



House of Representatives

General Assembly

File No. 305

February Session, 2012

Substitute House Bill No. 5063

House of Representatives, April 10, 2012

The Committee on Public Health reported through REP. RITTER, E. of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING TREATMENT FOR A DRUG OVERDOSE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-714a of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective October 1, 2012*):

3 A licensed health care professional who is permitted by law to
4 prescribe an opioid antagonist may, if acting with reasonable care,
5 prescribe, dispense or administer an opioid antagonist [to a drug user
6 in need of such intervention] to treat or prevent a drug overdose
7 without being liable for damages [to such person] in a civil action or
8 subject to criminal prosecution for prescribing, dispensing or
9 administering such opioid antagonist or for any subsequent use of
10 such opioid antagonist. For purposes of this section, "opioid
11 antagonist" means naloxone hydrochloride or any other similarly
12 acting and equally safe drug approved by the federal Food and Drug
13 Administration for the treatment of drug overdose.

14 Sec. 2. (*Effective October 1, 2012*) Not later than January 15, 2013, the

15 Commissioner of Mental Health and Addiction Services shall report, in
16 accordance with the provisions of section 11-4a of the general statutes,
17 to the joint standing committee of the General Assembly having
18 cognizance of matters relating to public health concerning the number
19 of opioid antagonist prescriptions issued under programs
20 administered by the Department of Mental Health and Addiction
21 Services to persons other than drug users for self-administration of the
22 opioid antagonist, in accordance with section 17a-714a of the general
23 statutes, as amended by this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2012</i>	17a-714a
Sec. 2	<i>October 1, 2012</i>	New section

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill will not result in a fiscal impact to the Department of Mental Health and Addiction Services (DMHAS) because the agency currently has staff members with the expertise necessary to produce the report.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5063*****AN ACT CONCERNING TREATMENT FOR A DRUG OVERDOSE.*****SUMMARY:**

This bill allows licensed health care practitioners who can prescribe an opioid antagonist to prescribe, dispense, or administer it to anyone to treat or prevent a drug overdose without being civilly or criminally liable to anyone for such action or for the opioid antagonist's subsequent use. Current law allows practitioners to do this only for a drug user in need of intervention without civil or criminal liability to that individual. It does not address liability for subsequent use. The bill would enable these practitioners to prescribe opioid antagonists to family members or other individuals to assist a person experiencing a drug overdose.

The bill requires the Department of Mental Health and Addictions Services (DMHAS) commissioner to report, by January 15, 2013, to the Public Health committee on the number of opioid antagonist prescriptions issued under DMHAS programs to those other than drug users for self-administration.

The law defines an opioid antagonist as naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for treating a drug overdose. By law, physicians and surgeons, physician assistants, dentists, advanced practice registered nurses, and podiatrists may prescribe them.

EFFECTIVE DATE: October 1, 2012

BACKGROUND***Opioid Antagonist***

Opioid antagonists “sit” on the brain’s opioid receptor sites, displacing any opioids (such as heroin), reducing cravings for opiates, and blocking their euphoric and other effects. Some opioid antagonists, like naloxone, when given after a drug overdose rapidly reverse the symptoms of overdose. Opioid antagonists are not addictive and do not cause a “high” or pose any serious health effects when taken by a person not suffering from a drug overdose.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 22 Nay 2 (03/23/2012)