

1 H.814

2 Introduced by Representatives Dakin of Chester, French of Randolph, Head of  
3 South Burlington, LaLonde of South Burlington, Manwaring of  
4 Wilmington, Masland of Thetford, Mrowicki of Putney, Nuovo  
5 of Middlebury, Townsend of South Burlington, Troiano of  
6 Stannard, and Walz of Barre City

7 Referred to Committee on

8 Date:

9 Subject: Health; prescription drugs; controlled substances; opioids; physicians;  
10 Vermont Prescription Monitoring System

11 Statement of purpose of bill as introduced: This bill proposes to place  
12 limitations on prescriptions for opioids. It would prohibit refills and future fill  
13 dates for opioid prescriptions, limit prescriptions for opioids to treat acute pain  
14 to a 72-hour supply under most circumstances, and limit prescriptions for  
15 opioids to treat chronic pain to a 30-day supply. It would direct practitioners to  
16 query the Vermont Prescription Monitoring System prior to issuing a  
17 subsequent 30-day prescription for an opioid to treat a patient with chronic  
18 pain and would require practitioners to screen those patients for signs of a  
19 substance use disorder.

20 An act relating to limitations on prescriptions for opioids

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

2 Sec. 1. 18 V.S.A. § 4214a is added to read:

3 § 4214a. LIMITATIONS ON PRESCRIPTIONS FOR OPIOIDS

4 (a) Notwithstanding any provisions of section 4215 of this title to the  
5 contrary, no prescription for an opioid shall provide for a refill or a future fill  
6 date. Nor shall a practitioner issue multiple prescriptions for the same opioid  
7 to an individual at the same time.

8 (b)(1) For patients experiencing acute pain, a practitioner shall not issue a  
9 prescription for more than a 72-hour supply of an opioid to a patient the first  
10 time the practitioner prescribes an opioid to that patient.

11 (2) Notwithstanding subdivision (1) of this subsection (b), if in the  
12 professional medical judgment of a practitioner more than a 72-hour supply of  
13 an opioid is required to stabilize the patient's emergency medical condition,  
14 the practitioner may issue a prescription for the quantity needed to stabilize the  
15 patient's emergency medical condition. The emergency medical condition  
16 shall be documented in the patient's medical record and the practitioner shall  
17 indicate that a non-opioid alternative was not appropriate to address the  
18 emergency medical condition.

19 (c) For patients experiencing chronic pain, a practitioner shall not issue a  
20 prescription for more than a 30-day supply of an opioid. Prior to prescribing a  
21 subsequent 30-day prescription, the practitioner shall query the Vermont

1 Prescription Monitoring System and shall screen the patient for signs of a  
2 substance use disorder.

3 Sec. 2. 18 V.S.A. § 4289(d) is amended to read:

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

6 (1) at least ~~annually~~ once every 30 days, prior to prescribing a refill for  
7 patients who are receiving ongoing treatment with an opioid Schedule II, III, or  
8 IV controlled substance;

9 (2) when starting a patient on a Schedule II, III, or IV controlled  
10 substance for nonpalliative long-term pain therapy of 90 days or more for a  
11 non-opioid, or of 30 days or more for an opioid;

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

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

16 Sec. 3. LIMITATIONS ON PRESCRIBING OPIOIDS FOR CHRONIC  
17 PAIN; RULEMAKING

18 The Department of Health shall amend its rules on prescribing opioids for  
19 chronic pain to comply with the provisions of this act.

20 Sec. 4. EFFECTIVE DATE

21 This act shall take effect on July 1, 2016.