TO THE HONORABLE SENATE:

The Committee on Health & Welfare to which was referred Senate Bill No. 243 entitled "An act relating to combating opioid abuse in Vermont" respectfully reports that it has considered the same and recommends that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

* * * Vermont Prescription Monitoring System * * *

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

§ 4289. STANDARDS AND GUIDELINES FOR HEALTH CARE PROVIDERS AND DISPENSERS (**changes reflect (most) VDH proposals**)

(a) 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.

(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. **~~Failure to register with the VPMS may be considered unprofessional conduct under the provider's applicable licensing statutes.~~**

(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 **and shall query the VPMS in accordance with rules adopted by the Commissioner of Health**. **~~Failure to register with the VPMS may be considered unprofessional conduct under the dispenser's applicable licensing statutes.~~**

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

~~(1)~~(A) ~~at least annually for patients who are receiving ongoing treatment with an~~ **~~each time the provider issues a new or renewal prescription for an opioid Schedule II, III, or IV controlled substance to a patient;~~**

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

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

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

prior to writing a prescription for any opioid Schedule II, III, or IV controlled substance, except in the case of hospice or end-of-life care or pursuant to other exceptions adopted by the Commissioner by rule.

~~**(2) Failure to query the VPMS as required by this section and by rules adopted by the Commissioner of Health pursuant to this section may be considered unprofessional conduct under the provider's applicable licensing statutes.**~~

(e) 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~~.

(f)(1) 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)~~(A) query the VPMS; and

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

~~(2) Failure to query or report to the VPMS as required by this subsection or rules adopted pursuant to this subsection may be considered unprofessional conduct under the provider's applicable licensing statutes.~~

(g) 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.

* * * Unused Prescription Drug Disposal Program * * *

Sec. 2. STATEWIDE UNUSED PRESCRIPTION DRUG DISPOSAL PROGRAM **(option #1 - S.243 as introduced)**

Safe disposal of unused prescription drugs is an essential part of reducing prescription drug abuse and diversion in Vermont. 2013 Acts and Resolves

No. 75, Sec. 16 directed the Commissioners of Health and of Public Safety to make recommendations in January 2014 for a statewide drug disposal program at no charge to the consumer, and to implement the program within six months. The Commissioners provided a report describing options but have not implemented any of them to date. The delay has set back Vermont's efforts to curtail prescription drug abuse and diversion due to unused prescription drugs by as much as two years, and it is of the utmost importance that a program be put in place as soon as possible. The federal government enacted new regulations in 2014 that expanded the opportunities for drug disposal, including allowing for drug disposal at pharmacies and certain other locations. The Commissioners shall implement one or more of the options described in the 2014 report, or develop and implement a new drug disposal model, to be fully operational statewide on or before January 1, 2017. On or before 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. 2. STATEWIDE UNUSED PRESCRIPTION DRUG DISPOSAL PROGRAM **(option #2 - VDH proposal)**

Safe disposal of unused prescription drugs is an essential part of reducing prescription drug abuse and diversion in Vermont~~. 2013 Acts and Resolves No. 75, Sec. 16 directed the Commissioners of Health and of Public Safety to make recommendations in January 2014 for a statewide drug disposal program at no charge to the consumer, and to implement the program within six months. The Commissioners provided a report describing options but have not implemented any of them to date. The delay has set back Vermont's efforts to curtail prescription drug abuse and diversion due to unused prescription drugs by as much as two years, and it is of the utmost importance that a program be put in place as soon as possible. The federal government enacted new regulations in 2014 that expanded the opportunities for drug disposal, including allowing for drug disposal at pharmacies and certain other locations.~~ The Commissioners **of Health and 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 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. 2. 18 V.S.A. chapter 83 is added to read: (option #3 - Massachusetts model)

CHAPTER 83. UNUSED PRESCRIPTION DRUG STEWARDSHIP PROGRAM

§ 4101. DEFINITIONS

As used in this chapter:

(1) "Covered drug" means any Schedule II, III, or IV controlled substance, but shall not include:

(A) drugs intended for use solely in veterinary care;

(B) substances that are regulated as cosmetic products under the U.S. Food, Drug and Cosmetic Act, 21 U.S.C. § 301 et seq.;

(C) compounded drugs; or

(D) hypodermic needles, lancets, or other sharps products.

(2) "Department" means the Department of Health.

(3) "Drug stewardship program" means a program financed by a prescription drug manufacturer or a group of manufacturers to collect, secure, transport, and safely dispose of unwanted drugs.

(4) "Prescription drug manufacturer" means an entity that manufactures a controlled substance under a U.S. Food and Drug Administration manufacturer's license.

(5) "Prescription drug" means any drug product that may be dispense pursuant to a prescription written or otherwise issued by an authorized prescriber.

(6) "Stewardship organization" means an organization designated by a prescription drug manufacturer or group of manufacturers to act as an agent on behalf of the manufacturer or group of manufacturers to implement and operate a drug stewardship program.

(7)(A) "Unwanted drug" means a covered drug that is:

(i) no longer wanted or intended to be consumed or that is abandoned, discarded, expired, or surrendered by the person for whom it was prescription; or

(ii) voluntarily deposited at a designated collection site.

(B) The term does not include:

(i) waste or unused drug products from a pharmacy, hospital, or health clinic or other commercial sources that the Department determines, by rule, to be a nonresidential source; or

(ii) drug products seized by law enforcement officers in the course of their law enforcement duties.

(8) "Wholesaler" means a person who purchases or distributes covered drugs for resale and distribution to entities other than consumers.

§ 4102. DRUG STEWARDSHIP PROGRAM

(a) Each prescription drug manufacturer selling or distributing a covered drug to consumers in this State, whether directly or through a wholesaler, retailer, or other agent, shall either:

(1) operate a drug stewardship plan approved by the Department individually or jointly with other manufacturers; or

(2) enter into an agreement with a stewardship organization that shall operate a drug stewardship plan approved by the Department.

(b) The Department shall establish a process to review applications for approval and renewal of a manufacturer's drug stewardship plan and shall ensure that the scope and extent of each approved stewardship program is reasonably related to the manufacturer's total sales of covered drugs in this State.

(c) Annually on or before March 1, each operator of a drug stewardship program shall submit a written report to the Department describing the program's activities for the prior year and the volume and type of unwanted drugs collected.

(d) The Department shall review each drug stewardship program for renewal at least once every three years.

(e) The Department shall publish and make publicly available a list and description of each approved drug stewardship program and shall update the list at least once every two months.

(f) The Department shall adopt rules pursuant to 3 V.S.A. chapter 25 as needed to implement the provisions of this chapter.

§ 4103. DRUG STEWARDSHIP PLAN

A manufacturer or stewardship organization seeking approval for a drug stewardship program shall submit, in a manner and form determined by the Department, a plan that meets at least the following requirements:

(1) A collection system to provide convenient, ongoing collection services to all persons seeking to dispose of unwanted drugs. The collection system may accept any covered drug and any other prescription drug in a pill formulation regardless of its schedule, brand, or source of manufacture. The system shall offer reasonable access to persons across all geographic regions and shall include at two or more of the following options:

(A) a mail-back program that provides prepaid and preaddressed packaging for a pharmacy to distribute when filling a prescription for a covered drug or upon request by a consumer;

(B) additional collection kiosks;

(C) drop-off day events at regional locations;

(D) in-home disposal methods that render a product safe from misuse and that comply with applicable controlled substance regulations and environmental safety regulations; or

(E) any other method recommended by the Department or pursuant to U.S. Drug Enforcement Administration guidelines.

(2) Adequate provisions for the security of unwanted drugs throughout the collection process and the safety of any person involved in monitoring, staffing, or servicing the stewardship program.

(3) A plan for public outreach and education about the drug stewardship program, which shall include a plan for communicating information about the drug products that may be disposed of through the program, a listing of all available collection methods, participating collectors and locations, dates and hours of operation for all collection or drop-off locations, educational information on the environmental, health, and addiction risks posed by unused or improperly disposed prescription drug products and a means of communication to receive public comments and questions about the program.

(4) A plan for the manufacturer, group of manufacturers, or stewardship organization that provides the operational and administrative costs associated with the program; provided, however, that no point-of-

sale, point-of-collection, or processing fees or other drug cost increases may be charged to individual consumers to recoup program costs in whole or in part.

(5) Incentives provided by the manufacturer, group of manufacturers, or stewardship organization to consumers to return unwanted drugs.

(6) An attestation that the program will comply with all applicable State and federal requirements for the collection, security, transport, and disposal of drug products, including any requirements established by rules or regulations of either the U.S. Drug Enforcement Administration or the U.S. Environmental Protection Agency.

(7) Any other requirements the Department establishes for the safe and effective administration of a drug stewardship program.

§ 4104. COMPLIANCE

(a) The Department shall send a notice to a pharmaceutical product manufacturer that sells or distributes a covered drug in this State that has not submitted an application for approval pursuant to section 4102 of this title, informing the manufacturer of the requirement to comply with this chapter. A manufacturer that receives a notice shall submit an application for approval pursuant to section 4102 of this title within 180 calendar days of receipt.

(b) Upon becoming aware that a pharmaceutical product manufacturer has discontinued its drug stewardship program or has altered the program in such a manner that no longer complies with the requirements of this chapter, the Department shall send a notice of noncompliance to the manufacturer. A manufacturer that receives a notice of noncompliance shall take all required corrective steps to reestablish compliance with this chapter or submit a written appeal to the Department within 30 days of receipt of the notice of noncompliance.

(c) If after consideration of an appeal, or if the manufacturer does not appeal then within 30 days after the manufacturer receives the notice of noncompliance, the Department determines that the manufacturer has continued to violate this chapter, the Department shall impose an initial administrative penalty of not more than $150,000.00 and an additional administrative penalty of not more than $10,000.00 for each subsequent day that the manufacturer continues to violate this chapter.

(d) The Department shall report any persistent violations of this chapter to the Attorney General, who may enforce this chapter.

§ 4105. PHARMACY PARTICIPATION

(a) Nothing in this chapter shall be construed to require a retail pharmacy or a pharmacist practicing in a retail setting to participate in the collection, securing, transport, or disposal of unwanted drugs.

(b) No stewardship program shall require an outpatient pharmacy in this State to participate in the collection, securing, transport, or disposal of unwanted drugs or to maintain a collection kiosk within an outpatient pharmacy unless the pharmacy certifies to the Department, in writing, that its participating is voluntary.

[FUNDING PRESCRIPTION DRUG AWARENESS PROGRAM AS ALTERNATIVE?]

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

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

CHAPTER 93. TREATMENT OF OPIOID ADDICTION

Subchapter 1. Regional Opioid Addiction Treatment System

§ 4751. PURPOSE

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

* * *

Subchapter 2. Opioid Addiction Treatment Care Coordination

§ 4771. CARE COORDINATION

(a) In addition to participation in the regional system of opioid addiction treatment established pursuant to subchapter 1 of this chapter, health care

providers may coordinate patient care in order to provide to the maximum number of patients high quality opioid addiction treatment with buprenorphine or a drug containing buprenorphine.

(b) Care for patients with opioid addiction may be provided by a care coordination team comprising the patient's primary care provider, a qualified addiction medicine physician or nurse practitioner as described in subsection (c) of this section, and members of a medication-assisted treatment team affiliated with the Blueprint for Health.

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

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

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

(i) has completed not fewer than 24 hours of classroom or interactive training in the treatment and management of opioid-dependent patients for substance use disorders provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Commissioner of Health deems appropriate; or

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

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

(d) The primary care provider, qualified addiction medicine physician or nurse practitioner, and medication-assisted treatment team members shall

coordinate the patient's care and shall communicate with one another as often as needed to ensure that the patient receives the highest quality of care.

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

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

The Green Mountain Care Board and Department of Vermont Health Access shall develop a pilot program to enable a patient taking buprenorphine or a drug containing buprenorphine for a substance use disorder to receive treatment from an addiction medicine specialist delivered through telemedicine at a health care facility that is capable of providing a secure telemedicine connection and whose location is convenient to the patient. The Board and the Department shall ensure that both the specialist and the hosting facility receive appropriate compensation for services rendered. On or before January 15, 2017 and annually thereafter, the Board and the Department shall provide a progress report on the pilot program to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare.

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

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

§ 2022. DEFINITIONS

As used in this chapter:

*** * ***

(14)(A) "Practice of pharmacy" means:

(i) the interpretation and evaluation of prescription orders;

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

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

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

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

(vi) the providing of patient care services;

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

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

(B) "Practice of clinical pharmacy" means:

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

(ii) the provision of patient care services, including medication therapy management, comprehensive medication review, and post-diagnostic disease state management services; and

(iii) the practice of pharmacy by a pharmacist pursuant to a clinical pharmacy agreement.

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

*** * ***

(19) "Clinical pharmacy agreement" means an agreement between a pharmacist and a health care entity or practitioner that permits the

pharmacist to engage in the practice of clinical pharmacy for the benefit of the entity's or practitioner's patients.

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

§ 2023. CLINICAL PHARMACY

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

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

§ 4089j. RETAIL PHARMACIES; FILLING OF PRESCRIPTIONS

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

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

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

(2) "Pharmacy benefit manager" means an entity that performs pharmacy benefit management. "Pharmacy benefit management" means an arrangement for the procurement of prescription drugs at negotiated dispensing rates, the administration or management of prescription drug benefits provided

by a health insurance plan for the benefit of beneficiaries, or any of the following services provided with regard to the administration of pharmacy benefits:

(A) mail service pharmacy;

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

(C) clinical formulary development and management services;

(D) rebate contracting and administration;

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

(F) disease management programs.

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

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

(c) Notwithstanding any provision of a health insurance plan to the contrary, if a health insurance plan provides for payment or reimbursement that is within the lawful scope of practice of a pharmacist, the insurer may provide payment or reimbursement for the service when the service is provided by a pharmacist.

(c) ~~**This section shall apply to Medicaid and any other public health care assistance program.**~~

(d)(1) A health insurer and pharmacy benefit manager doing business in Vermont shall reimburse a licensed pharmacist or a pharmacy technician under the supervision of a licensed pharmacist for conducting pill counts, pursuant to an order from a health care provider, of opioid controlled substances prescribed by the health care provider to his or her patients. The health insurer or pharmacy benefit manager shall determine the reimbursement amount, which shall be at least $10.00 per pill count for each prescribed medication counted. The pharmacist or pharmacy technician shall promptly report the results of the pill count to the health care provider who ordered it.

(2) Nothing in this subsection shall be construed to require a licensed pharmacist or pharmacy technician to conduct a pill count.

Sec. 8. BOARD OF PHARMACY; RULEMAKING

The Board of Pharmacy, in consultation with the Department of Health, shall adopt rules or procedures, or both, as appropriate, to provide guidance to

licensed pharmacists and pharmacy technicians conducting pill counts of controlled substances pursuant to 8 V.S.A. § 4089j(d). The Board's rules or procedures, or both, shall take effect on or before July 1, 2017.

* * * Continuing Medical Education * * *

~~**Sec. 7. 26 V.S.A. § 1400(b) is amended to read:**~~

~~**(b)(1) A licensee for renewal of an active license to practice medicine shall have completed continuing medical education which shall meet minimum criteria as established by rule, by the board Board, by August 31, 2012 and which shall be in effect for the renewal of licenses to practice medicine expiring after August 31, 2014. The board Board shall require a minimum of 10 hours of continuing medical education by rule.**~~

~~**(A) At least one hour of continuing medical education for all licensees shall be on the topic of hospice care, palliative care, or pain management services, or a combination of these.**~~

~~**(B) At least one hour of continuing medical education for all licensees who prescribe controlled substances shall be on the topic of safe and effective prescribing of controlled substances. Licensees who prescribe or are likely to prescribe opioid controlled substances, as determined by the Board, shall complete at least one additional hour of continuing medical education on the appropriate use of opioids, including**~~

~~**the use of complementary and alternative therapies instead of opioid controlled substances to treat chronic pain.**~~

~~**(2) The training provided by the continuing medical education shall be designed to assure that the licensee has updated his or her knowledge and skills in his or her own specialties and also has kept abreast of advances in other fields for which patient referrals may be appropriate.**~~

~~**The board**~~ **Board** ~~**shall require evidence of current professional competence in recognizing the need for timely appropriate consultations and referrals to assure fully informed patient choice of treatment options, including treatments such as those offered by hospice, palliative care, and pain management services.**~~

Sec. 9. CONTINUING EDUCATION; PROFESSIONAL LICENSING BOARDS (VDH proposal)

On or before December 15, 2016, the professional boards that license physicians, osteopathic physicians, dentists, pharmacists, advanced practice registered nurses, naturopathic physicians, and any other profession authorized to prescribe controlled substances shall amend their continuing education rules to require at least two hours of continuing education for each licensing period on the topic of the abuse and diversion, safe use, and appropriate storage and disposal of controlled substances.

* * * Medical Education Core Competencies * * *

Sec. 10. MEDICAL EDUCATION CORE COMPENTENCIES; PREVENTION AND MANAGEMENT OF PRESCRIPTION DRUG MISUSE (VDH proposal)

The Commissioner of Health shall collaborate with the Dean of the University of Vermont College of Medicine to develop appropriate curricular interventions and innovations to ensure that medical students receive 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 physicians 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 (VDH proposal)

To the extent funds are available, 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 comprehensive community plan including community education and initiatives designed to increase awareness or implement local programs, or both. Partnerships involving schools, local government, and hospitals shall receive priority.

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

Sec. 12. 33 V.S.A. § 2004a(a) is amended to read:

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

* * * Acupuncture * * *

Sec. 13. (placeholder for acupuncture language)

* * * Supervised Consumption Services Programs * * *

Sec. 14. (placeholder for language allowing community-based organizations to establish programs in which drug users can self-administer pre-obtained drugs in a supervised environment)

* * * Rulemaking * * *

Sec. 15. PRESCRIBING OPIOIDS FOR ACUTE AND CHRONIC PAIN; RULEMAKING (VDH proposal)

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

* * * Appropriation for Naloxone * * *

Sec. 16. APPROPRIATION

The sum of $XXX is appropriated from the Evidence-Based Education and Advertising Fund to the Department of Health in fiscal year 2017 for the purpose of purchasing and distributing naloxone to emergency medical services personnel throughout the State.

* * * Effective Dates * * *

Sec. 17. EFFECTIVE DATES

(a) Secs. 1 (VPMS), 3 (opioid addiction treatment care coordination), **12 (naloxone), and 16 (appropriation)** shall take effect on July 1, 2016, **except that subdivision (f)(1) (dispenser reporting to VPMS) shall take effect 30 days following notice and a determination by the Commissioner of Health that reporting every 24 hours is practicable.**

(b) Secs. 2 (statewide drug disposal program), 4 (telemedicine pilot**), 5–8 (clinical pharmacy), 10 (medical education), 11 (regional partnerships), 15 (rulemaking),** and this section shall take effect on passage, **except that the amendments in Sec. 7 to 8 V.S.A. § 4089j(b) (pharmacist reimbursement for pill counts) shall take effect on July 1, 2017 to enable sufficient time for Board of Pharmacy rulemaking**.

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

(e) Acupuncture

(f) Supervised consumption services program

(Committee vote: _____)

_____

Senator _____

FOR THE COMMITTEE