



General Assembly

January Session, 2015

Governor's Bill No. 6856

LCO No. 3929



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Referred to Committee on PUBLIC HEALTH

Introduced by:

REP. SHARKEY, 88th Dist.

REP. ARESIMOWICZ, 30th Dist.

SEN. LOONEY, 11th Dist.

SEN. DUFF, 25th Dist.

**AN ACT CONCERNING SUBSTANCE ABUSE AND OPIOID
OVERDOSE PREVENTION.**

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

1 Section 1. Subsection (b) of section 20-10b of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2015*):

4 (b) Except as otherwise provided in subsections (d), (e) and (f) of
5 this section, a licensee applying for license renewal shall earn a
6 minimum of fifty contact hours of continuing medical education
7 within the preceding twenty-four-month period. Such continuing
8 medical education shall (1) be in an area of the physician's practice; (2)
9 reflect the professional needs of the licensee in order to meet the health
10 care needs of the public; and (3) during the first renewal period in
11 which continuing medical education is required and not less than once

12 every six years thereafter, include at least one contact hour of training
13 or education in each of the following topics: (A) Infectious diseases,
14 including, but not limited to, acquired immune deficiency syndrome
15 and human immunodeficiency virus, (B) risk management, including,
16 but not limited to, for registration periods beginning on or after
17 October 1, 2015, prescribing controlled substances and pain
18 management, (C) sexual assault, (D) domestic violence, (E) cultural
19 competency, and (F) behavioral health. For purposes of this section,
20 qualifying continuing medical education activities include, but are not
21 limited to, courses offered or approved by the American Medical
22 Association, American Osteopathic Medical Association, Connecticut
23 Hospital Association, Connecticut State Medical Society, county
24 medical societies or equivalent organizations in another jurisdiction,
25 educational offerings sponsored by a hospital or other health care
26 institution or courses offered by a regionally accredited academic
27 institution or a state or local health department. The commissioner, or
28 the commissioner's designee, may grant a waiver for not more than ten
29 contact hours of continuing medical education for a physician who: (i)
30 Engages in activities related to the physician's service as a member of
31 the Connecticut Medical Examining Board, established pursuant to
32 section 20-8a; (ii) engages in activities related to the physician's service
33 as a member of a medical hearing panel, pursuant to section 20-8a; or
34 (iii) assists the department with its duties to boards and commissions
35 as described in section 19a-14.

36 Sec. 2. Subsection (b) of section 20-94d of the general statutes is
37 repealed and the following is substituted in lieu thereof (*Effective*
38 *October 1, 2015*):

39 (b) Except as provided in this section, for registration periods
40 beginning on and after October 1, 2014, a licensee applying for license
41 renewal shall earn a minimum of fifty contact hours of continuing
42 education within the preceding twenty-four-month period. Such
43 continuing education shall: (1) Be in an area of the advanced practice
44 registered nurse's practice; (2) reflect the professional needs of the

45 licensee in order to meet the health care needs of the public; (3) include
46 at least five contact hours of training or education in
47 pharmacotherapeutics; and (4) include at least one contact hour of
48 training or education in each of the following topics: (A) Infectious
49 diseases, including, but not limited to, acquired immune deficiency
50 syndrome and human immunodeficiency virus, (B) risk management,
51 including, but not limited to, prescribing controlled substances and
52 pain management, (C) sexual assault, (D) domestic violence, (E)
53 cultural competency, and (F) substance abuse. For purposes of this
54 section, qualifying continuing education activities include, but are not
55 limited to, courses, including on-line courses, offered or approved by
56 the American Nurses Association, Connecticut Hospital Association,
57 Connecticut Nurses Association, Connecticut League for Nursing, a
58 specialty nursing society or an equivalent organization in another
59 jurisdiction, an educational offering sponsored by a hospital or other
60 health care institution or a course offered by a regionally accredited
61 academic institution or a state or local health department. The
62 commissioner may grant a waiver of not more than ten contact hours
63 of continuing education for an advanced practice registered nurse
64 who: (i) Engages in activities related to the advanced practice
65 registered nurse's service as a member of the Connecticut State Board
66 of Examiners for Nursing, established pursuant to section 20-88; or (ii)
67 assists the department with its duties to boards and commissions as
68 described in section 19a-14.

69 Sec. 3. Subsection (b) of section 20-126c of the general statutes is
70 repealed and the following is substituted in lieu thereof (*Effective*
71 *October 1, 2015*):

72 (b) Except as otherwise provided in this section, a licensee applying
73 for license renewal shall earn a minimum of twenty-five contact hours
74 of continuing education within the preceding twenty-four-month
75 period. Such continuing education shall (1) be in an area of the
76 licensee's practice; (2) reflect the professional needs of the licensee in
77 order to meet the health care needs of the public; and (3) include not

78 less than one contact hour of training or education in (A) any [five]
79 four of the ten mandatory topics for continuing education activities
80 prescribed by the commissioner pursuant to this subdivision, and (B)
81 prescribing controlled substances and pain management. For
82 registration periods beginning on and after October 1, 2011, the
83 Commissioner of Public Health, in consultation with the Dental
84 Commission, shall on or before October 1, 2010, and biennially
85 thereafter, issue a list that includes ten mandatory topics for
86 continuing education activities that will be required for the following
87 two-year registration period. Qualifying continuing education
88 activities include, but are not limited to, courses, including on-line
89 courses, offered or approved by the American Dental Association or
90 state, district or local dental associations and societies affiliated with
91 the American Dental Association; national, state, district or local dental
92 specialty organizations or the American Academy of General
93 Dentistry; a hospital or other health care institution; dental schools and
94 other schools of higher education accredited or recognized by the
95 Council on Dental Accreditation or a regional accrediting organization;
96 agencies or businesses whose programs are accredited or recognized
97 by the Council on Dental Accreditation; local, state or national medical
98 associations; a state or local health department; or the Accreditation
99 Council for Graduate Medical Education. Eight hours of volunteer
100 dental practice at a public health facility, as defined in section 20-126l,
101 may be substituted for one contact hour of continuing education, up to
102 a maximum of ten contact hours in one twenty-four-month period.

103 Sec. 4. Subdivision (6) of subsection (c) of section 19a-88 of the
104 general statutes is repealed and the following is substituted in lieu
105 thereof (*Effective October 1, 2015*):

106 (6) Each person holding a license as a physician assistant shall,
107 annually, during the month of such person's birth, register with the
108 Department of Public Health, upon payment of a fee of one hundred
109 fifty dollars, on blanks to be furnished by the department for such
110 purpose, giving such person's name in full, such person's residence

111 and business address and such other information as the department
112 requests. No such license shall be renewed unless the department is
113 satisfied that the practitioner (A) has met the mandatory continuing
114 medical education requirements of the National Commission on
115 Certification of Physician Assistants or a successor organization for the
116 certification or recertification of physician assistants that may be
117 approved by the department, [and] (B) has passed any examination or
118 continued competency assessment the passage of which may be
119 required by said commission for maintenance of current certification
120 by said commission, and (C) has completed not less than one contact
121 hour of training or education in prescribing controlled substances and
122 pain management in the preceding two-year period.

123 Sec. 5. Subsection (j) of section 21a-254 of the general statutes is
124 repealed and the following is substituted in lieu thereof (*Effective*
125 *October 1, 2015*):

126 (j) (1) The commissioner shall, within available appropriations,
127 establish an electronic prescription drug monitoring program to
128 collect, by electronic means, prescription information for schedules II,
129 III, IV and V controlled substances [, as defined in subdivision (9) of
130 section 21a-240,] that are dispensed by pharmacies, nonresident
131 pharmacies, as defined in section 20-627, outpatient pharmacies in
132 hospitals or institutions or by any other dispenser. [, as defined in
133 section 21a-240.] The program shall be designed to provide
134 information regarding the prescription of controlled substances in
135 order to prevent the improper or illegal use of the controlled
136 substances and shall not infringe on the legitimate prescribing of a
137 controlled substance by a prescribing practitioner acting in good faith
138 and in the course of professional practice.

139 (2) The commissioner may identify other products or substances to
140 be included in the electronic prescription drug monitoring program
141 established pursuant to subdivision (1) of this subsection.

142 (3) [Each] Prior to July 1, 2016, each pharmacy, nonresident
143 pharmacy, as defined in section 20-627, outpatient pharmacy in a
144 hospital or institution and dispenser [, as defined in section 21a-240,]
145 shall report to the commissioner, at least weekly, by electronic means
146 or, if a pharmacy or outpatient pharmacy does not maintain records
147 electronically, in a format approved by the commissioner, the
148 following information for all controlled substance prescriptions
149 dispensed by such pharmacy or outpatient pharmacy: (A) Dispenser
150 identification number; (B) the date the prescription for the controlled
151 substance was filled; (C) the prescription number; (D) whether the
152 prescription for the controlled substance is new or a refill; (E) the
153 national drug code number for the drug dispensed; (F) the amount of
154 the controlled substance dispensed and the number of days' supply of
155 the controlled substance; (G) a patient identification number; (H) the
156 patient's first name, last name and street address, including postal
157 code; (I) the date of birth of the patient; (J) the date the prescription for
158 the controlled substance was issued by the prescribing practitioner and
159 the prescribing practitioner's Drug Enforcement Agency's
160 identification number; and (K) the type of payment.

161 (4) On and after July 1, 2016, each pharmacy, nonresident pharmacy,
162 as defined in section 20-627, outpatient pharmacy in a hospital or
163 institution, and dispenser shall report to the commissioner by
164 electronic means, in a format approved by the commissioner, the
165 following information for all controlled substance prescriptions
166 dispensed by such pharmacy or outpatient pharmacy immediately
167 upon dispensing such prescriptions: (A) Dispenser identification
168 number; (B) the date the prescription for the controlled substance was
169 filled; (C) the prescription number; (D) whether the prescription for the
170 controlled substance is new or a refill; (E) the national drug code
171 number for the drug dispensed; (F) the amount of the controlled
172 substance dispensed and the number of days' supply of the controlled
173 substance; (G) a patient identification number; (H) the patient's first
174 name, last name and street address, including postal code; (I) the date

175 of birth of the patient; (J) the date the prescription for the controlled
176 substance was issued by the prescribing practitioner and the
177 prescribing practitioner's Drug Enforcement Agency's identification
178 number; and (K) the type of payment.

179 [(4)] (5) The commissioner may contract with a vendor for purposes
180 of electronically collecting such controlled substance prescription
181 information. The commissioner and any such vendor shall maintain
182 the information in accordance with the provisions of chapter 400j.

183 [(5)] (6) The commissioner and any such vendor shall not disclose
184 controlled substance prescription information reported pursuant to
185 [subdivision (3)] subdivisions (3) and (4) of this subsection, except as
186 authorized pursuant to the provisions of sections 21a-240 to 21a-283,
187 inclusive. Any person who knowingly violates any provision of this
188 subdivision or subdivision [(4)] (5) of this subsection shall be guilty of
189 a class D felony.

190 [(6)] (7) The commissioner shall provide, upon request, controlled
191 substance prescription information obtained in accordance with
192 [subdivision (3)] subdivisions (3) and (4) of this subsection to the
193 following: (A) The prescribing practitioner, or such practitioner's
194 authorized agent who is also a licensed health care professional, who is
195 treating or has treated a specific patient, provided the information is
196 obtained for purposes related to the treatment of the patient, including
197 the monitoring of controlled substances obtained by the patient; (B) the
198 prescribing practitioner with whom a patient has made contact for the
199 purpose of seeking medical treatment, provided the request is
200 accompanied by a written consent, signed by the prospective patient,
201 for the release of controlled substance prescription information; or (C)
202 the pharmacist who is dispensing controlled substances for a patient,
203 provided the information is obtained for purposes related to the scope
204 of the pharmacist's practice and management of the patient's drug
205 therapy, including the monitoring of controlled substances obtained by
206 the patient. The prescribing practitioner, such practitioner's authorized

207 agent, or the pharmacist shall submit a written and signed request to
208 the commissioner for controlled substance prescription information.
209 Such prescribing practitioner or pharmacist shall not disclose any such
210 request except as authorized pursuant to sections 20-570 to 20-630,
211 inclusive, or sections 21a-240 to 21a-283, inclusive.

212 [(7)] (8) No person or employer shall prohibit, discourage or impede
213 a prescribing practitioner or pharmacist from requesting controlled
214 substance prescription information pursuant to this subsection.

215 (9) Prior to prescribing greater than a seventy-two-hour supply of
216 any controlled substance to any patient, the prescribing practitioner or
217 such practitioner's authorized agent who is also a licensed health care
218 professional shall review the patient's records in the electronic
219 prescription drug monitoring program established pursuant to this
220 subsection. Whenever a prescribing practitioner prescribes controlled
221 substances for the continuous or prolonged treatment of any patient,
222 such prescriber, or such prescriber's authorized agent who is also a
223 licensed health care professional, shall review, not less than once every
224 ninety days, the patient's records in such prescription drug monitoring
225 program.

226 [(8)] (10) The commissioner shall adopt regulations, in accordance
227 with chapter 54, concerning the reporting, evaluation, management
228 and storage of electronic controlled substance prescription
229 information.

230 [(9)] (11) The provisions of this section shall not apply to (A)
231 samples of controlled substances dispensed by a physician to a patient,
232 or (B) any controlled substances dispensed to hospital inpatients.

233 [(10)] (12) The provisions of this section shall not apply to any
234 institutional pharmacy or pharmacist's drug room operated by a
235 facility, licensed under section 19a-495 and regulations adopted
236 pursuant to said section 19a-495, that dispenses or administers directly
237 to a patient opioid antagonists for treatment of a substance use

238 disorder.

239 Sec. 6. (NEW) (*Effective from passage*) (a) A person who is licensed as
240 a pharmacist under part II of chapter 400j of the general statutes and is
241 certified in accordance with subsection (b) of this section may
242 prescribe, in good faith, an opioid antagonist, as defined in section 17a-
243 714a of the general statutes, as amended by this act. Such pharmacist
244 shall (1) provide appropriate training regarding the administration of
245 such opioid antagonist to the person to whom the opioid antagonist is
246 dispensed, and (2) maintain a record of such dispensing and the
247 training required pursuant to chapter 400j of the general statutes.

248 (b) A pharmacist may only prescribe an opioid antagonist pursuant
249 to this section if the pharmacist has been trained and certified by a
250 program approved by the Commissioner of Consumer Protection.

251 (c) A pharmacist who prescribes an opioid antagonist in compliance
252 with this section shall not be deemed to have violated any standard of
253 care for a pharmacist.

254 (d) The provisions of this section shall apply only to a pharmacist
255 certified in accordance with subsection (b) of this section. No
256 pharmacist may delegate or direct any other person to prescribe an
257 opioid antagonist or train any person in the administration of such
258 opioid antagonist pursuant to the provisions of subsection (a) of this
259 section.

260 (e) The Commissioner of Consumer Protection may adopt
261 regulations, in accordance with chapter 54 of the general statutes, to
262 implement the provisions of this section.

263 Sec. 7. Subdivision (1) of section 38a-175 of the general statutes is
264 repealed and the following is substituted in lieu thereof (*Effective from*
265 *passage*):

266 (1) "Healing arts" means the professions and occupations licensed

267 under the provisions of chapters 370, 372, 373, 375, 378, 379, 380, 381,
268 [and] 383 and 400].

269 Sec. 8. Section 17a-714a of the general statutes is repealed and the
270 following is substituted in lieu thereof (*Effective from passage*):

271 (a) For purposes of this section, "opioid antagonist" means naloxone
272 hydrochloride or any other similarly acting and equally safe drug
273 approved by the federal Food and Drug Administration for the
274 treatment of drug overdose.

275 (b) A licensed health care professional who is permitted by law to
276 prescribe an opioid antagonist may [, if acting with reasonable care,]
277 prescribe, dispense or administer an opioid antagonist to any
278 individual to treat or prevent a drug overdose without being liable for
279 damages in a civil action or subject to criminal prosecution for
280 prescribing, dispensing or administering such opioid antagonist or for
281 any subsequent use of such opioid antagonist. A licensed health care
282 professional who prescribes, dispenses or administers an opioid
283 antagonist in accordance with the provisions of this subsection shall
284 not be deemed to have violated the standard of care for such licensed
285 health care professional.

286 (c) Any person, who in good faith believes that another person is
287 experiencing an opioid-related drug overdose may, if acting with
288 reasonable care, administer an opioid antagonist to such other person.
289 Any person, other than a licensed health care professional acting in the
290 ordinary course of such person's employment, who administers an
291 opioid antagonist in accordance with this subsection shall not be liable
292 for damages in a civil action or subject to criminal prosecution with
293 respect to the administration of such opioid antagonist.

294 Sec. 9. Section 17a-667 of the general statutes is repealed and the
295 following is substituted in lieu thereof (*Effective from passage*):

296 (a) There is established a Connecticut Alcohol and Drug Policy

297 Council which shall be within the [Office of Policy and Management
298 for administrative purposes only] Department of Mental Health and
299 Addiction Services.

300 (b) The council shall consist of the following members: (1) The
301 Secretary of the Office of Policy and Management, or the secretary's
302 designee; (2) the Commissioners of Children and Families, Consumer
303 Protection, Correction, Education, [Higher Education,] Mental Health
304 and Addiction Services, [Motor Vehicles,] Public Health, Emergency
305 Services and Public Protection [,] and Social Services, [and
306 Transportation] Commissioner on Aging, and the Insurance
307 Commissioner, or their designees; (3) the Chief Court Administrator,
308 or the Chief Court Administrator's designee; (4) the chairperson of the
309 Board of [Pardons and Paroles] Regents for Higher Education, or the
310 chairperson's designee; (5) the president of The University of
311 Connecticut, or the president's designee; (6) the Chief State's Attorney,
312 or the Chief State's Attorney's designee; [(6)] (7) the Chief Public
313 Defender, or the Chief Public Defender's designee; and [(7)] (8) the
314 cochairpersons and ranking members of the joint standing committees
315 of the General Assembly having cognizance of matters relating to
316 public health, criminal justice and appropriations, or their designees.
317 The Commissioner of Mental Health and Addiction Services and the
318 Commissioner of Children and Families shall be cochairpersons of the
319 council and may jointly appoint up to six individuals to the council as
320 follows: (A) Two individuals in recovery from a substance use disorder
321 or representing an advocacy group for individuals with a substance
322 use disorder; (B) a provider of community-based substance abuse
323 services for adults; (C) a provider of community-based substance
324 abuse services for adolescents; (D) an addiction medicine physician;
325 and (E) a family member of an individual in recovery from a substance
326 use disorder. [The Office of Policy and Management shall, within
327 available appropriations, provide staff for the council.]

328 (c) The council shall review policies and practices of state agencies
329 and the Judicial Department concerning substance abuse treatment

330 programs, substance abuse prevention services, the referral of persons
 331 to such programs and services, and criminal justice sanctions and
 332 programs and shall develop and coordinate a state-wide, interagency,
 333 integrated plan for such programs and services and criminal sanctions.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2015</i>	20-10b(b)
Sec. 2	<i>October 1, 2015</i>	20-94d(b)
Sec. 3	<i>October 1, 2015</i>	20-126c(b)
Sec. 4	<i>October 1, 2015</i>	19a-88(c)(6)
Sec. 5	<i>October 1, 2015</i>	21a-254(j)
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>from passage</i>	38a-175(1)
Sec. 8	<i>from passage</i>	17a-714a
Sec. 9	<i>from passage</i>	17a-667

Statement of Purpose:

To implement the Governor's budget recommendations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]