

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred Senate Bill No.
3 243 entitled “An act relating to combating opioid abuse in Vermont”
4 respectfully reports that it has considered the same and recommends that the
5 House propose to the Senate that the bill be amended by striking out all after
6 the enacting clause and inserting in lieu thereof the following:

7 * * * Vermont Prescription Monitoring System * * *

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

9 § 4284. PROTECTION AND DISCLOSURE OF INFORMATION

10 * * *

11 (g) Following consultation with the ~~Unified Pain Management System~~
12 Controlled Substances and Pain Management Advisory Council and an
13 opportunity for input from stakeholders, the Department shall develop a policy
14 that will enable it to use information from VPMS to determine if individual
15 prescribers and dispensers are using VPMS appropriately.

16 (h) Following consultation with the ~~Unified Pain Management System~~
17 Controlled Substances and Pain Management Advisory Council and an
18 opportunity for input from stakeholders, the Department shall develop a policy
19 that will enable it to evaluate the prescription of regulated drugs by prescribers.

20 * * *

1 Sec. 2. 18 V.S.A. § 4289 is amended to read:

2 § 4289. STANDARDS AND GUIDELINES FOR HEALTH CARE

3 PROVIDERS AND DISPENSERS

4 (a) Each professional licensing authority for health care providers shall
5 develop evidence-based standards to guide health care providers in the
6 appropriate prescription of Schedules II, III, and IV controlled substances for
7 treatment of acute pain, chronic pain, and for other medical conditions to be
8 determined by the licensing authority. The standards developed by the
9 licensing authorities shall be consistent with rules adopted by the Department
10 of Health. The licensing authorities shall submit their standards to the
11 Commissioner of Health, who shall review for consistency across health care
12 providers and notify the applicable licensing authority of any inconsistencies
13 identified.

14 (b)(1) Each health care provider who prescribes any Schedule II, III, or IV
15 controlled substances shall register with the VPMS by November 15, 2013.

16 (2) If the VPMS shows that a patient has filled a prescription for a
17 controlled substance written by a health care provider who is not a registered
18 user of VPMS, the Commissioner of Health shall notify the applicable
19 licensing authority and the provider by mail of the provider's registration
20 requirement pursuant to subdivision (1) of this subsection.

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

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

6 ~~(d) Health~~ Except in the event of electronic or technological failure, health
7 care providers shall query the VPMS with respect to an individual patient in
8 the following circumstances:

9 (1) at least annually for patients who are receiving ongoing treatment
10 with an opioid Schedule II, III, or IV controlled substance;

11 (2) when starting a patient on a Schedule II, III, or IV controlled
12 substance for nonpalliative long-term pain therapy of 90 days or more;

13 (3) the first time the provider prescribes an opioid Schedule II, III, or IV
14 controlled substance written to treat chronic pain; and

15 (4) prior to writing a replacement prescription for a Schedule II, III, or
16 IV controlled substance pursuant to section 4290 of this title.

17 (d)(1) Each dispenser who dispenses any Schedule II, III, or IV controlled
18 substances shall register with the VPMS.

19 (2) Except in the event of electronic or technological failure, dispensers
20 shall query the VPMS in accordance with rules adopted by the Commissioner
21 of Health.

1 (3) Pharmacies and other dispensers shall report each dispensed
2 prescription for a Schedule II, III, or IV controlled substance to the VPMS
3 within 24 hours or one business day after dispensing.

4 (e) The Commissioner of Health shall, after consultation with the ~~Unified~~
5 ~~Pain Management System~~ Controlled Substances and Pain Management
6 Advisory Council, adopt rules necessary to effect the purposes of this section.
7 The Commissioner and the Council shall consider additional circumstances
8 under which health care providers should be required to query the VPMS,
9 including whether health care providers should be required to query the VPMS
10 prior to writing a prescription for any opioid Schedule II, III, or IV controlled
11 substance or when a patient requests renewal of a prescription for an opioid
12 Schedule II, III, or IV controlled substance written to treat acute pain, and the
13 Commissioner may adopt rules accordingly.

14 (f) ~~Each professional licensing authority for dispensers shall adopt~~
15 ~~standards, consistent with rules adopted by the Department of Health under~~
16 ~~this section, regarding the frequency and circumstances under which its~~
17 ~~respective licensees shall:~~

18 (1) ~~query the VPMS; and~~

19 (2) ~~report to the VPMS, which shall be no less than once every seven~~
20 ~~days.~~

1 (b) The Commissioner of Health, after consultation with the Board of
2 Pharmacy, retail pharmacists, and the Controlled Substances and Pain
3 Management Advisory Council, shall adopt rules regarding the circumstances
4 in which dispensers shall query the Vermont Prescription Monitoring System,
5 which shall include:

6 (1) prior to dispensing a prescription for a Schedule II, III, or IV opioid
7 controlled substance to a patient who is new to the pharmacy;

8 (2) when an individual pays cash for a prescription for a Schedule II, III,
9 or IV opioid controlled substance when the individual has prescription drug
10 coverage on file;

11 (3) when a patient requests a refill of a prescription for a Schedule II,
12 III, or IV opioid controlled substance substantially in advance of when a refill
13 would ordinarily be due;

14 (4) when the dispenser is aware that the patient is being prescribed
15 Schedule II, III, or IV opioid controlled substances by more than one
16 prescriber; **or and**

17 (5) an exception for a **hospital-based** dispenser dispensing a quantity of
18 a Schedule II, III, or IV opioid controlled substance that is sufficient to treat a
19 patient for 48 hours or fewer.

20 * * * Expanding Access to Substance Abuse Treatment

21 with Buprenorphine * * *

1 to treatment, coordinating access to recovery supports, and providing
2 counseling, contingency management, and case management services.

3 Sec. 4. 8 V.S.A. § 4100k is amended to read:

4 § 4100k. COVERAGE OF TELEMEDICINE SERVICES

5 * * *

6 (g) In order to facilitate the use of telemedicine in treating substance use
7 disorder, health insurers and the Department of Vermont Health Access shall
8 ensure that both the treating clinician and the hosting facility are reimbursed
9 for the services rendered, unless **the health care providers at** both the host
10 and service sites are **owned employed** by the same entity.

11 (h) As used in this subchapter:

12 * * *

13 * * * Expanding Role of Pharmacies and Pharmacists * * *

14 Sec. 5. 26 V.S.A. § 2022 is amended to read:

15 § 2022. DEFINITIONS

16 As used in this chapter:

17 * * *

18 (14)(A) “Practice of pharmacy” means:

19 (i) the interpretation and evaluation of prescription orders;

20 (ii) the compounding, dispensing, and labeling of drugs and

21 legend devices (except labeling by a manufacturer, packer, or distributor of

1 nonprescription drugs and commercially packaged legend drugs and legend
2 devices);

3 (iii) the participation in drug selection and drug utilization
4 reviews;

5 (iv) the proper and safe storage of drugs and legend devices and
6 the maintenance of proper records therefor;

7 (v) the responsibility for advising, where necessary or where
8 regulated, of therapeutic values, content, hazards, and use of drugs and legend
9 devices; ~~and~~

10 (vi) the providing of patient care services within the pharmacist’s
11 authorized scope of practice;

12 (vii) the optimizing of drug therapy through the practice of clinical
13 pharmacy; and

14 (viii) the offering or performing of those acts, services, operations,
15 or transactions necessary in the conduct, operation, management, and control
16 of pharmacy.

17 (B) “Practice of clinical pharmacy” means:

18 (i) the health science discipline in which, in conjunction with the
19 patient’s other practitioners, a pharmacist provides patient care to optimize
20 medication therapy and to promote disease prevention and the patient’s health
21 and wellness;

1 § 4089j. RETAIL PHARMACIES; FILLING OF PRESCRIPTIONS

2 (a) ~~A health insurer and pharmacy benefit manager doing business in~~
3 ~~Vermont shall permit a retail pharmacist licensed under 26 V.S.A. chapter 36~~
4 ~~to fill prescriptions in the same manner and at the same level of reimbursement~~
5 ~~as they are filled by mail order pharmacies with respect to the quantity of drugs~~
6 ~~or days' supply of drugs dispensed under each prescription.~~

7 (b) As used in this section:

8 (1) "Health insurer" ~~is defined by~~ shall have the same meaning as in
9 18 V.S.A. § 9402 and shall also include Medicaid and any other public health
10 care assistance program.

11 (2) "Pharmacy benefit manager" means an entity that performs
12 pharmacy benefit management. "Pharmacy benefit management" means an
13 arrangement for the procurement of prescription drugs at negotiated dispensing
14 rates, the administration or management of prescription drug benefits provided
15 by a health insurance plan for the benefit of beneficiaries, or any of the
16 following services provided with regard to the administration of pharmacy
17 benefits:

18 (A) mail service pharmacy;

19 (B) claims processing, retail network management, and payment of
20 claims to pharmacies for prescription drugs dispensed to beneficiaries;

21 (C) clinical formulary development and management services;

1 (D) rebate contracting and administration;

2 (E) certain patient compliance, therapeutic intervention, and generic
3 substitution programs; and

4 (F) disease management programs.

5 (3) “Health care provider” means a person, partnership, or corporation,
6 other than a facility or institution, that is licensed, certified, or otherwise
7 authorized by law to provide professional health care service in this State to an
8 individual during that individual’s medical care, treatment, or confinement.

9 (b) A health insurer and pharmacy benefit manager doing business in
10 Vermont shall permit a retail pharmacist licensed under 26 V.S.A. chapter 36
11 to fill prescriptions in the same manner and at the same level of reimbursement
12 as they are filled by mail order pharmacies with respect to the quantity of drugs
13 or days’ supply of drugs dispensed under each prescription.

14 (c) ~~This section shall apply to Medicaid and any other public health care~~
15 ~~assistance program.~~ Notwithstanding any provision of a health insurance plan
16 to the contrary, if a health insurance plan provides for payment or
17 reimbursement that is within the lawful scope of practice of a pharmacist, the
18 insurer may provide payment or reimbursement for the service when the
19 service is provided by a pharmacist.

20 Sec. 8. ROLE OF PHARMACIES IN PREVENTING OPIOID ABUSE;

21 REPORT

1 (a) The Department of Health, in consultation with the Board of Pharmacy,
2 pharmacists, prescribing health care practitioners, health insurers, pharmacy
3 benefit managers, and other interested stakeholders shall consider the role of
4 pharmacies in preventing opioid misuse, abuse, and diversion. The
5 Department’s evaluation shall include a consideration of whether, under what
6 circumstances, and in what amount pharmacists should be reimbursed for
7 counting or otherwise evaluating the quantity of pills, films, patches, and
8 solutions of opioid controlled substances prescribed by a health care provider
9 to his or her patients.

10 (b) On or before January 15, 2017, the Department shall report to the
11 House Committees on Health Care and on Human Services and the Senate
12 Committee on Health and Welfare its findings and recommendations with
13 respect to the appropriate role of pharmacies in preventing opioid misuse,
14 abuse, and diversion.

15 * * * Continuing Medical Education * * *

16 Sec. 9. CONTINUING EDUCATION

17 (a) All physicians, osteopathic physicians, dentists, pharmacists, advanced
18 practice registered nurses, optometrists, and naturopathic physicians with a
19 registration number from the U.S. Drug Enforcement Administration (DEA),
20 who have a pending application for a DEA number, or who dispense controlled
21 substances shall complete a total of at least two hours of continuing education

1 for each licensing period beginning on or after July 1, 2016 on the topics of the
2 abuse and diversion, safe use, and appropriate storage and disposal of
3 controlled substances; the appropriate use of the Vermont Prescription
4 Monitoring System; risk assessment for abuse or addiction; pharmacological
5 and nonpharmacological alternatives to opioids for managing pain; medication
6 tapering; and relevant State and federal laws and regulations concerning the
7 prescription of opioid controlled substances.

8 (b) The Department of Health shall consult with the Board of Veterinary
9 Medicine and the Agency of Agriculture, Food and Markets to develop
10 recommendations regarding appropriate safe prescribing and disposal of
11 controlled substances prescribed by veterinarians for animals and dispensed to
12 their owners, as well as appropriate continuing education for veterinarians on
13 the topics described in subsection (a) of this section. On or before January 15,
14 2017, the Department shall report its findings and recommendations to the
15 House Committees on Agriculture and Forest Products and on Human Services
16 and the Senate Committees on Agriculture and on Health and Welfare.

17 * * * Medical Education Core Competencies * * *

18 Sec. 10. MEDICAL EDUCATION CORE COMPETENCIES;

19 PREVENTION AND MANAGEMENT OF PRESCRIPTION

20 DRUG MISUSE

1 The Commissioner of Health shall convene medical educators and other
2 stakeholders to develop appropriate curricular interventions and innovations to
3 ensure that students in medical education programs have access to certain core
4 competencies related to safe prescribing practices and to screening, prevention,
5 and intervention for cases of prescription drug misuse and abuse. The goal of
6 the core competencies shall be to support future health care professionals over
7 the course of their medical education to develop skills and a foundational
8 knowledge in the prevention of prescription drug misuse. These competencies
9 should be clear baseline standards for preventing prescription drug misuse,
10 treating patients at risk for substance use disorders, and managing substance
11 use disorders as a chronic disease, as well as developing knowledge in the
12 areas of screening, evaluation, treatment planning, and supportive recovery.

13 * * * Community Grant Program for Opioid Prevention * * *

14 Sec. 11. REGIONAL PREVENTION PARTNERSHIPS

15 The Department of Health shall establish a community grant program for
16 the purpose of supporting local opioid prevention strategies. This program
17 shall support evidence-based approaches and shall be based on a
18 comprehensive community plan, including community education and
19 initiatives designed to increase awareness or implement local programs, or
20 both. Partnerships involving schools, local government, and hospitals shall
21 receive priority.

1 services personnel; and any opioid-antagonist education, training, and
2 distribution program operated by the Department of Health or its agents. The
3 fees shall be collected in the Evidence-Based Education and Advertising Fund
4 established in section 2004a of this title.

5 (c) The Secretary of Human Services or designee shall make rules for the
6 implementation of this section.

7 (d) A pharmaceutical manufacturer that fails to pay a fee as required under
8 this section shall be assessed penalties and interest in the same amounts and
9 under the same terms as apply to late payment of income taxes pursuant to
10 32 V.S.A. chapter 151. The Department shall maintain on its website a list of
11 the manufacturers who have failed to provide timely payment as required
12 under this section.

13 Sec. 13. 33 V.S.A. § 2004a(a) is amended to read:

14 (a) The Evidence-Based Education and Advertising Fund is established in
15 the State Treasury as a special fund to be a source of financing for activities
16 relating to fund collection and analysis of information on pharmaceutical
17 marketing activities under 18 V.S.A. §§ 4632 and 4633; for analysis of
18 prescription drug data needed by the Office of the Attorney General for
19 enforcement activities; for the Vermont Prescription Monitoring System
20 established in 18 V.S.A. chapter 84A; for the evidence-based education
21 program established in 18 V.S.A. chapter 91, subchapter 2; for statewide

1 unused prescription drug disposal initiatives; for the prevention of prescription
2 drug misuse, abuse, and diversion; for treatment of substance use disorder; for
3 exploration of nonpharmacological approaches to pain management; for a
4 hospital antimicrobial program for the purpose of reducing hospital-acquired
5 infections; for the purchase and distribution of naloxone to emergency medical
6 services personnel; and for the support of any opioid-antagonist education,
7 training, and distribution program operated by the Department of Health or its
8 agents. Monies deposited into the Fund shall be used for the purposes
9 described in this section.

10 * * * Controlled Substances and Pain Management Advisory Council * * *

11 Sec. 14. 18 V.S.A. § 4255 is added to read:

12 § 4255. CONTROLLED SUBSTANCES AND PAIN MANAGEMENT

13 ADVISORY COUNCIL

14 (a) There is hereby created a Controlled Substances and Pain Management
15 Advisory Council for the purpose of advising the Commissioner of Health on
16 matters related to the Vermont Prescription Monitoring System and to the
17 appropriate use of controlled substances in treating acute and chronic pain and
18 in preventing prescription drug abuse, misuse, and diversion.

19 (b)(1) The Controlled Substances and Pain Management Advisory Council
20 shall consist of the following members:

1 (A) the Commissioner of Health or designee, who shall serve as

2 chair;

3 (B) the Deputy Commissioner of Health for Alcohol and Drug Abuse

4 Programs or designee;

5 (C) the Commissioner of Mental Health or designee;

6 (D) the Commissioner of Public Safety or designee;

7 (E) the Commissioner of Labor or designee;

8 (F) the Vermont Attorney General or designee;

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

10 (H) the Medical Director of the Department of Vermont Health

11 Access;

12 (I) the Chair of the Board of Medical Practice or designee, who shall

13 be a clinician;

14 (J) a representative of the Vermont State Dental Society, who shall be

15 a dentist;

16 (K) a representative of the Vermont Board of Pharmacy, who shall be

17 a pharmacist;

18 (L) a faculty member of the academic detailing program at the

19 University of Vermont's College of Medicine;

1 (M) a faculty member of the University of Vermont’s College of
2 Medicine with expertise in the treatment of addiction or chronic pain
3 management;

4 (N) a representative of the Vermont Medical Society, who shall be a
5 primary care clinician;

6 (O) a representative of the American Academy of Family Physicians,
7 Vermont chapter, who shall be a primary care clinician;

8 (P) a representative from the Vermont Board of Osteopathic
9 Physicians, who shall be an osteopath;

10 (Q) a representative from the Vermont Association of Naturopathic
11 Physicians, who shall be a naturopathic physician;

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

15 (S) a representative of the Vermont Ethics Network;

16 (T) a representative of the Hospice and Palliative Care Council of
17 Vermont;

18 (U) a representative of the Office of the Health Care Advocate;

19 (V) a representative of health insurers, to be selected by the three
20 health insurers with the most covered lives in Vermont;

1 (W) a clinician who works in the emergency department of a
2 hospital, to be selected by the Vermont Association of Hospitals and Health
3 Systems in consultation with any nonmember hospitals;

4 (X) a clinician who specializes in occupational medicine, to be
5 selected by the Commissioner of Health;

6 (Y) a clinician who specializes in physical medicine and
7 rehabilitation, to be selected by the Commissioner of Health;

8 (Z) a member of the Vermont Board of Nursing Subcommittee on
9 APRN Practice, who shall be an advanced practice registered nurse who has
10 clinical experience that includes working with patients who are experiencing
11 acute or chronic pain;

12 (AA) a representative from the Vermont Assembly of Home Health
13 and Hospice Agencies;

14 (BB) a psychologist licensed pursuant to 26 V.S.A. chapter 55 who
15 has experience in treating chronic pain, to be selected by the Board of
16 Psychological Examiners;

17 (CC) a drug and alcohol abuse counselor licensed pursuant to
18 33 V.S.A. chapter 8, to be selected by the Deputy Commissioner of Health for
19 Alcohol and Drug Abuse Programs;

20 (DD) a retail pharmacist, to be selected by the Vermont Pharmacists
21 Association;

1 (EE) an advanced practice registered nurse full-time faculty member
2 from the University of Vermont’s College of Nursing and Health Sciences with
3 a current clinical practice that includes caring for patients with acute or chronic
4 pain;

5 (FF) a licensed acupuncturist with experience in pain management, to
6 be selected by the Vermont Acupuncture Association;

7 (GG) a representative of the Vermont Substance Abuse Treatment
8 Providers Association;

9 (HH) a consumer representative who is either a consumer in recovery
10 from prescription drug abuse or a consumer receiving medical treatment for
11 chronic noncancer-related pain; and

12 (II) a consumer representative who is or has been an injured worker
13 and has been prescribed opioids.

14 (2) In addition to the members appointed pursuant to subdivision (1) of
15 this subsection (b), the Council shall consult with the Opioid Prescribing Task
16 Force, specialists, and other individuals as appropriate to the topic under
17 consideration.

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

1 (d)(1) The Advisory Council shall provide advice to the Commissioner
2 concerning rules for the appropriate use of controlled substances in treating
3 acute pain and chronic noncancer pain; the appropriate use of the Vermont
4 Prescription Monitoring System; and the prevention of prescription drug abuse,
5 misuse, and diversion.

6 (2) The Advisory Council shall evaluate the use of nonpharmacological
7 approaches to treatment for pain, including the appropriateness, efficacy, and
8 cost-effectiveness of using complementary and alternative therapies such as
9 chiropractic, acupuncture, and massage.

10 (e) The Commissioner of Health may adopt rules pursuant to 3 V.S.A.
11 chapter 25 regarding the appropriate use of controlled substances in treating
12 acute pain and chronic noncancer pain; the appropriate use of the Vermont
13 Prescription Monitoring System; and the prevention of prescription drug abuse,
14 misuse, and diversion, after seeking the advice of the Council.

15 * * * Unused Prescription Drug Disposal Program * * *

16 Sec. 14a. 18 V.S.A. § 4224 is added to read:

17 § 4224. UNUSED PRESCRIPTION DRUG DISPOSAL PROGRAM

18 The Department of Health shall establish and maintain a statewide unused
19 prescription drug disposal program to provide for the safe disposal of Vermont
20 residents' unused and unwanted prescription drugs. The program may include
21 establishing secure collection and disposal sites and providing medication

1 envelopes for sending unused prescription drugs to an authorized collection
2 facility for destruction.

3 * * * Acupuncture * * *

4 Sec. 15. INSURANCE COVERAGE FOR ACUPUNCTURE; REPORT

5 Each nonprofit hospital and medical service corporation licensed to do
6 business in this State pursuant to both 8 V.S.A. chapters 123 and 125 and
7 providing coverage for pain management shall evaluate the evidence
8 supporting the use of acupuncture as a modality for treating and managing pain
9 in its enrollees, including the experience of other states in which covered by
10 health insurance plans. On or before January 15, 2017, each such corporation
11 shall report to the House Committees on Health Care and on Human Services
12 and the Senate Committee on Health and Welfare its assessment of whether its
13 insurance plans should provide coverage for acupuncture when used to treat or
14 manage pain.

15 Sec. 15a. ACUPUNCTURE; MEDICAID PILOT PROJECT

16 (a) The Department of Vermont Health Access shall develop a pilot project
17 to offer acupuncture services to Medicaid-eligible Vermonters with a diagnosis
18 of chronic pain. The project would provide acupuncture services for a defined
19 period of time to determine if acupuncture treatment as an alternative or
20 adjunctive to prescribing opioids is as effective or more effective than opioids

1 alone for returning individuals to social, occupational, and psychological
2 function. The project shall include:

3 (1) an advisory group of pain management specialists and acupuncture
4 providers familiar with the current science on evidence-based use of
5 acupuncture to treat or manage chronic pain;

6 (2) specific patient eligibility requirements regarding the specific cause
7 or site of chronic pain for which the evidence indicates acupuncture may be an
8 appropriate treatment; and

9 (3) input and involvement from the Department of Health to promote
10 consistency with other State policy initiatives designed to reduce the reliance
11 on opioid medications in treating or managing chronic pain.

12 (b) On or before January 15, 2017, the Department of Vermont Health
13 Access, in consultation with the Department of Health, shall provide a progress
14 report on the pilot project to the House Committees on Health Care and on
15 Human Services and the Senate Committee on Health and Welfare that
16 includes an implementation plan for the pilot project described in this section.

17 In addition, the Departments shall consider any appropriate role for
18 acupuncture in treating substance use disorder, including consulting with
19 health care providers using acupuncture in this manner, and shall make
20 recommendations in the progress report regarding the use of acupuncture in
21 treating Medicaid beneficiaries with substance use disorder.

1 16 of this act, \$50,000.00 shall be used for unused medication envelopes for a
2 mail-back program, \$225,000.00 shall be used for a public information
3 campaign on the safe disposal of controlled substances, and \$250,000.00 shall
4 be used for a public information campaign on the responsible use of
5 prescription drugs.

6 (c) The sum of \$150,000.00 is appropriated from the Evidence-Based
7 Education and Advertising Fund to the Department of Health in fiscal year
8 2017 for the purpose of purchasing and distributing opioid antagonist
9 rescue kits.

10 (d) The sum of \$250,000.00 is appropriated from the Evidence-Based
11 Education and Advertising Fund to the Department of Health in fiscal year
12 2017 for the purpose of establishing a hospital antimicrobial program to reduce
13 hospital-acquired infections.

14 (e) The sum of \$32,000.00 is appropriated from the Evidence-Based
15 Education and Advertising Fund to the Department of Health in fiscal year
16 2017 for the purpose of purchasing and distributing naloxone to emergency
17 medical services personnel throughout the State.

18 (f) The sum of \$200,000.00 is appropriated from the Evidence-Based
19 Education and Advertising Fund to the Department of Vermont Health Access
20 in fiscal year 2017 for the purpose of exploring nonpharmacological
21 approaches to pain management by implementing the pilot project established

1 in Sec. 15a of this act to evaluate the use of acupuncture in treating chronic
2 pain in Medicaid beneficiaries.

3 Sec. 18. REPEAL

4 2013 Acts and Resolves No. 75, Sec. 14, as amended by 2014 Acts and
5 Resolves No. 199, Sec. 60 (Unified Pain Management System Advisory
6 Council), is repealed.

7 * * * Effective Dates * * *

8 Sec. 19. EFFECTIVE DATES

9 (a) Secs. 1–2 (VPMS), 3 (opioid addiction treatment care coordination),
10 4 (telemedicine), 13 (use of Evidence-Based Education and Advertising Fund),
11 14 (Controlled Substances and Pain Management Advisory Council), 16
12 (Health Department position), 17 (appropriations), and 18 (repeal) shall take
13 effect on July 1, 2016, except that in Sec. 2, 18 V.S.A. § 4289(f)(2) (dispenser
14 reporting to VPMS) shall take effect 30 days following notice and a
15 determination by the Commissioner of Health that daily reporting is
16 practicable.

17 (b) Secs. 2a (rulemaking), 5–7 (clinical pharmacy), 8 (role of pharmacies;
18 report), 10 (medical education), 11 (regional partnerships), 14a (unused drug
19 disposal program), 15–15a (acupuncture studies), and this section shall take
20 effect on passage.

1 (c) Sec. 9 (continuing education) shall take effect on July 1, 2016 and shall
2 apply beginning with licensing periods beginning on or after that date.

3 (d) Notwithstanding 1 V.S.A. § 214, Sec. 12 (manufacturer fee) shall take
4 effect on passage and shall apply retroactive to January 1, 2016.

5

6

7 (Committee vote: _____)

8

9

Representative _____

10

FOR THE COMMITTEE