

# VERMONT MEDICAL SOCIETY

## Vermont Medical Society Comments on S. 295

The Vermont Medical Society supports ensuring access to a full range of treatment for the disease of opioid addiction, including medication-assisted treatment office based opioid treatment, where a physician prescribes buprenorphine to patients in his or her practice. VMS also supports ensuring access to other opioid treatment programs such as methadone clinics, and intensive outpatient and inpatient treatment.

Around 2000, when office based treatment with buprenorphine was first approved by federal law, Dr. Mildred Reardon, former VMS President and Dr. Paul Morrow, former chief medical examiner, worked to educate physicians about this treatment and the science that supported it. Vermont recruited the highest number of buprenorphine prescribers per capita in the country. VMS subsequently worked in partnership with the Department of Health and the Department of Public Safety on several series of grand rounds addressing the legal, clinical and law enforcement issues involved in prescribing controlled substances. In 2012, the VMS Education and Research Foundation, led by Dr. Cyrus Jordan, published a white paper on Safe and Effective Treatment of Chronic Pain in Vermont.<sup>1</sup>

VMS, like other witnesses, is concerned about the diversion of buprenorphine and other opioids, increasing addiction to opioids in Vermont, and the need for access to treatment for opioid treatment. The provisions in S. 295 designed to reduce diversion by increasing administrative requirements for physicians who prescribe buprenorphine, should be carefully considered to avoid creating a disincentive for physicians to treat patients with opioid addiction in their practices.

VMS' comments below address the sections of S. 295, as approved by the Senate Judiciary Committee, that pertain to the regulation of opioids.

### **Sections 11 and 12 – Department of Health – List of Buprenorphine Prescribers**

VMS supports authorizing the Department of Health to create a list of buprenorphine prescribers. Because the requirements that prescribers have a waiver from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and have a special identification number from the Drug Enforcement Administration (DEA) are required by federal law, these requirements will not increase administrative hurdles for physicians.

It will be important to allow sufficient time to inform physicians of the requirement to join the list, so that patients do not experience denials at the pharmacy. VMS believes that this timing issue can be

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<sup>1</sup> VMS Education and Research Foundation whitepaper on *Safe and Effective Treatment of Chronic Pain in Vermont*: [http://dev.vmsfoundation.org.s145846.gridserver.com/sites/default/files/files/Safe and Effective Treatment of Chronic Pain in VT.pdf](http://dev.vmsfoundation.org.s145846.gridserver.com/sites/default/files/files/Safe_and_Effective_Treatment_of_Chronic_Pain_in_VT.pdf)

addressed in the rulemaking process. It will also be important that the rules address updating the list that is provided to pharmacies on a regular basis.

VMS recommends adding language that will require the Department of Health to work with the licensing authorities for physicians and other interested stakeholders to ensure that physicians are informed of the new requirement to notify the Commissioner of Health in writing of the physician's intent to be included on the list.

(4) The Commissioner shall ensure that licensing authorities inform physicians about the requirement to notify the Commissioner in writing of the physician's intent to seek inclusion on the list.

VMS does not support posting the list of buprenorphine prescribers on the Department of Health's public website – an earlier proposal that was not included in the version of the bill approved by the Senate Judiciary Committee.

### **Section 13- Querying VPMS**

Section 13, through Agency or Human Services rules, requires all prescribers of Buprenorphine to query the Vermont Prescription Monitoring System (VPMS) "prior to prescribing buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary." The VMPS is an important tool to help physicians identify patients who are receiving buprenorphine or other controlled substances from multiple prescribers or pharmacies. VMS does not believe that physicians should be required to check the VPMS every time they prescribe buprenorphine.

VMS recommends modifying Section 13 to ensure that the Agency can consider best practices in establishing the frequency for required VPMS queries. For example, the Federation of State Medical Boards, in its model policy on Treatment of Opioid Addiction in the Medical Office, recommends "regular checks of the state's Prescription Drug Monitoring Program."<sup>2</sup>

The Secretary of Human Services shall adopt rules requiring all Medicaid participating providers, whether licensed in or outside Vermont, who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary to query the Vermont Prescription Monitoring System (VPMS), at regular intervals.

### **Section 14 – Substance Abuse Counseling**

VMS recognizes the importance of drug abuse counseling as a component of medication-assisted therapy, for most patients. Particularly in early recovery, drug abuse counseling and participation in self-help groups such as AA or NA, are important components of treatment of opioid addiction. VMS does not, however, believe that drug abuse counseling is required for every patient, at all points of their recovery. Some patients, who need counseling in earlier phases of recovery, may not need counseling in

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<sup>2</sup> Treatment of Opioid Addiction in the Medical Office, FSMB, April 2013, [http://www.fsmb.org/pdf/2013\\_model\\_policy\\_treatment\\_opioid\\_addiction.pdf](http://www.fsmb.org/pdf/2013_model_policy_treatment_opioid_addiction.pdf)

later stages of recovery. Because Section 13 requires the Department of Health rules to address “appropriate substance abuse counseling,” VMS will work to ensure that the rules, consistent with the SAMHSA guidelines on Use of Buprenorphine in the Treatment of Opioid Addiction, will not require drug abuse counseling for all patients at all stages of recovery.<sup>3</sup>

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<sup>3</sup> Clinical Guidelines for Use of Buprenorphine in the Treatment of Opioid Addiction, SAMHSA  
[http://buprenorphine.samhsa.gov/Bup\\_Guidelines.pdf](http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf)