

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

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

18 V.S.A. § 4289. Standards and guidelines for health care providers and dispensers

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

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

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

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

(c) Each dispenser who dispenses any Schedule II, III, or IV controlled substances shall register with the VPMS. Each dispenser who dispenses any Schedule II, III, or IV controlled substances shall query the VPMS consistent with rules passed by the Commissioner of Health.

(d) Health care providers shall query the VPMS with respect to an individual patient prior to writing a prescription for any opioid except on the cases of hospice or end-of-life care, or other exemptions as determined by the Commissioner of Health by rule. ~~in the following circumstances:~~

~~(1) at least annually for patients who are receiving ongoing treatment with an opioid Schedule II, III, or IV controlled substance;~~

~~(2) when starting a patient on a Schedule II, III, or IV controlled substance for nonpalliative long term pain therapy of 90 days or more;~~

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

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

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

(1) query the VPMS; and

(2) report to the VPMS, which shall be no less than once every ~~seven days~~ 24 hours as soon as determined to be practicable by the Commissioner of Health.

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

(g) Each professional licensing authority for health care providers shall develop evidence-based standards to guide health care providers in the appropriate prescription of Schedules II, III, and IV controlled substances for treatment of acute pain, chronic pain, and for other medical conditions to be determined by the licensing authority. The standards developed by the licensing authorities shall be consistent with rules adopted by the Department of Health.

Sec. 2. PROFESSIONAL LICENSING ENTITIES; CONTINUING EDUCATION

On or before December 15, 2016, the Board of Medical Practice, Board of Dental Examiners, Board of Nursing, Board of Pharmacy, the Board of Osteopathic Physicians and Surgeons, and the Office of Professional Regulation that governs Naturopaths, shall amend their continuing education rules to include a minimum of two hours of continuing education on the topic of abuse and diversion, safe use, storage and disposal of Controlled Substances for each licensing period.

Sec. 3. RULEMAKING FOR THE PRESCRIPTION OF OPIOIDS FOR ACUTE AND CHRONIC PAIN

The Commissioner of Health shall adopt rules governing the prescription of opioids for acute pain, chronic pain, and the use of the VPMS. These rules shall include pill count or temporal

limitations on prescriptions of opioids including, but not limited to, ten pills prescribed for minor procedures. The rules shall also require the co-prescription of naloxone in certain circumstances, as well as mandatory informed consent for patients that explains the risks associated with opioids including addiction, overdose and death, physical dependence, physical side effects, and tolerance. The rules shall also require prescribers to provide patients prescribed opioids with information concerning the safe storage and disposal of Controlled Substances.

Sec. 4. STATEWIDE UNUSED PRESCRIPTION DRUG DISPOSAL PROGRAM

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

Sec. 5. MEDICAL EDUCATION CORE COMPETENCIES FOR THE PREVENTION AND MANAGEMENT OF PRESCRIPTION DRUG MISUSE

The Commissioner of Health shall work with the Dean of the University of Vermont College of Medicine in order to develop appropriate curricular interventions and innovations to ensure that the medical students receive certain core competencies related to safe prescribing practices and screening, prevention and intervention of drug abuse and misuse. The goal of the core competencies is to support future physicians, over the course of their medical education, with both skills and a foundational knowledge in the prevention of prescription drug misuse. These competencies should clear baseline standards for primary (preventing prescription drug misuse), secondary (treating patients at-risk for substance use disorders), and tertiary (managing substance use disorders as a chronic disease) prevention skills and knowledge in the areas of screening, evaluation, treatment planning, and supportive recovery.

Sec. 6. COMMUNITY GRANT PROGRAM

The Department of Health shall, funds permitting, establish a community grant program for the purpose of supporting local opioid prevention strategies. This program shall support evidence-based approaches and be based upon a comprehensive community plan, including community education, initiatives to increase awareness and/or to implement local programs. Partnerships with schools, local government and hospitals are to receive priority.