



Mailing Address:
1 Baldwin Street
Drawer 33
Montpelier, Vermont 05633-5701

Tel.: (802) 828-2295
Fax: (802) 828-2483

STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
Montpelier, Vermont 05633-5701

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management

From: Rebecca Buck, Staff Associate *RB*

Date: September 13, 2006

Subject: Status of Grant and Position Requests

No Joint Fiscal Committee member has requested that the following items be held for review:

JFO #2267 – \$350,000 grant from the U.S. Department of Justice to the Department of Health, Division of Alcohol and Drug Abuse Programs. These grant funds will be used to support the implementation of Act 205 of 2006 (copy included in material) to create a Vermont prescription monitoring program through the establishment of protocols and an electronic data base. The goal of this program is to ensure that all federally controlled substances are properly dispensed and properly used by patients. Joint Fiscal Committee approval is being requested to establish two (2) new limited service positions: one (1) Substance Abuse Program Coordinator and one (1) Public Health Analyst II.

[JFO received 08/14/06]

JFO #2268 – \$15,416 grant from the New England Juvenile Defender Center (NEJDC) to the Office of Defender General. These grant funds will be used to support “housing” the NEJDC in the Office of the Defender General. The Center is a non-profit organization that works on juvenile defense related issues throughout New England. Specific responsibilities in connection with this grant are outlined in the Memorandum of Understanding (copy included in material).

[JFO received 08/14/06]

In accordance with 32 V.S.A. §5, the requisite 30 days having elapsed since these items were submitted to the Joint Fiscal Committee, the Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of these actions.

cc: Linda Morse
Cynthia LaWare
Sharon Moffatt
Matthew Valerio
Molly Paulger
Jenny Audet

From: "Leach, Gary" <GLEach@vdh.state.vt.us>
To: <obie@leg.state.vt.us>, <apugh@leg.state.vt.us>
Date: 8/24/2006 3:27:08 PM
Subject: Questions re: JFO #2267

Representatives Pugh and Obuchowski:

Becky forwarded several questions regarding our request to receive Federal funds from the Department of Justice for a prescription monitoring program -- JFO #2267. I'm sorry it's taken a couple of days to put together a brief response, but vacations and email problems slowed us down. Thanks for your patience.

"In the 'Request for Classification Action' paperwork submitted to HR for the two positions the Dept checked off 'permanent' for position type. The rest of the paperwork submitted reflects the positions as limited service. Could you please verify the limited service status of these positions?"

Yes, these are limited service positions.

"What is the salary (and fringe) for the each of the positions?"

We currently estimate the cost of these positions as follows:

Substance Abuse Program Coordinator -- full time -- annual salary of \$45,760 (\$45,594 budgeted)

Public Health Analyst II -- half-time -- annual salary of \$22,880 (\$22,797 budgeted)

The cost of fringe benefits is estimated at 30% of salary, \$20,592 (\$20,517 budgeted). The actual cost of fringe benefits will depend on the employee election of insurance coverages.

"What privacy protection will be in place for Vermonters and built into the system?"

The system was developed to limit access to information in the system as provided in the statute. To the extent the statute permits disclosure of information, the system is designed to be HIPAA compliant and to follow the same guidelines that are in place for all other medical records.

"What happens to the program when the federal funds are all expended?"

This Federal grant program -- the Harold Rogers Prescription Drug Monitoring Program -- has been in place since 2002. Most states that apply for the funds continue to receive them with reapplication. We plan to apply again to continue to support Vermont's program. In the unlikely event that Federal funding for this program was discontinued, the program would terminate.

"What amount would be needed to sustain this program when the Federal funds are all expended?"

If funding were available to continue the program, the ongoing cost is estimated at between \$160,000 and \$170,000 annually. The cost of a contract to maintain and support the database would be approximately \$50,000 annually; staff costs are budgeted at \$90,000 a year; and we would expect to have ongoing training and evaluation costs of \$20,000 to \$30,000 annually.

Thank you and please let me know if you need additional information.



Gary Leach
Vermont Department of Health
863-7384

This email message may contain privileged and/or confidential information. If you are not the intended recipient(s), you are hereby notified that any dissemination, distribution, or copying of this email message is strictly prohibited. If you have received this message in error, please immediately notify the sender and delete this email message from your computer.

CAUTION: The Agency of Human Services / Vermont Department of Health cannot ensure the confidentiality or security of email transmissions.

CC: "Sarah Clark" <sarahcl@wpgate1.ahs.state.vt.us>, "Rebecca Buck" <rbuck@leg.state.vt.us>, "Cimaglio, Barbara" <BCimagl@vdh.state.vt.us>



From: "Leach, Gary" <GLEach@vdh.state.vt.us>
To: <mpheath@aol.com>
Date: 8/24/2006 4:11:56 PM
Subject: Questions From Rep. Martha Heath re: JFO #2267

Representative Heath:

Becky forwarded your questions regarding our request to receive Federal funds from the Department of Justice for a prescription monitoring program -- JFO #2267. Our apologies for the delay in responding. Summer vacations and email problems slowed us down.

Below we've included an overview from the Department of Justice website which provides some background on the Federal support for the program. The Harold Rogers Prescription Drug Monitoring Program has been in place since 2002. Most states that apply for the funds continue to receive them with reapplication.

Questions:

1) While we know you cannot expend any of these funds or hire these limited service positions until this item has received final JFC approval (tentatively scheduled for Sept. 13) is it possible to please provide a more specific timeline of when limited service personnel will be hired and when their positions will end (the narrative says they will work for 15 months, HR position approval form reflects 2 years with end date of 09/30/08 and also has stated expectation of 2 year grant extension)? Also do you have a more specific timeline of when the consultant is proposed to be hired and when his/her services will end? We expect that the positions will work from the time we can hire them through the end of the grant period (now 9/30/08). When the application was initially written, we estimated the length of employment based on the time we thought it would take to hire a person (hence the 15 months). Once JFO approves this grant, we will have to go through Personnel approval before we can post and hire the positions. That will take at least 3 months until the time someone actually starts. Currently these grants can be renewed annually, and it would be VDH's intention to continue to apply for grant funds to support work on this program. If we do not receive continuing grant funds, the positions would come to an end at 9/30/08.

In the grant, we plan for a consultant to assist with facilitating the proposed Advisory Board development. We plan for the Advisory Board to meet monthly during the development process; therefore, the consultant will be needed during this one-year period. The contract would be for specific services, not based on a specific amount of time.

2) The AA-1 grant acceptance form reflects a budget of \$175,000 for FY07 and \$175,000 for FY08 and the Budget Detail Worksheet (Attachment #1) provided reflects a total 2 year budget of \$350,000. Are we really spending \$175,000 per year or will the money be divided up differently? The spending constants throughout much of the grant period will be the Program Manager and the Data Coordinator. The contract for the database development, which is the other major component, would begin close to midway through the grant period, after the planning is completed. Therefore, Year 2 spending may be greater than Year 1.



Overview:

Beginning in FY 2002, Congress appropriated funding to the U.S. Department of Justice to support the Prescription Drug Monitoring Program. Prescription monitoring programs help prevent and detect the diversion and abuse of pharmaceutical controlled substances, particularly at the retail level where no other automated information collection system exists. States that have implemented prescription monitoring programs have the capability to collect and analyze prescription data much more efficiently than states without such programs, where the collection of prescription information requires the manual review of pharmacy files, a time-consuming and invasive process. The increased efficiency of prescription monitoring programs allows the early detection of abuse trends and possible sources of diversion. One indication of the effectiveness of prescription monitoring programs is the prevalence of abuse in states with monitoring programs compared with the prevalence in states without monitoring programs. Studies have found that the five states with the lowest number of OxyContin(r) prescriptions per capita have long-standing prescription monitoring programs and report no significant diversion problems associated with the drug. Conversely, the five states with the highest number of OxyContin(r) prescriptions per capita do not have prescription monitoring programs and have reported severe abuse problems. The purpose of the Prescription Drug Monitoring Program is to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data. The program focuses on providing help for states that want to establish a prescription drug monitoring program. However, resources also will be available to states with existing programs. Program objectives include:

- * Building a data collection and analysis system at the state level.
- * Enhancing existing programs' ability to analyze and use collected data.
- * Facilitating the exchange of collected prescription data among states.
- * Assessing the efficiency and effectiveness of the programs funded under this initiative.

Thank you for your interest and please let me know if you need further information.

Gary Leach
Department of Health
863-7384

This email message may contain privileged and/or confidential information. If you are not the intended recipient(s), you are hereby notified that any dissemination, distribution, or copying of this email message is strictly prohibited. If you have received this message in error, please immediately notify the sender and delete this email message from your computer.

CAUTION: The Agency of Human Services / Vermont Department of Health cannot ensure the confidentiality or security of email transmissions.



CC: "Sarah Clark" <sarahcl@wpgate1.ahs.state.vt.us>, "Rebecca Buck" <rbuck@leg.state.vt.us>, "Cimaglio, Barbara" <BCimagl@vdh.state.vt.us>



From: Rebecca Buck
To: gleach@vdh.state.vt.us
Subject: Questions From Rep. Martha Heath re: JFO #2267

Hi Gary: Representative Martha Heath requests the following further information and has the following questions with regard to JFO #2267 (\$350,000 Health Dept. prescription monitoring program grant and 2 ltd srv positions):

1) While we know you cannot expend any of these funds or hire these limited service positions until this item has received final JFC approval (tentatively scheduled for Sept. 13) is it possible to please provide a more specific timeline of when limited service personnel will be hired and when their positions will end (the narrative says they will work for 15 months, HR position approval form reflects 2 years with end date of 09/30/08 and also has stated expectation of 2 year grant extension)? Also do you have a more specific timeline of when the consultant is proposed to be hired and when his/her services will end?

2) The AA-1 grant acceptance form reflects a budget of \$175,000 for FY07 and \$175,000 for FY08 and the Budget Detail Worksheet (Attachment #1) provided reflects a total 2 year budget of \$350,000. Are we really spending \$175,000 per year or will the money be divided up differently?

Please cc me on your response to Representative Martha Heath. Thank you. --Becky

CC: Klein, Steve; PMHeath@aol.com



From: Rebecca Buck
To: gleach@vdh.state.vt.us
Date: 8/21/2006 10:34:17 AM
Subject: Questions from Rep. Michael Obuchowski re: JFO #2267

Hi Gary: I have a question from Rep. Ann Pugh and the rest are from Representative Michael Obuchowski regarding JFO #2267 (\$350,000 Health Dept. prescription monitoring program grant and 2 ltd service positions):

- 1) (From Rep. Ann Pugh)--In the "Request for Classification Action" paperwork submitted to HR for the two positions the Dept checked off "permanent" for position type. The rest of the paperwork submitted reflects the positions as limited service. Could you please verify the limited service status of these positions?
- 2) What is the salary (and fringe) for the each of the positions?
- 3) What privacy protection will be in place for Vermonters and built into the system?
- 4) What happens to the program when the federal funds are all expended?
- 5) What amount would be needed to sustain this program when the federal funds are all expended?

Please cc me on your response to Rep. Obuchowski. Thank you. --Becky

CC: Klein, Steve; Obuchowski, Michael; RepAnnPugh@aol.com



From: Michael Obuchowski
To: Rebecca Buck
Date: 8/21/2006 7:47:55 AM
Subject: Fwd: JFO #2267 (health department grant)

Are the positions limited service or permanent?

>>> <RepAnnPugh@aol.com> 8/19/2006 11:53 AM >>>

Obie: I appreciate being given the opportunity to review this grant and provide you with my observations. The Department of Health talked about this DOJ grant during testimony on the prescription drug monitoring bill before the Human Services Committee. Testimony from the Department indicated that this is an important piece of their being able to implement the law as passed. Nothing in it appears to be inconsistent with legislative intent. (We were very clear that we saw this primarily as a health issue not a law enforcement issue.) The bill was a priority of the administration and had the support of a large majority of legislators. It will be important to have sufficient funds to implement the program well. I do note some inconsistencies in the internal VT State paperwork. The front cover sheet of the Grant Acceptance Form identifies the positions as being limited service while the personnel paperwork identifies it as being permanent. That said the commitment to funding a permanent position seems lukewarm at best: ".....the Department of Health is willing to consider stepping in and supporting the program..."(see page 18 of the program narrative). I doubt though that these issues have any real import in terms of the grant acceptance. They are probably more the standard waffling that goes on in most grant requests. Hope this is what you wanted in terms of observations.
Ann

Rep. Ann Pugh
67 Bayberry Lane
So. Burlington, VT 05403
802-863-6705



From: Rebecca Buck
To: RepAnnPugh@aol.com
Date: 8/22/2006 7:38:03 AM
Subject: Re: Questions from Rep. Michael Obuchowski re: JFO #2267

Ann: Not a problem. I'm glad you didn't mind my copying you on this item. I do try to be careful when it involves a personal e-mail address. But I thought this was something you were obviously interested in so it wouldn't be a problem.

I'd be happy to forward you a copy of Gary's response. I generally try to give folks couple days to get the information together so if I haven't heard from Gary by tomorrow morning I'll give him a call on Wednesday afternoon just to check and make sure everything is on track. He is a very reliable person when it comes to responding to questions on items I'm processing thru JFC so I try not to bug him unless I feel have to.

--Becky.

>>> <RepAnnPugh@aol.com> 8/21/2006 10:03 PM >>>

Becky: Thanks for copying me on this. I tried to copy you on my email response to Obie but it got returned to me. I'd appreciate getting a copy of Gary's responses too. Thanks Ann

Rep. Ann Pugh
67 Bayberry Lane
So. Burlington, VT 05403
802-863-6705





Mailing Address:
1 Baldwin Street
Drawer 33
Montpelier, Vermont 05633-5701

Tel.: (802) 828-2295
Fax: (802) 828-2483

STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
Montpelier, Vermont 05633-5701

MEMORANDUM

To: Joint Fiscal Committee Members

From: Rebecca Buck, Staff Associate *RB*

Date: August 17, 2006

Subject: Grant and Position Requests

Enclosed please find two (2) requests which the Joint Fiscal Office recently received from the Administration:

JFO #2267 – \$350,000 grant from the U.S. Department of Justice to the Department of Health, Division of Alcohol and Drug Abuse Programs. These grant funds will be used to support the implementation of Act 250 of 2006 (copy included in material) to create a Vermont prescription monitoring program through the establishment of protocols and an electronic data base. The goal of this program is to ensure that all federally controlled substances are properly dispensed and properly used by patients. Joint Fiscal Committee approval is being requested to establish two (2) new limited service positions: one (1) Substance Abuse Program Coordinator and one (1) Public Health Analyst II.

[JFO received 08/14/06]

JFO #2268 – \$15,416 grant from the New England Juvenile Defender Center (NEJDC) to the Office of Defender General. These grant funds will be used to support “housing” the NEJDC in the Office of the Defender General. The Center is a non-profit organization that works on juvenile defense related issues throughout New England. Specific responsibilities in connection with this grant are outlined in the Memorandum of Understanding (copy included in material).

[JFO received 08/14/06]

The Joint Fiscal Office has reviewed these submissions and determined that all appropriate forms bearing the necessary approvals are in order.

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Rebecca Buck at 802/828-5969; rbuck@leg.state.vt.us or Stephen Klein at 802/828-5769; sklein@leg.state.vt.us) if you would like any item(s) held for Committee review. Unless we hear from you to the contrary by August 31 we will assume that you agree to consider as final the Governor's acceptance of these requests.

cc: Michael Smith, Secretary
James Reardon, Commissioner
Linda Morse, Administrative Assistant
Cynthia LaWare, Secretary
Sharon Moffatt, Acting Commissioner
Matthew Valerio, Defender General
Molly Paulger, Classification Manager
Jenny Audet, Classification Program Technician

STATE OF VERMONT
GRANT ACCEPTANCE FORM

IFO#
2267

DATE: July 19, 2006

DEPARTMENT: AHS / Department of Health

GRANT/DONATION (brief description and purpose): To establish protocols and an electronic database to improve the prevention of abuse of prescription drugs. The grant supports implementation of Act 250 of the 2006 session of the Vermont General Assembly.

GRANTOR/DONOR: U.S. Department of Justice

GRANT PERIOD: 10/1/04 – 9/30/06 (This is a 24-month period. The grant award is to be extended to cover the period 10/1/06 – 9/30/07)

AMOUNT/VALUE: \$350,000

POSITIONS REQUESTED (LIMITED SERVICE):
Substance Abuse Program Coordinator
Public Health Analyst II

ANY ON-GOING, LONG-TERM COSTS TO THE STATE: There will be as-yet unquantified costs of maintaining the protocols and tracking system established by the grant.

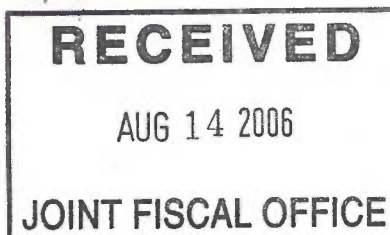
COMMENTS:

DEPT. FINANCE AND MANAGEMENT:
SECRETARY OF ADMINISTRATION:
SENT TO JOINT FISCAL OFFICE:

(INITIAL) *WJ*

(INITIAL) *WJ*

(DATE) *8/9/06*



**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

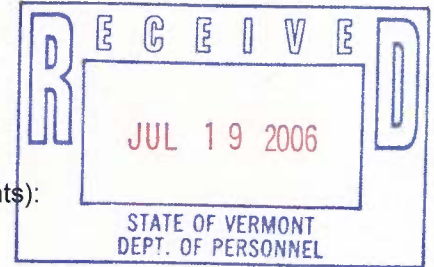
This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Department of Health Date: 6/6 /06

Name and Phone (of the person completing this request): Barbara Cimaglio 651-1553

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # _____



1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Department of Justice, Office of Justice Programs
 Preventing Prescription Abuse in Vermont
 Grant Funding Detail is attached.

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

Title* of Position(s) Requested	# of Positions	Division/Program	Grant Funding Period/Anticipated End Date
Substance Abuse Program Coordinator	1	ADAP	2 years / 9/30/08**
Public Health Analyst II	1	ADAP	2 years / 9/30/08**

** (We expect the grant to be extended for a two year period.)

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

The Substance Abuse Program Coordinator will manage the grant activities which will require significant interaction with federal, state, and community agencies. The Public Health Analyst II will manipulate, analyze, report, and evaluate the program data. Without these two positions, the work of the grant could not be accomplished.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Barbara Cimaglio
 Signature of Agency or Department Head 6-9-06
Date

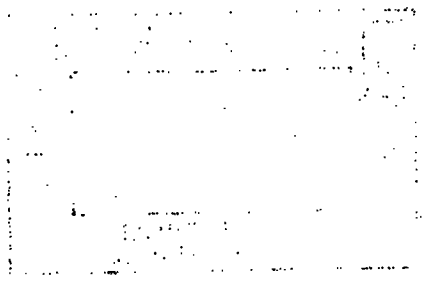
Molly Paul
 Approved/Denied by Department of Human Resources 6-19-06
Date

[Signature]
 Approved/Denied by Finance and Management [Signature]
Date

[Signature]
 Approved/Denied by Secretary of Administration 7-27-06
Date

Comments:

REC'D JUL 21 2006



**STATE OF VERMONT
REQUEST FOR GRANT ACCEPTANCE**

1. Agency: Human Services
2. Department: Health
3. Program: Alcohol & Drug Abuse Programs
4. Legal Title of Grant: Developing & Enhancing Prescription Drug Monitoring Programs
5. Federal Catalog No.: 16.580
6. Grantor and Office Address: U.S. Department of Justice, Office of Justice Programs
Washington D.C. 20531
7. Grant Period: From: 10/1/04 To: 9/30/06
8. Purpose of Grant: The purpose of the grant is to prevent prescription drug abuse in Vermont (see attached summary).
9. Impact of Existing Programs if Grant is not Accepted: None

10. Budget Information	(1st State FY) FY 2006	(2nd State FY) FY 2007	(3rd State FY) FY 2008
EXPENDITURES:			
Personal Services	\$ 0.00	\$ 170,400	\$ 170,400
Operating Expenses	\$ 0.00	\$ 4,600	\$ 4,600
Other	\$ 0.00	\$	\$
TOTAL	\$ 0.00	\$ 175,000	\$ 175,000
REVENUES:			
State Funds:			
Cash	\$	\$	\$
In-Kind	\$	\$	\$
Federal Funds:			
(Direct Costs)	\$ 0.00	\$ 158,054	\$ 158,054
(Statewide Indirect)	\$ 0.00	\$ 847	\$ 847
(Dept. Indirect)	\$ 0.00	\$ 16,099	\$ 16,099
Other funds:			
(source)	\$	\$	\$
TOTAL	\$ 0.00	\$ 175,000	\$ 175,000

Grant will be allocated to these appropriation expenditure accounts:

<u>Appropriation Nos.</u>	<u>Amounts</u>
3420060400	\$175,000

REC'D JUL 17 2006

11. Will grant monies be spent by one or more personal service contracts?

[X] YES [] NO

If YES, signature of appointing authority here indicates intent to follow current guidelines on bidding. X Barbara Cuff

12a. Please list any requested Limited Service positions:

<u>Titles</u>	<u>Number of Positions</u>
Substance Abuse Program Coordinator	1
Public Health Analyst II	1
TOTAL	2

12b. Equipment and space for these positions:

[X] Is presently available.
[] Can be obtained with available funds.

13. Signature of Appointing Authority

I certify that no funds have been expended or committed in anticipation of Joint fiscal Committee approval of this grant.

Barbara Cuff
Signature of Appointing Authority 6-9-06
Date

St. M. Gohl
Signature of Agency Secretary or Designee 7/6/06
Date

14. Action by Governor:

[✓] Approved
[] Rejected

[Signature] 7/31/06
(Signature) (Date)

15. Secretary of Administration:

[] Request to JVO
[✓] Information to JFO

[Signature] 7-27-06
(Signature) (Date)

16. Action by Joint Fiscal Committee:

[] Request to be placed on JVC agenda _____
 [] Approved (not placed on Agenda in 30 days) _____
 [] Approved by JFC _____
 [] Rejected by JFC _____
 [] Approved by Legislature _____

(Signature) (Date)

527406

Request for Grant Acceptance and Establishment of Positions
Developing & Enhancing Prescription Drug Monitoring Programs
Summary, 6/6/2006

In January of 2005, the Health Department applied to the Department of Justice for funding to support a prescription drug monitoring program in Vermont. (A copy of that application is attached.) At the same time, legislation authorizing the establishment of this program in Vermont (H.45 as described in the application), was introduced in the Vermont legislature by Rep. Tom Koch and others. This legislation was not enacted.

On September 8, 2005, the Justice Department responded to our application by issuing a grant award (copy attached) for \$350,000 for a project period of 10/1/04 thru 9/30/06, reflecting the Department of Justice's fiscal period associated with these Federal funds. These funds were awarded with the condition that they could not be used until the State enacted enabling legislation.

To that end, Senator Richard Sears introduced S.0090 "Prescription Drugs and Substance Abuse", which passed both House and Senate and was signed by the governor on 5/31/06 as Act 205. With this enabling legislation in place, the funds provided by the Justice Department are now available to the State, and we are hereby requesting legislative approval to receive and spend those funds.

On June 14 thru the 15, Corazon O. Blumenstein, a staff accountant for the Department of Justice, visited the Health Department to review our activities in programs sponsored by the Justice Department, including the status of the prescription drug monitoring program. Recognizing the delay in passage of the enabling legislation, Ms. Blumenstein assured us that the Justice Department would make these funds available for an extended period at our request, which we are in the process of submitting.

The activities to be funded by the Justice Department grant are essentially the activities authorized by the Legislature through Act 250. The goal of the program is to ensure that all federally controlled substances are properly dispensed and properly used by patients. Two key elements are an Advisory Board to establish the rules and processes for the program, and an electronic database for pharmacy/prescription data on the dispensing of federally scheduled controlled substances. Project personnel will include a Program Manager, providing guidance and support to the Advisory Board as well as the point of contact for prescription abuse issues, and a Data Coordinator, responsible for analysis, reporting, and evaluation of the program data.

The Health Department is hereby requesting acceptance of \$175,000 in new Federal funds during State Fiscal Year 2007 and the establishment of two limited service positions. The "Position Request Form" is attached. We expect the full grant award amount to be available via a no-cost extension for an additional two year period. The remainder of the Federal funding will be included in the Department's future budget requests.

Download this document in MS Word format

ACT OF THE GENERAL ASSEMBLY

2005-2006

NO. 205. AN ACT RELATING TO PRESCRIPTION DRUGS AND SUBSTANCE ABUSE.

(S.90)

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

Sec. 1. 18 V.S.A. chapter 84A is added to read:

CHAPTER 84A. VERMONT PRESCRIPTION MONITORING SYSTEM

§ 4281. LEGISLATIVE INTENT

The general assembly recognizes the important public health benefits of the legal medical use of controlled substances and also the significant risk to public health that can arise due to the abuse of those substances. It is the intent of this chapter to create the Vermont prescription monitoring system, which will provide an electronic database and reporting system for electronic monitoring of prescriptions for Schedules II, III, and IV controlled substances, as defined in 21 C.F.R. Part 1308, as amended and as may be amended, to promote the public health through enhanced opportunities for treatment for and prevention of abuse of controlled substances, without interfering with the legal medical use of those substances.

§ 4282. DEFINITIONS

As used in this chapter:

(1) “Dispenser” shall mean any person who “dispenses” or engages in “dispensing” as those terms are defined in subdivision 2022(5) of Title 26.

(2) “Health care provider” shall mean an individual licensed, certified, or authorized by law to provide professional health care service in this state to an individual during that individual’s medical or dental care, treatment, or confinement.

(3) “Trained law enforcement officer” shall include any officer designated by the department of public safety who has completed a training program established by rule by the department of health, which is designed to ensure that officers have the training necessary to use responsibly and properly any information that they receive from VPMS.

(4) “VPMS” shall mean the Vermont prescription monitoring system established under this

chapter.

§ 4283. CREATION; IMPLEMENTATION

(a) Contingent upon the receipt of funding, the department may establish an electronic database and reporting system for monitoring Schedules II, III, and IV controlled substances, as defined in 21 C.F.R. Part 1308, as amended and as may be amended, that are dispensed within the state of Vermont by a health care provider or dispenser or dispensed to an address within the state by a pharmacy licensed by the Vermont board of pharmacy.

(b) As required by the department, every dispenser who is licensed by the Vermont board of pharmacy shall report to the department in a timely manner data for each controlled substance in Schedules II, III, and IV, as amended and as may be amended, dispensed to a patient within Vermont.

Reporting shall not be required for:

(1) a drug administered directly to a patient; or

(2) a drug dispensed by a health care provider at a facility licensed by the department, provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of 48 hours.

(c) Data for each controlled substance that is dispensed shall include the following:

(1) patient identifier, which may include the patient's name and date of birth;

(2) drug dispensed;

(3) date of dispensing;

(4) quantity and dosage dispensed;

(5) the number of days' supply;

(6) health care provider; and

(7) dispenser.

(d) The data shall be provided in the electronic format defined by the department. To the extent possible, the format shall not require data entry in excess of that required in the regular course of business. Electronic transmission is not required if a waiver has been granted by the department to an individual dispenser. The department shall strive to create VPMS in a manner that will enable real-time transmittal to VPMS and real-time retrieval of information stored in VPMS.

(e) It is not the intention of the department that a health care provider or a dispenser shall have to pay a fee or tax or purchase hardware or proprietary software required by the department specifically for the establishment, maintenance, or transmission of the data. The department shall seek grant funds and take any other action within its financial capability to minimize any cost impact to health care providers and dispensers.

(f) The department shall purge from VPMS all data that is more than six years old.

(g) The commissioner shall develop and provide advisory notices, which shall make clear that all prescriptions for controlled drugs in Schedules II, III, and IV are entered into a statewide database in order to protect the public. The notices shall be distributed at no cost to dispensers and health care providers who are subject to this chapter.

(h) A dispenser shall be subject to discipline by the board of pharmacy or by the applicable licensing entity if the dispenser intentionally fails to comply with the requirements of subsection (b), (c), or (d) of this section.

§ 4284. PROTECTION AND DISCLOSURE OF INFORMATION

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

(b) The department shall be authorized to provide data to only the following persons:

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

(2) A health care provider or dispenser who requests information and certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide current patient.

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

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

(5) The relevant occupational licensing or certification authority if the commissioner reasonably suspects fraudulent or illegal activity by a health care provider. The licensing or certification authority may report the data that are the evidence for the suspected fraudulent or illegal activity to a trained law enforcement officer.

(6) The commissioner of public safety, personally, if the commissioner of health personally makes the disclosure, has consulted with at least one of the patient's health care providers, and believes that the disclosure is necessary to avert a serious and imminent threat to a person or the public.

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

(c) A person who receives data or a report from VPMS or from the department shall not share that data or report with any other person or entity not eligible to receive that data pursuant to subsection (b) of this section. Nothing shall restrict the right of a patient to share his or her own data.

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

(e) A trained law enforcement officer who may receive information pursuant to this section shall not have access to VPMS except for information provided to the officer by the licensing or certification authority.

(f) The department is authorized to use information from VPMS for research and public health promotion purposes provided that data are aggregated or otherwise de-identified.

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

§ 4285. IMMUNITY

A dispenser or health care provider shall be immune from civil, criminal, or administrative liability as a result of any action made in good faith pursuant to and in accordance with this chapter, but nothing in this section shall be construed to establish immunity for the failure to follow standards of professional conduct or the failure to exercise due care in the provision of services.

§ 4286. ADVISORY COMMITTEE

(a)(1) The commissioner shall establish an advisory committee to assist in the implementation and periodic evaluation of VPMS.

(2) The department shall consult with the committee concerning any potential operational or economic impacts on dispensers and health care providers related to transmission system equipment and software requirements.

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

(b) The advisory committee shall be chaired by the commissioner or his or her designee and shall include the following members:

(1) the deputy commissioner for alcohol and drug abuse programs;

(2) a representative from the Vermont medical society;

(3) a representative from the American college of emergency physicians–Vermont chapter;

(4) a representative from the Vermont state nurses association;

(5) a representative from the Vermont board of medical practice;

(6) a representative from the Vermont board of pharmacy;

(7) a pharmacist from the Vermont pharmacists association;

(8) a representative of the Vermont state dental society;

(9) the commissioner of public safety;

(10) a representative of the Vermont attorney general;

(11) a representative of the Vermont substance abuse treatment providers association;

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

(13) a consumer in recovery from prescription abuse;

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

(15) any other member invited by the commissioner.

(c) The committee shall meet no less than quarterly in the first year, and no less than annually each

following year, but may be convened at any time by the commissioner or the commissioner's designee.

(d) The committee shall issue a report to the senate and house committees on judiciary, the senate committee on health and welfare, and the house committee on human services no later than January 15th in 2008, 2010, and 2012.

(e) This section shall sunset July 1, 2012 and thereafter the committee shall cease to exist.

§ 4287. RULEMAKING

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

Sec. 2. 18 V.S.A. § 4218 is amended to read:

§ 4218. ENFORCEMENT

(a) It is hereby made the duty of the department of public safety, its officers, agents, inspectors and representatives, and pursuant to its specific authorization any other peace officer within the state, and of all state's attorneys, to enforce all provisions of this chapter and of the rules and regulations of the board of health adopted under this chapter, except those otherwise specifically delegated, and to cooperate with all agencies charged with the enforcement of the federal drug laws, this chapter, and the laws of other states relating to regulated drugs.

(b) Such authorities and their specifically authorized agents shall have, at all times, access to all orders, prescriptions, and records kept or maintained under this chapter, as provided herein.

(c) A person who gives information to law enforcement officers, the drug rehabilitation commission, or professional boards as defined in section 4201 of this title and their specifically authorized agents, concerning the use of regulated drugs or the misuse by other persons of regulated drugs, shall not be subject to any civil, criminal, or administrative liability or penalty for giving such information.

(d) Nothing in this section shall authorize the department of public safety and other authorities described in subsection (a) of this section to have access to VPMS created pursuant to chapter 84A of this title, except as provided in that chapter.

Sec. 3. REPORT

The commissioner of health, the commissioner of public safety, the executive director of states attorneys and sheriffs, the defender general, and the executive director of the Vermont chapter of the American civil liberties union shall report to the senate and house committees on judiciary, senate committee on health and welfare and the house committee on human services no later than December 15, 2006 regarding revisions to 18 V.S.A. § 4218 which will address medical record privacy concerns that may be raised by permitting law enforcement unfettered access to pharmacy records.

Approved: May 31, 2006


Published by:

**The Vermont General Assembly
115 State Street
Montpelier, Vermont**



www.leg.state.vt.us

86

 <p>Department of Justice Office of Justice Programs Bureau of Justice Assistance</p>		Grant		PAGE 1 OF 2			
1. RECIPIENT NAME AND ADDRESS (Including Zip Code) Vermont Department of Health - Division of Alcohol and Drug Abuse Programs 108 Cherry Street P. O. Box 70 Burlington, VT 05402-0070		4. AWARD NUMBER: 2005-PM-BX-0013					
		5. PROJECT PERIOD: FROM 10/01/2004 TO 09/30/2006 BUDGET PERIOD: FROM 10/01/2004 TO 09/30/2006					
		6. AWARD DATE 09/08/2005	7. ACTION				
1A. GRANTEE IRS/VENDOR NO. 036000278		8. SUPPLEMENT NUMBER 00	Initial				
		9. PREVIOUS AWARD AMOUNT \$ 0					
3. PROJECT TITLE Preventing Prescription Abuse in Vermont		10. AMOUNT OF THIS AWARD \$ 350,000					
		11. TOTAL AWARD \$ 350,000					
12. SPECIAL CONDITIONS THE ABOVE GRANT PROJECT IS APPROVED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS ARE SET FORTH ON THE ATTACHED PAGE(S).							
13. STATUTORY AUTHORITY FOR GRANT This project is supported under Consolidated Appropriations Act, 2002, Pub. L. No. 107-77, (2001)							
15. METHOD OF PAYMENT PAPRS							
AGENCY APPROVAL		GRANTEE ACCEPTANCE					
16. TYPED NAME AND TITLE OF APPROVING OFFICIAL Regina B. Schofield Assistant Attorney General		18. TYPED NAME AND TITLE OF AUTHORIZED GRANTEE OFFICIAL Barbara Cimaglio Director <i>Barbara Cimaglio</i>					
17. SIGNATURE OF APPROVING OFFICIAL <i>Regina B. Schofield</i>		19. SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL		19A. DATE			
AGENCY USE ONLY							
20. ACCOUNTING CLASSIFICATION CODES		21. PM05U00024					
FISCAL YEAR	FUND CODE	BUD. ACT.	DIV. OFC.	DIV. REG.	SUB.	POMS	AMOUNT
X	B	PM	80	00	00		350000

OJP FORM 4000/2 (REV. 5-87) PREVIOUS EDITIONS ARE OBSOLETE.

OJP FORM 4000/2 (REV. 4-88)



Department of Justice
Office of Justice Programs
**Bureau of Justice
Assistance**

**AWARD CONTINUATION
SHEET
Grant**

PAGE 2 OF 2

PROJECT NUMBER 2005-PM-BX-0013

AWARD DATE 09/08/2005

SPECIAL CONDITIONS

1. The recipient agrees to comply with the financial and administrative requirements set forth in the current edition of the Office of Justice Programs (OJP) Financial Guide.
2. The recipient acknowledges that failure to submit an acceptable Equal Employment Opportunity Plan (if recipient is required to submit one pursuant to 28 C.F.R. Section 42.302), that is approved by the Office for Civil Rights, is a violation of its Certified Assurances and may result in suspension or termination of funding, until such time as the recipient is in compliance.
3. The recipient agrees to comply with the organizational audit requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, as further described in the current edition of the OJP Financial Guide, Chapter 19.
4. Recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government, without the express prior written approval of OJP.
5. Grantee agrees to comply with the requirements of 28 C.F.R. Part 46 and all Office of Justice Programs policies and procedures regarding the protection of human research subjects, including obtainment of Institutional Review Board approval, if appropriate, and subject informed consent.
6. Grantee agrees to comply with all confidentiality requirements of 42 U.S.C. section 3789g and 28 C.F.R. Part 22 that are applicable to collection, use, and revelation of data or information. Grantee further agrees, as a condition of grant approval, to submit a Privacy Certificate that is in accord with requirements of 28 C.F.R. Part 22 and, in particular, section 22.23.
7. The recipient agrees to ensure that the State Information Technology Point of Contact receives written notification regarding any information technology project funded by this grant during the obligation and expenditure period. This is to facilitate communication among local and state governmental entities regarding various information technology projects being conducted with these grant funds. In addition, the recipient agrees to maintain an administrative file documenting the meeting of this requirement. For a list of State Information Technology Points of Contact, go to <http://www.ojp.usdoj.gov/ec/states.htm>.
8. All contracts under this award should be competitively awarded unless circumstances preclude competition. When a contract amount exceeds \$100,000 and there has been no competition for the award, the recipient must comply with rules governing sole source procurement found in the current edition of the OJP Financial Guide.
9. The applicant budget is pending review or approval. The recipient may not obligate, expend or draw down any grant funds until the Office of the Comptroller, Office of Justice Programs has issued clearance of the application budget, and a Grant Adjustment Notice has been issued removing this special condition.

Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action
For Department of Personnel Use Only

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments:		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title:

Agency/Department/Unit: AHS/VDH/ADAP GUC: 74603

Pay Group: 74A Work Station: Burlington Zip Code: 05401

Position Type: Permanent Limited Service (end date)

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number: Peter Lee, Chief of Treatment, 802-651-1550

Check the type of request (new or vacant position) and complete the appropriate section.

New Position(s):

- REQUIRED: Allocation requested: Existing Class Code 526200 Existing Job/Class Title: Substance Abuse Program Coordinator
- Position authorized by:

- Joint Fiscal Office – JFO # Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

Vacant Position:

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code: Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties: Provide guidance to and support for the Vermont Department of Health (VDH) Prescription Monitoring Program Advisory Board in the formation and implementation of a prescription monitoring program. Act as point of contact for the Commissioner of Health in responding to data requests from the prescription data base. Act as point of contact for grant reporting requirements and grant meetings. Conduct needs assessments, continually monitor programs, conduct surveys and present results/recommendations to appropriate authorities. Act as point of contact for the issues surrounding prescription abuse with other agencies and groups that are invested in confronting and preventing prescription abuse. [i.e. pharmacists, physicians, law enforcement, consumers, treatment providers, and prevention advocates. Provide information and technical assistance to programs and officials on the implications drawn from the information collected in the prescription data base. Work to identify training needs and coordinate with appropriate trainers to meet these needs. Coordinate initiatives with other state departments, develop blended funding mechanism when appropriate and negotiate and develop collaborative budgets for other work in related areas / special projects. Establish communication links with a variety of community and state groups/agencies with a goal towards sharing data and providing training that supports the goal of reduced prescription drug abuse. Participate in statewide interagency committees, task forces and serve as liaison to state and federal workgroups. Provide technical assistance on grant requests. Promote the development and promulgation of best practice standards. Support the development of policies and procedures for Vermont's prescription monitoring program within the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) and support the development of outcomes management systems.

Provide technical expertise to clients, treatment providers and agencies on a wide variety of substance abuse issues. Provide advise and case management to clients with unique treatment needs. Interacts with clients, officials from a wide variety of state and federal agencies such as the Department of Corrections, the Department of Children and Families, the Division of Mental Health Services , and the Office of Vermont Health Access (i.e., Medicaid), financial officers, board members, program managers, providers, caseworkers, and advocacy groups. Performs related duties as required.

2. Provide a brief justification/explanation of this request: The Vermont Legislature has charged the Vermont Department of Health with implementing a Prescription Monitoring Program (PMP), which will allow physicians and pharmacists access to information about their patient's other prescriptions in order to assure that patients do not receive medications which are potentially dangerous to their health and wellbeing. Because of the addictive potential of many prescription medications, it is appropriate to place a prescription monitoring program within VDH/ADAP to coordinate treatment services throughout the state. This program is necessary to properly assist clients with prescription medication misuse and abuse issues. A major part of implementing and maintaining the PMP will be the provision of training for the physicians and pharmacists involved. VDH/ADAP's treatment and training capabilities provide the appropriate service mix required for effective implementation of the program.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form:

6. Who should be contacted if there are questions about this position (provide name and phone number): Peter Lee 651-1550

7. How many other positions are allocated to the requested class title in the department:

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) no

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional). *attached - but already exists*
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).



Personnel Administrator's Signature (required)*

5/23/04

Date

Peter Lee

Supervisor's Signature (required)*

4-25-06

Date

Barbara

Appointing Authority or Authorized Representative Signature (required)*

4-25-06

Date

* Note: Attach additional information or comments if appropriate.

SUBSTANCE ABUSE PROGRAM COORDINATOR

Class Definition:

Administration and coordination of the prescription monitoring program and associated intervention activities associated with providing substance abuse treatment for prescription abuse in Vermont. This includes any public or private program funded by any Department within the Agency of Human Services. Planning, development and monitoring of treatment programs that respond to the needs of communities. Identification of special population needs and advocating for appropriate resource allocation and service delivery. Work is performed under the general direction of Department of Health, Division Alcohol & Drug Abuse Programs, Chief of Operations

Examples of Work:

Provide guidance to and support for the VDH Prescription Monitoring Program Advisory Board in the formation and implementation of a prescription monitoring program. Act as point of contact for VDH in responding to data requests from the prescription data base. Act as point of contact for grant reporting requirements and grant meetings. Conduct needs assessments, continually monitor programs, conduct surveys and present results/recommendations to appropriate authorities. Act as point of contact for the issues surrounding prescription abuse with other agencies and groups that are invested in confronting and preventing prescription abuse. [i.e. pharmacists, physicians, law enforcement, consumers, treatment providers, and prevention advocates. Provide information and technical assistance to programs and officials on the implications drawn from the information collected in the prescription data base. Coordinate initiatives with other state departments, develop blended funding mechanism when appropriate and negotiate and develop collaborative budgets for other work in related areas / special projects. Establish communication links with a variety of community and state groups/agencies with a goal towards sharing data and providing training that supports the goal of reduced prescription drug abuse. Participate in statewide interagency committees, task forces and serve as liaison to state and federal workgroups. Provide technical assistance on grant requests. Promote the development and promulgation of best practice standards. Support the development of policies and procedures for Vermont's prescription monitoring program within VDH/ADAP and support the development of outcomes management systems.

Provide technical expertise to clients, treatment providers and agencies on a wide variety of substance abuse issues. Provide advise

and case management to clients with unique treatment needs. Interacts with clients, officials from a wide variety of state and federal agencies such as DOC, SRS, DDMHS, and Medicaid, financial officers, board members, program managers, providers, caseworkers, and advocacy groups. Performs related duties as required.

Environmental Factors:

Duties are performed predominantly in an office setting. Private means of transportation must be available. Incumbent must be adaptable and able to work within tight time limits and under considerable stress. Some evening and week-end work may be required. Incumbents may encounter strong differences of opinion regarding substance abuse treatment.

Minimum Qualifications:

Knowledge, Skills and Abilities

Basic knowledge and understanding of addictions, substance abuse treatment, public health, medical practice, and behavioral health as well as the principles and practices of public administration, public health and office management methods.

Working knowledge of computer capabilities and related information systems.

Ability to develop and implement administrative procedures and operations and evaluate their effectiveness.

Ability to analyze and interpret rules and regulations of considerable complexity.

Ability to communicate effectively, both orally and in writing.

Ability to communicate effectively and establish collaborative working relationships with a wide range of people.

Education and Experience

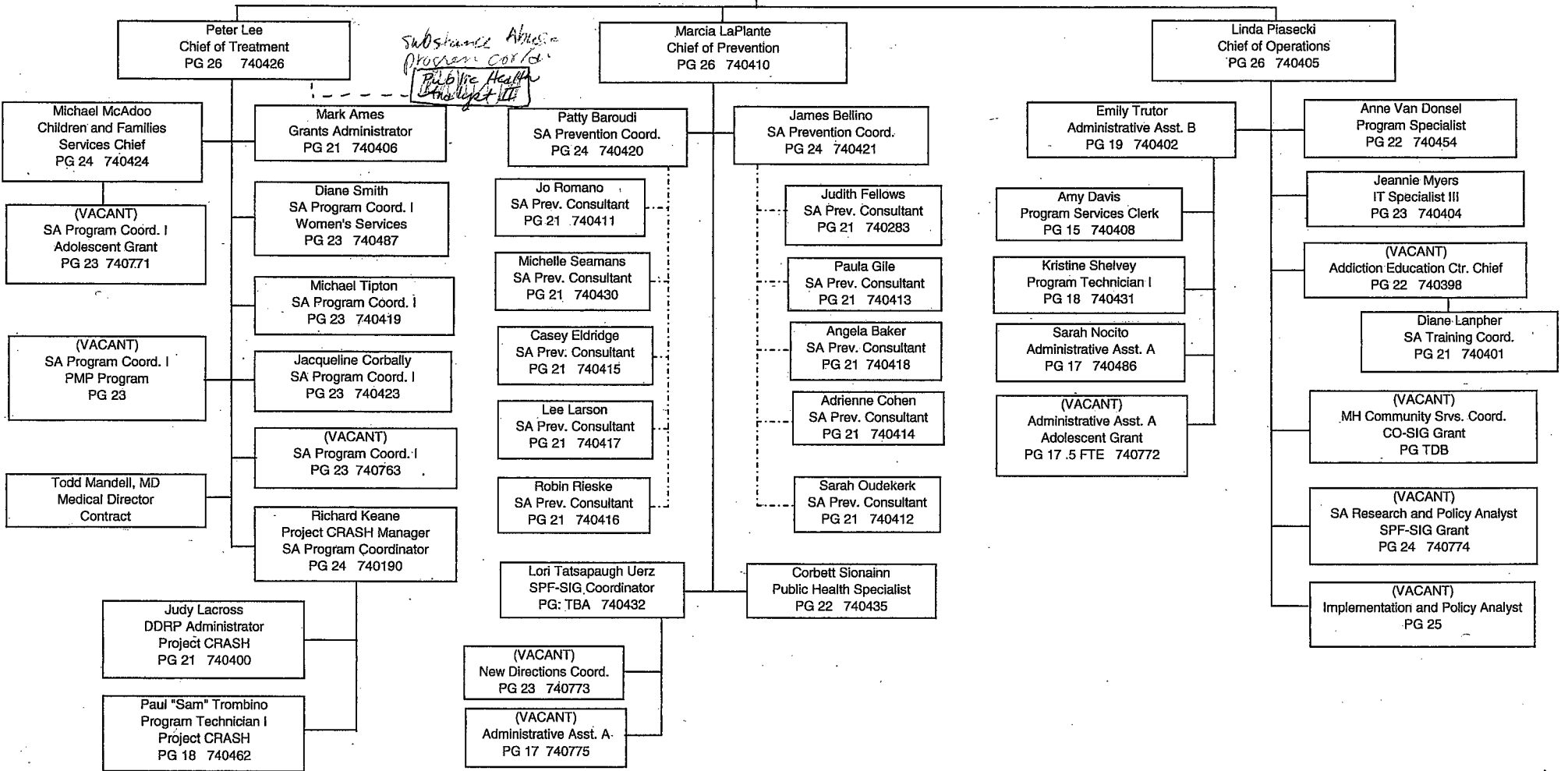
Education: Bachelor's degree in Social Work, Human Services or Psychology.

Experience: Three years of experience at a professional level administering a human services program or implementing and/or maintaining a quality assurance or quality improvement program in a human services area.

Graduate degree in human services = two years of experience.

Division of Alcohol and Drug Abuse Programs
Organizational Chart
Updated 04/13/06

Barbara Cimaglio
Deputy Commissioner
Alcohol and Drug Abuse Programs
Exempt 740429



Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action
For Department of Personnel Use Only

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments: _____		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title:

Agency/Department/Unit: GUC:

Pay Group: Work Station: Zip Code:

Position Type: Permanent Limited Service (end date)

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

Check the type of request (new or vacant position) and complete the appropriate section.

New Position(s):

- a. **REQUIRED:** Allocation requested: Existing Class Code Existing Job/Class Title:
- b. Position authorized by:

- Joint Fiscal Office – JFO # Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

Vacant Position:

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code: Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties:

This is a Public Health Analyst position that will be responsible for supporting two VDH programs, both of which are new initiatives approved by the Legislature.

The primary area of responsibility will be analysis, reporting, and evaluation of the Vermont Prescription Monitoring Program (PMP). Support for the PMP will be .5 FTE of this analyst position. Duties will include:

- a) Create data queries of the PMP database and respond to data requests by internal and external parties.
- b) Create monthly status reports for the Program Coordinator.
- c) Review data quality and identify any deficiencies for the Program Coordinator.
- d) Assist and advise the Program Coordinator with training activities for the reporting sources.
- e) Oversee the receipt and incorporation of data feeds from reporting sources into the PMP database.
- f) Attend the Advisory Group meetings.
- g) Prepare data for the Program Coordinator's federal grant reports and Legislative reports.
- h) Assist in the development of presentations, specifically on the topics of data quality, completeness, and timeliness.
- i) Conduct advanced statistical analysis and modeling on the dataset to identify possible fraudulent activity and/or prescription drug addiction. (This activity requires significant experience and skill in data mining, entity matching and de-duplication, time series' analysis, and behavioral/consumer profiling.)
- j) With the approval of the Program Coordinator, provide data for program intervention or law enforcement activity, based on established criteria and policies.
- k) Identify and recommend changes to the database, as needed, based on evaluation criteria. Coordinate the database modifications with a subcontractor and VDH ITS group.

l) Communicate with counterparts in other states with a similar PMP (e.g., Maine) to discuss "best practices," common formats/standards, and adapt existing materials.

In support of the PMP responsibilities, the analyst will work closely with the Division of Alcohol and Drug Abuse Programs' PMP Substance Abuse Program Coordinator and Chief of Treatment.

The secondary area of responsibility will be assisting in the design, development, reporting, and evaluation of the Adverse Events Reporting System (AERS). Duties will include:

- a) Assist in the development of program evaluation criteria and techniques to be included within AERS.
- b) Research, collect, and present organizational information on similar AERS programs and activities from other states.
- c) Assist in the assessment of AERS data and recommend methods for collection and reporting.
- d) Assess and recommend methods for ongoing monitoring for adverse events.
- e) Identify data quality issues and deliver recommendations for remediation to the program manager.

In support of the AERS, the analyst will work closely with AERS coordinator and the Vermont Board of Medical Practice.

2. Provide a brief justification/explanation of this request:

The Vermont Legislature has charged the Vermont Department of Health with:

1) Implementation of a Prescription Monitoring Program (PMP), which will allow physicians and pharmacists access to information about their patient's other prescriptions in order to assure that patients do not receive medications which are potentially dangerous to their health and wellbeing. Because of the addictive potential of many prescription medications, it is appropriate to place a prescription monitoring program within VDH/ADAP to coordinate treatment services throughout the state. This program is necessary to properly assist clients with prescription medication misuse and abuse issues. A major part of implementing and maintaining the PMP will be the provision of training for the physicians and pharmacists involved. VDH/ADAP's treatment and training capabilities provide the appropriate service mix required for effective implementation of the program.

2) Implementation of an Adverse Events Reporting System (AERS), which will establish a program for the purpose of improving patient safety, eliminating adverse events in hospitals, and supporting hospital quality improvement efforts. VDH will be responsible for defining reportable events, implementing the reporting process, and conducting reviews, including the evaluation of hospital compliance.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). **N/A**

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No
5. The name and title of the person who completed this form:
6. Who should be contacted if there are questions about this position (provide name and phone number):
Peter Lee 651-1550 and Richard McCoy 651-1862
7. How many other positions are allocated to the requested class title in the department:
8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) no

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

kin - please review to verify if correct.

Maria S. Pardo

Personnel Administrator's Signature (**required**)*

5/23/14

Date

Patricia H. ...

Supervisor's Signature (**required**)*

5/25/06

Date

Barbara C...

Appointing Authority or Authorized Representative Signature (**required**)*

4-25-06

Date

* Note: Attach additional information or comments if appropriate.

Public Health Analyst II

Class Definition:

Research, statistical and program evaluation work at a professional level for the Department of Health involving complex epidemiological and biostatistical analyses. Duties include selection of advanced statistical and epidemiological methodology and database development. Work is performed under the general supervision of an administrative superior.

Examples of Work:

Assesses health data needs and data gaps, evaluates the quality of existing data, integrates existing data to ensure its usefulness for decision-making and develops and maintains interagency liaisons to establish effective statistical systems. Identifies and develops studies needed to monitor health status and major health problems, and evaluates the effectiveness of critical policies and programs. Assists communities in assessing health needs and planning health improvements. Analyzes the nature of diseases, examine disease patterns, risk factors, treatment modalities, and other factors affecting communities or population groups. Assesses impacts of factors on public health and recommends intervention strategies and priorities. Monitors effectiveness of intervention in terms of health status outcomes and cost of service. Selects statistical and epidemiological methods for analysis of data. Assists in the development and implementation of program evaluation criteria, techniques, and data needs. Prepares educational information on diseases, risk factors, and supporting data. Provides consultation to health care providers on interpretation of data. Coordinates among users and providers of data to develop disease specific surveillance systems and monitors their effectiveness. Performs related duties as required.

Environmental Factors:

Duties are performed primarily in a standard office setting. Meetings with data users and providers may require some travel, for which private means of transportation must be available. Some work outside of normal office hours may be required.

Minimum Qualifications:

Knowledge, Skills and Abilities

Considerable knowledge of the principles and practices of

epidemiology.

Considerable knowledge of biostatistical principles, techniques, and methodologies.

Considerable knowledge of data system design and planning.

Considerable knowledge of information technology health informatics.

Considerable knowledge of research principles and methods.

Strong analytical skills for working with complex databases.

Ability to design effective survey instruments.

Ability to develop complex databases incorporating a large number of datasets.

Ability to establish and maintain effective working relationships.

Ability to communicate effectively both orally and in writing.

Education and Experience

Education: Masters Degree in Biostatistics, Epidemiology, PH or a Social Sciences discipline

AND

Experience: Three years of professional level work in health-related research, statistics or program evaluation where the activities include gathering, analyzing and interpreting statistical data

OR

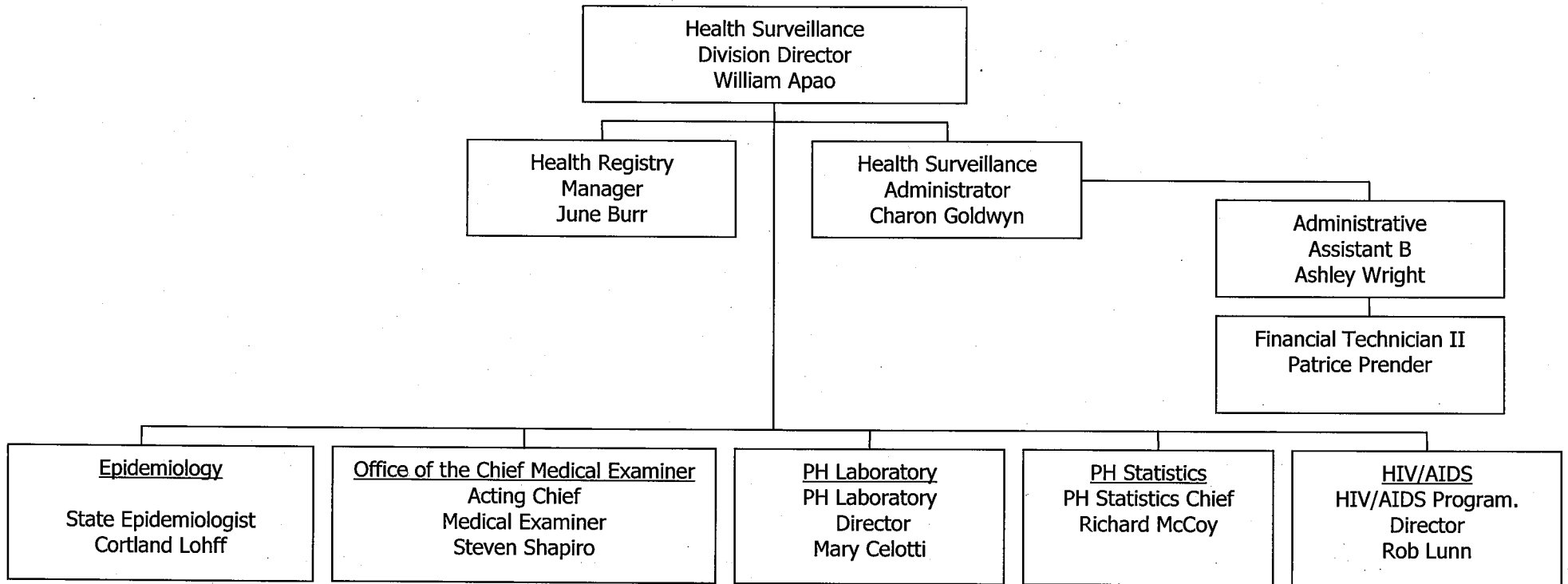
Education: Bachelor's Degree in statistics, a health related or social sciences discipline including or supplemented by twelve college credits in statistics, research or computer sciences. And six of these credits must be in statistics at the graduate level.

AND

Experience: Five years of professional level work in health-related research, statistics or program evaluation where the activities include gathering, analyzing and interpreting statistical data.

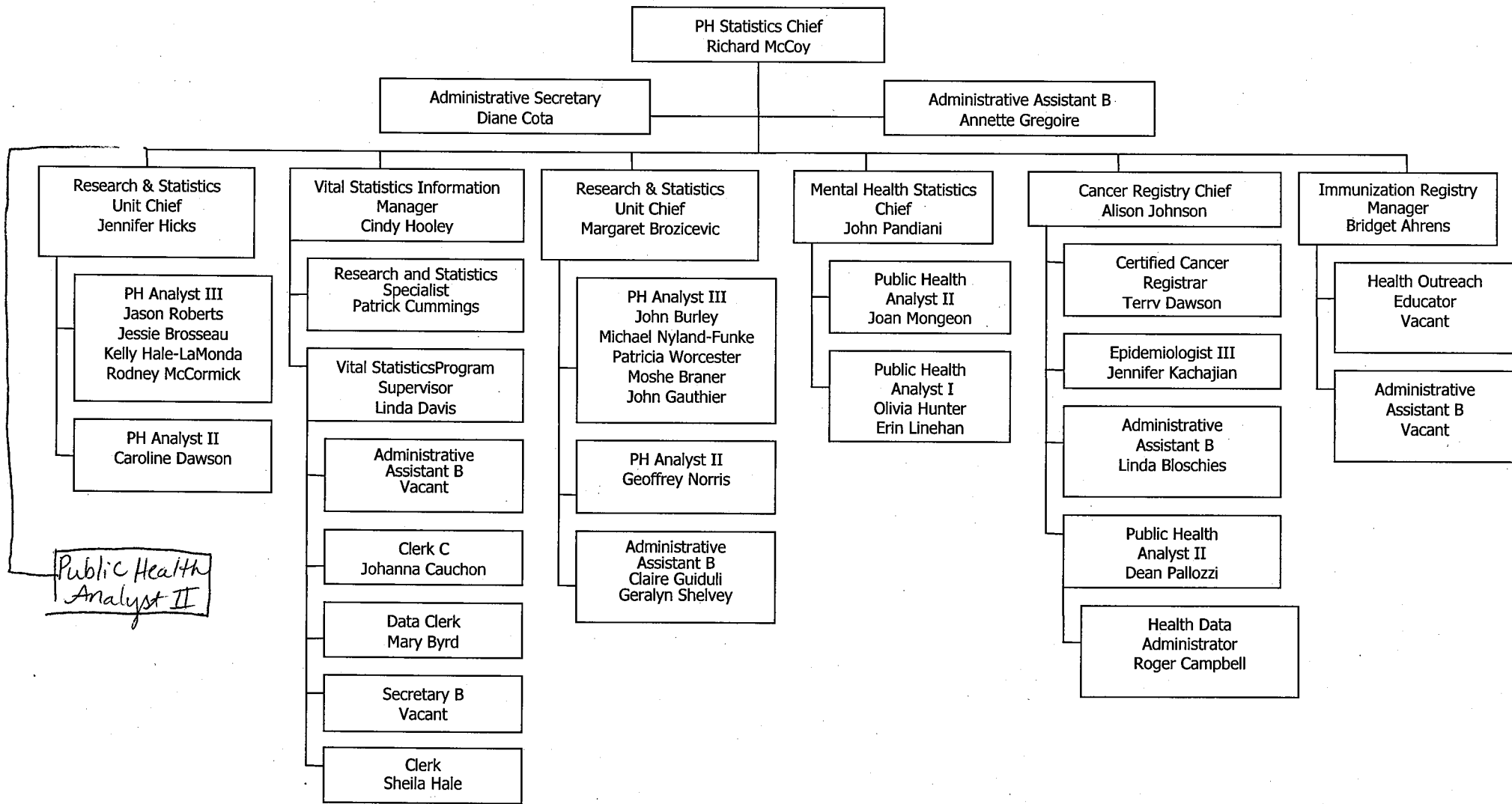
Vermont Department of Health
Organizational Charts

DIVISION OF HEALTH SURVEILLANCE



**Vermont Department of Health
Organizational Charts**

DIVISION OF HEALTH SURVEILLANCE – PUBLIC HEALTH STATISTICS



Public Health Analyst II

Budget Detail Worksheet (Attachment # 1)

Vermont Department of Health

Division of Alcohol and Drug Abuse Program

Harold Rogers Prescription Monitoring Program Application

Budget

Personnel:

1.0 FTE Program Manager	\$45,594	
.5 FTE Data Coordinator	\$22,797	
	<hr/>	
Salary Costs		\$68,391
Fringe Benefits @ 30%		\$20,517
Total Personnel Costs		<hr/>
		\$88,908

Operating Expenses:

Travel:	\$4,500	
Supplies	\$1,000	
Printing	\$2,500	
	<hr/>	
Total Operating Expenses		\$8,000

Consultant Contracts

Development and implementation of a Database, and operation of Database for year one	\$187,500	
Consultant to work with Advisory Committee	\$5,000	
	<hr/>	
Total Consultant Costs		\$192,500

Advisory Committee Activities \$1,500

Publicity Materials \$1,200

Provider Education \$4,000

Evaluation Contract \$20,000

Indirect Costs @ 50% of Salary (Federally approved Vermont State cost allocation Plan) \$33,892

Total Budget

\$350,000

Vermont Department of Health Division of Alcohol and Drug Abuse Program

Harold Rogers Prescription Monitoring Program Application

Budget Narrative

Personnel. Costs include a full-time Program Manager and a half-time Data Coordinator for the first fifteen months of operation of the program. Both positions will be temporary state employees.

Fringe Benefits. Benefits are calculated at 30% of wages.

Travel. Included in the travel budget are two trips to Washington, DC at \$800 per trip, and one Regional Meeting at \$400. Additional funds are for travel within Vermont to introduce the program to the public throughout the state, conduct provider education sessions throughout the state, consultant travel for implementation, and travel to meetings of the Advisory Committee.

Supplies. Costs of setting up a new program including stationary, business cards, and other general office supplies for the program.

Printing. These funds will cover the costs of printing posters, and educational materials for use in introducing the program to the public and providers.

Consultant/Contracts. These funds will cover the core development of the database for the PMP. With the advice and counsel of the Advisory Committee, the Department of Health will use its competitive bidding process to select a firm to develop the database and assist with the implementation of the program, including management of the flow of input data to the database.

An outside consultant will be engaged to assist with the liaison work necessary with the private members of the Advisory Committee, and other functions of the Committee.

An evaluation contract will be developed once the elements of the PMP are clearly defined (midway through the grant period.) The RFP will be to develop measures which assess the progress of the grant work and efforts towards achieving the outcomes noted in the program outline.

Advisory Committee Activities. Over the 15 months of the grant, the Committee will meet at least 12 times in its work of guiding the development and implementation of the PMP. These funds will cover the costs of such meetings, including covering the mileage expense of members who would find it difficult to attend meetings without that support. Other expenses include rental of room, and refreshments.

Publicity Materials. These funds will support the purchase of booth materials to be used in publicizing the PMP at professional and public conferences and meetings.

Provider Education. Staff of the PMP will travel around the state educating prescribers and dispensers on the purpose of the PMP, the reporting requirements and methods, the use of the system, and drug diversion techniques. These funds will cover the costs of meeting spaces, refreshments, and handouts for approximately 200 such meetings over the fifteen months.

Indirect Costs. Calculated at .50% of salary costs as per Vermont's negotiated State Cost Allocation Plan (attached)

Program Narrative (Attachment #2)

Problem Definition

As with many other states in the Union, Vermont is seeing a dramatic increase in the use of both legal and illegal drugs by its population. In 2002, according to the National Survey on Drug Use and Health, 6.2 million Americans reported using prescription drugs for non-medical purposes. Of even more concern, 14% of youth aged 12 to 17 reported using prescription drugs for non-medical purposes at some point in their lives.

According to the Drug Enforcement Administration's ARCOS data, retail drug distribution of several controlled drugs rose in Vermont from 1997 to 2002 increased as follows (all units are in grams):

<u>Drug</u>	<u>1997</u>	<u>2002</u>	<u>% Increase</u>
Methylphenidate	24,972	38,482	54%
Oxycodone	16,658	55,380	232%
Hydrocodone	6,773	18,253	169%
Morphine	19,613	35,060	179%

Some portion of these increases in prescription drugs is due to a small increase in population in Vermont, and a larger portion is likely to be the result of greater awareness on the part of providers, care givers, and the patients that more should be done to control both acute and chronic pain. But these factors do not explain away the entire amounts of the increases. Other signs suggest that the diversion of legal drugs is on the rise.

From 1990 to 2001, the overall number of hospital admissions for substance abuse went from 1,312 to 2,361, an 80% increase. According to Vermont data in from the Office of National

Drug Control Policy in its May 2004 “Profile Drug Indicators”, oxycodone is the most commonly diverted pharmaceutical substance in the state. In fact, the incidences of OxyContin diversion has increased so dramatically that the state Medicaid program severely restricted OxyContin prescriptions for its clients in 2001. According to the “Profile,” other commonly diverted drugs in Vermont include Vicodin, Fentanyl, Hydrocodone, Methadone, Ritalin, Xanax, and Diazepam. A prescription opioid problem is also apparent in the state. Substance abuse treatment program admissions for primary prescription opioids has increased over 1200% between 1991 and 2002.

A review of the records of the Chief Medical Examiner for the years 2001 to 2003 also shows an increase in the number of drug-related deaths over the period. The table below details the extent of the problem.

Drug-Related Deaths 2001 to 2003

Drug	2001	2002	2003
Oxycodone/Oxycontin	6	11	18
Hydrodocone	5	1	4
Fentanyl	2	5	8
Other controlled drugs	13	22	50
Other prescription drugs	14	17	26
Total deaths in which at least one prescription or controlled drug was involved	31	34	80
Total Deaths	47	54	87

(Source: Excel spreadsheet run from VT Chief Medical Examiner’s Office)

(Note: Individual drug deaths exceed totals due to the frequent involvement of multiple drugs.)

Information from the State Public Safety Department for the year July 2003 to June 2004 shows that of the 45 investigations done by the Drug Task Force, 25 involved Oxycondone, 5 involved Hydrocondone, and 15 involved one of seven other Controlled Drugs.

Management data on various aspects of the legal drug diversion problem in Vermont are scattered among many sources. This lack of clear information is a major problem because it prevents focusing state efforts on addressing Vermont's prescription drug problems. A benefit of a prescription monitoring program, and its collaborative Advisory Board, is that the state will have a single source of information. This will provide a full picture of what is happening in the state, and how the efforts of the PMP are contributing to the goal of assisting Vermonters with their efforts to reduce their drug abuse.

Strategy Overview

The Vermont Department of Health (VDH) is charged with maintaining the health of all Vermonters. The Divisions within the Department include Community Public Health, Alcohol and Drug Abuse Programs (ADAP), and Mental Health. The Division of Alcohol and Drug Abuse Programs (ADAP) was moved into Vermont Department of Health in 1996 in recognition of the fact that substance abuse is a major public health problem. That Division's mission is to help Vermont citizens prevent, reduce, and/or treat alcohol and other drug-related problems. Under a reorganization of the Agency of Human Services in 2004, Mental Health was moved from a free-standing Office in state government and integrated into the Department of Health. With this addition, a single department of state government now has broad responsibility for the overall health – both mental and physical – of the state's population. In addition, the Department houses the Division of Health Surveillance and its data bases that track morbidity and mortality of Vermonters, as well as data for such functions as the Board of Medical Practice.

The Division of Alcohol and Drug Abuse Programs is the logical place within the department to coordinate a Prescription Monitoring Program. The ongoing collaboration across Vermont's interconnected governmental agencies will be facilitated by the Commissioner of Health and his Division directors who are already involved in regular ongoing projects with several members of the proposed Prescription Monitoring Program Board. The recent work of establishing a new residential substance abuse treatment facility, and the mobile outpatient opioid treatment programs involved such collaboration. VDH worked with public representatives, the Department of Public Safety, Community Public Health Offices, Hospitals, Medical Professionals, Vermont's Attorney General, and community members from across the state to achieve these successes. Establishing agreements on the specific protocols and policies required for a smoothly functioning Prescription Monitoring Program will be a natural outgrowth of these existing relationships.

The creation of a prescription data base will provide a resource for the medical community that supports physicians and pharmacists in their efforts to assure that patients are receiving appropriate medication, and prevented from seeking more medication than is indicated for their presenting problems. It will also provide the public and private sector with the first clear information about the exact scope of Vermont's prescription drug problem. Increased training will help to reduce the inappropriate use of prescription drugs and will also allow us to provide interventions that assist patients who are experiencing addiction problems as a result of their use of prescription medications.

In order to create a process that meets the needs of medical and legal communities, while addressing the concerns of consumer protection and privacy advocates, we are proposing the formation of a Prescription Monitoring Program Advisory Board. The Advisory Board will facilitate the development of solutions to our prescription abuse and diversion problem while addressing the divergent needs of the different constituencies involved. The Advisory Board will be charged with establishing the necessary rules, protocols and policies for the collection and release of information from the monitoring program. The creation of a diverse group will assure that Vermont's approach will honor, and do its best to accommodate, the concerns all of the individual interest groups.

The only current partnership with other public and private organizations ADAP has developed to address prescription monitoring issues was developed by ADAP's Medical Director, Todd Mandell. He has been working with Vermont's Office of Health Access (OVHA) which is Vermont's Medicaid authority. Dr. Mandell and OVHA's medical director, Scott Strenio, MD, have been using the OVHA database to provide what could be described as a rudimentary and informal prescription monitoring program. As a result of their reviews of prescribing practices, as demonstrated by Medicaid billing data, they have engaged physicians in discussions about appropriate dosage levels of class II prescriptions. These efforts have been combined with Dr. Mandell's medical community training in the use of Suboxone. Vermont now has the highest U.S. per capita rate of physicians trained in the use of this new treatment option for patients who have opiate dependence.

The Prescription Monitoring Program will fit into the overall strategy of VDH in several ways. The most important contribution will be in providing clear information about overall prescription practices in Vermont. We suspect this important information will document and highlight the seriousness of drug diversion. It promises to become a useful tool in identifying persons who are good candidates for treatment and rehabilitation, and motivate them to seek help by knowing that it will become harder to “game” the system for legal drugs. The PMP will also be a valuable tool for providers and dispensers to use when questioning the legitimacy of a patient’s request for a Scheduled drug. Finally, the Advisory Committee of the PMP will serve as a key forum for discussion not only of the monitoring system, but for a whole range of other issues related to the diversion and control of prescription drugs. No forum for such discussions currently exists in Vermont for this purpose. However, with public and private members representing health care, pharmacies, law enforcement, data, the public, and business, the Committee is likely to evolve into a natural forum for broad discussions that will be of great value to the state in advancing efforts to prevent and respond to prescription drug abuse..

While it is early in the General Assemblies Legislative Session, a bill (H45) has been introduced by Representative Tom Koch of Barre. H.0045 proposes that the Vermont Department of Health establish a prescription monitoring program and provides the Department with rule making authority. The introduction of the Bill states: “This bill proposes to establish a prescription drug monitoring program in order to promote the public health and welfare, detect and prevent substance abuse, and support the legitimate medical use of controlled substances.”

Implementation Plan

Funding from Department of Justice will make it possible for the Vermont Department of Health to hire a full time coordinator, hire a half time data manager, contract for the development of a database, and support the process of establishing a PMP Advisory Board.

The goal of the PMP is to insure that all federal controlled substances are properly dispensed, and properly used by patients. The objectives of the PMP are to:

- Support the legitimate medical uses of controlled substances.
- Assist providers with information about the appropriate prescribing and dispensing of controlled drugs.
- Facilitate and encourage the identification of persons who are addicted to controlled drugs, or using controlled drugs inappropriately, so that they can be referred for evaluation, treatment and rehabilitation.
- Identify and deter, or prevent, drug abuse and diversion.
- Inform other Public Health initiatives about use and abuse trends related to controlled drug use.
- Provide education to health care professionals, law enforcement officials, policy makers, and the general public about the use, abuse, diversion of, and addiction to controlled drugs.

Key components of the PMP are:

- The collection of common pharmacy data on the dispensing of federally scheduled controlled substances.

- An Advisory Board that will assist with the development of broad policy for the PMP, and monitoring of the Program to insure it is meeting the needs of the various user groups and protects the interests of consumers. This group will include at least: Vermont Commissioner of Health, Deputy Commissioner of Alcohol and Drug Abuse Programs, Health Surveillance Division Director, Vermont Medical Society, Vermont Physicians Consensus Panel, Vermont Nurses Association, Medical Practice Board, Board of Pharmacies, an emergency room physician, a pharmacist, Dental Society, Attorney General of Vermont, Commissioner of Public Safety, Drug Court Coordinator, Vermont Treatment Providers, Mental Health Provider, consumer protection advocate, and consumers in recovery from prescription abuse.
- The maintenance of a pharmacy database that is timely, accurate, and longitudinal, to provide both a historical and a current picture of a person's use of controlled drugs.
- A mechanism that provides specific PMP information, in a structured manner, to medical personnel for legitimate medical treatment and to law enforcement in cases of criminal prescription fraud [as determined by the Advisory Committee], general information will be generated for research, and education purposes.
- Translating the database into useful information that can be used for education of the public, law enforcement, and medical professionals.

The goal of the initial grant work is to bring a Prescription Monitoring Program on-line, and to learn how to use it to achieve the several objectives outlined above. However, in another sense, there are several very specific operational objectives which must be met to have a successful PMP. The timetable and implementation plan below focuses primarily on what must be

accomplished by the Department and the Advisory Board to have a PMP fully operational by October 2006. The responsible individual or organization is noted in parenthesis.

- Jan. 2005 PMP Legislation is introduced (Rep. Tom Koch), and DOJ/BJA grant application submitted (Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (VDH/ADAP)). Bill wasn't passed in 2005 session; picked up again (S90) in 2006 session.
- Mar 2006 Prepare final job description for Project Manager and Data Specialist
- Spring 2006 Legislation passed.
- Summer 2006 Legislative fiscal committee approves grant.
General Assembly's Joint Fiscal Committee authorizes VDH to spend grant funds.
- Sep. 2006 Begin recruitment process. (VDH/ADAP)
- Oct. 2006 First Advisory Board meeting held. (VDH/ADAP)
Explore local grant funding to support Board efforts until DOJ/BJA grant funds become available. (VDH)
Begin study of database alternatives. (VDH)
- Nov. 2006 Advisory Board and VDH begin work on defining database
Work on implementing legislation. (VDH and Board members)
- Jan. 2007 Complete PMP staff hiring process. (VDH/ADAP and Board)
Begin to work on database RFP specifications. (VDH/ADAP and Board)
Selection process for Data Specialist proceeds. (VDH)
Database vendor selection process begins. (PMP Manager and VDH/ADAP)

- Jan. 2007 Advisory Board meets to develop detailed work plan for grant year in conjunction with new Manager. (Note: The Advisory Board will continue to meet on a frequent – most likely monthly – basis to guide the formation and launching of the PMP.)
- Feb. 2007 Begin work on RFP for developing and implementing the database. (Advisory Board, Manager, VDH, Division of Health Surveillance Staff)
Finalization and release of RFP for bid through state bidding process. (Advisory Board, Manager, Health Surveillance, VDH)
Data specialist interviews. Individual hired. (VDH)
- July 2007 Flesh out initial public information program to prescribers and dispensers. (Advisory Board, Manager)
Receive and review materials submitted in response to the RFP
- Sept. 2007 Select a database vendor. (Advisory Board, Manager, VDH)
Provide report to the Vermont General Assembly on PMP progress
- Oct. 2007 Vendor contract finalized and awarded. (VDH)
- Nov. 2007 Advisory Board, Manager, and Div. of Health Surveillance work closely with vendor to insure that system has ability to provide information necessary to meet user's needs.
- Feb. 2008 Public, provider, and dispenser education strategies mapped out.
- May 2008 Advisory Board and Manager consider how best to monitor the results of the PMP, and how grant funds for this purpose should be used.
- Jun. 2008 Manager works with a select test group of prescribers and dispensers to insure that a smooth test of the system occurs beginning in July.

- Jul. 2008 Three-month “test run” with limited number of pharmacies and prescribers begins. (Manager, Advisory Board, and VDH)
- Aug. 2008 Preliminary report of test run reviewed by Advisory Board and others. (Manager)
- Sep. 2008 Test run ends, although selected pharmacies continue to report.
- Oct. 2008 Results of the July to September test run evaluated by Department, Advisory Board, data vendor, and Manager to see how it performed.
- Nov. & Dec. 2008 Adjustment made to database processing and reporting systems. (VDH)
Final rules issued regarding requirements / rules for PMP. (VDH)
Remaining pharmacies informed of process to begin reporting to PMP beginning January 1, 2009. (Manager)

Collaboration

The absolute key to the development of the Prescription Monitoring Program in Vermont is the Advisory Board. Without the Board, the Department of Health would not be able to develop the consensus necessary to move ahead with this project. Many provider, law enforcement, pharmacy, and consumer representatives have expressed their support for the PMP and their interest in participating in its development and operation. The initial Advisory Board will include membership from at least:

- VT Medical Society
- VT Dental Society
- VT Nurses Association
- VT Chapter of the American College of Emergency Physicians
- Board of Medical Practice
- Physicians Consensus Panel
- Board of Pharmacy
- Department of Public Safety
- Retail Pharmacy Association
- Attorney General’s Office

- VT Treatment Providers Association
- Drug Court Coordinator
- Consumers and Ombudsmen
- Department of Health

During the period from January to August 2005, the Board will work to support the refinement of the enabling legislation, and to define the many details of the PMP operations. The Vermont spirit of teamwork that was described in the strategy section above is the key to our proposed program's success. The Prescription Monitoring Program Board will assist with the development of broad policy for the PMP, and processes for monitoring of the program to insure it is meeting the needs of the various user groups while at the same time, protecting the interests of consumers. Once the grant funding becomes available, the Board will participate in the delineation of the rules and processes that surround the use of the database, and the development of the bid specifications for the PMP database.

Beyond the details of the PMP, the Department of Health sees the Board playing a unique communications role in the state. Currently, there is no ready forum for discussion of drug-related matters between law enforcement, prescribers, dispensers, and the public. We expect that simply by having these people together on a regular basis, over time other benefits will accrue as well.

Program Effectiveness

The goal of the Program is to reduce the overuse and diversion of scheduled drugs by the citizens of Vermont. It will be designed to meet the needs and objectives of several key stakeholders including physicians, pharmacists, professional boards, and law enforcement personnel. As the needs of the various stakeholders are addressed, we believe we will also meet the Performance Measures desired by the Office of Justice Programs upon full operation of the PMP. These include:

1. Identify individuals engaged in the diversion of pharmaceutical controlled substances

Vermont's PMP information will be available to prescribers and dispensers through a secure means over the internet, providing ready access to a patient's history of scheduled drug use. By using pre-set "screens", unusual patterns of use will readily be identified so that medical or law enforcement action can be taken depending on the circumstances. The development of protocols that outline how and under what circumstances this information is used will be a significant part of the Board's task in helping VDH develop the details of this process

2. Identify and deter inappropriate prescribing practices

PMP information will be used to for providing feedback to prescribers on their scheduled drug prescription patterns – both individually and collectively (the "standard of practice"). This educational work should do much to move Vermont's prescribers to a single standard of care. VDH/ADAP has already begun an ambitious series of trainings for and with the medical community and the data from the monitoring program will further this process.

3. Reduce adverse effects of pharmaceutical controlled substances

Since 2001, the state has been able to monitor Emergency Room drug-related activity through the data system of Vermont Explorer. This will facilitate the longitudinal study of adverse drug effects. The Board will also have ongoing data from the Chief Medical Examiner's Office such as that used earlier in this application.

4. Reduce the quantity of pharmaceutical controlled substances obtained by individuals engaged in "doctor shopping"

The linkage of all dispensing events of an individual should fairly quickly identify many doctor shoppers. The Board will define the parameters that separate doctor shopping from the over use of pharmaceuticals by patients who are seeking to alleviate apparent symptoms through the use of multiple doctors. All parties involved want to be careful to avoid interfering with necessary and appropriate prescriptions for pain, while encouraging the medical community to confront patients who are seeking greater quantities of medications than needed. However, those involved in the development of the PMP also understand that there is a range of patients seeking controlled drugs. As the PMP is introduced, professional shoppers with multiple aliases, identifications, urine samples, etc., will adapt and find new ways to beat the systems. For this reason, the ongoing involvement of law enforcement is critical if we are to reduce the serious abuse of controlled drugs in Vermont.

5. Develop and /increase the effectiveness of investigational efforts

The PMP has potential for enhancing law enforcement investigation efforts through its potential for tracking the historic drug use of a patient. HIPPA requirements and the concerns of healthcare omnibudsmen will be balanced with medical and law enforcement needs as a result of input from our advisory board. As a part of the effort it is hoped that treatment and rehabilitation options will be developed that come into play before law enforcement options are considered and that after arrests are made, drug courts and treatment will be seen as viable alternatives to incarceration.

6. Increase coordination across state lines

The discussions of sharing PMP information across state lines have already begun with officials in Maine, New Hampshire, Massachusetts, Rhode Island, and New York. A significant percentage of Vermonters go out of state for care, especially to Dartmouth Hitchcock Medical Center in Lebanon, NH. Vermont recognizes that it is not an isolated island, and we must deal with the external forces at work around us, including Canada. With its largest city, Montreal, less than an hour from our border, we need to be vigilant that as we close down opportunities for drug diversion in our state, that the supply is not simply replaced by prescription drugs from the north or illicit substances such as heroin.

Management and Organizational Capacity

The Vermont Department of Health's Commissioner, Paul Jarris MD, is charged with maintaining the health of all Vermonters and relies on divisions within his department to make this happen. The plans for the management of Vermont's Prescription Monitoring Program include Community Public Health, Alcohol and Drug Abuse Programs (ADAP) and Mental Health. Deputy Commissioner of Alcohol and Drug Abuse Programs, Barbara Cimaglio, will be charged with hiring and overseeing a Project Director. Her staff will be tasked with the process of advertising for and selecting an appropriate candidate for the Project Director position. Until a Project Director is hired, ADAP Program Development staff member, Mark Ames, will be tasked with internal coordination of the process. Ms Cimaglio, and her Medical Director, Todd Mandell, MD, will join Commissioner Jarris and his other deputy commissioners as active participants on the Prescription Monitoring Program Board. They will be assisted by the Division of Health Surveillance's considerable statistical and data collection staff and resources. Bill Apao PhD. and his staff will initiate the process of hiring a half time data management specialist.

and will be active participants in the development of specifications incorporated in the proposed prescription monitoring data base.

The Prescription Monitoring Program Board will be charged with establishing the rules and processes that will dictate how the proposed prescription monitoring program will function. This group, outlined in the earlier Collaboration section, will have an important role in the formation of the approach taken in this effort. The strength of this group is one of the key organizational strengths of this proposed course of action.

The Prescription Monitoring Program will be housed in the Department of Health under the direction of Barbara Cimaglio, one of three Deputy Commissioners of Department. Ms. Cimaglio directs the operations of the Division of Alcohol and Drug Abuse Programs (ADAP). Mark Ames of ADAP will serve as the grant administrator. (Both of their resumes are attached.) Once grant funding begins, the Department will hire a Manager for the PMP, and a Data Specialist will be engaged to work with the Division of Health Surveillance. We envision that these new staff and additional consultants will provide the key links between the Department, the Advisory Board, and the database vendor.

The Department of Health has extensive grants management experience. In addition, several ADAP staff are well versed in the issues related to the illegal use of legal prescription drugs. ADAP staff already work closely with the medical community and with law enforcement staff from the Department of Public Safety who are critical to the support of this effort. The

Department believes it has on hand, or can readily engage, all the resources necessary to make the PMP a success.

Sustainability

The commitment to the development and implementation of a prescription monitoring program in Vermont spans the whole range of participants involved in the process. There is growing agreement from the Legislature, the Agency of Human Services, the medical, and the law enforcement communities that this program must be sustained past the grant period. There is an expectation that the PMP will produce cost savings in medical care, social programs, and law enforcement investigations that can be used to help to defray the expenses of maintaining the program. There have already been state resources committed to make the effort a reality. The problem with defining a specific sustainability plan at this point is that the individual elements of Vermont's Prescription Monitoring Program have yet to be developed and finalized. At this point it is impossible to provide specificity as to exactly how the prescription monitoring program in Vermont will function, and thus it is impossible to provide specificity as to just exactly how it will be sustained.

The sustainability of this program relies heavily on its success in meeting the expectations of the Vermont Legislature and the Office of Justice Programs, and the needs of the various "users" of the PMP. During the initial stages of the work with the Advisory Board, these expectations and needs will be carefully defined and used to develop the inputs and outputs of the PMP database. We believe that the PMP will satisfy all of the stakeholders who have an interest in the PMP, and that resources will be available to insure the continuation of the effort. It is expected that

following a reasonable period of operation, the PMP will demonstrate cost savings to the state and other users. Further, while the initial start-up costs are high, the annual cost experience of other states appears to be significantly less. If the PMP performs well, many stakeholder groups will benefit from the information base. These groups will help assure sufficient resources to perpetuate the program.

The spirit of collaboration, and the commitment of all the participants to making a prescription monitoring program happen thus far will be the same force that promises to make ongoing funding a reality after the federal support ends. The Vermont Department of Health Commissioner, Paul Jarris MD, and his Deputy Commissioner, Barbara Cimagilo have both committed to helping to find the funding necessary to assure sustainability. Assuming that it makes programmatic and operational sense in light of the final program model, the Department of Health is willing to consider stepping in and supporting the Program. Because of the vagaries of state budgets, this is perhaps the least stable source of funds, but it remains an option if other choices fail.

Barbara A. Cimaglio

P.O. Box 70
Burlington, VT 05402

Phone (802) 651-1552
Email bcimagl@vdh.state.vt.us

PERSONAL

I am a leader in the field of alcohol and drug abuse prevention and treatment. My career has focused on this area over the past 25 years. My goal is to use my background and experience to address this important public health issue at the Federal, State, and Local level.

EDUCATION

B.A., Psychology, with Honors; University of Illinois at Chicago, 1973
Certificate, Social Therapist; Forest Hospital Postgraduate Center, 1974
Master's Level coursework at Northeastern Illinois University, 1974

EMPLOYMENT

Intake Counselor, Northwest Youth Outreach/YMCA 1974-1975
Managed data collection and coordination for client records in adolescent drug abuse programs.

Outreach Counselor, Northwest Youth Outreach/YMCA 1975-1977
Counseled adolescent drug abusers and their families; served as liaison/case manager with school personnel at three high schools.

Clinical Supervisor, Northwest Youth Outreach/YMCA 1977-1978
Supervised team of 12 drug abuse counselors, including casework and community liaison work to area schools and social service agencies.

Clinical Director, Northwest Youth Outreach/YMCA 1978-1980
Planned and directed the clinical activities for adolescent drug and alcohol abuse program; developed in-service training program; performed liaison work with funding sources.

Program Director, Northwest Youth Outreach/YMCA 1980-1987
Planned, implemented and evaluated alcohol and drug abuse components of local adolescent counseling program; supervised staff; secured and maintained program funding of approximately \$3M; marketed program to community.

Director, Prevention and Education, Youth Outreach Services, Inc. 1987-1988
Planned, implemented and evaluated comprehensive community prevention program.

Manager, Prevention Programs Management, Illinois Department of Alcoholism and Substance Abuse 1988-1990
Managed prevention grant portfolio for Single State Alcohol and Drug Abuse Agency; supervised field staff; planned for Federal and State funds; coordinated technical assistance to over 125 state-funded prevention programs.

Acting Administrator, Prevention/Education Division,

Illinois Department of Alcoholism and Substance Abuse 1990-1991
Acted in the position of Division Administrator.

**Division Administrator, Prevention/Education Division,
Illinois Department of Alcoholism and Substance Abuse** 1991-1994
Managed operations of department prevention division; oversaw budget of \$20M.

**Director,
Illinois Department of Alcoholism and Substance Abuse** 1994-1997
Directed Governor's Cabinet agency responsible for contracting for a statewide service network of over 300 providers focusing on alcohol and other drug prevention, intervention, treatment, aftercare, and research. Oversaw all Department operations, as well as two regional offices in Chicago and Springfield, Illinois. Administered annual budget of over \$200M.

**Administrator,
Office of Alcohol and Drug Abuse Programs
Oregon Department of Human Services** 1997-2002
Administered lead state agency for planning, contracting and regulating Oregon's alcohol and drug abuse prevention, early intervention and treatment services. Administered biennial budget of \$100M.

**Special Assistant for Child and Adolescent Health Coordination,
Oregon Department of Human Services** 2002-2003
Led Department work in designing and implementing matrix model of child and adolescent services, focusing on prevention and early intervention. Served as lead manager for two statewide, interdepartmental children's projects focusing on integrated planning and service coordination. Over 30 separate programs housed in four separate departments were involved in this innovative redesign of systems for children.

**Manager, Community Prevention Programs
Office of Mental Health Addictions
Oregon Department of Human Services** 2003-2004
Management of prevention section of newly formed combined mental health and addictions office. Focus is upon expanding successful alcohol and drug abuse prevention efforts to the area of mental health promotion. Working with local county-based mental health system in an organizational development model.

**Deputy Commissioner of Alcohol and Drug Abuse Programs
Vermont Agency of Human Services,
Vermont Department of Health** 2004-present
Responsible for the development and implementation of substance abuse prevention, treatment, education and recovery programs in Vermont. Plans, coordinates, directs and evaluates comprehensive alcohol and drug prevention, treatment and education programs. Oversees development and presentation of prevention programs in schools and local communities. Establishes standards for certification of drug and alcohol counselors. Develops intervention and treatment programs for DWI offenders. Coordinates and oversees contracting for a statewide network of treatment programs; establishes program standards to ensure quality of clinical care in resident and outpatient clinics.

PROFESSIONAL AND COMMUNITY

National Association of State Alcohol and Drug Abuse Directors, Inc.

1995-2004

Served as Board President from 1999-2002; led organization that takes state and national leadership on issues related to alcohol and drug prevention and treatment.

National Prevention Network

1991-1994

Served as Board member; took leadership on national and state alcohol and drug prevention issues.

Illinois Certification Boards, Inc.

1986-1988

Served as Board member; worked on the development of an integrated alcohol and drug counselor certificate.

Illinois Women's Substance Abuse Coalition

1987-1989

Served as a Board member; worked on improvement of policies affecting women's treatment services in Illinois.

Near Northwest Neighborhood Network

1985-1989

Served as a Board member; worked to coordinate efforts among several neighborhood coalitions on the northwest side of Chicago.

Damen Avenue Revitalization Effort

1987-1989

Served as vice-president; worked on projects to revitalize an inner-city Chicago neighborhood.

Clinically Certified

Todd W. Mandell, M.D.

1103 Packer Corners Road
Guilford, VT 05301
Home: 802-251-0089
Email (home) pctwman@sover.net

CURRICULUM VITAE

EDUCATION:

1985 M.D., Boston University School of Medicine
1978 B.A., University of Connecticut

PROFESSIONAL TRAINING:

7/1/85 - 12/31/85 Medical Internship
University of Massachusetts Medical Center
1/1/86 - 6/30/89 Psychiatric Resident
University of Massachusetts Medical Center
7/1/88 - 6/30/89 Chief Resident
Psychiatry Residency Training Program
University of Massachusetts Medical Center
7/1/88 - 6/30/89 Chief Resident
Adult Mental Health Unit
University of Massachusetts Medical Center

PROFESSIONAL EXPERIENCE:

Current as of November, 2004

Medical Director: Division of Alcohol and Drug Abuse Programs, State of Vermont

Associate Medical Director, Behavioral Health Network, Concord, New Hampshire

Associate Dean of Clinical Medicine, St. Christopher's Medical College

Chair, Department of Psychiatry, St. Christopher's Medical College

Chair: Treatment subcommittee of SAMHSA/CSAT Co-occurring Disorders Initiative

Psychiatric Consultant: The Student Conservation Association, Charlestown, NH

Positions at Retreat Health Care July 1989 through January 2003

Medical Chief of Patient Business Services

Senior Physician Advisor; Primarilink Managed Service Organization

Medical Director; Patient Access and Evaluation Department

Psychiatric Chief: Meadows Recovery and Women's Specialty Treatment Program

Staff Psychiatrist; Adult Services, Dual Diagnosis Treatment Track

Other Employment Experience

4/2000 – 10/2000

VentureQuest

WEB-site Content Manager- Jasperon.com

7/97-9/98

Medical Director-REAP Program-

University of Connecticut/Connecticut State Board of Parole

(Maintained after having returned to Retreat in December 1997)

7/97-12/97*

Director of the Division of Addictive Disorders

University of Connecticut Health Center

*while on Leave of Absence from the Brattleboro Retreat

RETREAT COMMITTEE SERVICE:

- 1/01 - 6/02 Medical Staff Representative; Hospital Wide Customer Satisfaction Initiative
- 2/96 - 7/96 President, Medical Staff
- 7/94 - 2/96 Representative, Information Technology Board
- 7/94 - 2/96 Medical Staff Representative, Joint Conference Committee
- 7/92 - 2/96 Medical Staff Representative, Hospital Quality Improvement Committee
- 7/92 - 6/94 Vice President, Medical Staff
- 7/90 - 6/92 Chairman, Quality Improvement Committee
- 7/91 - 6/92 Secretary, Medical Staff

LICENSURE & CERTIFICATION:

- 1994 Diplomat, Added Qualifications in Addictions Psychiatry
National Board of Psychiatry & Neurology #33269
- 1991 New Hampshire Medical License #8490
- 1990 Diplomat, Psychiatry, National Board of Psychiatry & Neurology #33269
- 1989 Vermont Medical License #42-0007964
- 1986 Diplomat, National Board of Medical Examiners #317720
- 1986 Massachusetts Medical License #57048

TEACHING EXPERIENCE:

- 1997-1998 Assistant Professor, Psychiatry, University of Connecticut Health Center
- 1989-1999 Adjunctive Assistant Professor, Psychiatry, Dartmouth School of Medicine
- 1987-1989 Lecturer on a monthly basis as part of the third year medical student core Curriculum, University of Massachusetts, Medical Center.
- 1988-1989 Supervisor of junior residents, as Chief Resident on the Adult Mental Health Unit University of Massachusetts, Medical Center.
- 1990-2000 Yearly lecturer to second year medical students at Dartmouth as part of the "Scientific Basis of Medicine" curriculum
- 1991-1992 Coordinator of Dartmouth Psychiatry Residency Rotation: Substance

Abuse

PROFESSIONAL PRESENTATIONS:

List of presentations available on request.

PUBLICATIONS:

1996 Contributing author: "APA Practice Guidelines on the Treatment of Substance Use Disorders," American Journal of Psychiatry.

PROFESSIONAL SOCIETY MEMBERSHIP

American Psychiatric Association
American Society of Addiction Medicine
American Academy of Addiction Psychiatry

COMMUNITY SERVICE:

5/96-8/97 Board of Directors: Vermont AIDS Consortium
7/93-2000 Board of Directors: Brattleboro Area AIDS Project
1992-1996 Co-Founder & Director
Greater Brattleboro HIV/AIDS Community Partnership
1994-1999 Vice President (elected as President, 1/97)
Monteverdi Artists Collaborative
1992-1994 Patient Consultant and Clinical Staff Supervisor
Austine School for the Deaf, Brattleboro, Vermont

REFERENCES:

Available on Request

Mark A. Ames
Box 74, Pool Farm
Marlboro, Vermont
05344
802-464-2660 (home)
802-651-1562 (work)
mames@vdh.state.vt.us

Work Experience

Vermont Department of Health, Division of Alcohol and Drug Abuse Programs
Director of Program Development 1993 - Present

Program development across the range of substance abuse services including prevention, intervention, treatment, and recovery services. Specific areas of expertise include: *prevention systems development* (secured \$9M State Incentive Grant, introduced researched prevention approaches across Vermont's community prevention coalitions); *researched treatment systems development* (developed adolescent treatment, women and children's treatment, drug court programs, dual diagnosis services, substance abuse treatment in corrections, and collecting outcome data); *intervention services development* (START- coordinates prevention, enforcement and treatment of underage drinking youth using community coalitions; TASP includes screening and treatment for youth in Diversion); *recovery support services development* (coalition development, recovery center planning, funding support and peer review model) Program development activities include: grant coordination, proposal development, grant writing, training, contract development, grants management, liaison to Federal Government, resource acquisition, budget development and planning. Board membership has included: Community Prevention Partnership Boards, New England Institute of Addiction Studies, Prevention and Treatment Conference Boards, Families in Recovery Board, HIV/AIDS Community Planning Group, historical and conservation boards, and countless state and federal grant review groups. Over the years, the focus of my training delivery has been on community prevention approaches, interventions with substance users, grant writing, and community / treatment AIDS prevention approaches.

Office of Alcohol and Drug Abuse Programs
Field Supervisor – Prevention and Treatment 1990 - 1993

Actively participated in management team while supervising southern half of Vermont's prevention, intervention, and treatment services delivery system. This included managing and supervising a staff of ten, including Prevention and Intervention Specialists. Job responsibilities included contracting for and managing substance abuse intervention and treatment services through a provider system, overseeing a regional budget, evaluations, contract negotiations, and representing ADAP on committees and in public forums.

Office of Alcohol and Drug Abuse Programs
Prevention Specialist

1986 -1990

Fostered the development of the Leadership Project, one of Vermont's first community prevention coalitions (maintained board membership and secured OSAP funding); developed workshop "Personal Intervention Challenge" and presented at First Prevention Practitioner's Conference; created Refuse To Abuse Ski and Snowboard Events as a prevention fundraiser (thousands of participants raised up to \$30,000 a year); built southeast Vermont region's intervention and E.A.P. capabilities; nurtured community prevention coalition efforts; increased law enforcement and correction's knowledge of addictions; developed and delivered prevention training programs; expanded peer support programs; established teen center; trained teachers, administrators and community members by drawing on the expertise of the medical and treatment community in the realm of prevention / intervention.

Project CRASH

DWI Education/Intervention - Director/Group Leader/Lecturer

1986 -1990

Primary responsibilities – presentations and individual contacts that insured a clear understanding of alcohol intervention informational material. Developing opportunities for group members to develop an individual understanding of their alcohol and other drug use. Intervention and referral when appropriate.

Harvard Cocaine Treatment Project - Recruiter/Interviewer

1985-1986

Position required - planning, coordinating, and implementing the recruitment of subjects for this research project. This required interfacing with treatment facilities all over the northeast and the public at large in order to develop our compliment of outpatient aftercare clients for the study.

Marketing, Entrepreneurial Ventures, Woodworking

1974-1985

Educational Experience

20 years of Prevention, Intervention, Treatment, and Recovery training from experts versed in providing proven approaches both in Vermont and at National Events.

Harvard Extension School & Harvard Summer School, Cambridge, MA 02138
Substance Abuse, Psychology and Management courses - June 1986 to May 1987

Marlboro College, Marlboro, VT 05344
Bachelor of Arts in Perceptual Psychology

1970 - 1974

Concord-Carlisle Regional High School, Concord, MA 01743

Class 1969

Introduced by Representatives Koch of Barre Town, Chen of Mendon, Fisher of Lincoln, French of Randolph, Green of Berlin, Martin of Springfield, McAllister of Highgate and Niquette of Colchester

Referred to Committee on

Date:

Subject: Health; prescription drugs; controlled substances; monitoring; substance abuse

Statement of purpose: This bill proposes to establish a prescription drug monitoring program in order to promote the public health and welfare, detect and prevent substance abuse, and support the legitimate medical use of controlled substances.

AN ACT RELATING TO PRESCRIPTION DRUGS AND SUBSTANCE ABUSE

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

Sec. 1. 33 V.S.A. chapter 48 is added to read:

CHAPTER 48. ELECTRONIC MONITORING OF PRESCRIPTIONS

§ 4801. ELECTRONIC DATABASE FOR PRESCRIPTIONS

(a) Contingent upon the receipt of funding, the Vermont department of health may establish an electronic system for monitoring Schedules II, III, and IV controlled substances that are dispensed within the state of Vermont by a practitioner or pharmacist or dispensed to an address within the state by a pharmacy licensed by the Vermont board of pharmacy.

(b) A practitioner or a pharmacist shall not have to pay a fee or tax specifically dedicated to the operation of the system.

(c) Every dispenser within the state of Vermont or who is licensed by the Vermont board of pharmacy shall report to the Vermont department of health the data required by this section in a timely manner as prescribed by the department of health, except that reporting shall not be required for:

(1) a drug administered directly to a patient; or

(2) a drug dispensed by a practitioner at a facility licensed by the Vermont department of health, provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of 48 hours.

(d) Data for each controlled substance that is dispensed shall include, but not be limited to, the following:

(1) patient identifier;

(2) drug dispensed;

- (3) date of dispensing;
- (4) quantity dispensed;
- (5) prescriber; and
- (6) dispenser.

(e) The data shall be provided in the electronic format specified by the department of health unless a waiver has been granted by the department to an individual dispenser.

(f)(1) The data collected pursuant to this chapter shall be confidential and not subject to public records law except as provided in this section. The department of health shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted, and maintained is not disclosed to persons except as provided in this section.

(2) The department of health shall be authorized to provide data to only the following persons:

(A) A designated representative of a board responsible for the licensure, regulation, or discipline of practitioners, pharmacists, or other persons who are authorized to prescribe, administer, or dispense controlled substances and who are involved in a bona fide specific investigation involving a designated person.

(B) A practitioner or pharmacist who requests information and certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide current patient.

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

(D) Personnel or contractors, as necessary for establishing and maintaining the program's electronic system.

(3) A person who receives data or any report of the system from the department of health shall not provide it to any other person or entity except by order of a court of competent jurisdiction.

(4) The department shall purge all information that is more than six years old.

(g) The failure by a dispenser to transmit data to the department of health as required by subsections (c), (d), or (e) of this section shall be subject to discipline by the board of pharmacy or by the applicable professional licensing entity.

(h) Knowing disclosure of transmitted data to a person not authorized by subsection (f) of this section or by other state law, or obtaining information under this section not relating to a bona fide specific investigation, shall be punishable by imprisonment for not more than one year or a fine of not more than \$1,000.00, or both.

§ 4802. DEFINITIONS

As used in this chapter, the following definitions shall have the following meanings:

(1) "Patient identifier" means a patient's:

(A) Full name;

(B) Address, including zip code;

(C) Date of birth; and

(D) Social Security number or an alternative identification number established pursuant to section 4806 of this title.

(2) "Pharmacy Universal Claim Form" means a form that:

(A) Is in the format of the "Pharmacy Universal Claim Form" incorporated by reference in section 4807 of this title; and

(B) Contains the information specified by section 4801 of this title.

(3) "Report" means a compilation of data concerning a patient, a dispenser, a practitioner, or a controlled substance.

§ 4803. DATA REPORTING

(a) A dispenser shall report all controlled substances dispensed after September 1, 2005.

(b) A dispenser of a Schedule II, III, or IV controlled substance shall transmit or provide the following data to the department of health or the department of health's agent:

- (1) The patient identifier;
- (2) The national drug code of the drug dispensed;
- (3) The metric quantity of the drug dispensed;
- (4) The date of dispensing;
- (5) The estimated days' supply dispensed;
- (6) The Drug Enforcement Administration registration number of the prescriber;
- (7) The serial number assigned by the dispenser; and
- (8) The Drug Enforcement Administration registration number of the dispenser.

(c)(1) The data shall be transmitted within 16 days of the date of dispensing unless the department of health grants an extension.

(2) An extension may be granted if a dispenser suffers a mechanical or electronic failure or cannot meet the deadline established by subdivision (1) of this subsection for other reasons beyond his or her control. A dispenser shall apply, in writing, for an extension. An application for an extension shall state the reason why an extension is required and the period of time for which the extension is required.

(3) An extension shall be granted to all dispensers if the department of health or its agent is unable to receive electronic reports.

(d) Except as provided in subsection (g) of this section, the data shall be transmitted by:

- (1) An electronic device compatible with the receiving device of the department of health or its agent;
- (2) A double-sided, high-density micro floppy disk; or
- (3) A one-half inch nine-track 1600 or 6250 BPI magnetic tape.

(e) The data shall be transmitted in the format established by the "ASAP Telecommunications Format for Controlled Substances."

(f) The department of health shall provide a toll-free telephone number for transmitting electronic reports by modem.

(g)(1) A dispenser who does not have an automated recordkeeping system capable of producing an electronic report in the format established by "ASAP Telecommunications Format for Controlled Substances" may request a waiver from electronic reporting. The request shall be made in writing to the department of health.

(2) A dispenser shall be granted a waiver if he or she agrees in writing to report the data by submitting a completed "Pharmacy Universal Claim Form."

§ 4804. COMPLIANCE

(a) A dispenser shall be deemed to be the person who is registered with the U.S. Drug Enforcement Administration.

(b) A dispenser may presume that the patient identification information provided by the patient or the patient's agent is correct.

§ 4805. REQUEST FOR REPORT

(a) A written request shall be filed with the department of health prior to the release of a report.

(b) A request for a report shall be made on a request form, except for a subpoena issued by a grand jury.

§ 4806. ALTERNATIVE PATIENT IDENTIFICATION NUMBER

(a) If a patient does not have a Social Security number or refuses to provide a Social Security number, the patient's driver's license number shall be used.

(b) If a patient does not have a Social Security number or a driver's license number, the patient shall use a number designated by the Vermont department of health.

§ 4807. RULEMAKING

The department may adopt rules as necessary for the implementation of this chapter.

Attachment # 3

Other Program Attachments

Includes:	Page #
Timeline	2
Job Descriptions (positions to be hired)	
Substance Abuse Program Coordinator	5
Public Health Analyst II	7
Resumes	
Barbara Cimaglio, Deputy Director	9
Todd Mandell, MD, Clinical Director	12
Mark Ames, Program Development	15
Vermont's Law	
Requires submission of dispensing data	
Authorizes VDH to establish a PMP	17
Letters of support	
Vermont Nurse's Association	22
University of Vermont	
Letters of support coming by Fax	
Vermont Medical Society	
Vermont Business Roundtable	
Vermont Program for Quality in Health Care	
Vermont Association of Hospitals & Health Systems	
Vermont Pharmacists Association	
Emergency Room Physician	
SSA Medical Director (Physician's Consensus Panel)	
Friends of Recovery – Vermont	
Vermont Association of Addiction Treatment Programs	
Board of Medical Practice	
Department of Public Safety (Vermont State Police)	

*Updated
Timeline
8/9/06*

SUBSTANCE ABUSE PROGRAM COORDINATOR

Class Definition:

Administration and coordination of the prescription monitoring program and associated intervention activities associated with providing substance abuse treatment for prescription abuse in Vermont. This includes any public or private program funded by any Department within the Agency of Human Services. Planning, development and monitoring of treatment programs that respond to the needs of communities. Identification of special population needs and advocating for appropriate resource allocation and service delivery. Work is performed under the general direction of Department of Health, Division Alcohol & Drug Abuse Programs, Chief of Operations

Examples of Work:

Provide guidance to and support for the VDH Prescription Monitoring Program Advisory Board in the formation and implementation of a prescription monitoring program. Act as point of contact for VDH in responding to data requests from the prescription data base. Act as point of contact for grant reporting requirements and grant meetings. Conduct needs assessments, continually monitor programs, conduct surveys and present results/recommendations to appropriate authorities. Act as point of contact for the issues surrounding prescription abuse with other agencies and groups that are invested in confronting and preventing prescription abuse. [i.e. pharmacists, physicians, law enforcement, consumers, treatment providers, and prevention advocates. Provide information and technical assistance to programs and officials on the implications drawn from the information collected in the prescription data base. Coordinate initiatives with other state departments, develop blended funding mechanism when appropriate and negotiate and develop collaborative budgets for other work in related areas / special projects. Establish communication links with a variety of community and state groups/agencies with a goal towards sharing data and providing training that supports the goal of reduced prescription drug abuse. Participate in statewide interagency committees, task forces and serve as liaison to state and federal workgroups. Provide technical assistance on grant requests. Promote the development and promulgation of best practice standards. Support the development of policies and procedures for Vermont's prescription monitoring program within VDH/ADAP and support the development of outcomes management systems.

Provide technical expertise to clients, treatment providers and agencies on a wide variety of substance abuse issues. Provide advise

and case management to clients with unique treatment needs. Interacts with clients, officials from a wide variety of state and federal agencies such as DOC, SRS, DDMHS, and Medicaid, financial officers, board members, program managers, providers, caseworkers, and advocacy groups. Performs related duties as required.

Environmental Factors:

Duties are performed predominantly in an office setting. Private means of transportation must be available. Incumbent must be adaptable and able to work within tight time limits and under considerable stress. Some evening and week-end work may be required. Incumbents may encounter strong differences of opinion regarding substance abuse treatment.

Minimum Qualifications:

Knowledge, Skills and Abilities

Basic knowledge and understanding of addictions, substance abuse treatment, public health, medical practice, and behavioral health as well as the principles and practices of public administration, public health and office management methods.

Working knowledge of computer capabilities and related information systems.

Ability to develop and implement administrative procedures and operations and evaluate their effectiveness.

Ability to analyze and interpret rules and regulations of considerable complexity.

Ability to communicate effectively, both orally and in writing.

Ability to communicate effectively and establish collaborative working relationships with a wide range of people.

Education and Experience

Education: Bachelor's degree in Social Work, Human Services or Psychology.

Experience: Three years of experience at a professional level administering a human services program or implementing and/or maintaining a quality assurance or quality improvement program in a human services area.

Graduate degree in human services = two years of experience.

Public Health Analyst II

Class Definition:

Research, statistical and program evaluation work at a professional level for the Department of Health involving complex epidemiological and biostatistical analyses. Duties include selection of advanced statistical and epidemiological methodology and database development. Work is performed under the general supervision of an administrative superior.

Examples of Work:

Assesses health data needs and data gaps, evaluates the quality of existing data, integrates existing data to ensure its usefulness for decision-making and develops and maintains interagency liaisons to establish effective statistical systems. Identifies and develops studies needed to monitor health status and major health problems, and evaluates the effectiveness of critical policies and programs. Assists communities in assessing health needs and planning health improvements. Analyzes the nature of diseases, examine disease patterns, risk factors, treatment modalities, and other factors affecting communities or population groups. Assesses impacts of factors on public health and recommends intervention strategies and priorities. Monitors effectiveness of intervention in terms of health status outcomes and cost of service. Selects statistical and epidemiological methods for analysis of data. Assists in the development and implementation of program evaluation criteria, techniques, and data needs. Prepares educational information on diseases, risk factors, and supporting data. Provides consultation to health care providers on interpretation of data. Coordinates among users and providers of data to develop disease specific surveillance systems and monitors their effectiveness. Performs related duties as required.

Environmental Factors:

Duties are performed primarily in a standard office setting. Meetings with data users and providers may require some travel, for which private means of transportation must be available. Some work outside of normal office hours may be required.

Minimum Qualifications:

Knowledge, Skills and Abilities

Considerable knowledge of the principles and practices of

epidemiology.

Considerable knowledge of biostatistical principles, techniques, and methodologies.

Considerable knowledge of data system design and planning.

Considerable knowledge of information technology health informatics.

Considerable knowledge of research principles and methods.

Strong analytical skills for working with complex databases.

Ability to design effective survey instruments.

Ability to develop complex databases incorporating a large number of datasets.

Ability to establish and maintain effective working relationships.

Ability to communicate effectively both orally and in writing.

Education and Experience

Education: Masters Degree in Biostatistics, Epidemiology, PH or a Social Sciences discipline

AND

Experience: Three years of professional level work in health-related research, statistics or program evaluation where the activities include gathering, analyzing and interpreting statistical data

OR

Education: Bachelor's Degree in statistics, a health related or social sciences discipline including or supplemented by twelve college credits in statistics, research or computer sciences. And six of these credits must be in statistics at the graduate level.

AND

Experience: Five years of professional level work in health-related research, statistics or program evaluation where the activities include gathering, analyzing and interpreting statistical data.



Vermont State Nurses' Association, Inc.

- Ensuring Excellence in Nursing Care for All Vermonters
through Advocacy, Expertise, Innovation and Leadership -

January 18, 2005

Paul Jarris, MD, Commissioner
Department of Health
PO Box 70
Burlington, VT 05402

Dear Commissioner Jarris:

I am writing on behalf of the Vermont State Nurses' Association to support your application for a federal Howard Rogers Department of Justice Grant to develop and implement a Prescription Monitoring Program in Vermont. A program for prescription drug monitoring is an essential piece in identifying, as well as preventing, inappropriate use of prescription drugs in an organized systematic manner while not adversely affecting the legitimate use of controlled substances.

This program will also offer health care providers, law enforcement officials and the general public valuable information about drug use, abuse and diversion and assist in identifying situations of abuse in order to provide referrals and treatment plans.

A centralized, organized pharmacy data base would provide critical information in a timely manner individually and collectively. This could also aid in statewide education and prevention plans.

The Prescription Monitoring Program will provide collaboration and policy development that will protect consumers but also meet the needs of health care providers, law enforcement and the public.

Thank you for assuming the responsibility for moving this very important initiative forward. I look forward to collaborating with the Department of Health in this very important work in the near future.

Sincerely,

Margaret M. Sharpe, RN
Executive Director
Vermont State Nurses' Association, Inc.

100 Dorset Street, Suite 13 * South Burlington, VT 05403-6241
Tel: 802-651-8886 * 800-540-9390 * FAX: 802-651-8998 * E-mail: vt nurse@prodigy.net * www.vsna-inc.org
Voice Support Network Advancement Collaboration Advocacy Responsibility Education Standards

The University of Vermont

DEPARTMENT OF PSYCHIATRY
SATC-UHC RM 1415, 1 S. PROSPECT STREET
BURLINGTON, VT 05401
TELEPHONE: (802) 656-9887
FAX: (802) 656-5703



STACEY C. SIGMON, PH.D.

January 17, 2005

Paul Jarris, MD, Commissioner
Department of Health
PO Box 70
Burlington, VT 05402


Dear Commissioner Jarris:

I am writing to support your application for a federal Howard Rogers Department of Justice Grant to develop and implement a Prescription Monitoring Program (PMP) in Vermont. As you know, non-medical use of prescription drugs in general has increased significantly across the United States in the past several years, and this rise is not limited to urban areas. Indeed, the earliest reports of abuse and deaths associated with prescription opioids, for example, came mostly from rural areas across the United States (United States General Accounting Office, 2003). The State of Vermont has been particularly hard hit by this recent increase in prescription opioid abuse. According to the recently published Profile of Drug Indicators report, the most commonly diverted pharmaceutical substances in Vermont are oxycodone, hydrocodone and fentanyl, with the abuse of oxycodone of particular concern to state and local law enforcement officials across Vermont (ONDCP, 2003). I have also recognized this striking increase in abuse and diversion of prescription medications and recently submitted a grant to the National Institute on Drug Abuse to develop an efficacious treatment for prescription opioid abuse. Further, I am currently collaborating with Dr. Charles Schuster of Wayne State University in Michigan to conduct an ongoing program monitoring any potential diversion and/or abuse of buprenorphine in Vermont. Finally, as the director of The Chittenden Center, Vermont's first and still only methadone clinic, I remain concerned about the ongoing use and abuse of prescription drugs among our patient population, which could jeopardize patients' success in this highly efficacious treatment for opioid dependence.

The PMP Program, as Mark Amos has described it to me, appears as though it could represent a significant effort toward reducing the abuse and diversion of prescription drugs. Based on my research thus far on prescription drug abuse, a multi-faceted approach which includes efforts at prevention, monitoring and treatment will likely be the most effective in reducing the extent of prescription drug abuse in Vermont. Thus, this monitoring project seems to make a timely contribution towards this important goal.

Thank you for taking the lead in this important work, and I look forward to working with the Department in the development and implementation of the PMP over the next couple years. Please don't hesitate to contact me if there is any way in which I can help.

Sincerely,


Stacey C. Sigmon, Ph.D.



Vermont
Department
of Health

Division of Alcohol
& Drug Abuse Programs

Date: January 19, 2005

Number of Pages including this cover sheet [12]

To: Bureau of Justice Assistance

FAX # 202-354-4147

From: Mark A. Ames, Program Development
Vermont Department of Health
Alcohol and Drug Abuse Programs
Phone # 802-651-1562

Re: **Application Number 2005-F0302-VT-PM**
BJA-FY 2005 Developing and Enhancing
Prescription Drug Monitoring Programs
Letters of support coming by Fax:
Vermont Medical Society
Vermont Business Roundtable
Vermont Program for Quality in Healthcare
Vermont Association of Hospitals & Health Systems
Vermont Pharmacists Association
Emergency Room Physician
SSA Medical Director (Physician's Consensus Panel)
Friends of Recovery – Vermont
Vermont Association of Addiction Treatment Programs
Board of Medical Practice
Department of Public Safety (Vermont State Police)

VERMONT MEDICAL SOCIETY

Paul Jarris, MD, Commissioner
Department of Health
PO Box 70
Burlington, VT 05402

January 12, 2005

Dear Commissioner Jarris:

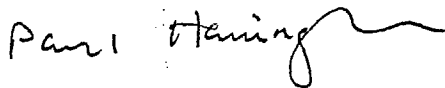
On behalf of the Vermont Medical Society (VMS), I am pleased to support your application for a federal Howard Rogers Department of Justice Grant to develop and implement a Prescription Monitoring Program (PMP) in Vermont. A program such as this will play a significant role in reducing the inappropriate use of prescription drugs and allow for the improved identification of those needing treatment for long-term substance abuse.

In particular, the VMS supports the maintenance of a pharmacy database, that provides a historical and a current picture of a person's controlled drug use, in order to improve the quality of care in Vermont and assist physicians in the appropriate prescribing and dispensing of controlled drugs. The VMS believes that the creation of this database should be done in manner that allows for its possible expansion to include all drugs and, thus, be able to address such additional issues as therapeutic duplication, drug-diagnosis contra-indications and drug-drug interactions.

The VMS looks forward to serving on the Advisory Committee that will be formed to assist with the development of broad policy for the PMP and the elements that support the PMP. It is also the hope of the VMS that the development and use of the database could serve as a catalysis for the increased spread of information technology and electronic prescribing that is anticipated under the recently enacted Medicare Prescription Drug Act.

Thanks you for taking the lead in this important work, and I look forward to working with the Department in the development and implementation of the PMP. If I can be of further assistance, please let me know.

Sincerely,



Paul Harrington
Executive Vice President

VERMONT BUSINESS ROUNDTABLE

January 14, 2005

Paul Jarris, MD, Commissioner
Department of Health
P.O. Box 70
Burlington, VT 05402

Dear Commissioner Jarris:

I am writing to support your application for a federal Howard Rogers Department of Justice Grant to develop and implement a Prescription Monitoring Program in Vermont. A Program such as this in Vermont will play a significant role in reducing the inappropriate use of prescription drugs, thereby saving medical costs, but of more importance, by reducing the devastation that long-term addiction visits on patients and families.

The Vermont Business Roundtable (Roundtable) has a long-held interest in policies and programs that elevate the quality of life for all Vermonters. This program has the potential to contribute significantly to the state's current efforts to reform its health care system while achieving other vitally important social objectives such as reducing the state's alarming rate of drug addiction particularly among our younger Vermonters.

Thank you for taking the lead in this important work, and I will look forward to hearing from the Department on the development and implementation of the PMP over the next couple years.

Sincerely,

Lisa Ventris
President

BJA-FY 2005 Developing and Enhancing
Prescription Drug Monitoring Programs



VPQHC

January 13, 2005

Paul Jarris, MD, Commissioner
Department of Health
PO Box 70
Burlington, VT 05402

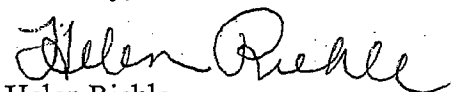
Dear Commissioner Jarris:

I am pleased to support your application for a federal Howard Rogers Department of Justice Grant to develop and implement a Prescription Monitoring Program in Vermont. A Program such as this in Vermont can play a significant role in reducing the inappropriate use of prescription drugs, saving medical costs, and more importantly, identifying those needing treatment, thus reducing the devastation that long-term addiction produces in patients and families.

VPQHC particularly supports the maintenance of a pharmacy database, that provides a historical and a current picture of a person's controlled drug use, in order to improve the quality of care in Vermont and assist physicians in the appropriate prescribing and dispensing of controlled drugs. VPQHC hopes that the creation of this database will be done in manner that allows for its possible expansion to include all drugs and, thus, be able to address other quality issues such as therapeutic duplication, drug-diagnosis contra-indications and drug-drug interactions. It is also our hope the database can serve as a catalyst for the increased spread of information technology and electronic prescribing.

Thank you for taking the lead in this important work, and I look forward to working with the Department in the development and implementation of the PMP over the next couple years. Please let me know if VPQHC can be of further assistance.

Sincerely,



Helen Riehle
Executive Director



VERMONT ASSOCIATION OF
HOSPITALS AND HEALTH SYSTEMS

January 14, 2005

Paul Jarris, MD, Commissioner
Department of Health
PO Box 70
Burlington, VT 05402

Dear Commissioner Jarris:

I am writing to support your application for a federal Howard Rogers Department of Justice Grant to develop and implement a Prescription Monitoring Program (PMP) in Vermont. A Program such as this will play a significant role in reducing the inappropriate use of prescription drugs. Through the early identification of patients in danger of becoming addicted to such drugs, subsequent referral to treatment and rehabilitation will also go a long way to reducing the devastation that long-term addiction visits on patients and families. Finally, the Program will play a role in reducing the diversion of legal drugs to illegal use or sale as "street drugs."

Of equal importance to hospitals, the Prescription Monitoring Program will provide valuable information to emergency room and clinic providers who are often faced with the need to make prescription decisions on patients they know very little about. Physicians in our emergency rooms face the classic "Catch 22" where on the one hand they must treat all patients who are present for care, while on the other hand they must also make a quick judgment about the legitimacy of the patient's medical complaint, and decide if a controlled drug prescription is necessary.

I also believe that as the PMP matures it will be able to provide valuable information for our hospital staffs regarding what constitutes optimal pain management, a topic of great interest to the medical community and the public.

The Association looks forward to supporting you, and working with you, as you move forward with this important Program.

Sincerely,

M. Beatrice Grause, R.N., J.D.
President and Chief Executive Officer



VERMONT PHARMACISTS ASSOCIATION

P.O. Box 90 • Woodstock, Vermont 05091
www.vtpharmacists.org • vtpa@sover.net
877-483-2646 • fax 802-483-6315

Paul Jarris, MD, Commissioner
Department of Health
P.O.Box 70
Burlington, Vermont 05402

Dear Commissioner Jarris:

This is a letter to support your application for a federal Howard Rogers Department of Justice Grant to develop and implement a Prescription Monitoring Program (PMP) in Vermont.

The Board of Directors of the Vermont Pharmacists Association has authorized me to support this endeavor and become a stakeholder, when the grant is formalized and approved. The Vermont pharmacist will be both the lynchpin and the catalyst in such a program and will be invaluable in understanding the myriad levels need for such an approach.

I look forward to working with you and the Department of Health. The prospect of developing and actually going "live" with a PMP in Vermont is intriguing.

Professionally yours,

JAMES MARMAR, RPh *Executive Director*

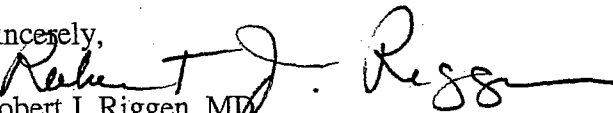
Paul Jarris, MD, Commissioner
Department of Health
PO Box 70
Burlington, VT 05402

Dear Commissioner Jarris:

I am writing in support of your application for a Department of Justice Grant (a Howard Rogers Grant) to develop a Prescription Monitoring Program in Vermont. As an emergency physician in Vermont, I have seen the inappropriate use of prescription medications become an increasing problem in the last few years. These medications improperly used can cause a wide range of medical problems, including death from accidental and inadvertent overdoses, addiction, deleterious behavioral changes and severe psychological dysfunction. I have spoken with the directors of every Emergency Department in Vermont, and all are in support of this program, and the potential it will provide to help identify individuals who misusing, or are at risk for misusing, these medications.

I will be happy to be of any assistance that I can provide as this Program develops and is implemented. Thank you for taking the lead in this effort.

Sincerely,



Robert J. Riggan, MD
Central Vermont Hospital
PO Box 547
Barre, VT 05641



**Vermont
Department
of Health**

**Division of Alcohol
& Drug Abuse Programs**

Paul Jarris, MD, Commissioner
Department of Health
PO Box 70
Burlington, VT 05402

1/19/2005

Dear Commissioner Jarris:

I am writing to support your application for a federal Howard Rogers Department of Justice Grant to develop and implement a Prescription Monitoring Program [PMP] in Vermont. A Program such as this in Vermont will play a significant role in reducing the inappropriate use of prescription drugs, saving medical costs, but of more importance, reducing the devastation that long-term addiction visits on patients and families.

The educational opportunities that a PMP offers along with improvement of treatment coordination are extremely important for Vermont. As the chair of the Vermont Physician's Consensus Panel, I look forward to having the opportunity to provide real time physician's input into this process.

Thank you for taking the lead in this important work, and I look forward to working with the Department in the development and implementation of the PMP over the next couple years.

Sincerely,

Todd W. Mandell, M.D.
Medical Director
Division of Alcohol and Drug Programs
VT Dept. of Health and Human Services
108 Cherry Street
Burlington, VT 05401

FRIENDS OF RECOVERY- VERMONT

Paul Jarris, MD, Commissioner
Department of Health
PO Box 70
Burlington, VT 05402

January 19, 2005


Dear Commissioner Jarris:

I am writing to support your application for a federal Howard Rogers Department of Justice Grant to develop and implement a Prescription Monitoring Program [PMP] in Vermont. A Program such as this in Vermont will play a significant role in reducing the inappropriate use of prescription drugs, saving medical costs, but of more importance, reducing the devastation that long-term addiction visits on patients and families.

As a recovery community organization, Friends of Recovery- Vermont provides opportunities for people in recovery from alcohol and other drug addiction to share their perspectives on pertinent issues. Prescription drug abuse is a significant concern to people in recovery from other drug addictions, potentially leading to relapse into formerly destructive patterns of abuse. As a primary abuse pattern, prescription drug abuse poses new challenges to the effectiveness of traditional peer support recovery models. However, by strengthening the recovery support systems in Vermont, resources are more available for all addicts and their family members. Consumer voices are an integral part in developing and sustaining this system. People in recovery from all addictions, and their family members, can make a significant impact on the effectiveness of the Prescription Monitoring Program in Vermont. Friends of Recovery-Vermont will support this initiative by bringing awareness to the recovery community about the issue of prescription drug abuse and the monitoring program. We will also support the PMP by engaging FOR-VT members (consumers voices) in the Advisory Group which will be formed to guide the policies of the program.

Thank you for taking the lead in this important work, and I look forward to working with the Vermont Department of Health in the development and implementation of the PMP over the next couple years.

Sincerely,



Patty McCarthy
Director

PO Box 1202 Montpelier Vermont 05601

1(802) 229-6103 1(800) 769-2798 recoveryvt@aol.com



January 17, 2005

Paul Jarris, MD, Commissioner
Department of Health
PO Box 70
Burlington, Vermont 05402

Dear Commissioner Jarris:

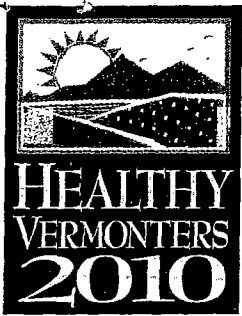
I am writing to support your application for a federal Howard Rogers Department of Justice Grant to develop and implement a Prescription Monitoring Program (PMP) in Vermont. A program such as this in Vermont will play a significant role in reducing the inappropriate use of prescription drugs, saving medical costs, but of more importance, reducing the devastation that long-term addiction visits on patients and families.

As you know, until this month, my professional practice was focused in the Central Vermont area as Executive Director of Central Vermont Substance Abuse Services (CVSAS)-- a free-standing comprehensive outpatient treatment agency serving adolescents, adults, and their families. The scope and breadth of inappropriate procurement and/or usage of prescribed medication in the Central Vermont area is indeed significant, frequently compromising treatment professional efforts, and invariably sabotaging the optimal benefit of services provided. I cannot believe this issue is unique to the Central Vermont area.

Thank you for taking the lead in this important work, and I look forward to working with the Department in the development and implementation of the PMP over the next couple years—both as President of the Vermont Association of Addiction Treatment Programs (VAATP), and within the scope of my responsibilities as Program Director of the Valley Vista Adolescent Treatment Program.

Very truly yours,

Craig S. Smith
President, VAATP



Vermont Department of Health
Board of Medical Practice

Agency of Human Services

January 19, 2005

Paul E. Jarris, MD, MBA, Commissioner
Vermont Department of Health
PO Box 70
Burlington, Vermont 05402

Dear Commissioner Jarris:

On behalf of the Vermont Board of Medical Practice, I am writing to convey the Board's support for your application for a federal Howard Rogers Department of Justice Grant to develop and implement a Prescription Monitoring Program [PMP] in Vermont. A Program such as this in Vermont will play a significant role in reducing the inappropriate use of prescription drugs, saving medical costs, but of more importance, reducing the devastation that long-term addiction visits on patients and families.

The Board understands well the dilemmas faced by our licensees. They and we want to ensure that patients receive adequate treatment for pain, including treatment with controlled substances when that is medically indicated. Physicians in practice and the Board also wish to guard against inadvertently contributing to illicit substance use and diversion. A prescription monitoring program that contains appropriate confidentiality safeguards will be of great assistance to medical professionals and ultimately to the patients they treat, whether for conditions resulting in pain, or for substance abuse disorders.

Thank you for taking the lead in this important work. The Board looks forward to working with the Department in the development and implementation of a prescription monitoring program.

Sincerely,

Edward Patrick Smith Jr., D.P.M.
for Chair, Vermont Board of Medical Practice



**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Department of Health Date: 6/6 /06

Name and Phone (of the person completing this request): Barbara Cimaglio 651-1553

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Department of Justice, Office of Justice Programs
 Preventing Prescription Abuse in Vermont
 Grant Funding Detail is attached.

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Substance Abuse Program Coordinator	1	ADAP	2 years / 9/30/08**
Public Health Analyst II	1	ADAP	2 years / 9/30/08**

**(We expect the grant to be extended for a two year period.)

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

The Substance Abuse Program Coordinator will manage the grant activities which will require significant interaction with federal, state, and community agencies. The Public Health Analyst II will manipulate, analyze, report, and evaluate the program data. Without these two positions, the work of the grant could not be accomplished.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Barbara Cimaglio 6-9-06

 Signature of Agency or Department Head Date

 Approved/Denied by Department of Human Resources Date

 Approved/Denied by Finance and Management Date

 Approved/Denied by Secretary of Administration Date

Comments: