Act No. 22 (H. 222). An act relating to reducing overdoses

Subjects: Human services; opioid use disorder; crisis response; overdose

Sec. 1 of this act updates the Unused Prescription Drug Disposal Program to include needles and syringes. Sec. 2 of this act requires the Department of Health and the Blueprint for Health to facilitate regional stakeholder meetings regarding public needle and syringe disposal programs. By January 15, 2024, the Department shall present information to various committees of the General Assembly regarding the progress of the regional stakeholder meetings. Sec. 3 of this act appropriates $150,000.00 in fiscal year 2024 from the Evidence-Based Education and Advertising Fund to the Department to provide grants and consultations for municipalities, hospitals, community health centers, and other publicly available community needle and syringe disposal programs that participated in the stakeholder meetings required pursuant to Sec. 2. Sec. 3b of this act requires the Department of Health to present information to various committees of the General Assembly on unmet needle and syringe service needs, resources required to ensure equitable access to needle and syringe services, and who is best positioned to provide needle and syringe services.

Sec. 4 of this act amends 18 V.S.A. § 4240 pertaining to opioid antagonists, including requiring the Department of Health to include the status of legal possession of substances and harm reduction supplies to any education or trainings provided, to distribute opioid antagonists to assist those at risk of experiencing an opioid-related overdose, and to establish opioid antagonist dispensing kiosks in locations accessible to those at risk of experiencing an overdose. This section also removes the requirements that a health care professional may only prescribe, dispense, and distribute an opioid antagonist to individuals who have received education in a manner approved by the Department of Health and that an individual call for emergency medical services after administering an opioid antagonist.

Sec. 5 of this act exempts "other harm reduction supplies" from the definition of "drug paraphernalia" so as to exempt harm reduction supplies from penalties related to selling drug paraphernalia to a minor.

Sec. 6 of this act prohibits a health insurer or other health benefit plan offered by an insurer or pharmacy benefit manager on behalf of a health insurer covering prescription drugs from using step-therapy, "fail first," or other protocols requiring documented trials of medication before approving a prescription for the treatment of substance use disorder. Sec. 6a of this act updates the phrase "medication-assisted treatment" to be "medication for opioid use disorder." Sec. 6b of this act amends existing rulemaking authority to provide the Departments of Health and Vermont Health Access (DVHA) greater flexibility in maintaining a regional system of opioid use disorder treatment. It further adds subsection (d) to allow controlled substances for use in opioid use disorder treatment to be prescribed via telehealth in accordance with federal requirements and subsection (e) to prohibit DVHA, or DVHA's pharmacy benefits manager, from

requiring a health care provider to document a patient's adverse reaction to a medication prior to prescribing an alternative medication for opioid use disorder to the patient. Sec. 6c replaces the term "medication-assisted treatment" with "medication for opioid use disorder."

Secs. 7–8b of this act pertain to prior authorization. Sec. 7 adds 33 V.S.A. § 1901l to (1) require the Agency of Human Services (AHS) to provide coverage to Medicaid beneficiaries for medically necessary medication for opioid use disorder when prescribed by a health care professional practicing within the scope of the professional's license and participating in the Medicaid program and (2) pending approval from the Drug Utilization Review Board, requires AHS to cover at least one medication in each therapeutic class for methadone, buprenorphine, and naltrexone as listed on Medicaid's preferred drug list without requiring prior authorization. Sec. 8 requires the Joint Legislative Justice Oversight Committee to provide recommendations to various committees of the General Assembly regarding legislative action needed to ensure continuity of treatment for individuals reentering the community after discharge from a correctional setting, including eliminating prior authorization for medication for opioid use disorder. Sec. 8a requires DVHA, in consultation with individuals representing diverse professional perspectives, to research the feasibility and costs of administering a gold card program for substance use disorder treatment in which AHS shall not require a health care provider to obtain prior authorization for substance use disorder treatment if, in the most recent evaluation period, AHS approved or would have approved not less than 90 percent of the prior authorization requests submitted by the health care provider for the medication. DVHA's research must be submitted to the Drug and Clinical Utilization Review Boards for review. Sec. 8b directs DVHA to amend its rules to enable health care providers in office-based treatment programs to prescribe 24 milligrams or less of the preferred medication for buprenorphine without prior authorization in accordance with 33 V.S.A. § 1901l.

Sec. 9 of this act adds a definition of "recovery residence" and requires that in all municipalities, a recovery residence serving not more than eight individuals be considered by right to constitute a permitted single-family residential use of property.

Sec. 10 of this act removes the future repeal of the buprenorphine exemption, meaning this section would be a continuation of existing law in that there would not be criminal penalties for possession of 224 milligrams or less of buprenorphine, except that (1) persons under 21 years of age in possession of 224 milligrams or less of buprenorphine would be referred to the Court Diversion Program for the purpose of enrollment in the Youth Substance Awareness Safety Program and (2) persons under 16 years of age in possession of 224 milligrams or less of buprenorphine shall be subject to delinquency proceedings in the Family Division of the Superior Court.

Sec. 11 of this act amends 18 V.S.A. § 4201 to add definitions of "approved drug-checking service provider" and "drug checking." Sec. 12 of this act provides immunity protections for individuals obtaining or providing drug-checking services.

Sec. 13 of this act amends 18 V.S.A. § 4774 to clarify the process by which funds are appropriated from the Opioid Abatement Special Fund. Sec. 14 of this act makes numerous appropriations from the Fund, including for outreach and case management

staff, distribution of fentanyl test strips, and implementing a wound care telehealth consultation pilot program.

Effective Date: Multiple effective dates, beginning on May 25, 2023