Section by section summary of S.243:
An act relating to combating opioid abuse in Vermont

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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
- Requires dispensers to query the VPMS in accordance with rules adopted by the Commissioner of Health
- Provides an exception from the requirements for health care providers to query the VPMS for electronic and technological failure
- 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
- Increases dispenser reporting to VPMS from at least once a week to at least once daily
    - this requirement takes effect 30 days after the Commissioner notifies dispensers that the VPMS has the capacity for daily reporting

Sec. 3. Opioid addiction treatment care coordination

- Goal is to increase the number of physicians in VT who can prescribe buprenorphine
    - under federal law, a physician must receive a waiver from the federal government to prescribe buprenorphine
    - in the first year with the waiver, a physician can treat 30 patients at a time with buprenorphine; after the first year, the physician can treat 100 patients at a time with buprenorphine
- Sets up a care coordination team made up of the patient's primary care physician, a qualified addiction medicine physician or nurse practitioner, and members of a medication-assisted therapy team affiliated with the Blueprint for Health
    - the primary care physician would prescribe buprenorphine for the patient and would see the patient for an office visit at least once every three months

Sec. 4. Telemedicine pilot for treatment of substance use disorder

- Directs the Green Mountain Care Board (GMCB) and Department of Vermont Health Access (DVHA) to develop a pilot program for a patient taking buprenorphine for a substance use disorder to receive treatment from an addiction medicine specialist through telemedicine from a health care facility convenient to the patient

- Places restrictions on the type of patient who can use the telemedicine services
    - only patients who have been stabilized on buprenorphine, as measured by an addiction medicine specialist
    - also includes patients who have been transferred from a substance abuse "hub" to a "spoke"
- Requires annual progress report on the pilot project to the committees of jurisdiction

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 the licensing boards for professions that can prescribe controlled substances to amend their continuing education rules to require 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
- Applies only to licensees with a DEA number or who dispense controlled substances
- 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 1.235% 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
    - nonpharmacological approaches to pain management
    - hospital antimicrobial program to reduce hospital-acquired infections
    - purchase and distribution of naloxone to emergency medical services personnel

Sec. 14. Controlled Substances and Pain Management Advisory Council

- Combines most of the existing Unified Pain Management System Advisory Council and the VPMS Advisory Committee, along with a few new members, into a new 32-member Controlled Substances and Pain Management Advisory 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, misuse, and diversion after seeking advice from the Council

Secs. 15-15a. Acupuncture studies and reports

- Requires reports to committees of jurisdiction on:
    - State employees' experience using acupuncture to treat pain
    - BCBSVT's evaluation of 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 also must consider whether there is a role for acupuncture in treating substance use disorder

Sec. 16. Rules on prescribing opioids

- Requires Commissioner of Health to adopt rules on prescribing opioids after consulting the Controlled Substances and Pain Management Advisory Council
    - rules may include number and time limits on pills prescribed, including a maximum number of pills to be prescribed following minor medical procedures
    - rules may include contemporaneous prescription of naloxone in certain circumstances
    - rules must require informed consent for patients that explains risks associated with taking opioids
    - rules must require prescribers to provide information to their patients about safe storage and disposal of controlled substances

Sec. 17. Appropriations

- Bill appropriates funds from the Evidence-Based Education and Advertising Fund as follows:
    - $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 MedSafe 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