

**Section by section summary of S.243: An act relating to combating opioid abuse  
in Vermont, *House Human Services amendment***

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**Secs. 1-2. Vermont Prescription Monitoring System (VPMS)**

- Sec. 1 makes conforming changes to the name of the Controlled Substances and Pain Management Advisory Council established in Sec. 14
- Sec. 2 adds the appropriate prescription of controlled substances to treat acute pain to the topics on which professional licensing authorities must develop evidence-based standards
- Requires the licensing authorities to submit their standards to the Commissioner of Health and directs him to review them for consistency across health care providers and notify them of any inconsistencies found
- Provides an exception from the requirements for health care providers and dispensers to query the VPMS for electronic and technological failure
- Requires dispensers to query the VPMS in accordance with rules adopted by the Commissioner of Health
- Reorganizes provisions relating to dispensers to put them all in one subsection
- Increases dispenser reporting to VPMS from at least once a week to with 24 hours or one business day after dispensing
  - this requirement takes effect 30 days after the Commissioner notifies dispensers that the VPMS has the capacity for daily reporting
- Adds to the potential instances under which the Commissioner of Health and the Controlled Substances and Pain Management Advisory Council might choose to require providers to query the VPMS to include prior to writing a prescription for any opioid Schedule II, III, or IV controlled substance, and specifically authorizes the Commissioner to adopt rules accordingly

**Sec. 2. Rules on prescribing opioids**

- Requires Commissioner of Health to adopt rules on prescribing opioids after consulting the Controlled Substances and Pain Management Advisory Council
  - may include number and time limits on pills prescribed, including a maximum number of pills to be prescribed following minor medical procedures
  - may include contemporaneous prescription of naloxone in some circumstances
  - must require informed consent for patients that explains risks of taking opioids
  - must require prescribers to provide information to their patients about safe storage and disposal of controlled substances
- Requires Commissioner of Health to adopt rules, after consulting with the Board of Pharmacy, retail pharmacists, and the Controlled Substances and Pain Management Advisory Council, on when dispensers must query the VPMS, including:
  - before dispensing a prescription for a Schedule II, III, or IV opioid controlled substance to a patient who is new to the pharmacy
  - when someone pays cash for a Schedule II, III, or IV opioid controlled substance when they have prescription drug coverage on file

- when a patient asks for a refill of a Schedule II, III, or IV opioid controlled substance substantially before when a refill would normally be due;
- when the dispenser is aware the patient is being prescribed a Schedule II, III, or IV opioid controlled substance by more than one prescriber; and
- an exception for a hospital-based dispenser dispensing a quantity of a Schedule II, III, or IV opioid controlled substance sufficient for 48 hours or fewer

### **Sec. 3. Opioid addiction treatment care coordination**

- Adds DVHA to the statutory authorization for the hub and spoke treatment system
- Specifies that prescribing physicians and collaborating health care and addictions professionals may coordinate care for patients receiving medication-assisted treatment for substance use disorder

### **Sec. 4. Coverage of telemedicine services**

- Requires health insurers and DVHA to ensure that when telemedicine is used to treat substance use disorder, both the treating clinician and hosting facility are reimbursed for the services rendered, unless both providers are employed by the same entity

### **Secs. 5-8. Expanding the role of pharmacies and pharmacists**

- Expands the definition of the practice of pharmacy to include providing patient care services within the pharmacist's authorized scope of practice and optimizing drug therapy through the practice of clinical pharmacy
- Allows a pharmacist to engage in the practice of clinical pharmacy
- Defines "clinical pharmacy" as any one of the following:
  - a pharmacist working with a patient's other health care providers to provide patient care to optimize medication therapy and to promote disease prevention, health, and wellness
  - providing patient care services, including medication therapy management, comprehensive medication review, and post-diagnostic disease state management services
  - practicing clinical pharmacy through a collaborative practice agreement with a health care facility or health care provider
- Allows, but does not require, health insurers to pay pharmacists for providing services within their scope of practice
- Requires the Department of Health, in consultation with interested stakeholders, to report its findings and recommendations regarding the appropriate role of pharmacies in preventing opioid misuse, abuse, and diversion

### **Sec. 9. Continuing medical education**

- Requires health care professionals with a DEA number or who dispense controlled substances to complete a total of at least two hours of continuing education for each licensing period on the topics of:
  - abuse and diversion, safe use, and appropriate storage and disposal of controlled substances
  - appropriate use of the VPMS
  - risk assessment

- pharmacological and nonpharmacological alternatives to opioids for managing pain
- medication tapering
- State and federal laws and regulations about prescribing opioids
- Bill also requires the Department of Health to consult with the Board of Veterinary Medicine and the Agency of Agriculture to develop recommendations on appropriate safe prescribing and disposal of controlled substances prescribed by veterinarians for animals and dispensed to their owners
  - Also must consider appropriate continuing education
  - Report due to committees of jurisdiction by January 15, 2017

**Sec. 10. Medical education core competencies**

- Requires the Commissioner of Health to convene medical educators to develop curricular materials to ensure that students in medical education programs learn safe prescribing practices and screening, prevention, and intervention for cases of prescription drug misuse and abuse

**Sec. 11. Regional prevention partnerships**

- Directs the Department of Health to establish a community grant program to support local opioid prevention strategies
  - based on federal grant funding the Department already knows it will receive
  - gives priority to partnerships involving schools, local government, and hospitals

**Secs. 12-13. Prescription drug manufacturer fee**

- Increases fee imposed on pharmaceutical manufacturers whose drugs are paid for by DVHA from 0.5% to 1.5% of annual DVHA drug spending
- Money goes into Evidence-Based Education and Advertising Fund, and the bill adds to permissible uses of the Fund:
  - statewide unused prescription drug disposal initiatives
  - prevention of substance misuse, abuse, and diversion
  - treatment of substance use disorder
  - nonpharmacological approaches to pain management
  - hospital antimicrobial program to reduce hospital-acquired infections
  - purchase and distribution of naloxone to emergency medical services personnel
- Manufacturers that fail to pay required fees will be charged penalties and interest in same amounts as for late payment of income taxes, will be listed on DVHA's website

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

- Combines most of existing Unified Pain Management System Advisory Council and VPMS Advisory Committee, and a few new members, into new 35-member Council
- The purpose of the Council is to advise the Commissioner of Health on matters related to the VPMS and to the appropriate use of controlled substances in treating acute and chronic pain and in preventing prescription drug abuse, misuse, and diversion
- Commissioner may adopt rules on appropriate use of controlled substances and VPMS and on prevention of prescription drug abuse after seeking advice from the Council

**Sec. 14a. Unused prescription drug disposal program**

- Requires the Department of Health to establish and maintain a statewide unused prescription drug disposal program
  - May include establishing secure collection/disposal sites, providing medication envelopes for sending unused drugs to collection facility for destruction

**Secs. 15-15a. Acupuncture studies and reports**

- Requires BCBSVT to evaluate the evidence supporting use of acupuncture to treat pain and whether its plans should provide acupuncture coverage
- Creates DVHA pilot project to offer acupuncture services to Medicaid-eligible Vermonters with a diagnosis of chronic pain
  - progress report due to committees of jurisdiction by January 15, 2017
  - DVHA must consider if acupuncture has role in treating substance use disorder

**Sec. 16. Health Department position**

- Creates a new permanent classified position, substance abuse program manager, in the Department of Health to coordinate a secure prescription drug collection and disposal program as part of the program established in Sec. 14a.

**Sec. 17. Appropriations**

- The bill appropriates funds from the Evidence-Based Education and Advertising Fund:
  - \$250,000 to Department of Health for academic detailing, including information about safe prescribing of controlled substances and alternatives to opioids for treating pain
  - \$625,000 to Department of Health for unused prescription drug disposal initiatives, of which:
    - \$100,000 is for a secure prescription drug collection and disposal program and program coordinator
    - \$50,000 is for unused medication envelopes for a mail-back program
    - \$225,000 is for a public information campaign about the safe disposal of controlled substances
    - \$250,000 is for a public information campaign on the responsible use of prescription drugs
  - \$150,000 to Department of Health to purchase and distribute opioid antagonist rescue kits
  - \$250,000 to Department of Health to establish hospital antimicrobial program to reduce hospital-acquired infections
  - \$32,000 to Department of Health to purchase and distribute naloxone to emergency medical services personnel
  - \$200,000 to DVHA to implement the Medicaid acupuncture pilot project

**Sec. 18. Repeal**

- Repeals Unified Pain Management System Advisory Council

**Sec. 19. Effective dates**