H.222: An act relating to reducing overdoses

as passed the House

Sec. 1. Unused Rx Drug, Needle, and Syringe Disposal Program (18 V.S.A. § 4224)

- Updates the Unused Rx Drug Disposal Program to include needles and syringes

Sec. 2. Regional Stakeholder Meetings; Public Needle and Syringe Disposal Programs

- Requires VDH and Blueprint for Health to facilitate regional stakeholder meetings regarding public needle and syringe disposal programs
- By 1/15/24, VDH shall present information to HHS/SHW regarding the progress of the regional stakeholder meetings

Sec. 3. Appropriation; Community Needle and Syringe Disposal Programs

- In FY24, $150,000 is appropriated from the Evidence-Based Education and Advertising Fund to VDH to provide grants and consultations for municipalities, hospitals, community health centers, and other publicly available community needle and syringe disposal programs that participated in the stakeholder meetings required pursuant to Sec. 2

Sec. 3a. Manufacturer Fee (33 V.S.A. § 2004)

- Increases fee from 1.75% to 2.25%

Sec. 3b. Presentation; Needle and Syringe Services

- By 2/15/24, VDH, in consultation with stakeholders, is required to present the following to HHS/SHW:
    - Unmet needle and syringe service needs;
    - Resources required to ensure equitable access to needle and syringe services; and
    - Who is best positioned to provide needle and syringe services.

Sec. 4. Prevention and Treatment of Opioid-Related Overdoses (18 V.S.A. § 4240)

- Updates existing section pertaining to opioid antagonists, including:
    - In subdiv. (b)(4)(B), requiring VDH to include the status of legal possession of substances and harm reduction supplies to any education or trainings provided;
    - Adding subdiv. (b)(7) to require VDH to distribute opioid antagonists to assist those at risk of experiencing an opioid-related overdose; and
    - Adding subdiv. (b)(8) to require VDH to establish opioid antagonist dispensing kiosks in locations accessible to those at risk of experiencing an overdose
- Removes requirement that a health care professional may only prescribe/dispense/distribute an opioid antagonist to individuals who have received education in a manner approved by VDH

- Removes requirement that an individual calls for emergency medical services after administering an opioid antagonist

Sec. 5. Definitions (18 V.S.A. § 4475)

- Exempts "other harm reduction supplies" from the definition of "drug paraphernalia" so as to exempt harm reduction supplies from penalties related to selling drug paraphernalia to a minor

Sec. 6. Rx Drug Coverage (8 V.S.A. § 4089i)

- Prohibits a health insurer or other health benefit plan offered by an insurer or pharmacy benefit manager on behalf of a health insurer covering Rx drugs from using step-therapy, "fail first", or other protocols requiring documented trials of medication before approving an Rx for the treatment of SUD

Sec. 6a. Definitions (18 V.S.A. § 4750)

- Updates to the phrase "medication-assisted treatment" to be "medication for opioid use disorder"

Sec. 6b. Opioid Use Disorder Treatment System (18 V.S.A. § 4752)

- Amends existing rulemaking authority to provide VDH and DVHA greater flexibility in maintaining a regional system of OUD treatment
- Uses more expansive language as to who may dispense substances to treat OUD (replaces "a physician or advanced practice registered nurse" with "health care provider")
- Adds subsec. (d) to allow controlled substances for use in OUD treatment to be prescribed via telehealth in accordance with federal requirements
- Adds subsec. (e) to prohibit DVHA from requiring a health care provider to document a patient's adverse reaction to a medication prior to prescribing an alternative medication for OUD to the patient

Sec. 6c. Care Coordination

- Updates to the phrase "medication-assisted treatment" to be "medication for opioid use disorder"

Sec. 7. Medication for Opioid Use Disorder (33 V.S.A. § 19011)

- Requires AHS to provide coverage to Medicaid beneficiaries for medically necessary medication for OUD when prescribed by a health care professional practicing within the scope of the professional's license and participating in the Medicaid program
- Pending approval from DURB, requires AHS to cover at least one medication in each therapeutic class for methadone, buprenorphine, and naltrexone as listed on Medicaid's preferred drug list without requiring prior authorization

Sec. 8. Prior Authorization; Medication for Opioid Use Disorder; Community Reentry

- By 11/1/23, the Joint Legislative Oversight Committee shall provide recommendations to HHS/SHW regarding legislative action needed to ensure continuity of treatment for individuals reentering the community after discharge for a correctional setting, including eliminating PA for MOUD

Sec. 8a. Report; Prior Authorization; Substance Use Disorder Treatment

- Requires DVHA, in consultation with individuals representing diverse professional perspectives, to research the feasibility and costs of administering a gold card program for SUD treatment in which AHS shall not require a health care provider to obtain PA for SUD treatment if, in the most recent evaluation period, the Agency approved or would have approved not less than 90 percent of the PA requests submitted by the health care provider for the medication
- By 12/1/23 DVHA's research must be submitted to DURB/CURB for review and related recommendations
- By 4/1/23 DURB/CURB shall submit respective recommendations to HHS/SHW

Sec. 8b. Rulemaking; Prior Authorization; Buprenorphine

- Directs DVHA to amend its rules to enable health care providers in office-based OTPs to prescribe 24 mgs of buprenorphine w/o PA

Sec. 9. Required Provisions and Prohibited Effects (Recovery Residences) (24 V.S.A. § 4412)

- Requires that in all municipalities, a recovery residence serving not more than 8 individuals be considered by right to constitute a permitted single-family residential use of property
- Adds a definition of "recovery residence"

Sec. 10. Repeal

- Removes the future repeal of the buprenorphine exemption, meaning if passed, this section would be a continuation of existing law in that there would not be criminal penalties for possession of 224 milligrams or less of buprenorphine, except:
    - persons under 21 years of age in possession of 224 milligrams or less of buprenorphine would be referred to the Court Diversion Program for the purpose of enrollment in the Youth Substance Awareness Safety Program; and
    - persons under 16 years of age in possession of 224 milligrams or less of buprenorphine shall be subject to delinquency proceedings in the Family Division of the Superior Court

Sec. 11. Effective Dates

- Act takes effect on passage, except Sec. 7 (medication for opioid use disorder) takes effect on 9/1/24