

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred House Bill No.
3 222 entitled “An act relating to reducing overdoses” respectfully reports that it
4 has considered the same and recommends that the bill be amended by striking
5 out all after the enacting clause and inserting in lieu thereof the following:

6 * * * Syringe Disposal Expansion * * *

7 Sec. 1. 18 V.S.A. § 4224 is amended to read:

8 § 4224. UNUSED PRESCRIPTION DRUG AND SYRINGE DISPOSAL
9 PROGRAM

10 (a) The Department of Health shall establish and maintain the statewide
11 Unused Prescription Drug and Syringe Disposal Program to provide for the
12 safe disposal of Vermont residents’ unused and unwanted prescription drugs
13 and syringes. The Program may include establishing secure collection and
14 disposal sites and providing medication envelopes for sending unused
15 prescription drugs to an authorized collection facility for destruction.

16 * * *

17 Sec. 2. REGIONAL STAKEHOLDER MEETINGS; PUBLIC SYRINGE
18 DISPOSAL PROGRAMS

19 (a) On or before December 31, 2023, the Department and the Blueprint for
20 Health’s Accountable Communities for Health shall facilitate a series of
21 regional stakeholder meetings regarding public syringe disposal programs.

1 The meetings shall include representatives from municipalities, hospitals, and
2 substance use disorder service providers, with the goal of determining the
3 appropriate placement of public syringe disposal programs based on local
4 needs and best practices.

5 (b) On or before January 15, 2024, the Department shall present
6 information to the House Committee on Human Services and to the Senate
7 Committee on Health and Welfare regarding the progress of the regional
8 stakeholder meetings required pursuant to this section and the statewide
9 establishment of public syringe disposal programs.

10 **Sec. 3. APPROPRIATION; COMMUNITY SYRINGE DISPOSAL**
11 **PROGRAMS**

12 In fiscal year 2024, \$325,000.00 is appropriated from the General Fund to
13 the Department of Health’s Division of Substance Use Programs to provide
14 grants and consultations for municipalities, hospitals, community health
15 centers, and other community syringe disposal programs available to the
16 public.

17 * * * Opioid Antagonists * * *

18 Sec. 4. 18 V.S.A. § 4240 is amended to read:

19 § 4240. PREVENTION AND TREATMENT OF OPIOID-RELATED
20 OVERDOSES

21 (a) As used in this section:

1 (1) “Health care professional” means a physician licensed pursuant to
2 26 V.S.A. chapter 23 or 33, a physician assistant licensed to prescribe and
3 dispense prescription drugs pursuant to 26 V.S.A. chapter 31, an advanced
4 practice registered nurse authorized to prescribe and dispense prescription
5 drugs pursuant to 26 V.S.A. chapter 28, or a pharmacist licensed pursuant to
6 26 V.S.A. chapter 36.

7 (2) “Opioid antagonist” means a drug that, when administered, negates
8 or neutralizes in whole or part the pharmacological effects of an opioid in the
9 body.

10 (3) “Victim Survivor” means the person who has overdosed on an
11 opioid ~~drug~~ or who is believed to have overdosed on an ~~opiate drug~~ opioid.

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

16 (1) provide educational materials on opioid overdose prevention to the
17 public free of charge, ~~including to substance abuse treatment providers, health~~
18 ~~care providers, opioid users, and family members of opioid users;~~

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-assisted treatment~~ medication for opioid use disorder;
- 3 (4)(A) educate substance abuse treatment providers on methods to
4 prevent opioid overdoses;
- 5 (B) provide education and training on overdose prevention,
6 intervention, and response to individuals living with opioid addiction and
7 participating in opioid treatment programs, syringe exchange programs,
8 residential drug treatment programs, or correctional services;
- 9 (5) ~~facilitate overdose prevention, drug treatment, and addiction~~
10 ~~recovery services by implementing and expanding~~ implement and expand
11 hospital referral services for individuals treated for an opioid overdose; ~~and~~
- 12 (6) develop a statewide opioid antagonist ~~pilot~~ program that emphasizes
13 access to opioid antagonists to and for the benefit of individuals with a ~~history~~
14 ~~of~~ opioid use disorder;
- 15 (7) distribute opioid antagonists to entities in a position to assist those at
16 risk of experiencing an opioid-related overdose; and
- 17 (8) establish opioid antagonist dispensing kiosks in locations accessible
18 to those at risk of experiencing an opioid-related overdose.
- 19 (c)(1) A health care professional acting in good faith and within ~~his or her~~
20 the professional's scope of practice may directly or by standing order
21 prescribe, dispense, and distribute an opioid antagonist to the following

1 persons, ~~provided the person has been educated about opioid-related overdose~~
2 ~~prevention and treatment in a manner approved by the Department:~~

3 (A) a person at risk of experiencing an opioid-related overdose; or

4 (B) a family member, friend, or other person in a position to assist a
5 person at risk of experiencing an opioid-related overdose.

6 (2) A health care professional who prescribes, dispenses, or distributes
7 an opioid antagonist in accordance with subdivision (1) of this subsection shall
8 be immune from civil or criminal liability with regard to the subsequent use of
9 the opioid antagonist, unless the health professional's actions with regard to
10 prescribing, dispensing, or distributing the opioid antagonist constituted
11 recklessness, gross negligence, or intentional misconduct. The immunity
12 granted in this subdivision shall apply whether or not the opioid antagonist is
13 administered by or to a person other than the person for whom it was
14 prescribed.

15 (d)(1) A person may administer an opioid antagonist to a victim survivor if
16 ~~he or she~~ the person believes, in good faith, that the victim survivor is
17 experiencing an opioid-related overdose.

18 (2) After a person has administered an opioid antagonist pursuant to
19 subdivision (1) of this subsection ~~(d)~~, ~~he or she~~ the person shall immediately
20 call for emergency medical services if medical assistance has not yet been
21 sought or is not yet present.

1 (3) A person shall be immune from civil or criminal liability for
2 administering an opioid antagonist to a **victim survivor** pursuant to subdivision
3 (1) of this subsection unless the person’s actions constituted recklessness,
4 gross negligence, or intentional misconduct. The immunity granted in this
5 subdivision shall apply whether or not the opioid antagonist is administered by
6 or to a person other than the person for whom it was prescribed.

7 (e) A person acting on behalf of a community-based overdose prevention
8 program or a licensed pharmacist shall be immune from civil or criminal
9 liability for providing education on opioid-related overdose prevention or for
10 purchasing, acquiring, distributing, or possessing an opioid antagonist unless
11 the person’s actions constituted recklessness, gross negligence, or intentional
12 misconduct.

13 (f) Any health care professional who treats a **victim survivor** and who has
14 knowledge that the **victim survivor** has been administered an opioid antagonist
15 within the preceding 30 days shall refer the **victim survivor** to professional
16 substance **abuse use disorder** treatment services.

17 * * * Operation of Syringe Service Programs * * *

18 Sec. 5. 18 V.S.A. § 4475 is amended to read:

19 § 4475. DEFINITIONS

20 (a)(1) The term “drug paraphernalia” means all equipment, products,
21 devices, and materials of any kind that are used, or promoted for use or

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

9 * * *

10 * * * Prescribing Medications to Treat Opioid Use Disorder * * *

11 Sec. 6. 18 V.S.A. § 4752 is amended to read:

12 § 4752. OPIOID ADDICTION TREATMENT SYSTEM

13 * * *

14 (b) The rules shall include the following requirements:

15 (1) Patients shall receive appropriate, comprehensive assessment and
16 therapy from a physician or advanced practice registered nurse and from a
17 licensed clinical professional with clinical experience in addiction treatment,
18 including a psychiatrist, master’s- or doctorate-level psychologist, mental
19 health counselor, clinical social worker, or drug and alcohol abuse counselor.

20 (2) A medical assessment shall be conducted to determine whether
21 pharmacological treatment, which may include methadone, buprenorphine, and

1 other federally approved medications to treat opioid addiction, is medically
2 appropriate. A medical assessment shall not require a patient to consume
3 medications, either through a “MedWatch” (FDA Form 3500) or otherwise, in
4 order to verify allergic or otherwise adverse reactions to medications.

5 * * *

6 Sec. 7. 18 V.S.A. § 4755 is added to read:

7 § 4755. BUPRENORPHINE PRESCRIPTION INITIATION AND
8 RENEWAL; TELEHEALTH

9 To the extent permitted under federal law, a health care professional
10 authorized to prescribe buprenorphine for the treatment of substance use
11 disorder:

12 (1) may initiate a patient’s buprenorphine prescription without requiring
13 an office visit, provided that the health care professional conducts a visit with
14 the patient by telemedicine, as defined in 8 V.S.A. § 4100k, or by audio-only
15 telephone; and

16 (2) may authorize the renewal of a patient’s existing buprenorphine
17 prescription without requiring an office visit, provided that the health care
18 professional conducts a visit with the patient by telemedicine, as defined in 8
19 V.S.A. § 4100k, or by audio-only telephone.

20 * * * Prior Authorization of Medication-Assisted Treatment

21 Medications for Medicaid Beneficiaries * * *

1 Sec. 8. 33 V.S.A. § 19011 is added to read:

2 § 19011. MEDICATION-ASSISTED TREATMENT MEDICATIONS

3 (a) The Agency of Human Services shall provide coverage to Medicaid
4 beneficiaries for medically necessary medication-assisted treatment for opioid
5 use disorder when prescribed by a health care professional practicing within
6 the scope of the professional’s license and participating in the Medicaid
7 program.

8 (b) Pending approval of the Drug Utilization Review Board, the Agency
9 shall cover at least one medication in each therapeutic class for methadone,
10 buprenorphine, and naltrexone as listed on Medicaid’s preferred drug list
11 without requiring prior authorization.

12 * * * Recovery Residences * * *

13 Sec. 9. 24 V.S.A. § 4412 is amended to read:

14 § 4412. REQUIRED PROVISIONS AND PROHIBITED EFFECTS

15 Notwithstanding any existing bylaw, the following land development
16 provisions shall apply in every municipality:

17 (1) Equal treatment of housing and required provisions for affordable
18 housing.

19 * * *

20 (G) A residential care home or group home to be operated under
21 State licensing or registration, serving not more than eight persons who have a

1 disability as defined in 9 V.S.A. § 4501, and a recovery residence as defined in
2 18 V.S.A. § 4812, serving not more than eight persons, shall be considered by
3 right to constitute a permitted single-family residential use of property. This
4 subdivision (G) does not require a municipality to allow a greater number of
5 residential care homes or group homes on a lot than the number of single-
6 family dwellings allowed on the lot. As used in this subdivision, “recovery
7 residence” means a shared living residence supporting persons recovering from
8 a substance use disorder that:

9 (i) Provides tenants with peer support, an environment that
10 prohibits the use of alcohol and the illegal use of prescription drugs or other
11 illegal substances, and assistance accessing support services and community
12 resources available to persons recovering from substance use disorders.

13 (ii) Is certified by an organization that is a Vermont affiliate of the
14 National Alliance for Recovery Residences or obtains a preliminary
15 certification within 45 days of operation and adheres to the national standards
16 established by the Alliance or its successor in interest, including duty of care
17 standards. If there is no successor in interest, the Department of Health shall
18 designate a certifying organization to uphold appropriate standards for
19 recovery housing.

20 * * *

21 * * * Remove Future Repeal of Buprenorphine Exemption * * *

