

1 TO THE HONORABLE SENATE:

2 The Committee on Health & Welfare 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 bill be amended by striking out all after the enacting clause and inserting in
6 lieu thereof the following:

7 * * * Vermont Prescription Monitoring System * * *

8 Sec. 1. 18 V.S.A. § 4289 is amended to read:

9 § 4289. STANDARDS AND GUIDELINES FOR HEALTH CARE

10 PROVIDERS AND DISPENSERS

11 (a) Each professional licensing authority for health care providers shall
12 develop evidence-based standards to guide health care providers in the
13 appropriate prescription of Schedules II, III, and IV controlled substances for
14 treatment of acute pain, chronic pain and for other medical conditions to be
15 determined by the licensing authority. The standards developed by the
16 licensing authorities shall be consistent with rules adopted by the Department
17 of Health. **The licensing authorities shall submit their standards to the**
18 **Commissioner of Health for review to ensure consistency across health**
19 **care providers.**

20 (b)(1) Each health care provider who prescribes any Schedule II, III, or IV
21 controlled substances shall register with the VPMS by November 15, 2013.

1 (2) If the VPMS shows that a patient has filled a prescription for a
2 controlled substance written by a health care provider who is not a registered
3 user of VPMS, the Commissioner of Health shall notify the applicable
4 licensing authority and the provider by mail of the provider's registration
5 requirement pursuant to subdivision (1) of this subsection.

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

9 (c) Each dispenser who dispenses any Schedule II, III, or IV controlled
10 substances shall register with the VPMS and shall query the VPMS in
11 accordance with rules adopted by the Commissioner of Health.

12 (d)(1) Health care providers shall query the VPMS with respect to an
13 individual patient in the following circumstances:

14 (1) ~~at least annually for patients who are receiving ongoing treatment~~
15 ~~with an opioid Schedule II, III, or IV controlled substance~~ prior to writing a
16 prescription for any opioid Schedule II, III, or IV controlled substance, except
17 in the case of hospice or end-of-life care, **in the event of technical or**
18 **logistical difficulties,** or pursuant to other exceptions adopted by the
19 Commissioner by rule;

1 (2) when starting a patient on a Schedule II, III, or IV non-opioid
2 controlled substance for nonpalliative long-term pain therapy of 90 days
3 or more; and

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

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

8 (e) The Commissioner of Health shall, after consultation with the Unified
9 Pain Management System Advisory Council, adopt rules necessary to effect
10 the purposes of this section. ~~The Commissioner and the Council shall consider~~
11 ~~additional circumstances under which health care providers should be required~~
12 ~~to query the VPMS, including whether health care providers should be~~
13 ~~required to query the VPMS when a patient requests renewal of a prescription~~
14 ~~for an opioid Schedule II, III, or IV controlled substance written to treat acute~~
15 ~~pain.~~

16 (f) Each professional licensing authority for dispensers shall adopt
17 standards, consistent with rules adopted by the Department of Health under
18 this section, regarding the frequency and circumstances under which its
19 respective licensees shall:

20 (1) query the VPMS; and

1 (2) report to the VPMS, which shall be no less than once every ~~seven~~
2 ~~days~~ 24 hours.

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

7 * * * Unused Prescription Drug Disposal Program * * *

8 Sec. 2. STATEWIDE UNUSED PRESCRIPTION DRUG DISPOSAL
9 PROGRAM

10 Safe disposal of unused prescription drugs is an essential part of reducing
11 prescription drug abuse and diversion in Vermont. The Commissioners of
12 Health and of Public Safety shall implement one or more of the options
13 described in the January 2014 statewide drug disposal program report, or
14 develop and implement a new drug disposal model, to be fully operational
15 statewide on or before January 1, 2017. On or before October 1, 2016, the
16 Commissioners shall notify the House Committees on Health Care, on Human
17 Services, and on Judiciary, the Senate Committees on Health and Welfare and
18 on Judiciary, and the Health Reform Oversight Committee which model they
19 will implement and their strategy for informing Vermont residents about the
20 new statewide drug disposal program. **Add Massachusetts language,**

1 **manufacturer fee, funding for information, education, public service**
2 **announcements?**

3 * * * Expanding Access to Substance Abuse Treatment
4 with Buprenorphine * * *

5 Sec. 3. 18 V.S.A. chapter 93 is amended to read:

6 CHAPTER 93. TREATMENT OF OPIOID ADDICTION

7 Subchapter 1. Regional Opioid Addiction Treatment System

8 § 4751. PURPOSE

9 It is the purpose of this ~~chapter~~ subchapter to authorize the ~~department of~~
10 ~~health~~ Department of Health to establish a regional system of opioid addiction
11 treatment.

12 * * *

13 Subchapter 2. Opioid Addiction Treatment Care Coordination

14 § 4771. CARE COORDINATION

15 (a) In addition to participation in the regional system of opioid addiction
16 treatment established pursuant to subchapter 1 of this chapter, health care
17 providers may coordinate patient care in order to provide to the maximum
18 number of patients high quality opioid addiction treatment with buprenorphine
19 or a drug containing buprenorphine.

20 (b) Care for patients with opioid addiction may be provided by a care
21 coordination team comprising the patient's primary care provider, a qualified

1 addiction medicine physician or nurse practitioner as described in subsection
2 (c) of this section, and members of a medication-assisted treatment team
3 affiliated with the Blueprint for Health.

4 (c)(1) A primary care provider participating in the care coordination team
5 and prescribing buprenorphine or a drug containing buprenorphine pursuant to
6 this section shall meet federal requirements for prescribing buprenorphine or a
7 drug containing buprenorphine to treat opioid addiction and shall see the
8 patient he or she is treating for opioid addiction for an office visit at least once
9 every three months.

10 (2) A qualified addiction medicine physician participating in a
11 care coordination team pursuant to this section shall be a physician who is
12 board-certified in addiction medicine. The qualified physician shall see the
13 patient for addiction-related treatment other than the prescription of
14 buprenorphine or a drug containing buprenorphine and shall advise the
15 patient's primary care physician.

16 (3)(A) A qualified addiction medicine nurse practitioner participating in
17 a care coordination team pursuant to this section shall be an advanced practice
18 registered nurse who is certified as a nurse practitioner and who satisfies one or
19 more of the following conditions:

20 (i) has completed not fewer than 24 hours of classroom or
21 interactive training in the treatment and management of opioid-dependent

1 patients for substance use disorders provided by the American Society of
2 Addiction Medicine, the American Academy of Addiction Psychiatry, the
3 American Medical Association, the American Osteopathic Association, the
4 American Psychiatric Association, or any other organization that the
5 Commissioner of Health deems appropriate; or

6 (ii) has such other training and experience as the Commissioner of
7 Health determines will demonstrate the ability of the nurse practitioner to treat
8 and manage opioid dependent patients.

9 (B) The qualified nurse practitioner shall see the patient for
10 addiction-related treatment other than the prescription of buprenorphine or a
11 drug containing buprenorphine and shall advise the patient's primary care
12 physician.

13 (d) The primary care provider, qualified addiction medicine physician or
14 nurse practitioner, and medication-assisted treatment team members shall
15 coordinate the patient's care and shall communicate with one another as often
16 as needed to ensure that the patient receives the highest quality of care.

17 (e) The Director of the Blueprint for Health shall consider increasing
18 payments to primary care providers participating in the Blueprint who choose
19 to engage in care coordination by prescribing buprenorphine or a drug
20 containing buprenorphine for patients with opioid addiction pursuant to this
21 section.

1 **OR direct Dept of Health to study, report on ways to increase,**
2 **incentivize, provide support to primary care providers?**

3 Sec. 4. TELEMEDICINE FOR TREATMENT OF SUBSTANCE USE
4 DISORDER; PILOT

5 **(a)** The Green Mountain Care Board and Department of Vermont Health
6 Access shall develop a pilot program to enable a patient taking buprenorphine
7 or a drug containing buprenorphine for a substance use disorder to receive
8 treatment from an addiction medicine specialist delivered through telemedicine
9 at a health care facility that is capable of providing a secure telemedicine
10 connection and whose location is convenient to the patient. The Board and the
11 Department shall ensure that both the specialist and the hosting facility are
12 reimbursed for services rendered.

13 **(b)(1) Patients beginning treatment for a substance use disorder with**
14 **buprenorphine or a drug containing buprenorphine shall not receive**
15 **treatment through telemedicine. A patient may receive treatment through**
16 **telemedicine only after a period of stabilization on the buprenorphine or**
17 **drug containing buprenorphine, as measured by an addiction medicine**
18 **specialist using an assessment tool approved by the Department of Health.**

19 **(2) Notwithstanding the provisions of subdivision (1) of this**
20 **subsection, patients whose care has been transferred from a regional**
21 **specialty addictions treatment center may begin receiving treatment**

1 **through telemedicine immediately upon the transfer of care to an office-**
2 **based opioid treatment provider.**

3 **(c) On or before January 15, 2017 and annually thereafter, the Board and**
4 **the Department shall provide a progress report on the pilot program to the**
5 **House Committees on Health Care and on Human Services and the Senate**
6 **Committee on Health and Welfare.**

7 * * * Expanding Role of Pharmacies and Pharmacists * * *

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

9 § 2022. DEFINITIONS

10 As used in this chapter:

11 * * *

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

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

14 (ii) the compounding, dispensing, and labeling of drugs and
15 legend devices (except labeling by a manufacturer, packer, or distributor of
16 nonprescription drugs and commercially packaged legend drugs and legend
17 devices);

18 (iii) the participation in drug selection and drug utilization
19 reviews;

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

1 (v) the responsibility for advising, where necessary or where
2 regulated, of therapeutic values, content, hazards, and use of drugs and legend
3 devices; and

4 (vi) the providing of patient care services within the pharmacist’s
5 authorized scope of practice;

6 (vii) the optimizing of drug therapy through the practice of clinical
7 pharmacy; and

8 (viii) the offering or performing of those acts, services, operations,
9 or transactions necessary in the conduct, operation, management, and control
10 of pharmacy.

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

12 (i) the health science discipline in which, in conjunction with the
13 patient’s other practitioners, a pharmacist provides patient care to optimize
14 medication therapy and to promote disease prevention and the patient’s health
15 and wellness;

16 (ii) the provision of patient care services within the pharmacist’s
17 authorized scope of practice, including medication therapy management,
18 comprehensive medication review, and post-diagnostic disease state
19 management services; and

20 (iii) the practice of pharmacy by a pharmacist pursuant to a
21 collaborative practice agreement.

1 ~~(b)~~ As used in this section:

2 (1) “Health insurer” ~~is defined by~~ shall have the same meaning as in 18
3 V.S.A. § 9402 and shall also include Medicaid and any other public health care
4 assistance program.

5 (2) “Pharmacy benefit manager” means an entity that performs
6 pharmacy benefit management. “Pharmacy benefit management” means an
7 arrangement for the procurement of prescription drugs at negotiated dispensing
8 rates, the administration or management of prescription drug benefits provided
9 by a health insurance plan for the benefit of beneficiaries, or any of the
10 following services provided with regard to the administration of pharmacy
11 benefits:

12 (A) mail service pharmacy;

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

15 (C) clinical formulary development and management services;

16 (D) rebate contracting and administration;

17 (E) certain patient compliance, therapeutic intervention, and generic
18 substitution programs; and

19 (F) disease management programs.

20 (3) “Health care provider” means a person, partnership, or corporation,
21 other than a facility or institution, that is licensed, certified, or otherwise

1 authorized by law to provide professional health care service in this State to an
2 individual during that individual's medical care, treatment, or confinement.

3 (b) 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 (c) ~~This section shall apply to Medicaid and any other public health care~~
9 ~~assistance program.~~ Notwithstanding any provision of a health insurance plan
10 to the contrary, if a health insurance plan provides for payment or
11 reimbursement that is within the lawful scope of practice of a pharmacist, the
12 insurer may provide payment or reimbursement for the service when the
13 service is provided by a pharmacist.

14 Sec. 8. ROLE OF PHARMACIES IN PREVENTING OPIOID ABUSE;

15 REPORT

16 (a) The Department of Health, in consultation with the Board of Pharmacy,
17 pharmacists, prescribing health care practitioners, health insurers, pharmacy
18 benefit managers, and other interested stakeholders shall consider the role of
19 pharmacies in preventing opioid misuse, abuse, and diversion. The
20 Department's evaluation shall include a consideration of whether, under what
21 circumstances, and in what amount pharmacists should be reimbursed for

1 counting or otherwise evaluating the quantity of pills, films, patches, and
2 solutions of opioid controlled substances prescribed by a health care provider
3 to his or her patients.

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

9 * * * Continuing Medical Education * * *

10 Sec. 9. CONTINUING EDUCATION; PROFESSIONAL LICENSING

11 BOARDS

12 (a) On or before December 15, 2016, the professional boards that license
13 physicians, osteopathic physicians, dentists, pharmacists, advanced practice
14 registered nurses, naturopathic physicians, and any other profession authorized
15 to prescribe controlled substances shall amend their continuing education rules
16 to require a total of at least two hours of continuing education for each
17 licensing period **(for all licensees? licensees with DEA numbers only?)** on
18 the topics of the abuse and diversion, safe use, and appropriate storage and
19 disposal of controlled substances; the appropriate use of the Vermont
20 Prescription Monitoring System; risk assessment for abuse or addiction;
21 pharmacological and nonpharmacological alternatives to opioids for managing

1 pain; medication tapering; and relevant State and federal laws and regulations
2 concerning the prescription of opioid controlled substances.

3 (b) The Department of Health shall consult with the Board of Veterinary
4 Medicine to develop recommendations regarding appropriate **use of the**
5 **Vermont Prescription Monitoring System by veterinarians regarding**
6 **drugs safe prescribing and disposal of controlled substances** prescribed **by**
7 **veterinarians** for animals and dispensed to their owners, as well as appropriate
8 continuing education for veterinarians in the topics described in subsection (a)
9 of this section (**add reference to VPMS?**). On or before January 15, 2017, the
10 Department shall report its findings and recommendations to the House
11 Committees on Agriculture and on Human Services and the Senate
12 Committees on Agriculture and on Health and Welfare.

13 * * * Medical Education Core Competencies * * *

14 Sec. 10. MEDICAL EDUCATION CORE COMPENTENCIES;

15 PREVENTION AND MANAGEMENT OF PRESCRIPTION DRUG

16 MISUSE

17 The Commissioner of Health shall **collaborate with the Dean of the**
18 **University of Vermont College of Medicine** **convene medical educators**
19 **and other stakeholders** to develop appropriate curricular interventions and
20 innovations to ensure that medical **students receive schools have access to**
21 certain core competencies related to safe prescribing practices and to

1 screening, prevention, and intervention for cases of prescription drug misuse
2 and abuse. The goal of the core competencies shall be to support future
3 physicians over the course of their medical education to develop skills and a
4 foundational knowledge in the prevention of prescription drug misuse. These
5 competencies should be clear baseline standards for preventing prescription
6 drug misuse, treating patients at risk for substance use disorders, and managing
7 substance use disorders as a chronic disease, as well as developing knowledge
8 in the areas of screening, evaluation, treatment planning, and supportive
9 recovery.

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

11 Sec. 11. REGIONAL PREVENTION PARTNERSHIPS

12 To the extent funds are available, the Department of Health shall establish a
13 community grant program for the purpose of supporting local opioid
14 prevention strategies. This program shall support evidence-based approaches
15 and shall be based on a comprehensive community plan including community
16 education and initiatives designed to increase awareness or implement local
17 programs, or both. Partnerships involving schools, local government, and
18 hospitals shall receive priority.

19 * * * Distribution of Naloxone to Emergency Medical Services Personnel * * *

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

21 § 2004. MANUFACTURER FEE

1 (a) Annually, each pharmaceutical manufacturer or labeler of prescription
2 drugs that are paid for by the Department of Vermont Health Access for
3 individuals participating in Medicaid, Dr. Dynasaur, or VPharm shall pay a fee
4 to the Agency of Human Services. The fee shall be 0.5 percent of the previous
5 calendar year's prescription drug spending by the Department and shall be
6 assessed based on manufacturer labeler codes as used in the Medicaid rebate
7 program.

8 (b) Fees collected under this section shall fund collection and analysis of
9 information on pharmaceutical marketing activities under 18 V.S.A. §§ 4632
10 and 4633, analysis of prescription drug data needed by the Office of the
11 Attorney General for enforcement activities, the Vermont Prescription
12 Monitoring System established in 18 V.S.A. chapter 84A, the evidence-based
13 education program established in 18 V.S.A. chapter 91, subchapter 2, the
14 purchase and distribution of naloxone to emergency medical services
15 personnel, and any opioid-antagonist education, training, and distribution
16 program operated by the Department of Health or its agents. The fees shall be
17 collected in the Evidence-Based Education and Advertising Fund established
18 in section 2004a of this title.

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

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

1 (a) The Evidence-Based Education and Advertising Fund is established in
2 the State Treasury as a special fund to be a source of financing for activities
3 relating to fund collection and analysis of information on pharmaceutical
4 marketing activities under 18 V.S.A. §§ 4632 and 4633, for analysis of
5 prescription drug data needed by the Office of the Attorney General for
6 enforcement activities, for the Vermont Prescription Monitoring System
7 established in 18 V.S.A. chapter 84A, for the evidence-based education
8 program established in 18 V.S.A. chapter 91, subchapter 2, for the purchase
9 and distribution of naloxone to emergency medical services personnel, and for
10 the support of any opioid-antagonist education, training, and distribution
11 program operated by the Department of Health or its agents. Monies deposited
12 into the Fund shall be used for the purposes described in this section.

13 * * * Unified Pain Management System Advisory Council * * *

14 Sec. 14. 2013 Acts and Resolves No. 75, Sec. 14 is amended to read:

15 Sec. 14. UNIFIED PAIN MANAGEMENT SYSTEM ADVISORY

16 COUNCIL **(or combine advisory groups?)**

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 * * *

4 (24) an advanced practice registered nurse full-time faculty member
5 from the University of Vermont's Department of Nursing; ~~and~~

6 (25) a consumer representative who is either a consumer in recovery
7 from prescription drug abuse or a consumer receiving medical treatment for
8 **chronic** noncancer-related pain; and

9 (26) up to three adjunct members appointed by the Commissioner in
10 consultation with the Opiate Prescribing Task Force (VDH).

11 * * * Acupuncture * * *

12 **Sec. 15. ACUPUNCTURE AS ALTERNATIVE TREATMENT FOR**
13 **CHRONIC PAIN AND SUBSTANCE USE DISORDER;**
14 **REPORTS (or DVHA performance improvement project?)**

15 (a) The Director of Health Care Reform in the Agency of Administration,
16 in consultation with the Department of Health and the Department of Human
17 Resources, shall review Vermont State employees' experience with
18 acupuncture for treatment of **chronic?** pain. On or before January 15, 2017,
19 the Director shall report his or her findings to the House Committees on Health
20 Care and on Human Services and the Senate Committee on Health and
21 Welfare.

1 (b) The Department of Vermont Health Access shall evaluate the evidence
2 supporting the use of acupuncture as a modality for treating and managing
3 **chronic?** pain in Medicaid beneficiaries. On or before January 15, 2017, the
4 Department shall report to the House Committees on Health Care and on
5 Human Services and the Senate Committee on Health and Welfare its
6 assessment of whether Vermont’s Medicaid program should provide coverage
7 for acupuncture when used to treat or manage **chronic?** pain.

8 (c) Each nonprofit hospital and medical service corporation licensed to do
9 business in this State and providing coverage for **chronic?** pain **management**
10 shall evaluate the evidence supporting the use of acupuncture as a modality for
11 treating and managing **chronic?** pain in its enrollees, including the experience
12 of other states in which acupuncture is covered by health insurance plans. On
13 or before January 15, 2017, each such corporation shall report to the House
14 Committees on Health Care and on Human Services and the Senate Committee
15 on Health and Welfare its assessment of whether its insurance plans should
16 provide coverage for acupuncture when used to treat or manage **chronic?** pain.

17 (d) On or before January 15, 2017, the Department of Health, Division of
18 Alcohol and Drug Abuse Programs shall make available to its preferred
19 provider network evidence-based best practices related to the use of
20 acupuncture to treat substance use disorder.

21 * * * Rulemaking * * *

1 Sec. 16. PRESCRIBING OPIOIDS FOR ACUTE AND CHRONIC PAIN;

2 RULEMAKING

3 The Commissioner of Health shall adopt rules governing the prescription of
4 opioids for acute pain and chronic pain and for the use of the Vermont
5 Prescription Monitoring System. The rules **may** include numeric and temporal
6 limitations on the number of pills prescribed, including a maximum **number of**
7 pills **to be prescribed** following minor medical procedures, **consistent with**
8 **effective pain management**. The rules **may** require the contemporaneous
9 prescription of naloxone in certain circumstances, and shall require informed
10 consent for patients that explains the risks associated with taking opioids,
11 including addiction, physical dependence, side effects, tolerance, overdose, and
12 death. The rules shall also require prescribers prescribing opioids to patients to
13 provide information concerning the safe storage and disposal of controlled
14 substances.

15 * * * Appropriation for Naloxone * * *

16 Sec. 17. APPROPRIATION

17 The sum of \$32,000.00 is appropriated from the Evidence-Based Education
18 and Advertising Fund to the Department of Health in fiscal year 2017 for the
19 purpose of purchasing and distributing naloxone to emergency medical
20 services personnel throughout the State.

21 * * * Effective Dates * * *

