

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 * * * **Needle and** 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 Evidence-Based**
14 **Education and Advertising Fund in 33 V.S.A. 2004a** to the Department of
15 Health’s Division of Substance Use Programs to provide grants and
16 consultations for municipalities, hospitals, community health centers, and other
17 publicly available community needle and syringe disposal programs that
18 participated in a stakeholder meeting pursuant to Sec. 2 of this act.

19 **Sec. 3a. 33 V.S.A. § 2004 is amended to read:**

20 **§ 2004. MANUFACTURER FEE**

1 (a) Annually, each pharmaceutical manufacturer or labeler of prescription
2 drugs that are paid for by the Department of Vermont Health Access for
3 individuals participating in Medicaid, Dr. Dynasaur, or VPharm shall pay a fee
4 to the Agency of Human Services. The fee shall be ~~4.75~~ 2.25 percent of the
5 previous calendar year's prescription drug spending by the Department and
6 shall be assessed based on manufacturer labeler codes as used in the Medicaid
7 rebate program.

8 * * *

9 Sec. 3b. **PRESENTATION**; NEEDLE AND SYRINGE SERVICES

10 On or before February 15, 2024, the Department of Health, in consultation
11 with stakeholders, including needle and syringe service providers, individuals
12 with lived experience of injection-use drugs, other community-based service
13 providers, and representatives from regions of the State without a fixed site for
14 syringe service programs, shall present to the House Committee on Human
15 Services and to the Senate Committee on Health and Welfare information
16 addressing:

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

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

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

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

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

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

8 (4)(A) educate substance ~~abuse~~ use treatment providers on methods to
9 prevent opioid overdoses;

10 (B) provide education, information, and training on overdose
11 prevention, intervention, and response, including the status of legal possession
12 of substances and harm reduction supplies, to individuals living with ~~addiction~~
13 opioid use disorder and participating in opioid treatment programs, needle and
14 syringe exchange programs, recovery programs, residential drug substance use
15 disorder treatment programs, or correctional services;

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

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

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

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

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

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

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

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

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

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

8 (3) A person shall be immune from civil or criminal liability for
9 administering an opioid antagonist to a victim pursuant to subdivision (1) of
10 this subsection unless the person's actions constituted recklessness, gross
11 negligence, or intentional misconduct. The immunity granted in this
12 subdivision shall apply whether or not the opioid antagonist is administered by
13 or to a person other than the person for whom it was prescribed.

14 (e) A person acting on behalf of a community-based overdose prevention
15 program or a licensed pharmacist shall be immune from civil or criminal
16 liability for providing education on opioid-related overdose prevention or for
17 purchasing, acquiring, distributing, or possessing an opioid antagonist unless
18 the person's actions constituted recklessness, gross negligence, or intentional
19 misconduct.

20 (f) Any health care professional who treats a victim and who has
21 knowledge that the victim has been administered an opioid antagonist within

1 the preceding 30 days shall refer the victim to professional substance ~~abuse~~ use
2 disorder treatment services.

3 * * * Operation of Needle and Syringe Service Programs * * *

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

5 § 4475. DEFINITIONS

6 (a) As used in this chapter:

7 (1) The term “drug paraphernalia” means all equipment, products,
8 devices, and materials of any kind that are used, or promoted for use or
9 designed for use, in planting, propagating, cultivating, growing, harvesting,
10 manufacturing, compounding, converting, producing, processing, preparing,
11 testing, analyzing, packaging, repackaging, storing, containing, concealing,
12 injecting, ingesting, inhaling, or otherwise introducing into the human body a
13 regulated drug in violation of chapter 84 of this title. “Drug paraphernalia”
14 does not include needles ~~and~~, syringes, or other harm reduction supplies
15 distributed or possessed as part of an organized community-based needle
16 exchange program.

17 * * *

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

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

20 * * *

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

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

9 (3) Notwithstanding subdivision (1) of this subsection, a health
10 insurance or other health benefit plan offered by an insurer or by a pharmacy
11 benefit manager on behalf of a health insurer that provides coverage for
12 prescription drugs shall not utilize a step-therapy, “fail first,” or other protocol
13 that requires documented trials of a medication, including a trial documented
14 through a “MedWatch” (FDA Form 3500), before approving a prescription for
15 the treatment of substance use disorder.

16 * * *

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

18 § 4750. DEFINITIONS

19 As used in this chapter:

20 * * *

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

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

6 § 4752. OPIOID ~~ADDICTION~~ USE DISORDER TREATMENT SYSTEM

7 (a) The Departments of Health and of Vermont Health Access shall
8 establish by rule in accordance with 3 V.S.A. chapter 25 a regional system of
9 opioid ~~addiction~~ use disorder treatment.

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

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

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

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

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

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

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

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

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

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

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

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

9 Sec. 8. PRIOR AUTHORIZATION; MEDICATION FOR OPIOID USE

10 DISORDER; COMMUNITY REENTRY

11 On or before November 1, 2023, the Joint Legislative Justice Oversight
12 Committee shall provide recommendations to the House Committee on Human
13 Services and to the Senate Committee on Health and Welfare regarding any
14 legislative action needed to ensure continuity of treatment for individuals
15 reentering the community after discharge from a correctional setting, including
16 eliminating prior authorization for medication for opioid use disorder.

17 Sec. 8a. REPORT; PRIOR AUTHORIZATION; SUBSTANCE USE

18 DISORDER TREATMENT

19 The Department of Vermont Health Access shall research, in
20 consultation with individuals representing diverse professional perspectives,
21 the feasibility and costs of administering a gold card program for substance use

1 disorder treatment in which the Agency of Human Services shall not require a
2 health care provider to obtain prior authorization for substance use disorder
3 treatment if, in the most recent six-month evaluation period, the Agency has
4 approved or would have approved not less than 90 percent of the prior
5 authorization requests submitted by the health care provider for the medication.
6 On or before December 1, 2023, the Department’s research shall be submitted
7 to the Drug Utilization Review Board and Clinical Utilization Review Board
8 for review, consideration, and the provision recommendations. On or before
9 April 1, 2024, the Drug Utilization Review Board and Clinical Utilization
10 Review Board shall each submit their recommendations to the House
11 Committee on Human Services and to the Senate Committee on Health and
12 Welfare.

13 Sec. 8b. RULEMAKING; PRIOR AUTHORIZATION; BUPRENOPRHINE

14 The Department of Vermont Health Access shall amend its rules pursuant to
15 3 V.S.A. chapter 25 to enable health care providers in office-based opioid-
16 treatment programs to prescribe 24 milligrams of buprenorphine without prior
17 authorization.

18 * * * Recovery Residences * * *

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

20 § 4412. REQUIRED PROVISIONS AND PROHIBITED EFFECTS

1 Recovery Residences or another approved organization or is pending such
2 certification. If certification is pending beyond 45 days, the municipality shall
3 retain its right to consider the residence pursuant to zoning bylaws adopted in
4 compliance with 24 V.S.A. § 4411.

5 * * *

6 * * * Remove Future Repeal of Buprenorphine Exemption * * *

7 Sec. 10. REPEAL

8 2021 Acts and Resolves No. 46, Sec. 3 (repeal of buprenorphine exemption)
9 and 4(b) (effective date; repeal of buprenorphine exemption) are repealed.

10 * * * Effective Dates * * *

11 Sec. 11. EFFECTIVE DATES

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

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1 (Committee vote: _____)

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Representative _____

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FOR THE COMMITTEE