emergency departments;

20 (B) expanding warm handoff services to transition to recovery
21 services;

1 (C) broadening the scope of recovery services to include co-
2 occurring substance use disorder or mental health conditions;

3 (D) providing comprehensive wraparound services to individuals in
4 recovery, including housing, transportation, job placement, training, and child
5 care; and

6 (E) hiring additional workers to facilitate the expansions listed in this
7 subdivision (5);

8 (6) treating incarcerated populations, specifically;

9 (A) providing evidence-based or evidence-informed treatment and
10 recovery support, including medication-assisted treatment for individuals with
11 opioid use disorder or co-occurring substance use or mental health disorders
12 while transitioning out of the criminal justice system; and

13 (B) increasing funding for correctional facilities to provide treatment
14 and recovery support to inmates with opioid use disorder;

15 (7) supporting prevention programs, specifically;

16 (A) funding for media campaigns to prevent opioid misuse;

17 (B) funding for evidence-based or evidence-informed prevention in
18 schools;

19 (C) funding for health care provider education and outreach
20 regarding best prescribing practices for opioids consistent with current

1 Department of Health and U.S. Centers for Disease Control and Prevention
2 guidelines, including providers at hospitals;

3 (D) funding for community drug disposal programs; and

4 (E) funding and training for first responders to participate in pre-
5 arrest diversion programs, post-overdose response teams, or similar strategies
6 that connect at-risk individuals to mental health services and supports;

7 (8) expanding syringe service programs, specifically providing
8 comprehensive syringe services programs with more wraparound services,
9 including linkages to opioid use disorder treatment, access to sterile syringes,
10 and linkages to care and treatment of infectious diseases; and

11 (9) facilitating evidence-based or evidence-informed data collection and
12 research analyzing and evaluating the effectiveness of the abatement strategies
13 within Vermont.

14 Sec. 2. EFFECTIVE DATE

15 This act shall take effect on passage.

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4 (Committee vote: _____)

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Representative _____

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FOR THE COMMITTEE