

Opioid Settlement Advisory Committee

Date: 3/25/2024

Location and Time: 10 - noon

Present: Caroline Butler, Senator Ruth Hardy, Monica Hutt, Jessica Kirby, Mark Levine, MD, Scott Pavek, Representative Dane Whitman, Miro Weinberger, Madeline Motta, Deb Wright, Chief Shawn Burke, Shayne Spence, Michael Doenges

Absent: Heather Stein, MD, Stacey Sigmon, Scott Cooney

Meeting Facilitator and Note Taker: Mark Levine, and Sarah Gregorek

Meeting Objectives:		
Agenda Item	Discussion	Next Steps
<p>ACLU letter and the Department of Health's response regarding the Committee's final recommendations</p>	<p>Discuss the communication from the ACLU and Dr. Levine's response regarding the recommendations to the legislature.</p> <p>Shayne Spence: Should the committee give their recommendations to the legislature separately from the Department?</p> <p>Dr. Levine: I believe my letter represented and was informed by the recommendations of the committee and did not disturb the recommendations of the committee nor their rank order. However, the statute and the framing of the letter is the Department of Health Commissioners letter to the appropriations committees.</p> <p>I framed it in a way that it reflected everything that we had decided, including the overdose prevention centers, though I noted that I was not requesting the funding for those from the settlement monies themselves. The letter itself, though, is part of my responsibility in statute to deliver a letter to the Chairs of the appropriations committees by a January 15 deadline.</p>	<p>The Mayor is going to draft the letter from the Committee to the legislature and send it to the committee for their review by the end of the week. He will include the SSP funding request.</p>

The other part of your question, though, is why we're here today, so that the committee can decide if it would like to have its own opportunity to frame its recommendations and have them sent to the same recipients. This is in reference to the ACLU's original letter and my response, especially noting the final paragraph where I explicitly state the committee can elect to address this issue.

Rep Whitman:

If you look at Title 18, section 4772 and then another in section 4774 regarding the Opioid Settlement Committee, it describes what the opioid Settlement Advisory Committee is, the specifics that take place, and I think the big thing to highlight within all of this is that it does describe two distinct parts of how the recommendations get out.

The first being that the Opioid Settlement Advisory Committee presents its recommendations to the Department of Health and there's a second component of it, which is the Commissioner of Health submitting their budget recommendations based on the committee's recommendations. So, I think we have these sort of two discrete parts of the process that can take place.

What I'm hearing is that the Department of Health submission, which has a deadline before January 15th, needs to be submitted to the Department of Health or to the legislature that has taken place.

The committee can send a separate letter of their recommendations to the legislature.

Senator Hardy:

Last year we had an actual letter from the committee that we all reviewed in advance and then that letter was submitted. I think moving forward, we should make sure that we have that clarity that we have an actual vote and

that we have an actual letter from the committee to the Commissioner. I think that would help with everybody's level of trust and everybody's level of making sure we're being official.

At this point in this year, where we are in the budget process, the budget has already passed out of the House Appropriations Committee. I believe we'll be on the House floor this week or next week and therefore we're more than halfway with the budget process this year. H.72, which is the opioid overdose Prevention Site Center bill, is in the Health and Welfare Committee and in the Senate.

At this point, we've already started taking testimony, and there's already a conversation about how to fund those. I think a letter from this committee is moot, but if the committee wants to write something up and take the time to do it, I feel like it's not necessary.

Dr. Levine: A question for the committee.

Is there any member of the committee that believes that the letter that was sent to the appropriations chairs did not accurately reflect the high priority the committee gave to overdose prevention centers and was their highest priority, is there anyone who doesn't think that was stated well?

Jess Kirby: I wish that we had a chance to talk about it before it was submitted.

Shayne Spence: I will say that a couple of us responded to the letter asking questions about it and we did not get a response back, so that I think is problematic and I'm not feeling great about the process.

Mayor Weinberger:

I'm strongly in favor of us taking a formal vote at this time, I think it's important both for the precedent it sets and meeting responsibilities as a

committee, but I also think it's given the way legislation works until an action has been taken.

In my experience, you never quite know what's going to happen, and I think it is important and would be a superior way of funding Opioid overdose prevention sites to do it with these settlement dollars for a number of reasons.

I'm much more comfortable with us doing it this way than what the legislature is currently planning for a couple reasons. One, I have had to face public scrutiny over this decision already and this is a divisive issue. There are many people who do not agree that this is a strategy that should be pursued, and in my experience, for Vermonters who disagree with this, find it more palatable to know that opioid settlement dollars can only be used for harm reduction. I think it makes sense to Vermonters to use opioid settlement dollars on harm reduction strategies in this way and that there are more apprehensions about using other sources of money.

Secondly, we all know that Governor Scott has voiced concerns about overdose prevention sites, and he also has a long record of voicing concerns about any new taxes or fees, and to try to fund overdose prevention sites through the creation of a new tax may be problematic.

As I understand, at least one legislative proposal does then create yet one more reason for a potential veto of this important action.

So, my hope is that we can go on record at this meeting, if there is a majority of the committee members who agree, making it clear that the committee endorses that the overdose prevention sites be funded by settlement money. I think we should commit to clear written guidelines about how future recommendations are going to be made per the ACLU letter.

	<p>Monica Hutt: For clarification, H.72 funds the overdose prevention centers not with the new tax but with an increase in an existing tax on manufacturers.</p> <p>The committee took a vote on providing a letter to the legislature: In agreement were Scott Pavek, Jess Kirby, Caroline Butler, Dane Whitman, Shayne Spence, Mayor Weinberger and Judge Motta. Opposed to the letter was Monica Hutt. Senator Hardy was neutral.</p> <p>In the future the Committee decided there will be a letter from the committee each year outlining its recommendations for the use of opioid settlement monies, in addition to the statutorily required letter from the Department of Health that is informed by the committee's recommendations that goes to the chairs of the Appropriations Committee. It was suggested we have the formal presentation to the Department of Health in December at the latest.</p>	
<p>Setting 2024 agenda and actively soliciting testimony on appropriate topics and initiatives</p>		<p>Dr. Levine asked committee members to bring their suggested topics to the next meeting.</p>
<p>Better incorporate committee and DSU input on system redesigns into our deliberations</p>		<p>To be discussed at the next meeting</p>
<p>Formal recusal process</p>	<p>Dr. Levine: We should create a recusal process because there was an impression that there were some proposals that might be approved by the committee for funding that actually would provide organizational benefit or even personal benefit to a person on the committee. In such instances the individual should</p>	<p>Senator Hardy will find existing language and forward to Dr. Levine, who will work with counsel to develop a</p>

	<p>probably recuse themselves from those deliberations. We don't have that formally in our set of principles or bylaws, but it sounds to me like what we would expect of any governmental official or body.</p> <p>And since this committee is comprised of people who are often selected because of their expertise, it seems reasonable to have such a process. Any discussion on that?</p> <p>Senator Hardy: I think it's important that we have a process for recusal. I felt uncomfortable with a couple of the votes because there were people on the committee who are from these small organizations that received money and I think it's just to make sure that there's no sense of impropriety. I think having people recuse themselves is important for the legitimacy of the committee. I will try to get some language on a recusal process to share.</p> <p>Jess Kirby: I will say that even if you use the formulation that the health department came up with and were to take out votes of committee members who work with those organizations, it wouldn't have changed what the resulting decision was because there were enough votes in favor anyway. So, if somebody had said something, we would have known. We're totally in agreement with this change.</p> <p>Judge Motta: I think people that are part of an organization's that's seeking funds, you put in a difficult position to provide some kind of technical clarification and it's very uncomfortable and it's made me uncomfortable. Suggest we reach out to the Vermont Ethics Board to get some information on the recusal process.</p>	<p>policy that the committee can vote on at the next meeting.</p>
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	<p>Shayne Spence: This is an area where I think having clarity between the initial pass of recommendations and what our actual votes would be very helpful because you know when it comes to people giving recommendations or, you know, priority list, I don't necessarily have a problem with someone prioritizing an organization they work for. But then if we were to go to a final vote on recommendations, I would then expect that person to recuse themselves from said vote.</p>	
<p>Role of funding going into the future: start up versus maintenance or both</p>		<p>To be discussed at the next meeting</p>
<p>Establish a clear and standardized process for inviting applications, applying for settlement dollars, establish a formal application review process, clear timelines</p>	<p>Dr. Levine: We need to create a process to receive and review applications for settlement money. There may be very important things that we should actually seriously consider allocating settlement monies for that no one ever comes to the table. We often bring them ourselves, and in fact a few times that happened. But we need a process that I think brings in more proposals than currently we receive, casts a broader net, the RFP type of process where everyone's aware that this committee exists, that settlement dollars exist, how to apply. If they have a worthy cause for spending them, they're invited to submit a request that is reviewed in a rigorous process and as a result of that process, they may or may not wish to come to or be invited to actually present to the committee. Jess Kirby:</p>	<p>We will discuss at the next meeting on how we will operationalize this process using SharePoint. The Department will outline a potential process for Committee review.</p>

How do we decide what proposals we want to hear and how do we decide to move them forward? I think a lot of people have expressed that we haven't felt like there's been a lot of discussion time when we hear presentations.

Scott Pavak:

I'm aware that other states have developed either time limited or 24/7 365 public input portals that allow people to make requests for recommendations that can then be viewed in real time by all members of the committee that are collected in a set public process where in theory public records request could establish that yes, this request was submitted at this time regardless of if a person organization requesting funds makes a presentation or is invited to do so.

DSU could develop that portal, and some standards that would allow us to view it in real time and then set that with our forthcoming calendar. There were concerns that it's a lot of work and who would do the monitoring?

We set times and future meetings to discuss all requests received to date. Perhaps we allow some comment process online on the public input portal where individual members can express their interest in hearing presentations or not, and sort of elevate informally. What we then bring to the table have a vote on for future presentations. Google Docs is what comes to mind.

We can also ask people who are submitting requests and make presentations to identify one of the how many uses that are proposed for settlement funds, the 16 priorities, or something roughly starting with preventing deaths down to neonatal abstinence.

We also need to hear in October an update from VDH about how money has been spent to date. (this is located on healthvermont.gov)

Judge Motta:

I just feel like I don't have environmental scan of each county or each state, you know, where in the state these services are, if they are statewide and where they're not.

It would be good to know a little bit more about where the high mortality is which counties and what services are already there. Because I tend to rank those higher if the program's going to provide services in in particular county or several counties where the morbidity is high.

Dr. Levine:

We could provide that data on a case-by-case basis depending on the proposals.

Scott Pavek:

Suggest VDH canvas municipalities to determine how they are spending the funds that they received directly so we can understand, for example, where some communities have spent their money, so we are not duplicating efforts.

I think we should establish moving forward the expectation that we get a presentation from VDH on allocations spent to date as well as the general VDH budget by October and municipalities.

Dr. Levine:

I don't know if the municipalities are required to report their funding. Many towns received \$1000 or less.

Scott Pavek: It would be helpful to have that information to inform our decisions.

Senator Hardy: I'm a little afraid that if we're creating some tech solution that it will actually have the opposite effect and make things take longer and be

more complicated. I would advocate for the simplest way possible to make sure we get this information and to not spend excessive amounts of staff time trying to create something new for the committee.

So, I want the information, but I also don't want it to be a complicated expensive process just to have people submit requests for funding to us. In terms of the municipal funding, the Attorney General's office oversees that and they have a list of each town and where the funding was going.

But I don't believe the towns are required to report back, so getting that information, I don't know that the Department of Health would have to work with the Attorney General's Office to get that information.

Monica Hutt:

We should keep it simple, request that they answer a few questions when they submit their proposals and then we have criteria that we then use to decide which of the things that are proposed we want to move forward.

We want to have presented in a bigger way because I only have so much time and there are also there are the criteria in the national settlement, but there are also, I think maybe 5 priority areas that we as a committee established.

Scott Pavak:

Just regarding the lift, I mean we can ask for example, Connecticut, who's discussed making a public input mechanism. That's time limited online portal or the National settlement tracker, to help us assess who has established these public input portals. And maybe plug and play again.

Kelly Dougherty:

I recognize that I'm not a committee member, but we could easily set up a SharePoint site and give committee members access to it, just like we do for

	the Substance Misuse the Prevention Council and share sort of applications for funding through that mechanism and that would be a pretty easy lift.	
New CDC Report – Smoking Drugs Linked to Overdose Deaths	The smoking route of opioid ingestion is increasing in Vermont and Nationally. Frequently replacing or used in concert with the injection route. Asked committee to read the new report.	Note the implications this may have for current and future proposals/funding recommendations.
<p>SSP’s in Vermont – presentations by the 4 SSPs Theresa Vezina, Vermont CARES</p> <p>Laura Byrne, HIV/HCV Resource Center Dan Hall, Safe Recovery, Howard Center</p> <p>Siva Sambandam, AIDS Project of Southern Vermont</p>	<p>As representatives of the Syringe Service Programs (SSPs) across Vermont, collectively serving all 14 counties with harm reduction services for nearly three decades, we write to express our concern and seek clarification regarding the omission of SSPs from the FY25 recommendations for opioid settlement funds.</p> <p>Our programs are specifically designed to serve individuals actively engaged in drug use, many of whom have been diagnosed with Opioid Use Disorder (OUD) or Substance Use Disorder (SUD). Our services not only provide essential harm reduction measures but also offer pathways to treatment and recovery for those in need. Our longstanding presence in the community has demonstrated our efficacy in addressing the complex needs of this population and we are the original programs which began this work well before it was accepted by most. These programs remain uniquely positioned to serve people who use drugs and we believed that these programs should have remained on the recommended list of programs to receive these funds to support people directly impacted by the actions of big pharma.</p> <p>We acknowledge the allocation of funds to SSP’s and other groups in the FY24 recommendations and understand the importance of supporting various initiatives aimed at combating the opioid crisis. However, the exclusion of SSPs from FY25 recommendations raises significant concerns and questions within our community.</p>	<p>We will need more clarity to understand financially what kind of investment of settlement monies you’re actually looking for either one time or base funding for an ongoing basis.</p> <p>Theresa will provide us with the funding request that she sent to the legislature.</p> <p>A mention of this will be noted in the Committee’s letter to the legislature. This will also be discussed at the next meeting in terms of the role of settlement funding – start-up/one</p>

	<p>While we appreciate the opportunity to speak on FY26 needs today, we cannot overlook the issues surrounding the previous fiscal year. The omission of SSPs from funding recommendations has left us puzzled and concerned about the accuracy of the information provided to us in the way that funds are recommended.</p> <p>Given the critical role SSPs play in harm reduction efforts and the comprehensive services we offer to individuals struggling with OUD and SUD, we formally request that Syringe Service Programs be included in the recommendation list to receive settlement funds annually until the funds are exhausted.</p> <p>We urge the committee to reconsider the exclusion of SSPs from FY25 recommendations and to ensure transparency and equity in the allocation of resources aimed at addressing the opioid crisis.</p> <p>Thank you for your attention to this matter. We look forward to further discussion and collaboration in our shared mission to combat opioid misuse and support those affected by this public health crisis.</p>	<p>time vs base/maintenance</p>
<p>Public Input</p>	<p>Ed Baker: I think it's essential that the public be involved in this meeting. The ACLU is involved now because the public is involved in this meeting. It was the public who got them involved and they're involved for good reason. This has been a great meeting and everybody's happy and you know we've accomplished a lot, but I want to go back to a couple of things that are not unfinished. The fact that Doctor Levine submitted a letter to the legislature that clearly indicated it was the will of the committee to reallocate \$2.6 million is something that cannot be tolerated.</p> <p>We know now only because of the ACLU's involvement that we need 2 letters of recommendation to the legislature, one from the doctor and one from the committee. We know this now two years into the process, why didn't we know this one day into the process? What has been going on here?</p>	

I'm here to tell you I'm here to emphasize the point that there are people now today dying in Vermont, and that's the opioid settlement money should be directed towards this. It's supposed to be directly focused on saving their lives. This is not about primary prevention. I know it's your job to talk about prevention.

This money is to save the lives at people most at risk for imminent death from drug overdose. This money has been generated by the deaths of Vermonters over the past two decades. This money will be spent primarily on saving the lives of people about to die.

You know, we're talking about a plateau and a leveling off. Death has increased by 500% since 2010, and 300% since your appointment as Commissioner of Health 300%. We need to continue to focus on the people who are dying today.

I want to just bring this committee's attention to the ACLU recommendation that the emails between the period of December 22nd and January 16th between Doctor Levine, Monica Hutt and the Governor's office, that they'd be unredacted. Now I'd like to know what the reason is that they're redacted, and I'd like them to be unredacted. I'd like to know what is the content of those emails? What is their direct advice or guidance from the governor's office to reallocate that 2.6 million dollars \$2.6 million reallocated because there was a possibility, a mere possibility, that \$2,000,000 would be? Garnered by legislation, legislation that everybody in this room knows will be vetoed by the governor.

So \$2.6 million is out the window because of this faint whiff of \$2,000,000 in the future. There is something fishy going on here.

	<p>It doesn't pass the reason test as far as this member of the public goes and I will continue, I will continue to be a fierce advocate, a fierce activist, and I will continue. To hold government in check. Thank you.</p> <p>Dr. Levine: Disappointed that you feel the way you do and because you are making inferences about nefarious affairs that may have never existed.</p> <p>Ed Baker: Well, let's find out whether they exist or not. And then I'll give you my public apology.</p> <p>But for now, for now, every appearance in the book here is that this is a public health process that has been hijacked by political preference.</p> <p>Dr. Levine: I will just say categorically that it did not happen, but I also will state that we will not litigate the case at this committee meeting.</p> <p>Thank you for your comments.</p>	
Next Meeting:	4/22/24, 10 - noon	