

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, **NEEDLE, AND** SYRINGE  
9 DISPOSAL PROGRAM

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

16 \* \* \*

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

19 (a) **Between July 1 and** December 31, 2023, the Department **of Health** and  
20 the Blueprint for Health’s Accountable Communities for Health shall **facilitate**  
21 a series of regional stakeholder meetings regarding public **needle and** syringe

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

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

11 Sec. 3. APPROPRIATION; COMMUNITY NEEDLE AND SYRINGE  
12 DISPOSAL PROGRAMS

13 In fiscal year 2024, \$150,000.00 is appropriated from the General Fund to  
14 the Department of Health’s Division of Substance Use Programs to provide  
15 grants and consultations for municipalities, hospitals, community health  
16 centers, and other publicly available community needle and syringe disposal  
17 programs that participated in a stakeholder meeting pursuant to Sec. 2 of this  
18 act.

19 Sec. 3a. ASSESSMENT; NEEDLE AND SYRINGE SERVICES

20 On or before January 15, 2024, the Department of Health, in consultation  
21 with stakeholders, including needle and syringe service providers, individuals

1 with lived experience of injection-use drugs, and representatives from regions  
2 of the State without a fixed site for syringe service programs, shall submit a  
3 report to the House Committee on Human Services and to the Senate  
4 Committee on Health and Welfare addressing:

5 (1) unmet needle and syringe service needs throughout the State;

6 (2) required resources to ensure equitable access to needle and syringe  
7 services throughout the State; and

8 (3) who is best positioned to provide needle and syringe services.

9 \* \* \* Opioid Antagonists \* \* \*

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

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

13 (a) As used in this section:

14 (1) “Health care professional” means a physician licensed pursuant to  
15 26 V.S.A. chapter 23 or 33, a physician assistant licensed to prescribe and  
16 dispense prescription drugs pursuant to 26 V.S.A. chapter 31, an advanced  
17 practice registered nurse authorized to prescribe and dispense prescription  
18 drugs pursuant to 26 V.S.A. chapter 28, or a pharmacist licensed pursuant to  
19 26 V.S.A. chapter 36.

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

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

6           (b) For the purpose of addressing prescription and nonprescription opioid  
7 overdoses in Vermont, the Department shall develop and implement a  
8 prevention, intervention, and response strategy, depending on available  
9 resources, that shall:

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

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

15           (3) increase timely access to treatment services for opioid users,  
16 including ~~medication-assisted treatment~~ medication for opioid use disorder;

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

19           (B) provide education and training on overdose prevention,  
20 intervention, and response to individuals living with addiction opioid use  
21 disorder and participating in opioid treatment programs, needle and syringe

1 exchange programs, residential drug treatment programs, or correctional  
2 services;

3 (5) ~~facilitate overdose prevention, drug treatment, and addiction~~  
4 ~~recovery services by implementing and expanding~~ implement and expand  
5 hospital referral services for individuals treated for an opioid overdose; ~~and~~

6 (6) develop a statewide opioid antagonist ~~pilot~~ program that emphasizes  
7 access to opioid antagonists to and for the benefit of individuals with a ~~history~~  
8 ~~of~~ opioid use disorder;

9 (7) distribute opioid antagonists to entities in a position to assist those at  
10 risk of experiencing an opioid-related overdose; and

11 (8) establish opioid antagonist dispensing kiosks in locations accessible  
12 to those at risk of experiencing an opioid-related overdose.

13 (c)(1) A health care professional acting in good faith and within ~~his or her~~  
14 the professional's scope of practice may directly or by standing order  
15 prescribe, dispense, and distribute an opioid antagonist to the following  
16 persons, ~~provided the person has been educated about opioid-related overdose~~  
17 ~~prevention and treatment in a manner approved by the Department:~~

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

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

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

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

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

17           (3) A person shall be immune from civil or criminal liability for  
18          administering an opioid antagonist to a victim pursuant to subdivision (1) of  
19          this subsection unless the person's actions constituted recklessness, gross  
20          negligence, or intentional misconduct. The immunity granted in this

1 subdivision shall apply whether or not the opioid antagonist is administered by  
2 or to a person other than the person for whom it was prescribed.

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

9 (f) Any health care professional who treats a victim and who has  
10 knowledge that the victim has been administered an opioid antagonist within  
11 the preceding 30 days shall refer the victim to professional substance ~~abuse~~ use  
12 disorder treatment services.

13 \* \* \* Operation of Needle and Syringe Service Programs \* \* \*

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

15 § 4475. DEFINITIONS

16 (a) **As used in this chapter:**

17 (1) The term “drug paraphernalia” means all equipment, products,  
18 devices, and materials of any kind that are used, or promoted for use or  
19 designed for use, in planting, propagating, cultivating, growing, harvesting,  
20 manufacturing, compounding, converting, producing, processing, preparing,  
21 testing, analyzing, packaging, repackaging, storing, containing, concealing,

1 injecting, ingesting, inhaling, or otherwise introducing into the human body a  
2 regulated drug in violation of chapter 84 of this title. “Drug paraphernalia”  
3 does not include needles ~~and~~, syringes, or other harm reduction supplies  
4 distributed or possessed as part of an organized community-based needle  
5 exchange program.

6 \* \* \*

7 \* \* \* Prescribing Medications to Treat Opioid Use Disorder \* \* \*

8 Sec. 6. 8 V.S.A. § 4089i is amended to read:

9 \* \* \*

10 (e)(1) A health insurance or other health benefit plan offered by a health  
11 insurer or by a pharmacy benefit manager on behalf of a health insurer that  
12 provides coverage for prescription drugs and uses step-therapy protocols shall  
13 not require failure on the same medication on more than one occasion for  
14 continuously enrolled members or subscribers.

15 (2) Nothing in this subsection shall be construed to prohibit the use of  
16 tiered co-payments for members or subscribers not subject to a step-therapy  
17 protocol.

18 (3) Notwithstanding subdivision (1) of this subsection, a health  
19 insurance or other health benefit plan offered by an insurer or by a pharmacy  
20 benefit manager on behalf of a health insurer that provides coverage for  
21 prescription drugs shall not utilize a step-therapy, “fail first,” or other protocol



1 that requires documented trials of a medication, including a trial documented  
2 through a “MedWatch” (FDA Form 3500), before approving a prescription for  
3 the treatment of substance use disorder.

4 \* \* \*

5 Sec. 6a. 18 V.S.A. § 4750 is amended to read:

6 § 4750. DEFINITIONS

7 As used in this chapter:

8 \* \* \*

9 (2) ~~“Medication-assisted treatment~~ Medication for opioid use disorder”  
10 means the use of U.S. Food and Drug Administration-approved medications, in  
11 combination with counseling and behavioral therapies, to provide a whole  
12 patient approach to the treatment of substance use disorders.

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

14 § 4752. OPIOID ~~ADDICTION USE DISORDER~~ TREATMENT SYSTEM

15 (a) The Departments of Health and of Vermont Health Access shall  
16 establish by rule a regional system of opioid ~~addiction use disorder~~ treatment.

17 (b) The rules ~~shall include the following requirements:~~ may address  
18 requirements for pharmacological treatment, including initial assessments,  
19 ongoing follow-up, provider education, and diversion prevention.

20 ~~(1) Patients shall receive appropriate, comprehensive assessment and~~  
21 ~~therapy from a physician or advanced practice registered nurse and from a~~

1 ~~licensed clinical professional with clinical experience in addiction treatment,~~  
2 ~~including a psychiatrist, master's or doctorate level psychologist, mental~~  
3 ~~health counselor, clinical social worker, or drug and alcohol abuse counselor.~~

4 ~~(2) A medical assessment shall be conducted to determine whether~~  
5 ~~pharmacological treatment, which may include methadone, buprenorphine, and~~  
6 ~~other federally approved medications to treat opioid addiction, is medically~~  
7 ~~appropriate.~~

8 ~~(3) A routine medical assessment of the appropriateness for the patient~~  
9 ~~of continued pharmacological treatment based on protocols designed to~~  
10 ~~encourage cessation of pharmacological treatment as medically appropriate for~~  
11 ~~the individual treatment needs of the patient.~~

12 ~~(4)(c)~~ Controlled substances for ~~use in federally approved~~  
13 ~~pharmacological treatments for treating~~ opioid ~~addiction use disorder~~ shall be  
14 dispensed only by:

15 ~~(A)(1)~~ a treatment program authorized by the Department of Health;  
16 or

17 ~~(B)(2)~~ a ~~physician or advanced practice registered nurse~~ ~~health care~~  
18 ~~provider~~ who is not affiliated with an authorized treatment program but who  
19 meets federal requirements for use of controlled substances in the  
20 pharmacological treatment of opioid ~~addiction use disorder~~.

1           ~~(5) Comprehensive education and training requirements shall apply for~~  
2           ~~health care providers, pharmacists, and the licensed clinical professionals listed~~  
3           ~~in subdivision (1) of this subsection, including relevant aspects of therapy and~~  
4           ~~pharmacological treatment.~~

5           ~~(6) Patients shall abide by rules of conduct, violation of which may~~  
6           ~~result in discharge from the treatment program, including:~~

7                     ~~(A) provisions requiring urinalysis at such times as the program may~~  
8                     ~~direct;~~

9                     ~~(B) restrictions on medication dispensing designed to prevent~~  
10                    ~~diversion of medications and to diminish the potential for patient relapse; and~~

11                    ~~(C) such other rules of conduct as a provider authorized to provide~~  
12                    ~~treatment under subdivision (4) of this subsection (b) may require.~~

13                    ~~(d) Controlled substances for use in treatment of opioid use disorder may~~  
14                    ~~be prescribed via telehealth in accordance with federal requirements.~~

15                    ~~(e) If a patient self-attests to having an allergic reaction to a medication, a~~  
16                    ~~provider's medical assessment shall not require a patient to consume that~~  
17                    ~~medication through a "MedWatch" (FDA Form 3500) form or otherwise in~~  
18                    ~~order to verify the patient's allergy.~~

19           ~~Sec. 6c. 18 V.S.A. § 4753 is amended to read:~~

20           ~~§ 4753. CARE COORDINATION~~



1 Committee shall provide recommendations to the House Committee on Human  
2 Services and to the Senate Committee on Health and Welfare regarding any  
3 legislative action needed to eliminate prior authorization for medication for  
4 opioid use disorder for individuals reentering the community after discharge  
5 from a correctional setting.

6 \* \* \* Recovery Residences \* \* \*

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

8 § 4412. REQUIRED PROVISIONS AND PROHIBITED EFFECTS

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

11 (1) Equal treatment of housing and required provisions for affordable  
12 housing.

13 \* \* \*

14 (G) A residential care home or group home to be operated under  
15 State licensing or registration, serving not more than eight persons who have a  
16 disability as defined in 9 V.S.A. § 4501, and a recovery residence as defined in  
17 18 V.S.A. § 4812, serving not more than eight persons, shall be considered by  
18 right to constitute a permitted single-family residential use of property. This  
19 subdivision (G) does not require a municipality to allow a greater number of  
20 residential care homes or group homes on a lot than the number of single-  
21 family dwellings allowed on the lot. As used in this subdivision, “recovery

1 residence” means a shared living residence supporting persons recovering from  
2 a substance use disorder that:

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

7 (ii) Is certified by an organization approved by the Department of  
8 Health and that is either a Vermont affiliate of the National Alliance for  
9 Recovery Residences or obtains a provisional municipal permit within 45 days  
10 of operation and adheres to the national standards established by the Alliance  
11 or its successor in interest, including duty of care standards. If there is no  
12 successor in interest, the Department of Health shall designate a certifying  
13 organization to uphold appropriate standards for recovery housing.

14 \* \* \*

15 \* \* \* Remove Future Repeal of Buprenorphine Exemption \* \* \*

16 Sec. 10. REPEAL

17 2021 Acts and Resolves No. 46, Sec. 3 (repeal of buprenorphine exemption)  
18 and 4(b) (effective date; repeal of buprenorphine exemption) are repealed.

19 \* \* \* Effective Dates \* \* \*

20 Sec. 11. EFFECTIVE DATES

1        This act shall take effect on passage, except that Sec. 8 (medication for  
2        opioid use disorder) shall take effect on September 1, 2023.

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9        (Committee vote: \_\_\_\_\_)

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\_\_\_\_\_

11

Representative \_\_\_\_\_

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FOR THE COMMITTEE