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H.705

Introduced by Representatives Headrick of Burlington, Minier of South
Burlington, Andrews of Westford, Black of Essex, Bos-Lun of
Westminster, Brownell of Pownal, Burke of Brattleboro,
Burrows of West Windsor, Campbell of St. Johnsbury,
Carpenter of Hyde Park, Christie of Hartford, Conlon of
Cornwall, Cordes of Lincoln, Elder of Starksboro, Farlice-
Rubio of Barnet, Harrison of Chittenden, Houghton of Essex
Junction, Howard of Rutland City, Hyman of South Burlington,
Leavitt of Grand Isle, McCann of Montpelier, McGill of
Bridport, Mulvaney-Stanak of Burlington, Page of Newport
City, Pouech of Hinesburg, Priestley of Bradford, Rachelson of
Burlington, Rice of Dorset, Roberts of Halifax, Sammis of
Castleton, Small of Winooski, Stebbins of Burlington, Stone of
Burlington, Templeman of Brownington, and Troiano of
Stannard

Referred to Committee on

Date:

Subject: Human services; substance use disorder; opioid antagonist;
distribution and training

1 Statement of purpose of bill as introduced: This bill proposes to require the
2 Department of Health to create publicly available opioid overdose response
3 training videos and to distribute opioid antagonists to businesses and
4 organizations with a moderate to high likelihood of interfacing with a person
5 experiencing an opioid overdose.

6 An act relating to opioid overdose response training and the distribution of
7 opioid antagonists

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

9 Sec. 1. 18 V.S.A. § 4240 is amended to read:

10 § 4240. PREVENTION AND TREATMENT OF OPIOID-RELATED
11 OVERDOSES

12 * * *

13 (b) For the purpose of addressing prescription and nonprescription opioid
14 overdoses in Vermont, the Department shall develop and implement a
15 prevention, intervention, and response strategy, depending on available
16 resources, that shall:

17 (1) provide educational materials on opioid overdose prevention to the
18 public free of charge, including opioid overdose response training videos;

19 (2) increase community-based prevention programs aimed at reducing
20 risk factors that lead to opioid overdoses;

1 (3) increase timely access to treatment services for opioid users,
2 including medication for opioid use disorder;

3 (4)(A) educate substance use treatment providers on methods to prevent
4 opioid overdoses;

5 (B) provide education, information, and training on overdose
6 prevention, intervention, and response, including the status of legal possession
7 of substances and harm reduction supplies, to individuals living with opioid
8 use disorder and participating in needle and syringe exchange programs,
9 recovery programs, residential substance use disorder treatment programs, or
10 correctional services;

11 (5) implement and expand hospital referral services for individuals
12 treated for an opioid overdose;

13 (6) develop a statewide opioid antagonist program that emphasizes
14 access to opioid antagonists to and for the benefit of individuals with opioid
15 use disorder;

16 (7) distribute opioid antagonists to assist those at risk of experiencing an
17 opioid-related overdose, including to categories of businesses and
18 organizations identified by the Department as having a moderate to high
19 likelihood of interfacing with an individual experiencing an opioid-related
20 overdose; and

