

1 H.331

2 Introduced by Representatives Pugh of South Burlington, Batchelor of Derby,
3 Burditt of West Rutland, Donahue of Northfield, Frank of
4 Underhill, French of Randolph, Haas of Rochester, Krowinski
5 of Burlington, McFaun of Barre Town, Mrowicki of Putney,
6 and Trieber of Rockingham

7 Referred to Committee on

8 Date:

9 Subject: Health; prescription drugs; controlled substances; opioid addiction;

10 Vermont Prescription Monitoring System

11 Statement of purpose of bill as introduced: This bill proposes to require health
12 care providers to search the Vermont Prescription Monitoring System prior to
13 prescribing a controlled substance. It would expand the categories of persons
14 who may access the Vermont Prescription Monitoring System (VPMS) and
15 reestablish the VPMS Advisory Committee. The bill would also create a
16 Unified Pain Management System Advisory Council, establish an unused drug
17 disposal program, and create a track and trace pilot program for buprenorphine.

18 An act relating to a systemic response to opioid addiction

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

2 Sec. 1. PURPOSE

3 It is the purpose of this act to create a systemic response to the problem of
4 opioid addiction and to maximize the effectiveness and appropriate utilization
5 of the Vermont Prescription Monitoring System, which serves as an important
6 tool in promoting public health by providing opportunities for treatment for
7 and prevention of abuse of controlled substances without interfering with the
8 legal medical use of those substances.

9 Sec. 2. 18 V.S.A. § 4201 is amended to read:

10 § 4201. DEFINITIONS

11 As used in this chapter, unless the context otherwise requires:

12 * * *

13 (26) "Prescription" means an order for a regulated drug made by a
14 physician, advanced practice registered nurse, dentist, or veterinarian licensed
15 under this chapter to prescribe such a drug which shall be in writing except as
16 otherwise specified ~~herein~~ in this subdivision. Prescriptions for such drugs
17 shall be made to the order of an individual patient, dated as of the day of issue
18 and signed by the prescriber. The prescription shall bear the full name ~~and~~,
19 address, and date of birth of the patient, or if the patient is an animal, the name
20 and address of the owner of the animal and the species of the animal. Such
21 prescription shall also bear the full name, address, and registry number of the

1 prescriber and shall be written with ink, indelible pencil, or typewriter; if
2 typewritten, it shall be signed by the ~~physician~~ prescriber. A written or
3 typewritten prescription for a controlled substance, as defined in 21 C.F.R. Part
4 1308, shall contain the quantity of the drug written both in numeric and word
5 form.

6 * * *

7 Sec. 3. 18 V.S.A. § 4215b is added to read:

8 § 4215b. IDENTIFICATION

9 Prior to dispensing a prescription for a Schedule II, III, or IV controlled
10 substance, a pharmacist shall require the individual receiving the drug to
11 provide a signature and show valid and current government-issued
12 photographic identification as evidence that the individual is the patient for
13 whom the prescription was written, the owner of the animal for which the
14 prescription was written, or the bona fide representative of the patient or
15 animal owner. If the individual does not have valid, current
16 government-issued photographic identification, the pharmacist may request
17 alternative evidence of the individual's identity, as appropriate.

1 Sec. 4. 18 V.S.A. § 4218 is amended to read:

2 § 4218. ENFORCEMENT

3 * * *

4 (d) Nothing in this section shall authorize the ~~department of public safety~~
5 Department of Public Safety and other authorities described in subsection (a)
6 of this section to have access to VPMS (~~Vermont prescription monitoring~~
7 ~~system~~) (Vermont Prescription Monitoring System) created pursuant to chapter
8 84A of this title, except as provided in that chapter.

9 (e) The Department of Public Safety shall adopt standard operating
10 guidelines for accessing pharmacy records through the authority granted in this
11 section. Any person authorized to access pharmacy records pursuant to
12 subsection (a) of this section shall follow the Department of Public Safety's
13 guidelines. These guidelines shall be a public record.

14 Sec. 5. DEPARTMENT OF PUBLIC SAFETY; REPORTING STANDARD
15 OPERATING GUIDELINES

16 On or before December 15, 2013, the Commissioner of Public Safety shall
17 submit to the House and Senate Committees on Judiciary, the House
18 Committee on Human Services, and the Senate Committee on Health and
19 Welfare the Department's written standard operating guidelines used to access
20 pharmacy records at individual pharmacies pursuant to 18 V.S.A. § 4218.
21 Subsequently, if the guidelines are substantively amended by the Department,

1 it shall submit the amended guidelines to the same committees as soon as
2 practicable.

3 Sec. 6. 18 V.S.A. § 4282 is amended to read:

4 § 4282. DEFINITIONS

5 As used in this chapter:

6 * * *

7 (5) “Delegate” means an individual employed by a health care facility or
8 pharmacy or in the Office of the Chief Medical Examiner and authorized by a
9 health care provider or dispenser or by the Chief Medical Examiner to request
10 information from the VPMS relating to a bona fide current patient of the health
11 care provider or dispenser or to a bona fide investigation or inquiry into an
12 individual’s death.

13 (6) “Department” means the Department of Health.

14 (7) “Drug diversion investigator” means an employee of the Department
15 of Public Safety whose primary duties include investigations involving
16 violations of laws regarding prescription drugs or the diversion of prescribed
17 controlled substances, and who has completed a training program established
18 by the Department of Health by rule that is designed to ensure that officers
19 have the training necessary to use responsibly and properly any information
20 that they receive from the VPMS.

1 ~~department~~ Department shall seek grant funds and take any other action within
2 its financial capability to minimize any cost impact to health care providers
3 and dispensers.

4 * * *

5 Sec. 8. 18 V.S.A. § 4284 is amended to read:

6 § 4284. PROTECTION AND DISCLOSURE OF INFORMATION

7 (a) The data collected pursuant to this chapter and all related information
8 and records shall be confidential, except as provided in this chapter, and shall
9 not be subject to public records law. The ~~department~~ Department shall
10 maintain procedures to protect patient privacy, ensure the confidentiality of
11 patient information collected, recorded, transmitted, and maintained, and
12 ensure that information is not disclosed to any person except as provided in
13 this section.

14 (b)(1) ~~The department shall be authorized to provide data to only~~
15 Department shall provide only the following persons with access to query the
16 VPMS:

17 ~~(1) A patient or that person's health care provider, or both, when VPMS~~
18 ~~reveals that a patient may be receiving more than a therapeutic amount of one~~
19 ~~or more regulated substances.~~

20 ~~(2)(A) A health care provider or dispenser, or delegate who requests~~
21 ~~information~~ is registered with the VPMS and certifies that the requested

1 information is for the purpose of providing medical or pharmaceutical
2 treatment to a bona fide current patient.

3 (B) Personnel or contractors, as necessary for establishing and
4 maintaining the VPMS.

5 (C) The Medical Director of the Department of Vermont Health
6 Access, for the purposes of Medicaid quality assurance, utilization, and federal
7 monitoring requirements with respect to Medicaid recipients for whom a
8 Medicaid claim for a Schedule II, III, or IV controlled substance has been
9 submitted.

10 (D) A medical examiner or delegate from the Office of the Chief
11 Medical Examiner, for the purpose of conducting an investigation or inquiry
12 into the cause, manner, and circumstances of an individual's death.

13 (E) A health care provider or medical examiner licensed to practice
14 in another state, to the extent necessary to provide appropriate medical care to
15 a Vermont resident or to investigate the death of a Vermont resident.

16 (2) The Department shall provide reports of data available to the
17 Department through the VPMS only to the following persons:

18 (A) A patient or that person's health care provider, or both, when
19 VPMS reveals that a patient may be receiving more than a therapeutic amount
20 of one or more regulated substances.

1 ~~(3)~~(B) A designated representative of a board responsible for the
2 licensure, regulation, or discipline of health care providers or dispensers
3 pursuant to a bona fide specific investigation.

4 ~~(4)~~(C) A patient for whom a prescription is written, insofar as the
5 information relates to that patient.

6 ~~(5)~~(D) The relevant occupational licensing or certification authority if
7 the ~~commissioner~~ Commissioner reasonably suspects fraudulent or illegal
8 activity by a health care provider. The licensing or certification authority may
9 report the data that are the evidence for the suspected fraudulent or illegal
10 activity to a ~~trained law enforcement officer~~ drug diversion investigator.

11 ~~(6)~~(E)(i) The ~~commissioner of public safety~~ Commissioner of Public
12 Safety, personally, or the Deputy Commissioner of Public Safety, personally, if
13 the ~~commissioner of health~~ Commissioner of Health, personally, or the Deputy
14 Commissioner for Alcohol and Drug Abuse Programs, personally, makes the
15 disclosure, has consulted with at least one of the patient's health care
16 providers, and believes that the disclosure is necessary to avert a serious and
17 imminent threat to a person or the public.

18 (ii) The Commissioner of Public Safety, personally, or the Deputy
19 Commissioner of Public Safety, personally, when he or she requests data from
20 the Commissioner of Health, and the Commissioner of Health believes, after
21 consultation with at least one of the patient's health care providers, that

1 disclosure is necessary to avert a serious and imminent threat to a person or the
2 public.

3 (iii) The Commissioner or Deputy Commissioner of Public Safety
4 may disclose such data received pursuant to this subdivision (E) as is
5 necessary, in his or her discretion, to avert the serious and imminent threat.

6 ~~(7) Personnel or contractors, as necessary for establishing and~~
7 ~~maintaining the VPMS.~~

8 (F) A prescription monitoring system or similar entity in another state
9 pursuant to a reciprocal agreement to share prescription monitoring
10 information with the Vermont Department of Health as described in section
11 4288 of this title.

12 (c) A person who receives data or a report from VPMS or from the
13 ~~department~~ Department shall not share that data or report with any other
14 person or entity not eligible to receive that data pursuant to subsection (b) of
15 this section, except as necessary and consistent with the purpose of the
16 disclosure and in the normal course of business. Nothing shall restrict the right
17 of a patient to share his or her own data.

18 (d) The ~~commissioner~~ Commissioner shall offer health care providers and
19 dispensers training in the proper use of information they may receive from
20 VPMS. Training may be provided in collaboration with professional
21 associations representing health care providers and dispensers.

1 (e) A ~~trained law enforcement officer~~ drug diversion investigator who may
2 receive information pursuant to this section shall not have access to VPMS
3 except for information provided to the officer by the licensing or certification
4 authority.

5 (f) The ~~department~~ Department is authorized to use information from
6 VPMS for research, trend analysis, and other public health promotion purposes
7 provided that data are aggregated or otherwise de-identified. The Department
8 shall post the results of trend analyses on its website for use by health care
9 providers, dispensers, and the general public. When appropriate, the
10 Department shall send alerts relating to identified trends to health care
11 providers and dispensers by electronic mail.

12 (g) Knowing disclosure of transmitted data to a person not authorized by
13 subsection (b) of this section, or obtaining information under this section not
14 relating to a bona fide specific investigation, shall be punishable by
15 imprisonment for not more than one year or a fine of not more than \$1,000.00,
16 or both, in addition to any penalties under federal law.

17 (h) All information and correspondence relating to the disclosure of
18 information by the Commissioner to a patient's health care provider pursuant
19 to subdivision (b)(2)(A) of this section shall be confidential and privileged,
20 exempt from public inspection and copying under the Public Records Act,

1 immune from subpoena or other disclosure, and not subject to discovery or
2 introduction into evidence.

3 (i) Each request for disclosure of data pursuant to subdivision (b)(2)(B) of
4 this section shall document a bona fide specific investigation and shall specify
5 the name of the person who is the subject of the investigation.

6 Sec. 9. 18 V.S.A. § 4287 is amended to read:

7 § 4287. RULEMAKING

8 The ~~department~~ Department shall adopt rules for the implementation of
9 VPMS as defined in this chapter consistent with 45 C.F.R. Part 164, as
10 amended and as may be amended, that limit the disclosure to the minimum
11 information necessary for purposes of this act ~~and shall keep the senate and~~
12 ~~house committees on judiciary, the senate committee on health and welfare,~~
13 ~~and the house committee on human services advised of the substance and~~
14 ~~progress of initial rulemaking pursuant to this section.~~

15 Sec. 10. 18 V.S.A. § 4288 is added to read:

16 § 4288. RECIPROCAL AGREEMENTS

17 The Department of Health may enter into reciprocal agreements with other
18 states that have prescription monitoring programs so long as access under such
19 agreement is consistent with the privacy, security, and disclosure protections in
20 this chapter.

1 Sec. 11. 18 V.S.A. § 4289 is added to read:

2 § 4289. STANDARDS AND GUIDELINES FOR HEALTH CARE

3 PROVIDERS AND DISPENSERS

4 (a) Each professional licensing authority for health care providers shall
5 develop evidence-based standards to guide health care providers in the
6 appropriate prescription of Schedules II, III, and IV controlled substances for
7 treatment of chronic pain and for other medical conditions to be determined by
8 the licensing authority.

9 (b)(1) Each health care provider who prescribes any Schedule II, III, or IV
10 controlled substances shall register with the VPMS.

11 (2) If the VPMS shows that a patient has filled a prescription for a
12 controlled substance written by a health care provider who is not a registered
13 user of VPMS, the Commissioner of Health shall notify such provider by mail
14 of the provider's registration requirement pursuant to subdivision (1) of this
15 subsection.

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

19 (c) Each dispenser who dispenses any Schedule II, III, or IV controlled
20 substances shall register with the VPMS.

1 (d)(1) Each professional licensing authority for health care providers and
2 dispensers authorized to prescribe or dispense Schedules II, III, and IV
3 controlled substances shall adopt standards regarding the frequency and
4 circumstances under which their respective licensees shall query the VPMS.

5 (2) Each professional licensing authority for dispensers shall adopt
6 standards regarding the frequency and circumstances under which its licensees
7 shall report to the VPMS, which shall be no less than once every seven days.

8 (3) Each professional licensing authority for health care providers and
9 dispensers shall consider the standards adopted pursuant to this section in
10 disciplinary proceedings when determining whether a licensee has complied
11 with the applicable standard of care.

12 (4) No later than January 15, 2014, each professional licensing authority
13 subject to this subsection shall submit its standards to the VPMS advisory
14 committee established in section 4286 of this title.

15 Sec. 12. 18 V.S.A. § 4290 is added to read:

16 § 4290. REPLACEMENT PRESCRIPTIONS AND MEDICATIONS

17 (a) As used in this section, “replacement prescription” means an
18 unscheduled prescription request in the event that the document on which a
19 patient’s prescription was written or the patient’s prescribed medication is
20 reported to the prescriber as having been lost or stolen.

1 (b) When a patient or a patient's parent or guardian requests a replacement
2 prescription for a Schedule II, III, or IV controlled substance, the patient's
3 health care provider shall query the VPMS prior to writing the replacement
4 prescription to determine whether the patient may be receiving more than a
5 therapeutic dosage of the controlled substance.

6 (c) When a health care provider writes a replacement prescription pursuant
7 to this section, the provider shall clearly indicate as much by writing the word
8 "REPLACEMENT" on the face of the prescription.

9 (d) When a dispenser fills a replacement prescription, the dispenser shall
10 report the required information to the VPMS and shall indicate that the
11 prescription is a replacement by completing the VPMS field provided for such
12 purpose. In addition, the dispenser shall report to the VPMS the name of the
13 person picking up the replacement prescription, if not the patient.

14 (e) The VPMS shall create a mechanism by which individuals authorized to
15 access the system pursuant to section 4284 of this title may search the database
16 for information on all or a subset of all replacement prescriptions.

17 Sec. 13. VPMS ADVISORY COMMITTEE

18 (a)(1) The Commissioner shall maintain an advisory committee to assist in
19 the implementation and periodic evaluation of the Vermont Prescription
20 Monitoring System (VPMS).

1 (2) The Department shall consult with the VPMS Advisory Committee
2 concerning any potential operational or economic impacts on dispensers and
3 health care providers related to transmission system equipment and software
4 requirements.

5 (3) The Committee shall develop guidelines for use of the VPMS by
6 dispensers, health care providers, and delegates, and shall make
7 recommendations concerning under what circumstances, if any, the
8 Department shall or may give VPMS data, including data thresholds for such
9 disclosures, to law enforcement personnel. The committee shall also review
10 and approve advisory notices prior to publication.

11 (4) The Committee shall make recommendations regarding ways to
12 improve the utility of the VPMS and its data.

13 (5) The Committee shall have access to aggregated, de-identified data
14 from the VPMS.

15 (b) The VPMS Advisory Committee shall be chaired by the Commissioner
16 of Health or designee and shall include the following members:

17 (1) the Deputy Commissioner of Health for Alcohol and Drug Abuse
18 Programs;

19 (2) a representative from the Vermont Medical Society;

20 (3) a representative from the American College of Emergency
21 Physicians - Vermont Chapter;

1 (4) a representative from the Vermont State Nurses Association;

2 (5) a representative from the Vermont Board of Medical Practice;

3 (6) a representative from the Vermont Board of Pharmacy;

4 (7) a representative from the Vermont Pharmacists Association;

5 (8) a representative from the Vermont State Dental Society;

6 (9) the Commissioner of Public Safety;

7 (10) a representative of the Vermont Attorney General;

8 (11) a representative of the Vermont Substance Abuse Treatment

9 Providers Association;

10 (12) a mental health provider or a certified alcohol and drug abuse
11 counselor;

12 (13) a consumer in recovery from prescription drug abuse;

13 (14) a consumer receiving medical treatment for chronic pain; and

14 (15) any other member invited by the Commissioner.

15 (c) The Committee shall meet at least once annually but may be convened
16 at any time by the Commissioner or the Commissioner's designee.

17 (d) No later than January 15, 2014, the Committee shall provide
18 recommendations to the House Committee on Human Services and the Senate
19 Committee on Health and Welfare regarding ways to maximize the
20 effectiveness and appropriate use of the VPMS database, including adding new

1 reporting capabilities, in order to improve patient outcomes and avoid
2 prescription drug diversion.

3 (e) The Committee shall cease to exist on July 1, 2014.

4 Sec. 14. UNIFIED PAIN MANAGEMENT SYSTEM ADVISORY
5 COUNCIL

6 (a) There is hereby created a Unified Pain Management System Advisory
7 Council for the purpose of advising the Commissioner of Health on matters
8 relating to the appropriate use of controlled substances in treating chronic pain
9 and addiction and in preventing prescription drug abuse.

10 (b) The Unified Pain Management System Advisory Council shall consist
11 of the following members:

12 (1) the Commissioner of Health or designee, who shall serve as chair;

13 (2) the Deputy Commissioner of Health for Alcohol and Drug Abuse
14 Programs or designee;

15 (3) the Commissioner of Mental Health or designee;

16 (4) the Director of the Blueprint for Health or designee;

17 (5) the Chair of the Board of Medical Practice or designee, who shall be
18 a clinician;

19 (6) a representative of the Vermont State Dental Society, who shall be a
20 dentist;

1 (7) a representative of the Vermont Board of Pharmacy, who shall be a
2 pharmacist;

3 (8) a faculty member of the academic detailing program at the
4 University of Vermont's College of Medicine;

5 (9) a faculty member of the University of Vermont's College of
6 Medicine with expertise in the treatment of addiction or chronic pain
7 management;

8 (10) a representative of the Vermont Medical Society, who shall be a
9 primary care clinician;

10 (11) a representative of the American Academy of Family Physicians,
11 Vermont chapter, who shall be a primary care clinician;

12 (12) a representative of the federally qualified health centers, who shall
13 be a primary care clinician selected by the Bi-State Primary Care Association;

14 (13) a representative of the Vermont Ethics Network;

15 (14) a representative of the Hospice and Palliative Care Council of
16 Vermont;

17 (15) a representative of the Office of the Health Care Ombudsman;

18 (16) the Medical Director for the Department of Vermont Health
19 Access;

1 (17) a clinician who works in the emergency department of a hospital, to
2 be selected by the Vermont Association of Hospitals and Health Systems in
3 consultation with any nonmember hospitals;

4 (18) a member of the Vermont Board of Nursing Subcommittee on
5 APRN Practice, who shall be an advanced practice registered nurse;

6 (19) a representative from the Vermont Assembly of Home Health and
7 Hospice Agencies;

8 (20) a psychologist licensed pursuant to 26 V.S.A. chapter 55 who has
9 experience in treating chronic pain, to be selected by the Board of
10 Psychological Examiners;

11 (21) a drug and alcohol abuse counselor licensed pursuant to 33 V.S.A.
12 chapter 8, to be selected by the Deputy Commissioner of Health for Alcohol
13 and Drug Abuse Programs; and

14 (22) a consumer representative who is either a consumer in recovery
15 from prescription drug abuse or a consumer receiving medical treatment for
16 chronic noncancer-related pain.

17 (c) Advisory Council members who are not employed by the state or whose
18 participation is not supported through their employment or association shall be
19 entitled to a per diem and expenses as provided by 32 V.S.A. § 1010.

20 (d) A majority of the members of the Advisory Council shall constitute a
21 quorum. The Advisory Council shall act only by a majority vote of the

1 members present and voting and only at meetings called by the chair or by any
2 three of the members.

3 (e) To the extent funds are available, the Advisory Council shall have the
4 following duties:

5 (1) to develop and recommend principles and components of a unified
6 pain management system, including the appropriate use of controlled
7 substances in treating noncancer-related chronic pain and addiction and in
8 preventing prescription drug abuse;

9 (2) to identify and recommend components of evidence-based training
10 modules and minimum requirements for the continuing education of all
11 licensed health care providers in the state who treat chronic pain or addiction
12 or prescribe controlled substances in Schedule II, III, or IV consistent with a
13 unified pain management system;

14 (3) to identify and recommend evidence-based training modules for all
15 employees of the Agency of Human Services who have direct contact with
16 recipients of services provided by the Agency or any of its departments; and

17 (4) to identify and recommend system goals and planned assessment
18 tools to ensure that the initiative's progress can be monitored and adapted as
19 needed.

20 (f) The Commissioner of Health may designate subcommittees as
21 appropriate to carry out the work of the Advisory Council.

1 (g) On or before January 15, 2013, the Advisory Council shall submit its
2 recommendations to the Senate Committee on Health and Welfare, the House
3 Committee on Human Services, and the House Committee on Health Care.

4 Sec. 15. UNUSED DRUG DISPOSAL PROGRAM PROPOSAL

5 (a) On or before October 15, 2012, the Commissioners of Health and of
6 Public Safety shall provide recommendations to the House and Senate
7 Committees on Judiciary, the House Committee on Human Services, and the
8 Senate Committee on Health and Welfare regarding the design and
9 implementation of a statewide drug disposal program for unused
10 over-the-counter and prescription drugs at no charge to the consumer. In
11 preparing their recommendations, the Commissioners shall consider successful
12 unused drug disposal programs in Vermont, including the Bennington County
13 Sheriff's Department's program, and programs in other states.

14 (b) On or before January 15, 2013, the Commissioners of Health and of
15 Public Safety shall implement the unused drug disposal program developed
16 pursuant to subsection (a) of this section and shall take steps to publicize the
17 program and to make all Vermont residents aware of opportunities to avail
18 themselves of it.

19 Sec. 16. TRACK AND TRACE PILOT PROJECT

20 (a) The Departments of Health and of Vermont Health Access shall
21 establish a track and trace pilot project with one or more manufacturers of

1 buprenorphine to create a high-integrity monitoring tool capable of use across
2 disciplines. The tool shall be designed to identify irregularities related to
3 dosing and quality in a manner that disrupts practice operations to the least
4 extent possible. The Departments shall work with all willing
5 Medicaid-enrolled prescribing practices and pharmacies to utilize the tool.

6 (b) On or before January 15, 2014, the Commissioners of Health and of
7 Vermont Health Access shall provide testimony on the status of the pilot
8 project established pursuant to this section to the House Committees on
9 Human Services and on Judiciary and the Senate Committees on Health and
10 Welfare and on Judiciary.

11 Sec. 17. DEPARTMENT OF HEALTH REPORT; OPIOID

12 ANTAGONISTS

13 On or before November 15, 2013, the Department of Health shall report to
14 the General Assembly detailed recommendations for permitting a practitioner
15 to prescribe and dispense lawfully naloxone or another opioid antagonist to a
16 person at risk of experiencing an opiate-related overdose or to a family
17 member, friend, or other person in a position to assist a person at risk of
18 experiencing an opiate-related overdose.

19 Sec. 18. SPENDING AUTHORITY

20 Providing financial support for the Unified Pain Management System
21 Advisory Council established in Sec. 14 of this act, upgrading the VPMS

1 software, and implementing enhancements to the VPMS shall all be acceptable
2 uses of the monies in the Evidence-Based Education and Advertising Fund
3 established in 33 V.S.A. § 2004a. The Commissioner of Health shall seek
4 excess receipts authority to make expenditures as needed from the
5 Evidence-Based Education and Advertising Fund for these purposes.

6 Sec. 19. INTEGRATION; LEGISLATIVE INTENT

7 It is the intent of the General Assembly that the initiatives described in this
8 act should be integrated to the extent possible with the Blueprint for Health and
9 the mental health system of care.

10 Sec. 20. EFFECTIVE DATES

11 (a) This section and Sec. 13 of this act (VPMS Advisory Committee) shall
12 take effect on passage.

13 (b) Secs. 10 (18 V.S.A. § 4288; reciprocal agreements), 11 (18 V.S.A.
14 § 4289; standards and guidelines), and 12 (18 V.S.A. § 4290; replacement
15 prescriptions) and Sec. 8(b)(2)(G) (18 V.S.A. § 4284(b)(2)(G); interstate data
16 sharing) of this act shall take effect on October 1, 2013.

17 (c) The remaining sections of this act shall take effect on July 1, 2013.