

1 Introduced by Committee on Human Services

2 Date:

3 Subject: Human services; opioid use disorder; treatment; recovery

4 Statement of purpose of bill as introduced: This bill proposes to: (1) expand  
5 the locations in which an organized community-based needle exchange  
6 program can operate; (2) prohibit a health insurance plan from requiring prior  
7 authorization during the first 60 days of initiating medication-assisted  
8 treatment when the prescribed medication is for opioid or opiate withdrawal;  
9 (3) establish an Overdose Prevention Site Working Group; and (4) appropriate  
10 funds for three pilot programs specific to mobile medication-assisted  
11 treatment, supports for justice-involved individuals, and overdose emergency  
12 response support.

13 An act relating to opioid overdose response services

14 It is hereby enacted by the General Assembly of the State of Vermont:

15 \* \* \* Operation of Syringe Service Programs \* \* \*

16 Sec. 1. 18 V.S.A. § 4475 is amended to read:

17 § 4475. DEFINITIONS

18 (a)(1) The term “drug paraphernalia” means all equipment, products,  
19 devices, and materials of any kind that are used, or promoted for use or  
20 designed for use, in planting, propagating, cultivating, growing, harvesting,

1 manufacturing, compounding, converting, producing, processing, preparing,  
2 testing, analyzing, packaging, repackaging, storing, containing, concealing,  
3 injecting, ingesting, inhaling, or otherwise introducing into the human body a  
4 regulated drug in violation of chapter 84 of this title. “Drug paraphernalia”  
5 does not include needles, ~~and syringes, or other harm reduction supplies~~  
6 distributed or possessed as part of an organized community-based needle  
7 exchange program.

8 (2) “Organized community-based needle exchange program” means a  
9 program approved by the Commissioner of Health under section 4478 of this  
10 title, the purpose of which is to provide access to clean needles and syringes,  
11 ~~and which is operated by an AIDS service organization, a substance abuse~~  
12 ~~treatment provider, or a licensed health care provider or facility.~~ Such  
13 programs shall be operated in a manner that is consistent with the provisions of  
14 10 V.S.A. chapter 159 (waste management; hazardous waste); and any other  
15 applicable laws.

16 \* \* \*

17 \* \* \* Prior Authorization for Medication-Assisted Treatment

18 **Effective July 1, 2022** \* \* \*

19 **Sec. 2. 18 V.S.A. § 4750 is amended to read:**

20 **§ 4750. DEFINITIONS**

21 **As used in this chapter:**





1       Sec. 5. 18 V.S.A. § 4754 is amended to read:

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       if the dosage prescribed is within the U.S. Food and Drug Administration's  
6       dosing recommendations ~~or during the first 60 days of medication-assisted~~  
7       ~~treatment when the medication is prescribed to a patient for opioid or opiate~~  
8       ~~withdrawal.~~

9           (b) ~~A health insurance plan shall cover the following medications without~~  
10       ~~requiring prior authorization:~~

11           (1) ~~one medication within each therapeutic class of medication approved~~  
12       ~~by the U.S. Food and Drug Administration for the treatment of substance use~~  
13       ~~disorders; and~~

14           (2) ~~one medication that is a formulation of a buprenorphine mono-~~  
15       ~~product approved by the U.S. Food and Drug Administration for the treatment~~  
16       ~~of substance use disorders.~~

17           (e) A health insurance plan shall not require prior authorization for all  
18       counseling and behavioral therapies associated with medication-assisted  
19       treatment for a patient who is receiving medication-assisted treatment.

1                   \* \* \* Report on Prior Authorization for Medication-Assisted

2   Treatment in Medicaid \* \* \*

3           Sec. 6. REPORTS; PRIOR AUTHORIZATION FOR MEDICATION-  
4                   ASSISTED TREATMENT; MEDICAID

5                   On or before February 1, 2023, 2024, and 2025, the Department of Vermont  
6                   Health Access shall report to the House Committees on Health Care and on  
7                   Human Services and to the Senate Committee on Health and Welfare regarding  
8                   prior authorization processes for medication-assisted treatment in Vermont’s  
9                   Medicaid program during the previous calendar year, including:

10                   (1) which medications required prior authorization;

11                   (2) how many prior authorization requests the Department received and  
12                   of these, how many were approved and denied; and

13                   (3) the average and longest length of time the Department took to  
14                   process a prior authorization request.

15   \* \* \* Overdose Prevention Site Working Group \* \* \*

16           Sec. 7. OVERDOSE PREVENTION SITE WORKING GROUP

17                   (a) Creation. In recognition of the rapid increase in overdose deaths across  
18                   the State, with a record number of opioid-related deaths in 2021, there is  
19                   created the Overdose Prevention Site Working Group to identify the feasibility  
20                   and liability of implementing overdose prevention sites in Vermont.

1           (b) Membership. The Working Group shall be composed of the following  
2           members:

3           (1) the Commissioner of Health or designee;

4           (2) the Commissioner of Public Safety or designee;

5           (3) a representative, appointed by the State’s Attorneys Offices;

6           (4) two representatives, appointed by the Vermont League of Cities and  
7           Towns, from different regions of the State;

8           (5) two individuals with lived experience of opioid use disorder,  
9           including at least one of whom is in recovery; one member appointed by the  
10           Howard Center’s Safe Recovery program; and one member appointed by the  
11           Vermont Association of Mental Health and Addiction Recovery;

12           (6) the Program Director from the Consortium on Substance Use;

13           (7) the Program Director from the Howard Center’s Safe Recovery  
14           program;

15           (8) a primary care prescriber with experience providing medication-  
16           assisted treatment within the hub-and-spoke model, appointed by the Clinical  
17           Director of Alcohol and Drug Abuse Program or its successor;

18           (9) an emergency department physician, appointed by the Vermont  
19           Medical Society; and

20           (10) a representative, appointed by Vermont Legal Aid.

1           (c) Powers and duties. The Working Group shall:

2                   (1) conduct an inventory of overdose prevention sites nationally;

3                   (2) identify the feasibility and liability of both publicly funded and  
4 privately funded overdose prevention sites;

5                   (3) make recommendations on municipal and local actions necessary to  
6 implement overdose prevention sites; and

7                   (4) make recommendations on executive and legislative actions  
8 necessary to implement overdose prevention, if any.

9           (d) Assistance. The Working Group shall have the administrative,  
10 technical, and legal assistance of the Department of Health.

11           (e) Report. On or before November 15, 2023, the Working Group shall  
12 submit a written report to the House Committee on Human Services and the  
13 Senate Committee on Health and Welfare with its findings and any  
14 recommendations for legislative action.

15           (f) Meetings.

16                   (1) The Commissioner of Health or designee shall call the first meeting  
17 of the Working Group to occur on or before September 15, 2022.

18                   (2) The Committee shall select a chair from among its members at the  
19 first meeting.

20                   (3) A majority of the membership shall constitute a quorum.

21                   (4) The Working Group shall cease to exist on November 15, 2023.



1 grants based on an applicant’s ability to provide medication-assisted treatment,  
2 including methadone, to currently underserved areas of the State.

3 Sec. 9. **PILOT PROGRAM**; SUBSTANCE USE SUPPORT FOR JUSTICE-  
4 INVOLVED VERMONTERS

5 In fiscal year 2023, \$250,000.00 is appropriated from the General Fund to  
6 the Department of Health’s Division of Alcohol and Drug Abuse Programs to  
7 award one or more grants to an organization or organizations providing  
8 substance use treatment counseling or substance use recovery support, or both,  
9 for individuals within and transitioning out of the criminal justice system. The  
10 Division shall award grants based on an applicant’s ability to accomplish the  
11 following:

12 (1) provide justice-involved individuals with direct substance use  
13 support services while incarcerated, such as through alcohol and drug abuse  
14 counselors licensed pursuant to 26 V.S.A. chapter 62 or certified recovery  
15 coaches, or both;

16 (2) support justice-involved individuals in their transition out of  
17 incarceration, such as through referrals to existing statewide resources for  
18 substance use treatment or recovery; or

19 (3) provide long-term support for justice-involved individuals, such as  
20 by coordinating peer support services or ongoing counseling post-  
21 incarceration.

1       Sec. 10. **PILOT PROGRAM**; OVERDOSE EMERGENCY RESPONSE  
2                   SUPPORT

3           In fiscal year 2023, \$180,000.00 is appropriated from the General Fund to  
4           the Department of Health’s Division of Alcohol and Drug Abuse Programs to  
5           award four equal grants to organizations to provide or facilitate connection to  
6           substance use treatment, recovery, and harm reduction services at the time of  
7           emergency response to overdose. The Division shall award grants based on an  
8           applicant’s ability to support individuals at risk of fatal overdose by facilitating  
9           warm handoffs to treatment, recovery, and harm reduction services through  
10           coordination between public safety, emergency medical services, substance use  
11           treatment and health care providers, and substance use recovery services.

12                                   \* \* \* Effective Dates \* \* \*

13       Sec. 11. EFFECTIVE DATES

14           This act shall take effect on July 1, 2022, except Sec. 4 (definitions) and  
15           Sec. 5 (limitation on prior authorization requirements) shall take effect on July  
16           1, 2025.