TO THE HOUSE OF REPRESENTATIVES:

The Committee on Human Services to which was referred House Bill No. 222 entitled "An act relating to reducing overdoses" 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:

* * * Needle and Syringe Disposal Expansion * * *

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

§ 4224. UNUSED PRESCRIPTION DRUG, NEEDLE, AND SYRINGE DISPOSAL PROGRAM

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

* * *

Sec. 2. REGIONAL STAKEHOLDER MEETINGS; PUBLIC NEEDLE AND SYRINGE DISPOSAL PROGRAMS

(a) Between July 1 and December 31, 2023, the Department of Health and the Blueprint for Health's Accountable Communities for Health shall facilitate a series of regional stakeholder meetings regarding public needle and syringe

disposal programs. The meetings shall include representatives from municipalities, hospitals, individuals with lived experience of injection drug use, and substance use disorder service providers, with the goal of determining the appropriate placement of public needle and syringe disposal programs based on local needs, best practices, and rural access.

(b) On or before January 15, 2024, the Department shall present information to the House Committee on Human Services and to the Senate Committee on Health and Welfare regarding the progress of the regional stakeholder meetings required pursuant to this section and the statewide establishment of public needle and syringe disposal programs.

Sec. 3. APPROPRIATION; COMMUNITY NEEDLE AND SYRINGE DISPOSAL PROGRAMS

In fiscal year 2024, $150,000.00 is appropriated from the Evidence-Based Education and Advertising Fund in 33 V.S.A. 2004a to the Department of Health's Division of Substance Use Programs to provide grants and consultations for municipalities, hospitals, community health centers, and other publicly available community needle and syringe disposal programs that participated in a stakeholder meeting pursuant to Sec. 2 of this act.

Sec. 3a. 33 V.S.A. § 2004 is amended to read:

§ 2004. MANUFACTURER FEE

(a) Annually, each pharmaceutical manufacturer or labeler of prescription drugs that are paid for by the Department of Vermont Health Access for individuals participating in Medicaid, Dr. Dynasaur, or VPharm shall pay a fee to the Agency of Human Services. The fee shall be ~~1.75~~ 2.25 percent of the previous calendar year's prescription drug spending by the Department and shall be assessed based on manufacturer labeler codes as used in the Medicaid rebate program.

* * *

Sec. 3b. PRESENTATION; NEEDLE AND SYRINGE SERVICES

On or before February 15, 2024, the Department of Health, in consultation with stakeholders, including needle and syringe service providers, individuals with lived experience of injection-use drugs, other community-based service providers, and representatives from regions of the State without a fixed site for syringe service programs, shall present to the House Committee on Human Services and to the Senate Committee on Health and Welfare information addressing:

(1) unmet needle and syringe service needs throughout the State;

(2) required resources to ensure equitable access to needle and syringe services throughout the State; and

(3) who is best positioned to provide needle and syringe services.

* * * Opioid Antagonists * * *

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

§ 4240. PREVENTION AND TREATMENT OF OPIOID-RELATED OVERDOSES

(a) As used in this section:

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

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

(3) "Victim" means the person who has overdosed on an opioid ~~drug~~ or who is believed to have overdosed on an ~~opiate drug~~ opioid.

(b) For the purpose of addressing prescription and nonprescription opioid overdoses in Vermont, the Department shall develop and implement a prevention, intervention, and response strategy, depending on available resources, that shall:

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

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

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

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

(B) provide education, information, and training on overdose prevention, intervention, and response, including the status of legal possession of substances and harm reduction supplies, to individuals living with ~~addiction~~ opioid use disorder and participating in ~~opioid treatment programs,~~ needle and syringe exchange programs, recovery programs, residential ~~drug~~ substance use disorder treatment programs, or correctional services;

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

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

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

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

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

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

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

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

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

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

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

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

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

the preceding 30 days shall refer the victim to professional substance ~~abuse~~ use disorder treatment services.

* * * Operation of Needle and Syringe Service Programs * * *

Sec. 5. 18 V.S.A. § 4475 is amended to read:

§ 4475. DEFINITIONS

(a) As used in this chapter:

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

* * *

* * * Prescribing Medications to Treat Opioid Use Disorder * * *

Sec. 6. 8 V.S.A. § 4089i is amended to read:

* * *

(e)(1) A health insurance or other health benefit plan offered by a health insurer or by a pharmacy benefit manager on behalf of a health insurer that provides coverage for prescription drugs and uses step-therapy protocols shall not require failure on the same medication on more than one occasion for continuously enrolled members or subscribers.

(2) Nothing in this subsection shall be construed to prohibit the use of tiered co-payments for members or subscribers not subject to a step-therapy protocol.

(3) Notwithstanding subdivision (1) of this subsection, a health insurance or other health benefit plan offered by an insurer or by a pharmacy benefit manager on behalf of a health insurer that provides coverage for prescription drugs shall not utilize a step-therapy, "fail first," or other protocol that requires documented trials of a medication, including a trial documented through a "MedWatch" (FDA Form 3500), before approving a prescription for the treatment of substance use disorder.

* * *

Sec. 6a. 18 V.S.A. § 4750 is amended to read:

§ 4750. DEFINITIONS

As used in this chapter:

* * *

(2) "~~Medication-assisted treatment~~ Medication for opioid use disorder" means the use of U.S. Food and Drug Administration-approved medications, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders.

Sec. 6b. 18 V.S.A. § 4752 is amended to read:

§ 4752. OPIOID ~~ADDICTION~~ USE DISORDER TREATMENT SYSTEM

(a) The Departments of Health and of Vermont Health Access shall establish by rule in accordance with 3 V.S.A. chapter 25 a regional system of opioid ~~addiction~~ use disorder treatment.

(b) The rules ~~shall include the following requirements:~~ may address requirements for pharmacological treatment, including initial assessments, ongoing follow-up, provider education, and diversion prevention.

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

~~(2) A medical assessment shall be conducted to determine whether pharmacological treatment, which may include methadone, buprenorphine, and other federally approved medications to treat opioid addiction, is medically appropriate.~~

~~(3) A routine medical assessment of the appropriateness for the patient of continued pharmacological treatment based on protocols designed to encourage cessation of pharmacological treatment as medically appropriate for the individual treatment needs of the patient.~~

~~(4)~~(c) Controlled substances for ~~use in federally approved pharmacological treatments for~~ treating opioid ~~addiction~~ use disorder shall be dispensed only by:

~~(A)~~(1) a treatment program authorized by the Department of Health; or

~~(B)~~(2) a ~~physician or advanced practice registered nurse~~ health care provider who is not affiliated with an authorized treatment program but who meets federal requirements for use of controlled substances in the pharmacological treatment of opioid ~~addiction~~ use disorder.

~~(5) Comprehensive education and training requirements shall apply for health care providers, pharmacists, and the licensed clinical professionals listed in subdivision (1) of this subsection, including relevant aspects of therapy and pharmacological treatment.~~

~~(6) Patients shall abide by rules of conduct, violation of which may result in discharge from the treatment program, including:~~

~~(A) provisions requiring urinalysis at such times as the program may direct;~~

~~(B) restrictions on medication dispensing designed to prevent diversion of medications and to diminish the potential for patient relapse; and~~

~~(C) such other rules of conduct as a provider authorized to provide treatment under subdivision (4) of this subsection (b) may require.~~

(d) Controlled substances for use in treatment of opioid use disorder may be prescribed via telehealth in accordance with federal requirements.

(e) The Department of Vermont Health Access shall not require 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. 18 V.S.A. § 4753 is amended to read:

§ 4753. CARE COORDINATION

Prescribing physicians and collaborating health care and addictions professionals may coordinate care for patients receiving ~~medication-assisted treatment for substance~~ medication for opioid use disorder, which may include monitoring adherence to treatment, coordinating access to recovery supports, and providing counseling, contingency management, and case management services.

* * * Prior Authorization of Medication for Opioid Use Disorder for Medicaid Beneficiaries * * *

Sec. 7. 33 V.S.A. § 1901l is added to read:

§ 1901l. MEDICATION FOR OPIOID USE DISORDER

(a) The Agency of Human Services shall 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.

(b) Pending approval of the Drug Utilization Review Board, the Agency shall 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. PRIOR AUTHORIZATION; MEDICATION FOR OPIOID USE DISORDER; COMMUNITY REENTRY

On or before November 1, 2023, the Joint Legislative Justice Oversight Committee shall provide recommendations to the House Committee on Human Services and to the Senate Committee on Health and Welfare regarding any 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. REPORT; PRIOR AUTHORIZATION; SUBSTANCE USE DISORDER TREATMENT

The Department of Vermont Health Access shall research, in consultation with individuals representing diverse professional perspectives, the feasibility and costs of administering a gold card program for substance use

disorder treatment in which the Agency of Human Services shall not require a health care provider to obtain prior authorization for substance use disorder treatment if, in the most recent six-month evaluation period, the Agency has approved or would have approved not less than 90 percent of the prior authorization requests submitted by the health care provider for the medication. On or before December 1, 2023, the Department's research shall be submitted to the Drug Utilization Review Board and Clinical Utilization Review Board for review, consideration, and the provision recommendations. On or before April 1, 2024, the Drug Utilization Review Board and Clinical Utilization Review Board shall each submit their recommendations to the House Committee on Human Services and to the Senate Committee on Health and Welfare.

Sec. 8b. RULEMAKING; PRIOR AUTHORIZATION; BUPRENOPRHINE

The Department of Vermont Health Access shall amend its rules pursuant to 3 V.S.A. chapter 25 to enable health care providers in office-based opioid-treatment programs to prescribe 24 milligrams of buprenorphine without prior authorization.

* * * Recovery Residences * * *

Sec. 9. 24 V.S.A. § 4412 is amended to read:

§ 4412. REQUIRED PROVISIONS AND PROHIBITED EFFECTS

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

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

* * *

(G) A residential care home or group home to be operated under State licensing or registration, serving not more than eight persons who have a disability as defined in 9 V.S.A. § 4501, and a recovery residence serving not more than eight persons, shall be considered by right to constitute a permitted single-family residential use of property. This subdivision (G) does not require a municipality to allow a greater number of residential care homes or group homes on a lot than the number of single-family dwellings allowed on the lot. As used in this subdivision, "recovery residence" means a shared living residence supporting persons recovering from a substance use disorder that:

(i) Provides tenants with peer support~~, an environment that prohibits the use of alcohol and the illegal use of prescription drugs or other illegal substances,~~ and assistance accessing support services and community resources available to persons recovering from substance use disorders.

(ii) Is certified by an organization approved by the Department of Health and that is either a Vermont affiliate of the National Alliance for

Recovery Residences or another approved organization or is pending such certification. If certification is pending beyond 45 days, the municipality shall retain its right to consider the residence pursuant to zoning bylaws adopted in compliance with 24 V.S.A. § 4411.

* * *

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

Sec. 10. REPEAL

2021 Acts and Resolves No. 46, Sec. 3 (repeal of buprenorphine exemption) and 4(b) (effective date; repeal of buprenorphine exemption) are repealed.

* * * Effective Dates * * *

Sec. 11. EFFECTIVE DATES

This act shall take effect on passage, except that Sec. 8 (medication for opioid use disorder) shall take effect on September 1, 2023.

(Committee vote: _____)

_____

Representative _____

FOR THE COMMITTEE