Vermont Medical Society
Comments on S. 295
As passed by the Senate
Sections 11, 13 and 14

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. [1]

VMS is concerned about the diversion of buprenorphine and other opioids, the increasing addiction to opioids in Vermont, and the need for access to 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, that pertain to the regulation of opioids.

Section 11– Department of Vermont Health Access

VMS supports requiring the Department of Vermont Health Access (DVHA) to use its authority to sanction Medicaid-participating prescribers of Buprenorphine who are operating in bad faith or not in compliance with State or federal requirements.

Section 13- Querying VPMS

[1] 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

134 MAIN STREET • P.O. BOX 1457 • MONTPELIER, VERMONT 05601-1457
TEL.: 802-223-7898 • 800-640-8767 • FAX: 802-223-1201

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."[2]

> 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), the first time they prescribe Buprenorphine for a patient and at regular intervals thereafter.

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 later stages of recovery, for these patients, participation in self-help groups may be sufficient. Because Section 13 requires the Department of Health rules to address "appropriate substance abuse counseling," VMS will work with the Department 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.[3]

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[2] Treatment of Opioid Addiction in the Medical Office, FSMB, April 2013, http://www.fsmb.org/pdf/2013_model_policy_treatment_opioid_addiction.pdf

[3] Clinical Guidelines for Use of Buprenorphine in the Treatment of Opioid Addiction, SAMHSA http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf