1	S.191
2	Introduced by Senators Miller and Mullin
3	Referred to Committee on
4	Date:
5	Subject: Health; human services; chronic pain; prescription drugs; controlled
6	substances; agency of human services; Blueprint for Health;
7	physicians; health care practitioners; continuing education
8	Statement of purpose: This bill proposes to create a commission on rational
9	treatment of chronic pain to develop training programs for health care and
10	human services professionals and to advise the governor and the general
11	assembly on matters related to the appropriate use of controlled substances in
12	treating chronic pain and to the prevention of prescription drug abuse and
13	diversion. The bill would also require health care and human services
14	professionals to receive training on these topics.
15	An act relating to rational treatment of chronic pain
16	It is hereby enacted by the General Assembly of the State of Vermont:
17	Sec. 1. 18 V.S.A. chapter 92 is amended to read:
18	CHAPTER 92. APPROPRIATE USE OF CONTROLLED SUBSTANCES
19	AND RATIONAL TREATMENT OF OPIATE ADDICTION

CHRONIC PAIN

programs or designee;

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1	Subchapter 1. Treatment of Opiate Addiction
2	§ 4701. PURPOSE
3	It is the purpose of this <del>chapter</del> subchapter to authorize the department of
4	health to establish comprehensive guidelines for a regional system of opiate
5	addiction treatment.
6	* * *
7	Subchapter 2. Commission on Rational Treatment of Chronic Pain
8	<u>§ 4711. CREATION</u>
9	There is established a commission on rational treatment of chronic pain to
10	develop training programs for health care and human services professionals
11	and to advise the governor and the general assembly on matters related to the
12	appropriate use of controlled substances in treating chronic pain and to the
13	prevention of prescription drug abuse and diversion.
14	§ 4712. COMPOSITION; FUNDING
15	(a) Composition. The secretary of human services shall appoint the
16	members of the commission on rational treatment of chronic pain, which shall
17	include:
18	(1) the commissioner of health or designee;
19	(2) the deputy commissioner of health for alcohol and drug abuse

1	(3) the commiss

1	(3) the commissioner of the department for children and families or
2	designee;
3	(4) the commissioner of Vermont health access or designee;
4	(5) the commissioner of mental health or designee;
5	(6) the commissioner of corrections or designee;
6	(7) the chair of the board of medical practice or designee;
7	(8) the chair of the board of osteopathic physicians and surgeons or
8	designee;
9	(9) the chair of the board of nursing or designee;
10	(10) at least one faculty member from the University of Vermont's
11	College of Medicine with expertise in the treatment of addiction or chronic
12	pain, or both;
13	(11) a representative from the Vermont Medical Society;
14	(12) at least one primary care physician licensed pursuant to 26 V.S.A.
15	chapter 23;
16	(13) at least one physician from the northern part of the state and at least
17	one physician from the central or southern part of the state, who are licensed
18	pursuant to 26 V.S.A. chapter 23 and who are board-certified and
19	fellowship-trained in pain medicine;

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1	(14) at least one psychologist licensed pursuant to 26 V.S.A. chapter 55
2	who is a diplomate of the American Academy of Pain Management and has
3	experience in treating chronic pain;
4	(15) at least one drug and alcohol abuse counselor licensed pursuant to
5	33 V.S.A. chapter 8; and
6	(16) such other interested persons as the secretary deems appropriate.
7	(b) Chair and subcommittees. The commissioner of health or designee may
8	chair the commission's meetings or may designate another member of the
9	commission as the chair. The secretary may designate subcommittees as
10	appropriate to carry out the work of the commission.
11	(c) Funding. The commission shall seek grants and other sources of
12	funding from public and private sources to support its work. The commission
13	may seek and accept funds from manufacturers of prescribed products, as
14	defined in subsection 4631a(a) of this title, provided the manufacturer supplies
15	funds to further the commission's work generally and does not attach
16	conditions to the use of the funds or use the commission's receipt or
17	acceptance of the funds to promote the manufacturer's products in any way.
18	(d) Compensation. Members of the commission who are not state

employees shall be entitled to per diem compensation and reimbursement of

expenses pursuant to 32 V.S.A. § 1010, provided that funds received pursuant

1	to subsection (c) of this section shall be applied to the extent practicable before
2	general funds are expended for this purpose.
3	§ 4713. POWERS AND DUTIES
4	(a) The commission shall have the following powers and duties:
5	(1) Develop and recommend to the secretary of human services training
6	modules for Vermont's public and private health care and human services
7	providers relating to rational treatment of chronic pain, including risk
8	stratification, opioid dependence, disability, public assistance programs, and
9	potential misallocation of state resources. As applicable to the individuals
10	receiving the training, these modules may relate to:
11	(A) pharmacology, including the appropriate use of short-term and
12	long-term opiates;
13	(B) identifying the difference between addiction, pseudo-addiction,
14	drug-seeking behavior, chronic pain, physical dependence, and drug tolerance;
15	(C) the psychology of addiction behavior and the emotional impact of
16	chronic pain;
17	(D) understanding the effects of mental illness on pain;
18	(E) methods of evaluation and risk stratification;
19	(F) identifying warning signs in chronic pain treatment, including
20	aberrant behavior;

(G) defining success in the treatment of chronic pain patients;

1	(H) understanding medical and legal issues in opiate treatment;
2	(I) addressing physician deterrents to treatment, including the fear of
3	addicting patients, a misunderstanding of the difference between addiction and
4	dependence, and concerns about oversight and scrutiny;
5	(J) familiarity with the Federation of State Medical Boards' policies,
6	including its model policy for the use of controlled substances for the treatment
7	of pain and resources on responsible opioid prescribing;
8	(K) identifying, monitoring, and treating substance abuse in
9	Vermonters, including Vermonters who receive state or federal public
10	assistance and beneficiaries of human services programs;
11	(L) improving efforts to help certain individuals become
12	self-sufficient and transition from public assistance programs, including
13	identifying barriers to self-sufficiency; and
14	(M) appropriate use of urine toxicology screening.
15	(2) Make recommendations to the governor, secretary of human
16	services, and general assembly related to matters within the scope of the
17	commission's charge.
18	(3) Provide an annual update, which may be in the form of oral
19	testimony or a written report, to the house committees on health care and on
20	human services and the senate committee on health and welfare related to
21	matters within the scope of the commission's charge.

1	(b) Prior to finalizing any training module developed pursuant to
2	subdivision (a)(1) of this section for submission to the secretary of human
3	services, the commission shall seek and incorporate the comments of the
4	American Academy of Pain Management, the board of medical practice, and
5	the office of professional regulation.
6	(c) No training module shall be implemented without the approval of the
7	secretary of human services. The secretary shall approve at least one training
8	module developed pursuant to this section to be operational no later than
9	<u>January 1, 2013.</u>
10	Sec. 2. 3 V.S.A. § 3005 is added to read:
11	§ 3005. TRAINING FOR DIRECT SERVICE PERSONNEL
12	Any employee of the agency of human services who has direct contact with
13	recipients of services provided by the agency or any of its departments shall
14	complete the training module or modules appropriate to the employee's
15	position, and any further training associated with such module or modules, as
16	directed by the secretary pursuant to 18 V.S.A. chapter 92, subchapter 2.
17	Sec. 3. 18 V.S.A. § 705(c) is amended to read:
18	(c) Health care professionals participating in a community health team
19	shall:

\* \* \*

1	(4) Complete every two years the training module appropriate to their
2	role on the community health team as identified by the secretary of human
3	services pursuant to chapter 92, subchapter 2 of this title on rational treatment
4	of chronic pain, provided that any member of a community health team who
5	completes such training in order to comply with the requirements of his or her
6	applicable licensing statute or related rules shall be deemed to have complied
7	with the provisions of this subdivision.
8	Sec. 4. 18 V.S.A. § 4631a(b) is amended to read:
9	(b)(1) It is unlawful for any manufacturer of a prescribed product or any
10	wholesale distributor of medical devices, or any agent thereof, to offer or give
11	any gift to a health care provider or to a member of the Green Mountain Care
12	board established in chapter 220 of this title.
13	(2) The prohibition set forth in subdivision (1) of this subsection shall
14	not apply to any of the following:
15	* * *
16	(L) The provision of grant funds to the commission on rational
17	treatment of chronic pain established in chapter 92, subchapter 2 of this title.
18	Sec. 5. RULEMAKING
19	The board of medical practice, the office of professional regulation, and the
20	office of alcohol and drug abuse programs, as applicable, shall adopt rules to

require an applicant for original licensure or license renewal as a physician,

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1	physician's assistant, nurse, osteopathic physician, naturopathic physician,
2	psychologist, drug and alcohol abuse counselor, clinical mental health
3	counselor, marriage and family therapist, or psychoanalyst to receive, at least
4	biennially, training appropriate to the applicant's field through one or more of
5	the training modules approved by the secretary of human services pursuant to
6	18 V.S.A. chapter 92, subchapter 2, on the appropriate use of controlled
7	substances in treating chronic pain and on the prevention of prescription drug
8	abuse and diversion. These rules shall take effect no later than January 1,
9	<u>2014.</u>
10	Sec. 6. EFFECTIVE DATE
11	This act shall take effect on passage.