

1 H.522

2 Introduced by Committee on Human Services

3 Date:

4 Subject: Human services; regulated drugs; crimes; substance abuse

5 Statement of purpose of bill as introduced: This bill proposes to require health  
6 care providers to search the Vermont Prescription Monitoring System prior to  
7 prescribing a controlled substance; to expand the categories of persons who  
8 may access the Vermont Prescription Monitoring System (VPMS); to  
9 reestablish the VPMS Advisory Committee; to create a Unified Pain  
10 Management System Advisory Council; to require the development of  
11 evidence-based guidelines and training for hospitals regarding addiction  
12 screenings, intervention, and treatment; to establish an unused drug disposal  
13 program; to allow physicians to prescribe, dispense, and distribute opioid  
14 antagonists to persons at risk of experiencing an opioid-related overdose and to  
15 friends, families, or other persons in a position to assist a person at risk of  
16 experiencing an opioid-related overdose, as well as to allow a recipient of an  
17 opioid antagonist to administer it to a person experiencing or believed to be  
18 experiencing an opioid-related overdose; to require the Department of Health  
19 to establish a statewide opioid antagonist pilot program; to establish an  
20 electronic registry system for the purchase of products containing ephedrine,  
21 pseudoephedrine, and phenylpropanolamine; to establish a committee to study

1 the effects of the production of methamphetamine and other illegal drugs on  
2 housing; to permit criminal trespass procedures to be brought against a person  
3 who uses or sells drugs on abandoned property; and to impose criminal  
4 penalties on a landlord who permits a tenant to occupy a dwelling owned by  
5 the landlord if the landlord has actual knowledge that the tenant is using or  
6 intends to use the dwelling for the purpose of illegally selling drugs.

7 An act relating to strengthening Vermont's response to opioid addiction and  
8 methamphetamine abuse

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

10 \* \* \* Legislative Intent \* \* \*

11 Sec. 1. LEGISLATIVE INTENT

12 It is the intent of the General Assembly that the initiatives described in this  
13 act should be integrated to the extent possible with the Blueprint for Health and  
14 Vermont's health care system and health care reform initiatives.

15 \* \* \* Preventing Abuse of Prescription Drugs \* \* \*

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

17 § 4201. DEFINITIONS

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

19 \* \* \*

Prescriptions for such drugs shall be made to the order of an individual patient, dated as of the day of issue and signed by the prescriber. The prescription shall bear the full name ~~and~~, address, and date of birth of the patient, or if the patient is an animal, the name and address of the owner of the animal and the species of the animal. Such prescription shall also bear the full name, address, and registry number of the prescriber and shall be written with ink, indelible pencil, or typewriter; if typewritten, it shall be signed by the ~~physician~~prescriber. A written or typewritten prescription for a controlled substance, as defined in 21 C.F.R. Part 1308, shall contain the quantity of the drug written both in numeric and word form.

\* \* \*

Sec. 2a. 18 V.S.A. § 4202(d) is amended to read:

(d) The regulations adopted by the ~~board of health~~ Board of Health under section 4201 of this title for the purpose of determining those drugs defined under that section may be adopted only after prior written notice to the ~~board of pharmacy~~ Board of Pharmacy and the ~~board of medical practice~~ Board of Medical Practice and after the ~~board of pharmacy~~ Board of Pharmacy and the

1 ~~board of medical practice~~ Board of Medical Practice have had an opportunity  
2 to advise the ~~board of health~~ Board of Health with respect to the form and  
3 substance of those regulations or amendments and to recommend revisions  
4 thereof, except with respect to emergency rules adopted pursuant to 3 V.S.A.  
5 § 844, which may be adopted without notice by the Commissioner of Health.

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

7 § 4215b. IDENTIFICATION

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

17 Sec. 4. 18 V.S.A. § 4218 is amended to read:

18 § 4218. ENFORCEMENT

19 \* \* \*

20 (d) Nothing in this section shall authorize the ~~department of public safety~~  
21 Department of Public Safety and other authorities described in subsection (a)

1 of this section to have access to VPMS (~~Vermont prescription monitoring~~  
2 ~~system~~) (Vermont Prescription Monitoring System) created pursuant to chapter  
3 84A of this title, except as provided in that chapter.

4 (e) The Department of Public Safety, in consultation with representatives  
5 of licensed Vermont pharmacies, shall adopt standard operating guidelines for  
6 accessing pharmacy records through the authority granted in this section. Any  
7 person authorized to access pharmacy records pursuant to subsection (a) of this  
8 section shall follow the Department of Public Safety's guidelines. These  
9 guidelines shall be a public record.

10 Sec. 5. DEPARTMENT OF PUBLIC SAFETY; REPORTING STANDARD

11 OPERATING GUIDELINES

12 On or before December 15, 2013, the Commissioner of Public Safety shall  
13 submit to the House and Senate Committees on Judiciary, the House  
14 Committee on Human Services, and the Senate Committee on Health and  
15 Welfare the Department's written standard operating guidelines used to access  
16 pharmacy records at individual pharmacies pursuant to 18 V.S.A. § 4218.  
17 Subsequently, if the guidelines are substantively amended by the Department,  
18 it shall submit the amended guidelines to the same committees as soon as  
19 practicable.

1       Sec. 6. 18 V.S.A. § 4282 is amended to read:

2       § 4282. DEFINITIONS

3       As used in this chapter:

4                               \* \* \*

5               (3) ~~“Trained law enforcement officer” shall include any officer~~  
6 ~~designated by the department of public safety who has completed a training~~  
7 ~~program established by rule by the department of health, which is designed to~~  
8 ~~ensure that officers have the training necessary to use responsibly and properly~~  
9 ~~any information that they receive from VPMS.~~

10              (4) ~~“VPMS” shall mean the Vermont prescription monitoring system~~  
11 ~~established under this chapter.~~

12              (4) “Delegate” means an individual employed by a health care provider  
13 or pharmacy or in the Office of the Chief Medical Examiner and authorized by  
14 a health care provider or dispenser or by the Chief Medical Examiner to  
15 request information from the VPMS relating to a bona fide current patient of  
16 the health care provider or dispenser or to a bona fide investigation or inquiry  
17 into an individual’s death.

18              (5) “Department” means the Department of Health.

19              (6) “Drug diversion investigator” means an employee of the Department  
20 of Public Safety whose primary duties include investigations involving  
21 violations of laws regarding prescription drugs or the diversion of prescribed

1 controlled substances, and who has completed a training program established  
2 by the Department of Health by rule that is designed to ensure that officers  
3 have the training necessary to use responsibly and properly any information  
4 that they receive from the VPMS.

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

12 Sec. 7. 18 V.S.A. § 4283 is amended to read:

13 § 4283. CREATION; IMPLEMENTATION

14 ~~(a) Contingent upon the receipt of funding, the department may establish~~  
15 The Department shall maintain an electronic database and reporting system for  
16 monitoring Schedules II, III, and IV controlled substances, as defined in  
17 21 C.F.R. Part 1308, as amended and as may be amended, that are dispensed  
18 within the ~~state~~ State of Vermont by a health care provider or dispenser or  
19 dispensed to an address within the ~~state~~ State by a pharmacy licensed by the  
20 Vermont ~~board of pharmacy~~ Board of Pharmacy.

21 \* \* \*

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

8 \* \* \*

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

10 § 4284. PROTECTION AND DISCLOSURE OF INFORMATION

11 (a) The data collected pursuant to this chapter and all related information  
12 and records shall be confidential, except as provided in this chapter, and shall  
13 not be subject to ~~public records law~~ the Public Records Act. The ~~department~~  
14 Department shall maintain procedures to protect patient privacy, ensure the  
15 confidentiality of patient information collected, recorded, transmitted, and  
16 maintained, and ensure that information is not disclosed to any person except  
17 as provided in this section.

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



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

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

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

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

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

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

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

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

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

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

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

16          ~~(6)~~(E)(i) The ~~commissioner of public safety~~ Commissioner of Public  
17          Safety, personally, or the Deputy Commissioner of Public Safety, personally, if  
18          the ~~commissioner of health~~ Commissioner of Health, personally, or a Deputy  
19          Commissioner of Health, personally, makes the disclosure; and has consulted  
20          with at least one of the patient's health care providers, ~~and believes that~~ when

1 the disclosure is necessary to avert a serious and imminent threat to a person or  
2 the public.

3 (ii) The Commissioner of Public Safety, personally, or the Deputy  
4 Commissioner of Public Safety, personally, when he or she requests data from  
5 the Commissioner of Health, and the Commissioner of Health believes, after  
6 consultation with at least one of the patient's health care providers, that  
7 disclosure is necessary to avert a serious and imminent threat to a person or the  
8 public.

9 (iii) The Commissioner or Deputy Commissioner of Public Safety  
10 may disclose such data received pursuant to this subdivision (E) as is  
11 necessary, in his or her discretion, to avert the serious and imminent threat.

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

14 (F) A prescription monitoring system or similar entity in another state  
15 pursuant to a reciprocal agreement to share prescription monitoring  
16 information with the Vermont Department of Health as described in section  
17 4288 of this title.

18 (c) A person who receives data or a report from VPMS or from the  
19 ~~department~~ Department shall not share that data or report with any other  
20 person or entity not eligible to receive that data pursuant to subsection (b) of  
21 this section, except as necessary and consistent with the purpose of the

1 disclosure and in the normal course of business. Nothing shall restrict the right  
2 of a patient to share his or her own data.

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

7 (e) A ~~trained law enforcement officer~~ drug diversion investigator who may  
8 receive information pursuant to this section shall not have access to VPMS  
9 except for information provided to the officer by the licensing or certification  
10 authority.

11 (f) The ~~department~~ Department is authorized to use information from  
12 VPMS for research, trend analysis, and other public health promotion purposes  
13 provided that data are aggregated or otherwise de-identified. The Department  
14 shall post the results of trend analyses on its website for use by health care  
15 providers, dispensers, and the general public. When appropriate, the  
16 Department shall send alerts relating to identified trends to health care  
17 providers and dispensers by electronic mail.

18 (g) The Department shall use information from VPMS to determine if  
19 individual prescribers and dispensers are utilizing VPMS appropriately.

20 (h) The Department shall use information from VPMS to evaluate the  
21 prescription of regulated drugs by prescribers.

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

6        (j) All information and correspondence relating to the disclosure of  
7        information by the Commissioner to a patient's health care provider pursuant  
8        to subdivision (b)(2)(A) of this section shall be confidential and privileged,  
9        exempt from public inspection and copying under the Public Records Act,  
10       immune from subpoena or other disclosure, and not subject to discovery or  
11       introduction into evidence.

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

15       Sec. 9. 18 V.S.A. § 4287 is amended to read:

16       § 4287. RULEMAKING

17       ~~The department~~ Department shall adopt rules for the implementation of  
18       VPMS as defined in this chapter consistent with 45 C.F.R. Part 164, as  
19       amended and as may be amended, that limit the disclosure to the minimum  
20       information necessary for purposes of this act ~~and shall keep the senate and~~  
21       ~~house committees on judiciary, the senate committee on health and welfare,~~

1 ~~and the house committee on human services advised of the substance and~~  
2 ~~progress of initial rulemaking pursuant to this section.~~

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

4 § 4288. RECIPROCAL AGREEMENTS

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

9 Sec. 11. 18 V.S.A. § 4289 is added to read:

10 § 4289. STANDARDS AND GUIDELINES FOR HEALTH CARE

11 PROVIDERS AND DISPENSERS

12 (a) Each professional licensing authority for health care providers shall  
13 develop evidence-based standards to guide health care providers in the  
14 appropriate prescription of Schedules II, III, and IV controlled substances for  
15 treatment of chronic pain and for other medical conditions to be determined by  
16 the licensing authority.

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

19 (2) If the VPMS shows that a patient has filled a prescription for a  
20 controlled substance written by a health care provider who is not a registered  
21 user of VPMS, the Commissioner of Health shall notify such provider by mail

1 of the provider's registration requirement pursuant to subdivision (1) of this  
2 subsection.

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

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

8 (d) Health care providers shall query the VPMS with respect to an  
9 individual patient in the following circumstances:

10 (1) the first time the provider prescribes a Schedule II, III, or IV  
11 controlled substance for the patient;

12 (2) at least annually following the initial prescription of a Schedule II,  
13 III, or IV controlled substance;

14 (3) when starting a patient on a Schedule II, III, or IV controlled  
15 substance for long-term opioid therapy of 90 days or more;

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

18 (5) as otherwise required by the Commissioner of Health by rule.

1       (e) Each professional licensing authority for dispensers shall adopt  
2       standards regarding the frequency and circumstances under which its  
3       respective licensees shall:

4             (1) query the VPMS; and

5             (2) report to the VPMS, which shall be no less than once every seven  
6       days.

7       (f) Each professional licensing authority for health care providers and  
8       dispensers shall consider the statutory requirements, rules, and standards  
9       adopted pursuant to this section in disciplinary proceedings when determining  
10       whether a licensee has complied with the applicable standard of care.

11       Sec. 11a. REPORTING OF DISPENSER STANDARDS

12       No later than November 30, 2013, each professional licensing authority for  
13       dispensers shall submit the standards required by 18 V.S.A. § 4289(e) to the  
14       VPMS advisory committee established in 18 V.S.A. § 4286.

15       Sec. 12. 18 V.S.A. § 4290 is added to read:

16       § 4290. REPLACEMENT PRESCRIPTIONS AND MEDICATIONS

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



1        (b) When a patient or a patient's parent or guardian requests a replacement  
2        prescription for a Schedule II, III, or IV controlled substance, the patient's  
3        health care provider shall query the VPMS prior to writing the replacement  
4        prescription to determine whether the patient may be receiving more than a  
5        therapeutic dosage of the controlled substance.

6        (c) When a health care provider writes a replacement prescription pursuant  
7        to this section, the provider shall clearly indicate as much by writing the word  
8        "REPLACEMENT" on the face of the prescription. The health care provider  
9        shall document the writing of the replacement prescription in the patient's  
10       medical record.

11       Sec. 13. VPMS ADVISORY COMMITTEE

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

15       (2) The Committee shall make recommendations regarding ways to  
16       improve the utility of the VPMS and its data.

17       (3) The Committee shall have access to aggregated, deidentified data  
18       from the VPMS.

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

3               (1) the Deputy Commissioner of Health for Alcohol and Drug Abuse  
4       Programs;

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

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

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

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

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

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

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

13              (9) the Commissioner of Public Safety;

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

15              (11) a representative of the Vermont Substance Abuse Treatment  
16       Providers Association;

17              (12) a mental health provider or a certified alcohol and drug abuse  
18       counselor;

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

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

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

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

3       (d) No later than January 15, 2014, the Committee shall provide  
4       recommendations to the House Committee on Human Services and the Senate  
5       Committee on Health and Welfare regarding ways to maximize the  
6       effectiveness and appropriate use of the VPMS database, including adding new  
7       reporting capabilities, in order to improve patient outcomes and avoid  
8       prescription drug diversion. The Committee shall also report on the feasibility  
9       of obtaining real-time information from the VPMS and on its evaluation of  
10       whether increasing the frequency of dispenser reporting to the VPMS from at  
11       least once every seven days to at least once every 24 hours, or more frequently,  
12       would yield substantial benefits.

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

14               \* \* \* Improving Access to Treatment and Recovery \* \* \*

15       Sec. 14. UNIFIED PAIN MANAGEMENT SYSTEM ADVISORY  
16               COUNCIL

17       (a) There is hereby created a Unified Pain Management System Advisory  
18       Council for the purpose of advising the Commissioner of Health on matters  
19       relating to the appropriate use of controlled substances in treating chronic pain  
20       and addiction and in preventing prescription drug abuse.

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

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

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

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

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

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

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

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

14               (8) a faculty member of the academic detailing program at the  
15        University of Vermont's College of Medicine;

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

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

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

3           (12) a representative from the Vermont Board of Osteopathic  
4           Physicians, who shall be an osteopath;

5           (13) 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           (14) a representative of the Vermont Ethics Network;

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

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

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

14          (18) 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          (19) a member of the Vermont Board of Nursing Subcommittee on  
18          APRN Practice, who shall be an advanced practice registered nurse;

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

1           (21) 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           (22) 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           (23) 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 whose  
11          participation is not supported through their employment or association shall be  
12          entitled to a per diem and expenses as provided by 32 V.S.A. § 1010.

13          (d) The Advisory Council shall provide advice to the Commissioner  
14          concerning rules for the appropriate use of controlled substances in treating  
15          chronic noncancer pain and addiction and in preventing prescription drug  
16          abuse.

17          (e) The Commissioner of Health may adopt rules pursuant to 3 V.S.A.  
18          chapter 25 regarding the appropriate use of controlled substances after seeking  
19          the advice of the Council.

1       Sec. 15. OPIOID ADDICTION TREATMENT IN HOSPITALS

2       Pursuant to 18 V.S.A. § 4240(b)(5), the Department of Health, in  
3       collaboration with the Vermont Association of Hospitals and Health Systems,  
4       the Vermont Association for Mental Health and Addiction Recovery, and the  
5       Vermont Council of Developmental and Mental Health Services, shall develop  
6       evidence-based guidelines and training for hospitals regarding:

7               (1) screening for addiction;

8               (2) performing addiction interventions;

9               (3) making referrals to addiction treatment and recovery services for  
10       victims admitted to or treated in a hospital emergency department; and

11               (4) informing hospitals about the specific addiction treatment and  
12       recovery services available in the hospital's service area.

13                       \* \* \* Safe Disposal of Prescription Medication \* \* \*

14       Sec. 16. UNUSED DRUG DISPOSAL PROGRAM PROPOSAL

15       (a) On or before January 15, 2014, the Commissioners of Health and of  
16       Public Safety shall provide recommendations to the House and Senate  
17       Committees on Judiciary, the House Committee on Human Services, and the  
18       Senate Committee on Health and Welfare regarding the design and  
19       implementation of a statewide drug disposal program for unused  
20       over-the-counter and prescription drugs at no charge to the consumer. In  
21       preparing their recommendations, the Commissioners shall consider successful

1 unused drug disposal programs in Vermont, including the Bennington County  
2 Sheriff's Department's program, and programs in other states.

3 (b) On or before July 1, 2014, the Commissioners of Health and of Public  
4 Safety shall implement the unused drug disposal program developed pursuant  
5 to subsection (a) of this section and shall take steps to publicize the program  
6 and to make all Vermont residents aware of opportunities to avail themselves  
7 of it.

8 \* \* \* Preventing Deaths from Opioid Overdose \* \* \*

9 Sec. 17. 18 V.S.A. § 4240 is added to read:

10 § 4240. PREVENTION AND TREATMENT OF OPIOID-RELATED  
11 OVERDOSES

12 (a) As used in this section:

13 (1) "Health care professional" means a physician licensed pursuant to  
14 26 V.S.A. chapter 23 or 33, a physician's assistant certified to prescribe and  
15 dispense prescription drugs pursuant to 26 V.S.A. chapter 31, or a nurse  
16 authorized to prescribe and dispense prescription drugs pursuant to 26 V.S.A.  
17 chapter 28.

18 (2) "Opioid antagonist" means a drug that, when administered, negates  
19 or neutralizes in whole or part the pharmacological effects of an opioid in the  
20 body.



1           (3) “Victim” means the person who has overdosed on an opioid drug or  
2           who is believed to have overdosed on an opiate drug.

3           (b) For the purpose of addressing prescription and nonprescription opioid  
4           overdoses in Vermont, the Department shall develop and implement a  
5           prevention, intervention, and response strategy, depending on available  
6           resources, that shall:

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

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

12           (3) increase timely access to treatment services for opioid users,  
13           including medication-assisted treatment;

14           (4)(A) educate substance abuse treatment providers on methods to  
15           prevent opioid overdoses;

16           (B) provide education and training on overdose prevention,  
17           intervention, and response to individuals living with addiction and  
18           participating in opioid treatment programs, syringe exchange programs,  
19           residential drug treatment programs, or correctional services;

1           (5) facilitate overdose prevention, drug treatment, and addiction  
2           recovery services by implementing and expanding hospital referral services for  
3           individuals treated for an opioid overdose; and

4           (6) develop a statewide opioid antagonist pilot program that emphasizes  
5           access to opioid antagonists to and for the benefit of individuals with a history  
6           of opioid use and who are participants in opioid treatment programs, syringe  
7           exchange programs, residential drug treatment programs, and correctional  
8           services.

9           (c)(1) A health care professional acting in good faith may directly or by  
10          standing order prescribe, dispense, and distribute an opioid antagonist to the  
11          following persons, provided he or she has completed an opioid prevention and  
12          treatment training program approved by the Department:

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

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

16           (2) A health care professional who prescribes, dispenses, or distributes  
17           an opioid antagonist in accordance with subdivision (1) of this subsection (c)  
18           shall be immune from civil or criminal liability with regard to the subsequent  
19           use of the opioid antagonist, unless the health care professional acted  
20           recklessly in prescribing, dispensing, or distributing the opioid antagonist. The  
21           immunity granted in this subdivision shall apply whether or not the opioid

1 antagonist is administered by or to a person other than the person for whom it  
2 was prescribed.

3 (d)(1) A person who has received an opioid antagonist pursuant to  
4 subdivision (c)(1) of this section may administer an opioid antagonist to a  
5 victim if he or she believes, in good faith, that the victim is experiencing an  
6 opioid-related overdose.

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

11 (3) A person shall be immune from civil or criminal liability for  
12 administering an opioid antagonist to a victim pursuant to subdivision (1) of  
13 this subsection (d) unless the person acted recklessly.

14 (e) A person acting on behalf of a community-based overdose prevention  
15 program shall be immune from civil or criminal liability for providing  
16 education on opioid-related overdose prevention or for purchasing, acquiring,  
17 distributing, or possessing an opioid antagonist.

18 (f) Any health care professional treating a victim to whom an opioid  
19 antagonist has recently been administered shall refer the victim to professional  
20 substance abuse treatment services.

1       Sec. 18. STATEWIDE OPIOID ANTAGONIST PILOT PROGRAM

2           (a) The Department of Health shall develop and administer a statewide  
3       pilot program for the purpose of distributing opioid antagonists to:

4           (1) individuals at risk of an opioid overdose;

5           (2) the family and friends of an individual at risk of experiencing an  
6       opioid overdose; and

7           (3) others who may be in a position to assist individuals experiencing an  
8       opioid overdose.

9           (b) In developing and implementing the pilot program, the Department  
10       shall collaborate with community-based substance abuse organizations that  
11       have experience delivering opioid-related prevention and treatment services as  
12       determined by the Commissioner.

13          (c) The pilot program shall be in effect from July 1, 2013 through June 30,  
14       2016. During the term of the pilot program, the Department shall purchase,  
15       provide for the distribution of, and monitor the use of opioid antagonists  
16       distributed in accordance with this section.

17          (d) On or before January 15, 2016, the Department of Health shall submit a  
18       report to the House Committees on Human Services and on Judiciary and to  
19       the Senate Committees on Health and Welfare and on Judiciary evaluating the  
20       statewide opioid antagonist pilot program. The report shall include findings

1 that pertain to the cost and effectiveness of the program and recommendations  
2 as to whether the program should be continued after June 30, 2016.

3 \* \* \* Protecting Communities from

4 Methamphetamine Abuse \* \* \*

5 Sec. 19. 18 V.S.A. § 4234b is amended to read:

6 § 4234b. EPHEDRINE AND PSEUDOEPHEDRINE

7 \* \* \*

8 (b) Sale.

9 (1) A drug product containing ephedrine base, pseudoephedrine base, or  
10 phenylpropanolamine base shall not be distributed at retail to the general  
11 public unless it is maintained in a locked display case or behind the counter out  
12 of the public's reach.

13 (2)(A) A retail establishment shall not knowingly ~~sell~~ complete a sale to  
14 a person ~~within a calendar day any if the~~ drug product or combination of drug  
15 products ~~containing~~ purchased would surpass a total of more than 3.6 grams  
16 within a 24-hour period or nine grams within a 30-day period of ephedrine  
17 base, pseudoephedrine base, or phenylpropanolamine base or their isomers.

18 (B) This subdivision shall not apply to drug products dispensed  
19 pursuant to a valid prescription.

1 (3) A person or business which violates this subdivision shall:

2 (A) for a first violation be assessed a civil penalty of not more than  
3 \$100.00-; and

4 (B) for a second and subsequent violation be assessed a civil penalty  
5 of not more than \$500.00.

6 (c) Electronic registry system.

7 (1)(A) Retail establishments shall use an electronic registry system to  
8 record the sale of products made pursuant to subsection (b) of this section. The  
9 electronic registry system shall have the capacity to block a sale of  
10 nonprescription drug products containing ephedrine base, pseudoephedrine  
11 base, or phenylpropanolamine base that would result in a purchaser exceeding  
12 the lawful daily or monthly amount. The system shall contain an override  
13 function that may be used by an agent of a retail establishment who is  
14 dispensing the drug product and who has a reasonable fear of imminent bodily  
15 harm if the transaction is not completed. The system shall create a record of  
16 each use of the override mechanism.

17 (B) The electronic registry system shall be available free of charge to  
18 the State of Vermont, retail establishments, and local law enforcement  
19 agencies.

1           (C) The electronic registry system shall operate in real time to enable  
2           communication among in-state users and users of similar systems in  
3           neighboring states.

4           (D) The State shall use the National Precursor Log Exchange  
5           (NPLEx) online portal or its equivalent to host Vermont's electronic registry  
6           system.

7           (2)(A) Prior to completing a sale under subsection (b) of this section, a  
8           retail establishment shall require the person purchasing the drug product to  
9           present a current, valid government-issued photograph identification  
10          document. The retail establishment shall record in the electronic registry  
11          system:

12                   (i) the name and address of the purchaser;

13                   (ii) the name of the drug product and quantity sold in grams;

14                   (iii) the date and time of purchase;

15                   (iv) the form of identification presented, the issuing government  
16          entity, and the corresponding identification number; and

17                   (v) the name of the person selling or furnishing the drug product.

18          (B)(i) If the retail establishment experiences an electronic or  
19          mechanical failure of the electronic registry system and is unable to comply  
20          with the electronic recording requirement, the retail establishment shall

1 maintain a written log or an alternative electronic record-keeping mechanism  
2 until the retail establishment is able to comply fully with this subsection (c).

3 (ii) If the region of the State where the retail establishment is  
4 located does not have broadband Internet access, the retail establishment shall  
5 maintain a written log or an alternative electronic record-keeping mechanism  
6 until broadband Internet access becomes accessible to that region. At that  
7 time, the retail establishment shall come into compliance with this  
8 subsection (c).

9 (C) A retail establishment shall maintain all records of drug product  
10 purchases made pursuant to this subsection (c) for a minimum of two years.

11 (3) A retail establishment shall display a sign at the register provided by  
12 NPLEx or its equivalent to notify purchasers of drug products containing  
13 ephedrine, pseudoephedrine, or phenylpropanolamine base that:

14 (A) the purchase of the drug product or products shall result in the  
15 purchaser's identity being listed on a national database; and

16 (B) the purchaser has the right to request the transaction number for  
17 any purchase that was denied pursuant to this subsection (c).

18 (4) Except as provided in subdivision (5) of this subsection (c), a person  
19 or retail establishment that violates this subsection shall:

20 (A) for a first violation be assessed a civil penalty of not more than  
21 \$100.00; and



(d) This section shall not apply to a manufacturer ~~which~~ that has obtained an exemption from the Attorney General of the United States under Section 711(d) of the federal Combat Methamphetamine Epidemic Act of 2005.

(1) approaches for identifying housing that is or has been used for illegal drug production and methods for making such housing safe, including standards for habitability, notification to purchasers or tenants that housing has been affected by illegal drug production, methods taken by other states in

1 identifying, quarantining, and cleaning such housing as well as methods used  
2 by other states to notify affected parties;

3 (2) the effect of illegal drug production on housing and property values  
4 including the cost of rehabilitating or condemning affected properties and its  
5 effect on the availability and habitability of affordable housing;

6 (3) approaches, including those used by other states, to coordinate state  
7 and local jurisdiction over housing affected by illegal drug production  
8 including efforts to coordinate between law enforcement, the Department of  
9 Health, the Department of Public Safety, and local housing authorities;

10 (4) the public health effects of long-term exposure to housing that is or  
11 has been contaminated by by-products used in the production of illegal drugs;

12 (5) existing state and federal laws regarding illegal drug production and  
13 housing contaminated by illegal drug production; and

14 (6) any other issues related to illegal drugs or the effect of their  
15 production on housing.

16 (c) The Committee shall consist of the following members:

17 (1) the Commissioner of Health or designee;

18 (2) the Commissioner of Public Safety or designee;

19 (3) the Attorney General or designee; and

20 (4) the Commissioner of Economic Development, Housing and  
21 Community Development or designee.

1        (d) The Committee shall convene its first meeting on or before  
2        September 1, 2013. The Commissioner of Health shall be designated Chair of  
3        the Committee and shall convene the first and subsequent meetings.

4        (e) The Committee shall report its findings, including any  
5        recommendations or proposed legislation to the House Committees on  
6        General, Housing and Military Affairs, on Judiciary, and on Human Services  
7        and the Senate Committees on Economic Development, Housing and General  
8        Affairs on Judiciary, and on Health and Welfare on or before January 15, 2014.

9        (f) The Committee shall cease to function upon transmitting its report.

10                                \* \* \* Community Safety \* \* \*

11        Sec. 21. 13 V.S.A. § 3705 is amended to read:

12        § 3705. UNLAWFUL TRESPASS

13        (a) A person shall be imprisoned for not more than three months or fined  
14        not more than \$500.00, or both, if, without legal authority or the consent of the  
15        person in lawful possession, he or she enters or remains on any land or in any  
16        place as to which notice against trespass is given by:

17                (1) ~~Actual~~ actual communication by the person in lawful possession or  
18        his or her agent or by a law enforcement officer acting on behalf of such  
19        person or his or her agent; or

20                (2) ~~Signs~~ signs or placards so designed and situated as to give  
21        reasonable notice.

1 (b) Prosecutions for offenses under subsection (a) of this section shall be  
2 commenced within 60 days following the commission of the offense and not  
3 thereafter.

4 (c) A person who enters a building other than a residence, whose ~~normal~~  
5 access is normally locked, whether or not the access is actually locked, or a  
6 residence in violation of an order of any court of competent jurisdiction in this  
7 ~~state~~ State shall be imprisoned for not more than one year or fined not more  
8 than \$500.00, or both.

9 (d) A person who enters a dwelling house, whether or not a person is  
10 actually present, knowing that he or she is not licensed or privileged to do so  
11 shall be imprisoned for not more than three years or fined not more than  
12 \$2,000.00, or both.

13 (e)(1) A person shall be imprisoned for not more than three months or fined  
14 not more than \$500.00, or both, if the person enters or remains on any  
15 abandoned property that he or she does not have an ownership interest in and  
16 with respect to which notice against trespass is given by:

17 (A) signs or placards, posted by the owner, the owner's agent, or a  
18 law enforcement officer, and so designed and situated as to give reasonable  
19 notice; or

20 (B) actual communication by a law enforcement officer.

1           (2) As used in this subsection, “abandoned property” means real  
2           property on which there is a vacant structure that for the previous 60 days has  
3           been continuously unoccupied by a person with the legal right to occupy it and  
4           with respect to which:

5                   (A) property taxes have been delinquent for six months or more;

6                   (B) one or more utility services have been disconnected due to  
7           nonpayment;

8                   (C) the owner has declared in writing to a municipal officer that the  
9           property is abandoned; or

10                  (D) there has been a determination by the municipality under  
11           24 V.S.A. chapter 85 that the vacant structure contributes to housing blight.

12           Sec. 22. 18 V.S.A. § 4252 is amended to read:

13           § 4252. PENALTIES FOR DISPENSING OR SELLING REGULATED

14                   DRUGS IN A DWELLING

15           (a) No person shall knowingly permit a dwelling, building, or structure  
16           owned by or under the control of the person to be used for the purpose of  
17           illegally dispensing or selling a regulated drug.

18           (b) A landlord shall be in violation of subsection (a) of this section ~~only if~~  
19           the landlord ~~knew at the time he or she signed the lease agreement~~ has actual  
20           knowledge that the tenant intended is using or intends to use the dwelling,

1 building, or structure for the purpose of illegally dispensing or selling a  
2 regulated drug.

3 (c) It shall not be a violation of this section if the landlord notifies a law  
4 enforcement officer within 24 hours of becoming aware that the tenant is using  
5 or intends to use the dwelling for the purpose of illegally selling drugs.

6 (d) A person who violates this section shall be imprisoned not more than  
7 two years or fined not more than \$1,000.00, or both.

8 \* \* \* Effective Dates \* \* \*

9 Sec. 23. EFFECTIVE DATES

10 (a) This section and Secs. 2a (emergency rules), 13 (VPMS Advisory  
11 Committee), and 20 (study committee on the effects of the production of  
12 methamphetamine and other illegal drugs on housing) of this act shall take  
13 effect on passage.

14 (b) Secs. 10 (18 V.S.A. § 4288; reciprocal agreements), 11 (18 V.S.A.  
15 § 4289; standards and guidelines), 12 (18 V.S.A. § 4290; replacement  
16 prescriptions), 19 (18 V.S.A. § 4234b; ephedrine and pseudoephedrine) and  
17 Sec. 8(b)(2)(G) (18 V.S.A. § 4284(b)(2)(G); interstate data sharing) of this act  
18 shall take effect on October 1, 2013.

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