

1 S.67

2 Introduced by Senator Sears

3 Referred to Committee on

4 Date:

5 Subject: Health; prescription drugs; Vermont Prescription Monitoring System

6 Statement of purpose of bill as introduced: This bill proposes to require that a
7 person provide identification prior to receiving a prescription drug from a
8 pharmacy; allow a patient to possess an amount of regulated drugs of not more
9 than seven days' individual prescribed dosage, for personal use, outside its
10 lawful container; require the Department of Public Safety to adopt standard
11 operating guidelines for accessing pharmacy records; require health care
12 providers to search the Vermont Prescription Monitoring System (VPMS)
13 prior to prescribing a controlled substance; expand the categories of persons
14 who may access the VPMS; reestablish the VPMS Advisory Committee;
15 establish an unused drug disposal program; and create a track and trace pilot
16 program for buprenorphine.

17 An act relating to the Vermont Prescription Monitoring System

18 It is hereby enacted by the General Assembly of the State of Vermont:

1 Sec. 1. PURPOSE

2 It is the purpose of this act to maximize the effectiveness and appropriate
3 utilization of the Vermont Prescription Monitoring System, which serves as an
4 important tool in promoting public health by providing opportunities for
5 treatment for and prevention of abuse of controlled substances without
6 interfering with the legal medical use of those substances.

7 Sec. 2. 18 V.S.A. § 4201 is amended to read:

8 § 4201. DEFINITIONS

9 As used in this chapter, unless the context otherwise requires:

10 * * *

11 (26) "Prescription" means an order for a regulated drug made by a
12 physician, advanced practice registered nurse, dentist, or veterinarian licensed
13 under this chapter to prescribe such a drug which shall be in writing except as
14 otherwise specified ~~herein~~ in this subdivision. Prescriptions for such drugs
15 shall be made to the order of an individual patient, dated as of the day of issue,
16 and signed by the prescriber. The prescription shall bear the full name ~~and~~,
17 address, and date of birth of the patient, or if the patient is an animal, the name
18 and address of the owner of the animal and the species of the animal. Such
19 prescription shall also bear the full name, address, and registry number of the
20 prescriber and shall be written with ink, indelible pencil, or typewriter; if
21 typewritten, it shall be signed by the ~~physician~~ prescriber. A written or

1 typewritten prescription for a controlled substance, as defined in 21 C.F.R.
2 Part 1308, shall contain the quantity of the drug written both in numeric and
3 word form.

4 * * *

5 Sec. 3. 18 V.S.A. § 4215b is added to read:

6 § 4215b. IDENTIFICATION

7 Prior to dispensing a prescription for a Schedule II, III, or IV controlled
8 substance, a pharmacist shall require the individual receiving the drug to
9 provide a signature and show valid and current government-issued
10 photographic identification as evidence that the individual is the patient for
11 whom the prescription was written, the owner of the animal for which the
12 prescription was written, or the bona fide representative of the patient or
13 animal owner. If the individual does not have valid, current
14 government-issued photographic identification, the pharmacist may request
15 alternative evidence of the individual's identity, as appropriate.

16 Sec. 4. 18 V.S.A. § 4216 is amended to read:

17 § 4216. AUTHORIZED POSSESSION BY INDIVIDUALS

18 (a) A person to whom or for whose use any regulated drug has been
19 prescribed, sold, or dispensed, and the owner of any animal for which any such
20 drug has been prescribed, sold, or dispensed, may lawfully possess the same on
21 the condition that such drug was prescribed, sold, or dispensed by a physician,

1 dentist, pharmacist, or veterinarian licensed under this chapter or under the
2 laws of another state or country wherein such person has his or her practice,
3 ~~and further that all,~~

4 (b)(1) Except as otherwise provided in subdivision (2) of this subsection,
5 all amounts of the drug are shall be retained in the lawful container in which it
6 was delivered to him the patient by the person selling or dispensing the same,
7 ~~provided however, that for the purposes of this section an amount of regulated~~
8 ~~drugs of not more than two days' individual prescribed dosage may be~~
9 ~~possessed by a patient for his personal use drug.~~

10 (2) A patient may possess an amount of regulated drugs of not more
11 than seven days' individual prescribed dosage, for personal use, which shall
12 not be required to be retained in its lawful container. A patient may possess an
13 amount of regulated drugs of more than seven days' individual prescribed
14 dosage, for personal use, which shall not be required to be retained in its lawful
15 container, provided the patient personally possesses proof of a lawful, written
16 prescription.

17 Sec. 5. 18 V.S.A. § 4218 is amended to read:

18 § 4218. ENFORCEMENT

19 (a) It is hereby made the duty of the ~~department of public safety~~
20 Department of Public Safety, its officers, agents, inspectors, and
21 representatives, and pursuant to its specific authorization any other peace

1 officer within the ~~state~~ State, and of all state's attorneys, to enforce all
2 provisions of this chapter and of the rules and regulations of the ~~board of~~
3 ~~health~~ Board of Health adopted under this chapter, except those otherwise
4 specifically delegated, and to cooperate with all agencies charged with the
5 enforcement of the federal drug laws, this chapter, and the laws of other states
6 relating to regulated drugs.

7 (b) Such authorities and their specifically authorized agents shall have, at
8 all times, access to all orders, prescriptions, and records kept or maintained
9 under this chapter, as provided herein.

10 (c) A person who gives information to law enforcement officers, the ~~drug~~
11 ~~rehabilitation commission~~ Drug Rehabilitation Commission, or professional
12 boards as defined in section 4201 of this title and their specifically authorized
13 agents, concerning the use of regulated drugs or the misuse by other persons of
14 regulated drugs, shall not be subject to any civil, criminal, or administrative
15 liability or penalty for giving such information.

16 (d) Nothing in this section shall authorize the ~~department of public safety~~
17 Department of Public Safety and other authorities described in subsection (a)
18 of this section to have access to VPMS (~~Vermont prescription monitoring~~
19 ~~system~~ Vermont Prescription Monitoring System) created pursuant to chapter
20 84A of this title, except as provided in that chapter.

1 (e) The Department of Public Safety shall adopt standard operating
2 guidelines for accessing pharmacy records through the authority granted in this
3 section. Any person authorized to access pharmacy records pursuant to
4 subsection (a) of this section shall follow the Department of Public Safety's
5 guidelines. These guidelines shall be a public record.

6 Sec. 6. DEPARTMENT OF PUBLIC SAFETY; REPORTING STANDARD
7 OPERATING GUIDELINES

8 No later than December 15, 2013, the Commissioner of Public Safety shall
9 submit to the House and Senate Committees on Judiciary, the House
10 Committee on Human Services, and the Senate Committee on Health and
11 Welfare the Department's written standard operating guidelines used to access
12 pharmacy records at individual pharmacies pursuant to 18 V.S.A. § 4218.
13 Subsequently, if the guidelines are substantively amended by the Department,
14 it shall submit the amended guidelines to the same committees as soon as
15 practicable.

16 Sec. 7. 18 V.S.A. § 4282 is amended to read:

17 § 4282. DEFINITIONS

18 As used in this chapter:

19 * * *

20 (5) "Delegate" means an individual employed by a health care facility or
21 pharmacy or in the Office of the Chief Medical Examiner and authorized by a

1 health care provider or dispenser or by the Chief Medical Examiner to request
2 information from the VPMS relating to a bona fide current patient of the health
3 care provider or dispenser or to a bona fide investigation or inquiry into an
4 individual's death.

5 (6) "Department" means the Department of Health.

6 (7) "Drug diversion investigator" means an employee of the Department
7 of Public Safety whose primary duties include investigations involving
8 violations of laws regarding prescription drugs or the diversion of prescribed
9 controlled substances, and who has completed a training program established
10 by the Department of Health by rule that is designed to ensure that officers
11 have the training necessary to use responsibly and properly any information
12 that they receive from the VPMS.

13 (8) "Evidence-based" means based on criteria and guidelines that reflect
14 high-quality, cost-effective care. The methodology used to determine such
15 guidelines shall meet recognized standards for systematic evaluation of all
16 available research and shall be free from conflicts of interest. Consideration of
17 the best available scientific evidence does not preclude consideration of
18 experimental or investigational treatment or services under a clinical
19 investigation approved by an institutional review board.

1 Sec. 8. 18 V.S.A. § 4283 is amended to read:

2 § 4283. CREATION; IMPLEMENTATION

3 (a) ~~Contingent upon the receipt of funding, the~~ The Department ~~may~~
4 ~~establish~~ shall maintain an electronic database and reporting system for
5 monitoring Schedules II, III, and IV controlled substances, as defined in
6 ~~21 C.F.R. Part 1308~~ 21 C.F.R. part 1308 (federal schedules of controlled
7 substances), as amended and as may be amended, that are dispensed within the
8 ~~state~~ State of Vermont by a health care provider or dispenser or dispensed to an
9 address within the ~~state~~ State by a pharmacy licensed by the ~~Vermont board of~~
10 ~~pharmacy~~ Vermont Board of Pharmacy.

11 * * *

12 (e) It is not the intention of the ~~department~~ Department that a health care
13 provider or a dispenser shall have to pay a fee or tax or purchase hardware or
14 proprietary software required by the ~~department~~ Department specifically for
15 the use, establishment, maintenance, or transmission of the data. The
16 ~~department~~ Department shall seek grant funds and take any other action within
17 its financial capability to minimize any cost impact to health care providers
18 and dispensers.

19 * * *

1 Sec. 9. 18 V.S.A. § 4284 is amended to read:

2 § 4284. PROTECTION AND DISCLOSURE OF INFORMATION

3 (a) The data collected pursuant to this chapter and all related information
4 and records shall be confidential, except as provided in this chapter, and shall
5 not be subject to public records law. The ~~department~~ Department shall
6 maintain procedures to protect patient privacy, ensure the confidentiality of
7 patient information collected, recorded, transmitted, and maintained, and
8 ensure that information is not disclosed to any person except as provided in
9 this section.

10 (b)(1) The ~~department~~ Department shall ~~be authorized to provide data to~~
11 ~~only~~ provide only the following persons with access to query the VPMS:

12 (1) ~~A patient or that person's health care provider, or both, when VPMS~~
13 ~~reveals that a patient may be receiving more than a therapeutic amount of one~~
14 ~~or more regulated substances.~~

15 (2)(A) A health care provider ~~or~~, dispenser, or delegate who ~~requests~~
16 ~~information~~ is registered with the VPMS and certifies that the requested
17 information is for the purpose of providing medical or pharmaceutical
18 treatment to a bona fide current patient.

19 (B) Personnel or contractors, as necessary for establishing and
20 maintaining the VPMS.

1 (C) The Medical Director of the Department of Vermont Health
2 Access, for the purposes of Medicaid quality assurance, utilization, and federal
3 monitoring requirements with respect to Medicaid recipients for whom a
4 Medicaid claim for a Schedule II, III, or IV controlled substance has been
5 submitted.

6 (D) A medical examiner or delegate from the Office of the Chief
7 Medical Examiner, for the purpose of conducting an investigation or inquiry
8 into the cause, manner, and circumstances of an individual's death.

9 (E) A health care provider or medical examiner licensed to practice
10 in another state, to the extent necessary to provide appropriate medical care to
11 a Vermont resident or to investigate the death of a Vermont resident.

12 (2) The Department shall provide reports of data available to the
13 Department through the VPMS only to the following persons:

14 (A) A patient or that person's health care provider, or both, when
15 VPMS reveals that a patient may be receiving more than a therapeutic amount
16 of one or more regulated substances.

17 ~~(3)~~(B) A designated representative of a board responsible for the
18 licensure, regulation, or discipline of health care providers or dispensers
19 pursuant to a bona fide specific investigation.

20 ~~(4)~~(C) A patient for whom a prescription is written, insofar as the
21 information relates to that patient.

1 ~~(5)(D)~~ The relevant occupational licensing or certification authority if
2 the ~~commissioner~~ Commissioner reasonably suspects fraudulent or illegal
3 activity by a health care provider. The licensing or certification authority may
4 report the data that are the evidence for the suspected fraudulent or illegal
5 activity to a ~~trained law enforcement officer~~ drug diversion investigator.

6 ~~(6)(E)(i)~~ The ~~commissioner~~ Commissioner of Public Safety, personally,
7 or the Deputy Commissioner of public safety Public Safety, personally, if the
8 ~~commissioner of health~~ Commissioner of Health, personally, or the Deputy
9 Commissioner for Alcohol and Drug Abuse Programs, personally, makes the
10 disclosure, has consulted with at least one of the patient's health care
11 providers, and believes that the disclosure is necessary to avert a serious and
12 imminent threat to a person or the public.

13 (ii) The Commissioner of Public Safety, personally, or the Deputy
14 Commissioner of Public Safety, personally, when he or she requests data from
15 the Commissioner of Health, and the Commissioner of Health believes, after
16 consultation with at least one of the patient's health care providers, that
17 disclosure is necessary to avert a serious and imminent threat to a person or the
18 public. The Commissioner or Deputy Commissioner of Public Safety may
19 disclose data received pursuant to this subdivision (E) as is necessary, in his or
20 her discretion, to avert the serious and imminent threat.

21 (F) A drug diversion investigator.

1 (G) A prescription monitoring system or similar entity in another
2 state pursuant to a reciprocal agreement to share prescription monitoring
3 information with the Vermont Department of Health as described in section
4 4288 of this title.

5 ~~(7) Personnel or contractors, as necessary for establishing and~~
6 ~~maintaining the VPMS.~~

7 (c) A person who receives data or a report from VPMS or from the
8 ~~department~~ Department shall not share that data or report with any other
9 person or entity not eligible to receive that data pursuant to subsection (b) of
10 this section, except as necessary and consistent with the purpose of the
11 disclosure and in the normal course of business. Nothing shall restrict the right
12 of a patient to share his or her own data.

13 (d) The ~~commissioner~~ Commissioner shall offer health care providers and
14 dispensers training in the proper use of information they may receive from
15 VPMS. Training may be provided in collaboration with professional
16 associations representing health care providers and dispensers.

17 (e) ~~A trained law enforcement officer who may receive information~~
18 ~~pursuant to this section shall not have access to VPMS except for information~~
19 ~~provided to the officer by the licensing or certification authority. [Deleted.]~~

20 (f) The ~~department~~ Department is authorized to use information from
21 VPMS for research, trend analysis, and other public health promotion purposes

1 provided that data are aggregated or otherwise de-identified. The Department
2 shall post the results of trend analyses on its website for use by health care
3 providers, dispensers, and the general public. When appropriate, the
4 Department shall send alerts relating to identified trends to health care
5 providers and dispensers by electronic mail.

6 (g) Knowing disclosure of transmitted data to a person not authorized by
7 subsection (b) of this section, or obtaining information under this section not
8 relating to a bona fide specific investigation, shall be punishable by
9 imprisonment for not more than one year or a fine of not more than \$1,000.00,
10 or both, in addition to any penalties under federal law.

11 (h) All information and correspondence relating to the disclosure of
12 information by the Commissioner to a patient's health care provider pursuant
13 to subdivision (b)(2)(A) of this section shall be confidential and privileged,
14 exempt from the public access to records law, immune from subpoena or other
15 disclosure, and not subject to discovery or introduction into evidence.

16 (i) Each request for disclosure of data pursuant to subdivision (b)(2)(B) of
17 this section shall document a bona fide specific investigation and shall specify
18 the name of the person who is the subject of the investigation.

1 Sec. 10. 18 V.S.A. § 4287 is amended to read:

2 § 4287. RULEMAKING

3 The ~~department~~ Department shall adopt rules for the implementation of
4 VPMS as defined in this chapter consistent with ~~45 C.F.R. Part 164~~ 45 C.F.R.
5 part 164, as amended and as may be amended, that limit the disclosure to the
6 minimum information necessary for purposes of this act ~~and shall keep the~~
7 ~~senate and house committees on judiciary, the senate committee on health and~~
8 ~~welfare, and the house committee on human services advised of the substance~~
9 ~~and progress of initial rulemaking pursuant to this section.~~

10 Sec. 11. 18 V.S.A. § 4288 is added to read:

11 § 4288. RECIPROCAL AGREEMENTS

12 The Department of Health may enter into reciprocal agreements with other
13 states that have prescription monitoring programs so long as access under such
14 agreement is consistent with the privacy, security, and disclosure protections in
15 this chapter.

16 Sec. 12. 18 V.S.A. § 4289 is added to read:

17 § 4289. STANDARDS AND GUIDELINES FOR HEALTH CARE

18 PROVIDERS AND DISPENSERS

19 (a) Each professional licensing authority for health care providers shall
20 develop evidence-based standards to guide health care providers in the
21 appropriate prescription of Schedules II, III, and IV controlled substances for

1 treatment of chronic pain and for other medical conditions to be determined by
2 the licensing authority.

3 (b)(1) Each health care provider who prescribes any Schedule II, III, or IV
4 controlled substances shall register with the VPMS.

5 (2) If the VPMS shows that a patient has filled a prescription for a
6 controlled substance written by a health care provider who is not a registered
7 user of VPMS, the Commissioner of Health shall notify such provider by mail
8 of the provider's registration requirement pursuant to subdivision (1) of this
9 subsection.

10 (3) The Commissioner of Health shall develop additional procedures to
11 ensure that all health care providers who prescribe controlled substances are
12 registered in compliance with subdivision (1) of this subsection.

13 (c) Each dispenser who dispenses any Schedule II, III, or IV controlled
14 substances shall register with the VPMS.

15 (d)(1) Each professional licensing authority for health care providers and
16 dispensers authorized to prescribe or dispense Schedules II, III, and IV
17 controlled substances shall adopt standards regarding the frequency and
18 circumstances under which their respective licensees shall query the VPMS.

19 (2) Each professional licensing authority for dispensers shall adopt
20 standards regarding the frequency and circumstances under which its licensees
21 shall report to the VPMS, which shall be no less than once every seven days.

1 (3) Each professional licensing authority for health care providers and
2 dispensers shall consider the standards adopted pursuant to this section in
3 disciplinary proceedings when determining whether a licensee has complied
4 with the applicable standard of care.

5 (4) No later than January 15, 2014, each professional licensing authority
6 subject to this subsection shall submit its standards to the VPMS advisory
7 committee.

8 Sec. 13. 18 V.S.A. § 4290 is added to read:

9 § 4290. REPLACEMENT PRESCRIPTIONS AND MEDICATIONS

10 (a) As used in this section, “replacement prescription” means an
11 unscheduled prescription request in the event that the document on which a
12 patient’s prescription was written or the patient’s prescribed medication is
13 reported to the prescriber as having been lost or stolen.

14 (b) When a patient or a patient’s parent or guardian requests a replacement
15 prescription for a Schedule II, III, or IV controlled substance, the patient’s
16 health care provider shall query the VPMS prior to writing the replacement
17 prescription to determine whether the patient may be receiving more than a
18 therapeutic dosage of the controlled substance.

19 (c) When a health care provider writes a replacement prescription pursuant
20 to this section, the provider shall clearly indicate as much by writing the word
21 “REPLACEMENT” on the face of the prescription.

1 (d) When a dispenser fills a replacement prescription, the dispenser shall
2 report the required information to the VPMS and shall indicate that the
3 prescription is a replacement by completing the VPMS field provided for such
4 purpose. In addition, the dispenser shall report to the VPMS the name of the
5 person picking up the replacement prescription, if not the patient.

6 (e) The VPMS shall create a mechanism by which individuals authorized to
7 access the system pursuant to section 4284 of this title may search the database
8 for information on all or a subset of all replacement prescriptions.

9 Sec. 14. VPMS ADVISORY COMMITTEE

10 (a)(1) The Commissioner shall maintain an advisory committee to assist in
11 the implementation and periodic evaluation of the Vermont Prescription
12 Monitoring System (VPMS).

13 (2) The Department shall consult with the VPMS Advisory Committee
14 concerning any potential operational or economic impacts on dispensers and
15 health care providers related to transmission system equipment and software
16 requirements.

17 (3) The Committee shall develop guidelines for use of the VPMS by
18 dispensers, health care providers, and delegates, and shall make
19 recommendations concerning under what circumstances, if any, the
20 Department shall or may give VPMS data, including data thresholds for such

1 disclosures, to law enforcement personnel. The Committee shall also review
2 and approve advisory notices prior to publication.

3 (4) The Committee shall make recommendations regarding ways to
4 improve the utility of the VPMS and its data.

5 (5) The Committee shall have access to aggregated, de-identified data
6 from the VPMS.

7 (b) The VPMS Advisory Committee shall be chaired by the Commissioner
8 of Health or designee and shall include the following members:

9 (1) the Deputy Commissioner of Health for Alcohol and Drug Abuse
10 Programs;

11 (2) a representative from the Vermont Medical Society;

12 (3) a representative from the American College of Emergency
13 Physicians - Vermont Chapter;

14 (4) a representative from the Vermont State Nurses Association;

15 (5) a representative from the Vermont Board of Medical Practice;

16 (6) a representative from the Vermont Board of Pharmacy;

17 (7) a representative from the Vermont Pharmacists Association;

18 (8) a representative from the Vermont State Dental Society;

19 (9) the Commissioner of Public Safety;

20 (10) a representative of the Vermont Attorney General;

1 (11) a representative of the Vermont Substance Abuse Treatment
2 Providers Association;

3 (12) a mental health provider or a certified alcohol and drug abuse
4 counselor;

5 (13) a consumer in recovery from prescription drug abuse;

6 (14) a consumer receiving medical treatment for chronic pain; and

7 (15) any other member invited by the Commissioner.

8 (c) The Committee shall meet at least once annually but may be convened
9 at any time by the Commissioner or the Commissioner's designee.

10 (d) No later than January 15, 2014, the Committee shall provide
11 recommendations to the House Committee on Human Services and the Senate
12 Committee on Health and Welfare regarding ways to maximize the
13 effectiveness and appropriate use of the VPMS database, including adding new
14 reporting capabilities, in order to improve patient outcomes and avoid
15 prescription drug diversion.

16 (e) The Committee shall cease to exist on July 1, 2014.

17 Sec. 15. UNIFIED PAIN MANAGEMENT SYSTEM ADVISORY

18 COUNCIL

19 (a) There is hereby created a Unified Pain Management System Advisory
20 Council for the purpose of advising the Commissioner of Health on matters

1 relating to the appropriate use of controlled substances in treating chronic pain
2 and addiction and in preventing prescription drug abuse.

3 (b) The Unified Pain Management System Advisory Council shall consist
4 of the following members:

5 (1) the Commissioner of Health or designee, who shall serve as chair;

6 (2) the Deputy Commissioner of Health for Alcohol and Drug Abuse
7 Programs or designee;

8 (3) the Commissioner of Mental Health or designee;

9 (4) the Director of the Blueprint for Health or designee;

10 (5) the Chair of the Board of Medical Practice or designee, who shall be
11 a clinician;

12 (6) a representative of the Vermont State Dental Society, who shall be a
13 dentist;

14 (7) a representative of the Vermont Board of Pharmacy, who shall be a
15 pharmacist;

16 (8) a faculty member from the academic detailing program at the
17 University of Vermont's College of Medicine;

18 (9) a faculty member from the University of Vermont's College of
19 Medicine with expertise in the treatment of addiction or chronic pain
20 management;

1 (10) a representative of the Vermont Medical Society, who shall be a
2 primary care clinician;

3 (11) a representative of the American Academy of Family Physicians,
4 Vermont chapter, who shall be a primary care clinician;

5 (12) a representative of the Federally Qualified Health Centers, who
6 shall be a primary care clinician selected by the Bi-State Primary Care
7 Association;

8 (13) a representative of the Vermont Ethics Network;

9 (14) a representative of the Hospice and Palliative Care Council of
10 Vermont;

11 (15) a representative of the Office of the Health Care Ombudsman;

12 (16) the Medical Director for the Department of Vermont Health
13 Access;

14 (17) a clinician who works in the emergency department of a hospital, to
15 be selected by the Vermont Association of Hospitals and Health Systems in
16 consultation with any nonmember hospitals;

17 (18) a member of the Vermont Board of Nursing Subcommittee on
18 APRN Practice, who shall be an advanced practice registered nurse;

19 (19) a representative from the Vermont Assembly of Home Health and
20 Hospice Agencies;

1 (20) a psychologist licensed pursuant to 26 V.S.A. chapter 55 who has
2 experience in treating chronic pain, to be selected by the Board of
3 Psychological Examiners;

4 (21) a drug and alcohol abuse counselor licensed pursuant to 33 V.S.A.
5 chapter 8, to be selected by the Deputy Commissioner of Health for Alcohol
6 and Drug Abuse Programs; and

7 (22) a consumer representative who is either a consumer in recovery
8 from prescription drug abuse or a consumer receiving medical treatment for
9 chronic noncancer-related pain.

10 (c) Advisory Council members who are not employed by the State or
11 whose participation is not supported through their employment or association
12 shall be entitled to per diem and expenses as provided by 32 V.S.A. § 1010.

13 (d) A majority of the members of the Advisory Council shall constitute a
14 quorum. The Advisory Council shall act only by a majority vote of the
15 members present and voting and only at meetings called by the Chair or by any
16 three of the members.

17 (e) To the extent funds are available, the Advisory Council shall have the
18 following duties:

19 (1) to develop and recommend principles and components of a unified
20 pain management system, including the appropriate use of controlled

1 substances in treating noncancer-related chronic pain and addiction and in
2 preventing prescription drug abuse;

3 (2) to identify and recommend components of evidence-based training
4 modules and minimum requirements for the continuing education of all
5 licensed health care providers in the State who treat chronic pain or addiction
6 or prescribe controlled substances in Schedule II, III, or IV consistent with a
7 unified pain management system;

8 (3) to identify and recommend evidence-based training modules for all
9 employees of the Agency of Human Services who have direct contact with
10 recipients of services provided by the Agency or any of its departments; and

11 (4) to identify and recommend system goals and planned assessment
12 tools to ensure that the initiative's progress can be monitored and adapted as
13 needed.

14 (f) The Commissioner of Health may designate subcommittees as
15 appropriate to carry out the work of the Advisory Council.

16 (g) On or before January 15, 2013, the Advisory Council shall submit its
17 recommendations to the Senate Committee on Health and Welfare, the House
18 Committee on Human Services, and the House Committee on Health Care.

19 Sec. 16. UNUSED DRUG DISPOSAL PROGRAM PROPOSAL

20 (a) On or before October 15, 2013, the Commissioners of Health and of
21 Public Safety shall provide recommendations to the House and Senate

1 Committees on Judiciary, the House Committee on Human Services, and the
2 Senate Committee on Health and Welfare regarding the design and
3 implementation of a statewide Unused Drug Disposal Program for unused
4 over-the-counter and prescription drugs at no charge to the consumer. In
5 preparing their recommendations, the Commissioners shall consider successful
6 unused drug disposal programs in Vermont, including the Bennington County
7 Sheriff's Department's program, and in other states.

8 (b) On or before January 15, 2013, the Commissioners of Health and of
9 Public Safety shall implement the Unused Drug Disposal Program developed
10 pursuant to subsection (a) of this section and shall take steps to publicize the
11 Program and to make all Vermont residents aware of opportunities to avail
12 themselves of it.

13 Sec. 17. TRACK AND TRACE PILOT PROJECT

14 (a) The Departments of Health and of Vermont Health Access shall
15 establish a track and trace pilot project with one or more manufacturers of
16 buprenorphine to create a high-integrity monitoring tool capable of use across
17 disciplines. The tool shall be designed to identify irregularities related to
18 dosing and quality in a manner that disrupts practice operations to the least
19 extent possible. The Departments shall work with all willing
20 Medicaid-enrolled prescribing practices and pharmacies to use the tool.

1 (b) On or before January 15, 2014, the Commissioners of Health and of
2 Vermont Health Access shall provide testimony on the status of the pilot
3 project established pursuant to this section to the House Committees on
4 Human Services and on Judiciary and the Senate Committees on Health and
5 Welfare and on Judiciary.

6 Sec. 18. ADVISORY COMMITTEE REPORT

7 On or before January 15, 2014, the VPMS Advisory Committee shall
8 provide recommendations to the House Committee on Human Services and the
9 Senate Committee on Health and Welfare regarding ways to maximize the
10 effectiveness and appropriate use of the VPMS database, including adding new
11 reporting capabilities, in order to improve patient outcomes and avoid
12 prescription drug diversion.

13 Sec. 19. SPENDING AUTHORITY

14 Providing financial support for the Unified Pain Management System
15 Advisory Council established in Sec. 15 of this act, upgrading the VPMS
16 software, and implementing enhancements to the VPMS shall all be acceptable
17 uses of the monies in the Evidence-Based Education and Advertising Fund
18 established in 33 V.S.A. § 2004a. The Commissioner of Health shall seek
19 excess receipts authority to make expenditures as needed from the
20 Evidence-Based Education and Advertising Fund for these purposes.

1 Sec. 20. INTEGRATION; LEGISLATIVE INTENT

2 It is the intent of the General Assembly that the initiatives described in this
3 act should be integrated to the extent possible with the Blueprint for Health and
4 the mental health system of care.

5 Sec. 21. EFFECTIVE DATES

6 (a) This section and Sec. 14 of this act (VPMS Advisory Committee) shall
7 take effect on passage.

8 (b) Secs. 11 (18 V.S.A. § 4288; reciprocal agreements), 12 (18 V.S.A.
9 § 4289; standards and guidelines), and 13 (18 V.S.A. § 4290; replacement
10 prescriptions) and Sec. 9(b)(2)(G) (18 V.S.A. § 4284(b)(2)(G); interstate data
11 sharing) of this act shall take effect on October 1, 2013.

12 (c) The remaining sections of this act shall take effect on July 1, 2013.