Opioid Settlement Advisory Committee

Date:	4/21/2025
Location and Time:	10 - noon
Present:	Kelly Dougherty, Kristin Atwood, Shawn Burke, Caroline Butler, Ruth Hardy, Monica Hutt, Liz McLoughlin, Jess Kirby, Madeline Motta, Scott Pavek, Deb Wright, Eric Maguire
Absent:	Michael Doenges, Madeline Motta, Heather Stein, MD, Joe MaGee, Stacey Sigmon
Meeting Facilitator and Note Taker:	Kelly Dougherty, Sarah Gregorek

Meeting Objectives:		
Agenda Item	**Discussion**	**Next Steps**
Welcome New Committee Members	The Chair introduced the Committee's new member, Representative Eric McGuire.	
Advisory Committee members terms Lauren Layman	The Committee's authorizing statute says that, of the first appointed members (i.e., not including the prevention officer – Monica Hutt – and the Commissioner of the Department of Health or their designee – Kelly Dougherty), eight shall be appointed for terms of three years and eight shall be appointed for terms of four years. The three-year term will end August 2025, and the four-year term will end August 2026. Prior to the meeting, each Committee member attempted to confer with their appointing organization to determine whether there was a preference for a three- or four-year term. After discussion there was a motion. Senator Hardy made a motion: The committee asks our legal counsel, Lauren Layman, and our interim chair, Deputy Commissioner Kelly Dougherty, to make a plan for the appointments and let the committee and the appointing authorities know what they decide at the next meeting for the Committee to vote on.	Kelly and Lauren will provide a term limit plan for each member at the next meeting for the Committee to vote on.

	Liz McLoughlin seconded the motion, and it passed unanimously.	
Opioid Settlement Money in Municipalities, Jill Abrams	Assistant Attorney General, Jill Abrams, provided information about how to track the opioid settlement fund balance and financial distribution of opioid settlement money to the state and municipalities. AAG Abrams reported that the opioid settlement agreements are structured the same way in each state, 15% of the money goes to our municipals, 70% goes to the abatement fund, and 15% goes to the state. There is a national Opioid settlement web site: National Opioids Settlement Any Municipality (Muni) can contribute its share to the abatement fund, or they can keep it and distribute it to their community. Many towns have had questions about what exactly to do with their money. AAG Abrams, with assistance from the Vermont League of Cities and Towns, will hold a Town Hall for Muni's in June to discuss with them ways of how they can use their money, if they want to transfer it to the abatement fund, or give it to a surrounding community that needs this funding. Samantha Sheehan, a presenter with the Vermont League of Cities and Towns, suggested that the Opioid Settlement Committee share all the proposals, even those that were not funded, with the Muni's for their awareness and consideration.	
Osher Collaborative Comprehensive Pain Program Joshua Plavin, MD	Dr. Joshua Plavin, MD, presented to the Committee about the comprehensive pain program at the Osher Center for Integrative Health at UVM, University of Vermont Medical Center. Dr. Plavin is not looking for funding from the committee just wanted to educate about the program. Dr. Plavin is a physician at the University of Vermont Medical Center working on an integrative approach to manage chronic pain, including an alternative approach to chronic	

pain that does not involve pharmaceuticals. Dr. Plavin previously cared for patients with opioid use disorder in Chelsea, Vt and was one of the first suboxone providers.

The comprehensive pain program provides complementary and alternative medicine approaches for pain, in addition to routine and mental health supports. It is in the second year of a two-year pilot with Medicaid and works very closely with its partners in state government.

It's a bundled payment model and there's essentially little to no co-pay or really no co-pay.

There is a backbone of the program run by our psychology team, including a psychologist and two social workers, who provide cognitive behavioral therapy for pain and we're exploring a group medical visit. The therapies offered individually during the 16 weeks include integrative therapies like acupuncture, massage, Reiki, yoga therapy, occupational therapy, physical therapy, and culinary medicine.

A claims analysis of the program that included 120 members found that prescription costs dropped by 18% 12 months after the program. After a 4-month intervention, the ER visits dropped by 67% and saw a sustained decrease in cost by 12%, a decrease in pain related ER visits by 44%. Even a drop in advanced imaging studies by 23%.

Outcomes for Medicaid participants for the 2024 period showed that costs dropped overall by 27%. The total cost of care dropped by 37%. The opioid outcomes overall are a 30% reduction in total dosage for those who are on chronic opioid, and many have simply weaned off.

Public Comment	Ed Baker provided public comments urging the committee to retain and recruit people with lived experience to serve on the Committee, to prioritize spending opioid settlement fund money to save lives (i.e., through harm prevention), and responding to Dr. Plavin's presentation.	[OSAC Funding Bill](#)
	Bella Fern, a community organizer in Chittenden County working on drug policy and harm reduction, provided public comment regarding the RFP for new syringe services programs. She asked that existing syringe services programs be permitted to bid for the 2025 syringe services program RFP. The previous RFP sought proposals from programs that would expand the geographic distribution of SSPs.	
	Lauren Layman clarified that there were two appropriations: one for existing syringe services programs and one to increase of geographic distribution of SSPs. The initial RFP for the geographic distribution appropriation did not receive any viable bids so it will be reissued in the near future.	
Next Meeting	June 16, 2025, 10 - noon	