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H.222

Introduced by Representatives Whitman of Bennington, Andrews of Westford,  
Austin of Colchester, Berbeco of Winooski, Black of Essex,  
Bongartz of Manchester, Brown of Richmond, Brumsted of  
Shelburne, Burrows of West Windsor, Buss of Woodstock,  
Campbell of St. Johnsbury, Carroll of Bennington, Christie of  
Hartford, Cole of Hartford, Dodge of Essex, Dolan of Essex  
Junction, Donahue of Northfield, Farlice-Rubio of Barnet,  
Garofano of Essex, Goldman of Rockingham, Graham of  
Williamstown, Headrick of Burlington, Houghton of Essex  
Junction, Hyman of South Burlington, James of Manchester,  
Kornheiser of Brattleboro, Krasnow of South Burlington, Logan  
of Burlington, Long of Newfane, Maguire of Rutland City,  
McGill of Bridport, Morris of Springfield, Mulvaney-Stanak of  
Burlington, Nicoll of Ludlow, Notte of Rutland City, Noyes of  
Wolcott, Pajala of Londonderry, Pouech of Hinesburg,  
Rachelson of Burlington, Rice of Dorset, Small of Winooski,  
Surprenant of Barnard, Torre of Moretown, Troiano of  
Stannard, Williams of Barre City, and Wood of Waterbury

Referred to Committee on  
Date:

1 Subject: Human services; opioid use disorder; overdose; crisis response  
2 Statement of purpose of bill as introduced: This bill proposes to expand  
3 prescription drug disposal programs to include syringe disposal and to require  
4 syringe disposal kiosks at certain pharmacies. It further proposes to expand the  
5 distribution and availability of opioid antagonists and to expand the definition  
6 of “drug paraphernalia” to exclude harm reduction supplies. This bill proposes  
7 to remove limitations of stays in residential treatment and to prohibit testing  
8 for adverse reactions prior to prescribing medications to treat opioid use  
9 disorder. It proposes to require Medicaid to cover medically necessary  
10 medication-assisted treatment for opioid use disorder when prescribed by a  
11 health care professional and offer certain medications without prior  
12 authorization. This bill also proposes to require a municipality to treat a  
13 recovery residence as a single-family residential home under its land use  
14 bylaws. Lastly, this bill proposes to remove the future repeal of the  
15 buprenorphine exemption.

16 An act relating to reducing overdoses

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

2 \* \* \* Syringe Disposal Expansion \* \* \*

3 Sec. 1. 18 V.S.A. § 4224 is amended to read:

4 § 4224. UNUSED PRESCRIPTION DRUG AND SYRINGE DISPOSAL  
5 PROGRAM

6 (a) The Department of Health shall establish and maintain the statewide  
7 Unused Prescription Drug and Syringe Disposal Program to provide for the  
8 safe disposal of Vermont residents' unused and unwanted prescription drugs  
9 and syringes. The Program may include establishing secure collection and  
10 disposal sites and providing medication envelopes for sending unused  
11 prescription drugs to an authorized collection facility for destruction.

12 (b) In fiscal year 2024, \$325,000.00 is appropriated from the General Fund  
13 to the Department of Health's Division of Substance Use Programs to provide  
14 grants and consultations for municipalities, hospitals, community health  
15 centers, and other community syringe disposal programs available to the  
16 public.

17 (c) Pharmacies that operate 10 or more establishments in the United States,  
18 while concurrently conducting business in Vermont, shall enroll in a drug  
19 disposal kiosk program on or before July 1, 2023 and syringe disposal kiosk  
20 program on or before July 1, 2024. If the physical dimensions of a pharmacy

1 make an on-site collection receptacle impossible under State and federal law, a  
2 pharmacy shall provide a prescription drug mail-back option for consumers.

3 \* \* \* Opioid Antagonists \* \* \*

4 Sec. 2. 18 V.S.A. § 4240 is amended to read:

5 § 4240. PREVENTION AND TREATMENT OF OPIOID-RELATED  
6 OVERDOSES

7 (a) As used in this section:

8 (1) “Health care professional” means a physician licensed pursuant to  
9 26 V.S.A. chapter 23 or 33, a physician assistant licensed to prescribe and  
10 dispense prescription drugs pursuant to 26 V.S.A. chapter 31, an advanced  
11 practice registered nurse authorized to prescribe and dispense prescription  
12 drugs pursuant to 26 V.S.A. chapter 28, or a pharmacist licensed pursuant to  
13 26 V.S.A. chapter 36.

14 (2) “Opioid antagonist” means a drug that, when administered, negates  
15 or neutralizes in whole or part the pharmacological effects of an opioid in the  
16 body.

17 (3) “~~Victim~~ Survivor” means the person who has overdosed on an  
18 opioid ~~drug~~ or who is believed to have overdosed on an ~~opiate drug~~ opioid.

19 (b) For the purpose of addressing prescription and nonprescription opioid  
20 overdoses in Vermont, the Department shall develop and implement a

1 prevention, intervention, and response strategy, depending on available  
2 resources, that shall:

3 (1) provide educational materials on opioid overdose prevention to the  
4 public free of charge, ~~including to substance abuse treatment providers, health~~  
5 ~~care providers, opioid users, and family members of opioid users;~~

6 (2) increase community-based prevention programs aimed at reducing  
7 risk factors that lead to opioid overdoses;

8 (3) increase timely access to treatment services for opioid users,  
9 including ~~medication-assisted treatment~~ medication for opioid use disorder;

10 (4)(A) ~~educate substance abuse treatment providers on methods to~~  
11 ~~prevent opioid overdoses;~~

12 (B) provide education and training on overdose prevention,  
13 intervention, and response to individuals living with opioid addiction and  
14 participating in opioid treatment programs, syringe exchange programs,  
15 residential drug treatment programs, or correctional services;

16 (5) ~~facilitate overdose prevention, drug treatment, and addiction~~  
17 ~~recovery services by implementing and expanding~~ implement and expand  
18 hospital referral services for individuals treated for an opioid overdose; ~~and~~

19 (6) develop a statewide opioid antagonist ~~pilot~~ program that emphasizes  
20 access to opioid antagonists to and for the benefit of individuals with a ~~history~~  
21 ~~of~~ opioid use disorder;

1           (7) distribute opioid antagonists to entities in a position to assist those at  
2           risk of experiencing an opioid-related overdose; and

3           (8) establish opioid antagonist dispensing kiosks in locations accessible  
4           to those at risk of experiencing an opioid-related overdose.

5           (c)(1) A health care professional acting in good faith and within ~~his or her~~  
6           the professional's scope of practice may directly or by standing order  
7           prescribe, dispense, and distribute an opioid antagonist to the following  
8           persons, ~~provided the person has been educated about opioid-related overdose~~  
9           ~~prevention and treatment in a manner approved by the Department:~~

10           (A) a person at risk of experiencing an opioid-related overdose; or

11           (B) a family member, friend, or other person in a position to assist a  
12           person at risk of experiencing an opioid-related overdose.

13           (2) A health care professional who prescribes, dispenses, or distributes  
14           an opioid antagonist in accordance with subdivision (1) of this subsection shall  
15           be immune from civil or criminal liability with regard to the subsequent use of  
16           the opioid antagonist, unless the health professional's actions with regard to  
17           prescribing, dispensing, or distributing the opioid antagonist constituted  
18           recklessness, gross negligence, or intentional misconduct. The immunity  
19           granted in this subdivision shall apply whether or not the opioid antagonist is  
20           administered by or to a person other than the person for whom it was  
21           prescribed.

1 (d)(1) A person may administer an opioid antagonist to a ~~victim~~ survivor if  
2 ~~he or she~~ the person believes, in good faith, that the ~~victim~~ survivor is  
3 experiencing an opioid-related overdose.

4 (2) After a person has administered an opioid antagonist pursuant to  
5 subdivision (1) of this subsection (~~d~~), ~~he or she~~ the person shall immediately  
6 call for emergency medical services if medical assistance has not yet been  
7 sought or is not yet present.

8 (3) A person shall be immune from civil or criminal liability for  
9 administering an opioid antagonist to a ~~victim~~ survivor pursuant to subdivision  
10 (1) of this subsection unless the person's actions constituted recklessness,  
11 gross negligence, or intentional misconduct. The immunity granted in this  
12 subdivision shall apply whether or not the opioid antagonist is administered by  
13 or to a person other than the person for whom it was prescribed.

14 (e) A person acting on behalf of a community-based overdose prevention  
15 program or a licensed pharmacist shall be immune from civil or criminal  
16 liability for providing education on opioid-related overdose prevention or for  
17 purchasing, acquiring, distributing, or possessing an opioid antagonist unless  
18 the person's actions constituted recklessness, gross negligence, or intentional  
19 misconduct.

20 (f) Any health care professional who treats a ~~victim~~ survivor and who has  
21 knowledge that the ~~victim~~ survivor has been administered an opioid antagonist

1 within the preceding 30 days shall refer the ~~victim~~ survivor to professional  
2 substance abuse treatment services.

3 \* \* \* Operation of Syringe Service Programs \* \* \*

4 Sec. 3. 18 V.S.A. § 4475 is amended to read:

5 § 4475. DEFINITIONS

6 (a)(1) The term “drug paraphernalia” means all equipment, products,  
7 devices, and materials of any kind that are used, or promoted for use or  
8 designed for use, in planting, propagating, cultivating, growing, harvesting,  
9 manufacturing, compounding, converting, producing, processing, preparing,  
10 testing, analyzing, packaging, repackaging, storing, containing, concealing,  
11 injecting, ingesting, inhaling, or otherwise introducing into the human body a  
12 regulated drug in violation of chapter 84 of this title. “Drug paraphernalia”  
13 does not include needles ~~and~~, syringes, or other harm reduction supplies  
14 distributed or possessed as part of an organized community-based needle  
15 exchange program.

16 \* \* \*

17 \* \* \* Prohibits Testing for Adverse Reactions Prior to Prescribing Medications

18 to Treat Opioid Use Disorder \* \* \*

19 Sec. 4. 18 V.S.A. § 4752 is amended to read:

20 § 4752. OPIOID ADDICTION TREATMENT SYSTEM

21 \* \* \*



1 (b) The rules shall include the following requirements:

2 (1) Patients shall receive appropriate, comprehensive assessment and  
3 therapy from a physician or advanced practice registered nurse and from a  
4 licensed clinical professional with clinical experience in addiction treatment,  
5 including a psychiatrist, master's- or doctorate-level psychologist, mental  
6 health counselor, clinical social worker, or drug and alcohol abuse counselor.

7 (2) A medical assessment shall be conducted to determine whether  
8 pharmacological treatment, which may include methadone, buprenorphine, and  
9 other federally approved medications to treat opioid addiction, is medically  
10 appropriate. A medical assessment shall not require a patient to consume  
11 medications, either through a "MedWatch" (FDA Form 3500) or otherwise, in  
12 order to verify allergic or otherwise adverse reactions to medications.

13 \* \* \*

14 \* \* \* Prior Authorization of Medication-Assisted Treatment

15 Medications for Medicaid Beneficiaries \* \* \*

16 Sec. 5. 33 V.S.A. § 19011 is added to read:

17 § 19011. MEDICATION-ASSISTED TREATMENT MEDICATIONS

18 (a) The Agency of Human Services shall provide coverage to Medicaid  
19 beneficiaries for medically necessary medication-assisted treatment for opioid  
20 use disorder when prescribed by a health care professional practicing within  
21 the scope of the professional's license and participating in the Medicaid

1 program.

2 (b) Pending approval of the Drug Utilization Review Board, the Agency  
3 shall cover at least one medication in each therapeutic class for methadone,  
4 buprenorphine, and naltrexone as listed on Medicaid's preferred drug list  
5 without requiring prior authorization.

6 \* \* \* Recovery Residences \* \* \*

7 Sec. 6. 24 V.S.A. § 4412 is amended to read:

8 § 4412. REQUIRED PROVISIONS AND PROHIBITED EFFECTS

9 Notwithstanding any existing bylaw, the following land development  
10 provisions shall apply in every municipality:

11 (1) Equal treatment of housing and required provisions for affordable  
12 housing.

13 \* \* \*

14 (G) A residential care home or group home to be operated under  
15 State licensing or registration, serving not more than eight persons who have a  
16 disability as defined in 9 V.S.A. § 4501, and a recovery residence as defined in  
17 18 V.S.A. § 4812, serving not more than eight persons, shall be considered by  
18 right to constitute a permitted single-family residential use of property. This  
19 subdivision (G) does not require a municipality to allow a greater number of  
20 residential care homes or group homes on a lot than the number of single-  
21 family dwellings allowed on the lot.

1

\* \* \*

2

\* \* \* Remove Future Repeal of Buprenorphine Exemption \* \* \*

3

Sec. 7. REPEAL

4

2021 Acts and Resolves No. 46, Sec. 3 (repeal of buprenorphine exemption)

5

and 4(b) (effective date; repeal of buprenorphine exemption) are repealed.

6

\* \* \* Effective Dates \* \* \*

7

Sec. 8. EFFECTIVE DATES

8

This act shall take effect on passage, except that Sec. 5 (medication-assisted

9

treatment medications) shall take effect on September 1, 2023.