

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

5 * * * Rulemaking * * *

6 Sec. 2a. PRESCRIBING OPIOIDS FOR ACUTE AND CHRONIC PAIN;
7 RULEMAKING

8 (a) The Commissioner of Health, after consultation with the Controlled
9 Substances and Pain Management Advisory Council, shall adopt rules
10 governing the prescription of opioids. The rules may include numeric and
11 temporal limitations on the number of pills prescribed, including a maximum
12 number of pills to be prescribed following minor medical procedures,
13 consistent with evidence-informed best practices for effective pain
14 management. The rules may require the contemporaneous prescription of
15 naloxone in certain circumstances, and shall require informed consent for
16 patients that explains the risks associated with taking opioids, including
17 addiction, physical dependence, side effects, tolerance, overdose, and death.
18 The rules shall also require prescribers prescribing opioids to patients to
19 provide information concerning the safe storage and disposal of controlled
20 substances.

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; 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.

1 treatment for substance use disorder, which may include monitoring adherence
2 to treatment, coordinating access to recovery supports, and providing
3 counseling, contingency management, and case management services.

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

5 § 4100k. COVERAGE OF TELEMEDICINE SERVICES

6 * * *

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

12 (h) As used in this subchapter:

13 * * *

14 * * * Expanding Role of Pharmacies and Pharmacists * * *

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

16 § 2022. DEFINITIONS

17 As used in this chapter:

18 * * *

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

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

1 (ii) the compounding, dispensing, and labeling of drugs and
2 legend devices (except labeling by a manufacturer, packer, or distributor of
3 nonprescription drugs and commercially packaged legend drugs and legend
4 devices);

5 (iii) the participation in drug selection and drug utilization
6 reviews;

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

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

12 (vi) the providing of patient care services within the pharmacist's
13 authorized scope of practice;

14 (vii) the optimizing of drug therapy through the practice of clinical
15 pharmacy; and

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

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

20 (i) the health science discipline in which, in conjunction with the
21 patient's other practitioners, a pharmacist provides patient care to optimize

1 medication therapy and to promote disease prevention and the patient’s health
2 and wellness;

3 (ii) the provision of patient care services within the pharmacist’s
4 authorized scope of practice, including medication therapy management,
5 comprehensive medication review, and postdiagnostic disease state
6 management services; or

7 (iii) the practice of pharmacy by a pharmacist pursuant to a
8 collaborative practice agreement.

9 (C) A rule shall not be adopted by the Board under this chapter that
10 shall require the sale and distribution of nonprescription drugs by a licensed
11 pharmacist or under the supervision of a licensed pharmacist or otherwise
12 interfere with the sale and distribution of such medicines.

13 * * *

14 (19) “Collaborative practice agreement” means a written agreement
15 between a pharmacist and a health care facility or prescribing practitioner that
16 permits the pharmacist to engage in the practice of clinical pharmacy for the
17 benefit of the facility’s or practitioner’s patients.

18 Sec. 6. 26 V.S.A. § 2023 is added to read:

19 § 2023. CLINICAL PHARMACY

20 In accordance with rules adopted by the Board, a pharmacist may engage in
21 the practice of clinical pharmacy.

1 Sec. 7. 8 V.S.A. § 4089j is amended to read:

2 § 4089j. RETAIL PHARMACIES; FILLING OF PRESCRIPTIONS

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

8 (b) As used in this section:

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

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

19 (A) mail service pharmacy;

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

1 (C) clinical formulary development and management services;

2 (D) rebate contracting and administration;

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

5 (F) disease management programs.

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

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

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

1 Sec. 8. ROLE OF PHARMACIES IN PREVENTING OPIOID ABUSE;
2 REPORT

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

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

17 * * * Continuing Medical Education * * *

18 Sec. 9. CONTINUING EDUCATION

19 (a) All physicians, osteopathic physicians, dentists, pharmacists, advanced
20 practice registered nurses, optometrists, and naturopathic physicians with a
21 registration number from the U.S. Drug Enforcement Administration (DEA),

1 who have a pending application for a DEA number, or who dispense controlled
2 substances shall complete a total of at least two hours of continuing education
3 for each licensing period beginning on or after July 1, 2016 on the topics of the
4 abuse and diversion, safe use, and appropriate storage and disposal of
5 controlled substances; the appropriate use of the Vermont Prescription
6 Monitoring System; risk assessment for abuse or addiction; pharmacological
7 and nonpharmacological alternatives to opioids for managing pain; medication
8 tapering; and relevant State and federal laws and regulations concerning the
9 prescription of opioid controlled substances.

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

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* * * Medical Education Core Competencies * * *

Sec. 10. MEDICAL EDUCATION CORE COMPETENCIES;
PREVENTION AND MANAGEMENT OF PRESCRIPTION
DRUG MISUSE

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

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

Sec. 11. REGIONAL PREVENTION PARTNERSHIPS

The Department of Health shall establish a community grant program for the purpose of supporting local opioid prevention strategies. This program shall support evidence-based approaches and shall be based on a

1 comprehensive community plan, including community education and
2 initiatives designed to increase awareness or implement local programs, or
3 both. Partnerships involving schools, local government, and hospitals shall
4 receive priority.

5 * * * Pharmaceutical Manufacturer Fee * * *

6 Sec. 12. 33 V.S.A. § 2004 is amended to read:

7 § 2004. MANUFACTURER FEE

8 (a) Annually, each pharmaceutical manufacturer or labeler of prescription
9 drugs that are paid for by the Department of Vermont Health Access for
10 individuals participating in Medicaid, Dr. Dynasaur, or VPharm shall pay a fee
11 to the Agency of Human Services. The fee shall be ~~0.5~~ 1.5 percent of the
12 previous calendar year's prescription drug spending by the Department and
13 shall be assessed based on manufacturer labeler codes as used in the Medicaid
14 rebate program.

15 (b) Fees collected under this section shall fund collection and analysis of
16 information on pharmaceutical marketing activities under 18 V.S.A. §§ 4632
17 and 4633; analysis of prescription drug data needed by the Office of the
18 Attorney General for enforcement activities; the Vermont Prescription
19 Monitoring System established in 18 V.S.A. chapter 84A; the evidence-based
20 education program established in 18 V.S.A. chapter 91, subchapter 2;
21 statewide unused prescription drug disposal initiatives; prevention of

1 prescription drug misuse, abuse, and diversion; treatment of substance use
2 disorder; exploration of nonpharmacological approaches to pain management;
3 a hospital antimicrobial program for the purpose of reducing hospital-acquired
4 infections; the purchase and distribution of naloxone to emergency medical
5 services personnel; and any opioid-antagonist education, training, and
6 distribution program operated by the Department of Health or its agents. The
7 fees shall be collected in the Evidence-Based Education and Advertising Fund
8 established in section 2004a of this title.

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

11 (d) A pharmaceutical manufacturer that fails to pay a fee as required under
12 this section shall be assessed penalties and interest in the same amounts and
13 under the same terms as apply to late payment of income taxes pursuant to
14 32 V.S.A. chapter 151. The Department shall maintain on its website a list of
15 the manufacturers who have failed to provide timely payment as required
16 under this section.

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

18 (a) The Evidence-Based Education and Advertising Fund is established in
19 the State Treasury as a special fund to be a source of financing for activities
20 relating to fund collection and analysis of information on pharmaceutical
21 marketing activities under 18 V.S.A. §§ 4632 and 4633; for analysis of

1 prescription drug data needed by the Office of the Attorney General for
2 enforcement activities; for the Vermont Prescription Monitoring System
3 established in 18 V.S.A. chapter 84A; for the evidence-based education
4 program established in 18 V.S.A. chapter 91, subchapter 2; for statewide
5 unused prescription drug disposal initiatives; for the prevention of prescription
6 drug misuse, abuse, and diversion; for treatment of substance use disorder; for
7 exploration of nonpharmacological approaches to pain management; for a
8 hospital antimicrobial program for the purpose of reducing hospital-acquired
9 infections; for the purchase and distribution of naloxone to emergency medical
10 services personnel; and for the support of any opioid-antagonist education,
11 training, and distribution program operated by the Department of Health or its
12 agents. Monies deposited into the Fund shall be used for the purposes
13 described in this section.

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

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

16 § 4255. CONTROLLED SUBSTANCES AND PAIN MANAGEMENT
17 ADVISORY COUNCIL

18 (a) There is hereby created a Controlled Substances and Pain Management
19 Advisory Council for the purpose of advising the Commissioner of Health on
20 matters related to the Vermont Prescription Monitoring System and to the

1 appropriate use of controlled substances in treating acute and chronic pain and
2 in preventing prescription drug abuse, misuse, and diversion.

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

5 (A) the Commissioner of Health or designee, who shall serve as
6 chair;

7 (B) the Deputy Commissioner of Health for Alcohol and Drug Abuse
8 Programs or designee;

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

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

11 (E) the Commissioner of Labor or designee;

12 (F) the Vermont Attorney General or designee;

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

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

15 Access;

16 (I) the Chair of the Board of Medical Practice or designee, who shall
17 be a clinician;

18 (J) a representative of the Vermont State Dental Society, who shall be
19 a dentist;

20 (K) a representative of the Vermont Board of Pharmacy, who shall be
21 a pharmacist;

1 (L) a faculty member of the academic detailing program at the
2 University of Vermont’s College of Medicine;

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

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

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

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

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

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

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

18 (T) a representative of the Hospice and Palliative Care Council of
19 Vermont;

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

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

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

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

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

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

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

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

19 (CC) a drug and alcohol abuse counselor licensed pursuant to
20 33 V.S.A. chapter 8, to be selected by the Deputy Commissioner of Health for
21 Alcohol and Drug Abuse Programs;

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

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

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

9 (GG) a representative of the Vermont Substance Abuse Treatment
10 Providers Association;

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

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

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

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

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

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

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

1 * * * Unused Prescription Drug Disposal Program * * *

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

3 § 4224. UNUSED PRESCRIPTION DRUG DISPOSAL PROGRAM

4 The Department of Health shall establish and maintain a statewide unused
5 prescription drug disposal program to provide for the safe disposal of Vermont
6 residents' unused and unwanted prescription drugs. The program may include
7 establishing secure collection and disposal sites and providing medication
8 envelopes for sending unused prescription drugs to an authorized collection
9 facility for destruction.

10 * * * Acupuncture * * *

11 Sec. 15. INSURANCE COVERAGE FOR ACUPUNCTURE; REPORT

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

1 Sec. 15a. ACUPUNCTURE; MEDICAID PILOT PROJECT

2 (a) The Department of Vermont Health Access shall develop a pilot project
3 to offer acupuncture services to Medicaid-eligible Vermonters with a diagnosis
4 of chronic pain. The project would provide acupuncture services for a defined
5 period of time to determine if acupuncture treatment as an alternative or
6 adjunctive to prescribing opioids is as effective or more effective than opioids
7 alone for returning individuals to social, occupational, and psychological
8 function. The project shall include:

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

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

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

18 (b) On or before January 15, 2017, the Department of Vermont Health
19 Access, in consultation with the Department of Health, shall provide a progress
20 report on the pilot project to the House Committees on Health Care and on
21 Human Services and the Senate Committee on Health and Welfare that

1 includes an implementation plan for the pilot project described in this section.

2 In addition, the Departments shall consider any appropriate role for
3 acupuncture in treating substance use disorder, including consulting with
4 health care providers using acupuncture in this manner, and shall make
5 recommendations in the progress report regarding the use of acupuncture in
6 treating Medicaid beneficiaries with substance use disorder.

7 * * * Health Department Position * * *

8 Sec. 16. HEALTH DEPARTMENT; POSITION

9 One new permanent classified position—a substance abuse program
10 manager—is authorized in the Department of Health in order to coordinate a
11 secure prescription drug collection and disposal program as part of the unused
12 prescription drug disposal program established pursuant to Sec. 14a of this act.
13 The position shall be transferred and converted from an existing vacant
14 position in the Executive Branch of State government.

15 * * * Appropriations * * *

16 Sec. 17. APPROPRIATIONS

17 (a) The sum of \$250,000.00 is appropriated from the Evidence-Based
18 Education and Advertising Fund to the Department of Health in fiscal year
19 2017 for the purpose of funding the evidence-based education program
20 established in 18 V.S.A. chapter 91, subchapter 2, including evidence-based

1 information about safe prescribing of controlled substances and alternatives to
2 opioids for treating pain.

3 (b) The sum of \$625,000.00 is appropriated from the Evidence-Based
4 Education and Advertising Fund to the Department of Health in fiscal year
5 2017 for the purpose of funding statewide unused prescription drug disposal
6 initiatives, of which \$100,000.00 shall be used for a secure prescription drug
7 collection and disposal program and the program manager established by Sec.
8 16 of this act, \$50,000.00 shall be used for unused medication envelopes for a
9 mail-back program, \$225,000.00 shall be used for a public information
10 campaign on the safe disposal of controlled substances, and \$250,000.00 shall
11 be used for a public information campaign on the responsible use of
12 prescription drugs.

13 (c) The sum of \$150,000.00 is appropriated from the Evidence-Based
14 Education and Advertising Fund to the Department of Health in fiscal year
15 2017 for the purpose of purchasing and distributing opioid antagonist
16 rescue kits.

17 (d) The sum of \$250,000.00 is appropriated from the Evidence-Based
18 Education and Advertising Fund to the Department of Health in fiscal year
19 2017 for the purpose of establishing a hospital antimicrobial program to reduce
20 hospital-acquired infections.

1 (e) The sum of \$32,000.00 is appropriated from the Evidence-Based
2 Education and Advertising Fund to the Department of Health in fiscal year
3 2017 for the purpose of purchasing and distributing naloxone to emergency
4 medical services personnel throughout the State.

5 (f) The sum of \$200,000.00 is appropriated from the Evidence-Based
6 Education and Advertising Fund to the Department of Vermont Health Access
7 in fiscal year 2017 for the purpose of exploring nonpharmacological
8 approaches to pain management by implementing the pilot project established
9 in Sec. 15a of this act to evaluate the use of acupuncture in treating chronic
10 pain in Medicaid beneficiaries.

11 Sec. 18. REPEAL

12 2013 Acts and Resolves No. 75, Sec. 14, as amended by 2014 Acts and
13 Resolves No. 199, Sec. 60 (Unified Pain Management System Advisory
14 Council), is repealed.

15 * * * Effective Dates * * *

16 Sec. 19. EFFECTIVE DATES

17 (a) Secs. 1–2 (VPMS), 3 (opioid addiction treatment care coordination),
18 4 (telemedicine), 13 (use of Evidence-Based Education and Advertising Fund),
19 14 (Controlled Substances and Pain Management Advisory Council), 16
20 (Health Department position), 17 (appropriations), and 18 (repeal) shall take
21 effect on July 1, 2016, except that in Sec. 2, 18 V.S.A. § 4289(f)(2) (dispenser

1 reporting to VPMS) shall take effect 30 days following notice and a
2 determination by the Commissioner of Health that daily reporting is
3 practicable.

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

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

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

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17 (Committee vote: _____)

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Representative _____

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FOR THE COMMITTEE