

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) requires the Department of Health to develop
7 guidelines for peer-delivered syringe exchange; (3) prohibit a health insurance
8 plan from requiring prior authorization during the first 60 days of initiating
9 medication-assisted treatment when the prescribed medication is for opioid or
10 opiate withdrawal; (4) establish an Overdose Prevention Site Working Group;
11 (5) require the Department of Health to adopt emergency rules authorizing
12 syringe service providers to facilitate and support peer-delivered syringe
13 exchange; and (6) appropriate funds for three pilot programs specific to mobile
14 medication-assisted treatment, supports for justice-involved individuals, and
15 overdose emergency response support.

16 An act relating to opioid overdose response services

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

18 * * * Operation of Syringe Service Programs * * *

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

20 § 4475. DEFINITIONS

1 (a) The Department of Health, in collaboration with the statewide harm
2 reduction coalition, shall develop operating guidelines for needle exchange
3 programs, including peer-delivered syringe exchange. If a program complies
4 with such operating guidelines and with existing laws and regulations, it shall
5 be approved by the Commissioner of Health. ~~Such operating guidelines shall~~
6 ~~be established no later than September 30, 1999.~~

7 (b) As used in this section “peer-delivered syringe exchange” means
8 a program approved by the Commissioner of Health in which peers with lived
9 experience of injection drug-use perform outreach and provide sterile syringes,
10 prevention education, and other resources from syringe service providers to
11 people who use injection drugs.

12 Sec. 3. REPORT; PEER-DELIVERED SYRINGE EXCHANGE
13 GUIDELINES

14 On or before October 1, 2022, the Department of Health shall submit its
15 guidelines for peer-delivered syringe exchange established pursuant to
16 18 V.S.A. § 4478 to the House Committee on Human Services and the Senate
17 Committee on Health and Welfare.

18 * * * Prior Authorization for Medication-Assisted Treatment * * *

19 Sec. 4. 18 V.S.A. § 4754 is amended to read:

20 § 4754. LIMITATION ON PRIOR AUTHORIZATION REQUIREMENTS

1 (a) A health insurance plan shall not require prior authorization for
2 prescription drugs for a patient who is receiving medication-assisted treatment
3 if the dosage prescribed is within the U.S. Food and Drug Administration’s
4 dosing recommendations or during the first 60 days of medication-assisted
5 treatment when the medication is prescribed to a patient for opioid or opiate
6 withdrawal.

7 (b) A health insurance plan shall cover the following medications without
8 requiring prior authorization:

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

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

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

18 * * * Overdose Prevention Site Working Group * * *

19 Sec. 5. OVERDOSE PREVENTION SITE WORKING GROUP

20 (a) Creation. In recognition of the rapid increase in overdose deaths across
21 the State, with a record number of opioid-related deaths in 2021, there is

1 created the Overdose Prevention Site Working Group to identify the feasibility
2 and **liability** of implementing overdose prevention sites in Vermont.

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

5 (1) the Commissioner of Health or designee;

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

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

8 (4) one current member of the House of Representatives, appointed by
9 the Speaker of the House;

10 (5) one current member of the Senate, appointed by the Committee on
11 Committees;

12 (6) **three representatives, appointed by the Vermont League of Cities**
13 **and Towns;**

14 (7) two individuals with lived experience of **opioid** use disorder,
15 **including at least one of whom is in recovery; one member appointed by the**
16 **Howard Center’s Safe Recovery program; and one member appointed by the**
17 **Vermont Association of Mental Health and Addiction Recovery;**

18 (8) **the program director from the Consortium on Substance Use;**

19 (9) **the program director from the Howard Center’s Safe Recovery**
20 **program;**

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

4 (11) an emergency department physician, appointed by the Vermont
5 Medical Society; and

6 (12) a representative, appointed by Vermont Legal Aid.

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

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

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

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

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

15 (d) Assistance. The Working shall have the administrative, technical, and
16 legal assistance of the Department of Health.

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

1 (f) Meetings.

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

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

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

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

8 (g) Compensation and reimbursement.

9 (1) For attendance at meetings during adjournment of the General
10 Assembly, a legislative member of the Working Group serving in the
11 member’s capacity as a legislator shall be entitled to per diem compensation
12 and reimbursement of expenses pursuant to 2 V.S.A. § 23 for not more than
13 eight meetings. These payments shall be made from monies appropriated to
14 the General Assembly.

15 (2) Other members of the Working Group shall be entitled to per diem
16 compensation and reimbursement of expenses as permitted under 32 V.S.A.
17 § 1010 for not more than eight meetings. These payments shall be made from
18 monies appropriated to the Department of Health.

19 (h) As used in this section, “overdose prevention site” means a facility
20 where individuals can use previously acquired regulated drugs as defined in
21 18 V.S.A. § 4201.

* * * Pilot Programs * * *

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2 Sec. 6. **PILOT PRPGRAM**; MOBILE MEDICATION-ASSISTED
3 TREATMENT

4 In fiscal year 2023, \$X is appropriated from the **General Fund** to the
5 Department of Health’s Division of Alcohol and Drug Abuse Programs for the
6 purpose of awarding one or more grants for mobile medication-assisted
7 treatment services in accordance with federal laws. The Division shall award
8 grants based on an applicant’s ability to provide medication-assisted treatment,
9 including methadone, to currently underserved areas of the State.

10 Sec. 7. **PILOT PROGRAM**; SUBSTANCE USE SUPPORT FOR JUSTICE-
11 INVOLVED VERMONTERS

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

19 (1) provide justice-involved individuals with direct substance use
20 support services while incarcerated, such as through **alcohol and drug abuse**

1 counselors licensed pursuant to 26 V.S.A. chapter 62 or certified recovery
2 coaches, or both;

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

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

9 Sec. 8. **PILOT PROGRAM**; OVERDOSE EMERGENCY RESPONSE

10 SUPPORT

11 In fiscal year 2023, \$180,000.00 is appropriated from the **General Fund** to
12 the Department of Health’s Division of Alcohol and Drug Abuse Programs to
13 award four equal grants to organizations **to provide or facilitate connection to**
14 **substance use treatment or recovery services at the time of emergency response**
15 **to overdose.** The Division shall award grants based on an applicant’s ability to
16 support individuals at risk of fatal overdose by facilitating warm handoffs **to**
17 **treatment and recovery services through coordination between** public safety,
18 emergency medical services, substance use treatment and health care
19 providers, and substance use recovery services.

