

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill
3 No. 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, who shall for review to ensure for consistency
19 across health care providers and notify the applicable licensing authority of
20 any inconsistencies identified.

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

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

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

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

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

16 (1) ~~at least annually for patients who are receiving ongoing treatment~~
17 ~~with an opioid Schedule II, III, or IV controlled substance~~ prior to writing a
18 prescription for any opioid Schedule II, III, or IV controlled substance, except
19 in the case of hospice or end-of-life care, in the event of **technical or logistical**
20 **difficulties electronic or technological failure,** or pursuant to other
21 exceptions adopted by the 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~~
11 ~~reducing prescription drug abuse and diversion in Vermont. The~~
12 ~~Commissioners of Health and of Public Safety shall implement one or~~
13 ~~more of the options described in the January 2014 statewide drug disposal~~
14 ~~program report, or develop and implement a new drug disposal model, to~~
15 ~~be fully operational statewide on or before January 1, 2017. On or before~~
16 ~~October 1, 2016, the Commissioners shall notify the House Committees on~~
17 ~~Health Care, on Human Services, and on Judiciary, the Senate~~
18 ~~Committees on Health and Welfare and on Judiciary, and the Health~~
19 ~~Reform Oversight Committee which model they will implement and their~~
20 ~~strategy for informing Vermont residents about the new statewide drug~~
21 ~~disposal program.~~ **Add Massachusetts language?**

1 (c) of this section, and members of a medication-assisted treatment team
2 affiliated with the Blueprint for Health.

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

9 (2)(A) A qualified addiction medicine physician participating in a
10 care coordination team pursuant to this section shall be a physician who **is**
11 **board-certified in addiction medicine satisfies one or more of the following**
12 **conditions:**

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

1 **(ii) has such other training and experience as the**
2 **Commissioner of Health determines will demonstrate the ability of the**
3 **physician to treat and manage opioid dependent patients.**

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

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

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

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

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

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

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

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

16 (a) The Green Mountain Care Board and Department of Vermont Health
17 Access shall develop a pilot program to enable a patient taking buprenorphine
18 or a drug containing buprenorphine for a substance use disorder to receive
19 treatment from an addiction medicine specialist delivered through telemedicine
20 at a health care facility that is capable of providing a secure telemedicine
21 connection and whose location is convenient to the patient. The Board and the

1 Department shall ensure that both the specialist and the hosting facility are
2 reimbursed for services rendered.

3 (b)(1) Patients beginning treatment for a substance use disorder with
4 buprenorphine or a drug containing buprenorphine shall not receive treatment
5 through telemedicine. A patient may receive treatment through telemedicine
6 only after a period of stabilization on the buprenorphine or drug containing
7 buprenorphine, as measured by an addiction medicine specialist using an
8 assessment tool approved by the Department of Health.

9 (2) Notwithstanding the provisions of subdivision (1) of this subsection,
10 patients whose care has been transferred from a regional specialty addictions
11 treatment center may begin receiving treatment through telemedicine
12 immediately upon the transfer of care to an office-based opioid treatment
13 provider.

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

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

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

20 § 2022. DEFINITIONS

21 As used in this chapter:

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(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 within the pharmacist’s authorized scope of practice;

(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.

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

2 § 2023. CLINICAL PHARMACY

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

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

6 § 4089j. RETAIL PHARMACIES; FILLING OF PRESCRIPTIONS

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

12 (b) As used in this section:

13 (1) "Health insurer" ~~is defined by~~ shall have the same meaning as in
14 18 V.S.A. § 9402 and shall also include Medicaid and any other public health
15 care assistance program.

16 (2) "Pharmacy benefit manager" means an entity that performs
17 pharmacy benefit management. "Pharmacy benefit management" means an
18 arrangement for the procurement of prescription drugs at negotiated dispensing
19 rates, the administration or management of prescription drug benefits provided
20 by a health insurance plan for the benefit of beneficiaries, or any of the

1 following services provided with regard to the administration of pharmacy
2 benefits:

3 (A) mail service pharmacy;

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

6 (C) clinical formulary development and management services;

7 (D) rebate contracting and administration;

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

10 (F) disease management programs.

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

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

20 ~~(c) This section shall apply to Medicaid and any other public health care~~
21 ~~assistance program.~~ Notwithstanding any provision of a health insurance plan

1 to the contrary, if a health insurance plan provides for payment or
2 reimbursement that is within the lawful scope of practice of a pharmacist, the
3 insurer may provide payment or reimbursement for the service when the
4 service is provided by a pharmacist.

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

6 REPORT

7 (a) The Department of Health, in consultation with the Board of Pharmacy,
8 pharmacists, prescribing health care practitioners, health insurers, pharmacy
9 benefit managers, and other interested stakeholders shall consider the role of
10 pharmacies in preventing opioid misuse, abuse, and diversion. The
11 Department's evaluation shall include a consideration of whether, under what
12 circumstances, and in what amount pharmacists should be reimbursed for
13 counting or otherwise evaluating the quantity of pills, films, patches, and
14 solutions of opioid controlled substances prescribed by a health care provider
15 to his or her patients.

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

1 **disposal of controlled substances** prescribed **by veterinarians** for animals
2 and dispensed to their owners, as well as appropriate continuing education for
3 veterinarians on the topics described in subsection (a) of this section. On or
4 before January 15, 2017, the Department shall report its findings and
5 recommendations to the House Committees on Agriculture and Forest Products
6 and on Human Services and the Senate Committees on Agriculture and on
7 Health and Welfare.

8 * * * Medical Education Core Competencies * * *

9 Sec. 10. MEDICAL EDUCATION CORE COMPETENCIES;

10 PREVENTION AND MANAGEMENT OF PRESCRIPTION

11 DRUG MISUSE

12 The Commissioner of Health shall ~~collaborate with the Dean of the~~
13 ~~University of Vermont College of Medicine~~ **convene medical educators**
14 **and other stakeholders** to develop appropriate curricular interventions and
15 innovations to ensure that **students in** medical **students receive education**
16 **programs have access to** certain core competencies related to safe prescribing
17 practices and to screening, prevention, and intervention for cases of
18 prescription drug misuse and abuse. The goal of the core competencies shall
19 be to support future physicians over the course of their medical education to
20 develop skills and a foundational knowledge in the prevention of prescription
21 drug misuse. These competencies should be clear baseline standards for

1 preventing prescription drug misuse, treating patients at risk for substance use
2 disorders, and managing substance use disorders as a chronic disease, as well
3 as developing knowledge in the areas of screening, evaluation, treatment
4 planning, and supportive recovery.

5 * * * Community Grant Program for Opioid Prevention * * *

6 Sec. 11. REGIONAL PREVENTION PARTNERSHIPS

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

14 * * * Pharmaceutical Manufacturer Fee * * *

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

16 § 2004. MANUFACTURER FEE

17 (a) Annually, each pharmaceutical manufacturer or labeler of prescription
18 drugs that are paid for by the Department of Vermont Health Access for
19 individuals participating in Medicaid, Dr. Dynasaur, or VPharm shall pay a fee
20 to the Agency of Human Services. The fee shall be **0.5 0.83** percent of the
21 previous calendar year's prescription drug spending by the Department and

1 shall be assessed based on manufacturer labeler codes as used in the Medicaid
2 rebate program.

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

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

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

19 (a) The Evidence-Based Education and Advertising Fund is established in
20 the State Treasury as a special fund to be a source of financing for activities
21 relating to fund collection and analysis of information on pharmaceutical

1 marketing activities under 18 V.S.A. §§ 4632 and 4633, for analysis of
2 prescription drug data needed by the Office of the Attorney General for
3 enforcement activities, for the Vermont Prescription Monitoring System
4 established in 18 V.S.A. chapter 84A, for the evidence-based education
5 program established in 18 V.S.A. chapter 91, subchapter 2, **for statewide**
6 **unused prescription drug disposal initiatives, for a hospital antimicrobial**
7 **program for the purpose of reducing hospital-acquired infections,** for the
8 purchase and distribution of naloxone to emergency medical services
9 personnel, and for the support of any opioid-antagonist education, training, and
10 distribution program operated by the Department of Health or its agents.
11 Monies deposited into the Fund shall be used for the purposes described in this
12 section.

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

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

15 **(option #1)**

16 Sec. 14. UNIFIED PAIN MANAGEMENT SYSTEM ADVISORY
17 COUNCIL

18 (a) There is hereby created a Unified Pain Management System Advisory
19 Council for the purpose of advising the Commissioner of Health on matters
20 relating to the appropriate use of controlled substances in treating **chronic** pain
21 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 MANAGEMENT AND SUBSTANCE USE**
14 **DISORDER; REPORTS**

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

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

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

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

1 **Sec. 15a. MEDICAID PERFORMANCE IMPROVEMENT PROJECT**

2 **(a) The Department of Vermont Health Access shall develop a**
3 **performance improvement project to offer acupuncture services to**
4 **Medicaid-eligible Vermonters with a diagnosis of chronic pain. The**
5 **project would provide acupuncture services for a defined period of time to**
6 **determine if acupuncture treatment as an alternative or adjunctive to**
7 **prescribing opioids is as effective or more effective than opioids alone for**
8 **returning individuals to social, occupational, and psychological function.**

9 **The project shall include:**

10 **(1) an advisory group of pain management specialists and**
11 **acupuncture providers familiar with the current science on**
12 **evidence-based use of acupuncture to treat or manage chronic pain;**

13 **(2) specific patient eligibility requirements regarding the specific**
14 **cause or site of chronic pain for which the evidence indicates acupuncture**
15 **may be an appropriate treatment; and**

16 **(3) input and involvement from the Department of Health to**
17 **promote consistency with other State policy initiatives designed to reduce**
18 **the reliance on opioid medications in treating or managing chronic pain.**

19 **(b) On or before January 15, 2017, the Department of Vermont Health**
20 **Access shall provide a progress report to the House Committees on Health**
21 **Care and on Human Services and the Senate Committee on Health and**

1 **Welfare about its implementation of the performance improvement**
2 **project described in this section and any preliminary findings regarding**
3 **the efficacy of acupuncture in treating chronic pain in Medicaid**
4 **beneficiaries. In addition, the Department shall consider any appropriate**
5 **role for acupuncture in treating substance use disorder, including**
6 **consulting with health care providers using acupuncture in this manner,**
7 **and shall make recommendations in its progress report regarding the use**
8 **of acupuncture in treating Medicaid beneficiaries with substance use**
9 **disorder.**

10 * * * Rulemaking * * *

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

12 RULEMAKING

13 The Commissioner of Health shall adopt rules governing the prescription of
14 opioids for acute pain and chronic pain and for the use of the Vermont
15 Prescription Monitoring System. The rules **may** include numeric and temporal
16 limitations on the number of pills prescribed, including a maximum **number of**
17 pills **to be prescribed** following minor medical procedures, **consistent with**
18 **evidence-based best practices for effective pain management.** The rules
19 **may** require the contemporaneous prescription of naloxone in certain
20 circumstances, and shall require informed consent for patients that explains the
21 risks associated with taking opioids, including addiction, physical dependence,

1 side effects, tolerance, overdose, and death. The rules shall also require
2 prescribers prescribing opioids to patients to provide information concerning
3 the safe storage and disposal of controlled substances.

4 * * * Appropriations* * *

5 Sec. 17. APPROPRIATIONS

6 **(a) The sum of \$250,000.00 is appropriated from the Evidence-Based**
7 **Education and Advertising Fund to the Department of Health in fiscal**
8 **year 2017 for the purpose of funding the evidence-based education**
9 **program established in 18 V.S.A. chapter 91, subchapter 2, including**
10 **evidence-based information about safe prescribing of controlled**
11 **substances and alternatives to opioids for treating pain.**

12 **(b) The sum of \$625,000.00 is appropriated from the Evidence-Based**
13 **Education and Advertising Fund to the Department of Health in fiscal**
14 **year 2017 for the purpose of funding statewide unused prescription drug**
15 **disposal initiatives, of which \$100,000.00 shall be used for a MedSafe**
16 **collection and disposal program and program coordinator, \$50,000.00**
17 **shall be used for unused medication envelopes for a mail-back program,**
18 **\$225,000.00 shall be used for a public information campaign on the safe**
19 **disposal of controlled substances, and \$250,000.00 shall be used for a**
20 **public information campaign on the responsible use of prescription drugs.**

1 (b) Secs. 2 (statewide drug disposal program), 4 (telemedicine pilot),
2 5–7 (clinical pharmacy), 10 (medical education), 11 (regional partnerships),
3 14 (Unified Pain Management System Advisory Council membership),
4 15–15a (acupuncture studies), 16 (rulemaking), and this section shall take
5 effect on passage, except that the amendments in Sec. 7 to 8 V.S.A. § 4089j(b)
6 (pharmacist reimbursement for pill counts) shall take effect on July 1, 2017 to
7 enable sufficient time for Board of Pharmacy rulemaking.

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

10 **(d) Notwithstanding 1 V.S.A. § 214, Sec. 13 (manufacturer fee) shall**
11 **take effect on passage and shall apply retroactive to January 1, 2016.**

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14 (Committee vote: _____)

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Senator _____

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FOR THE COMMITTEE