



# House of Representatives

General Assembly

**File No. 7**

February Session, 2016

Substitute House Bill No. 5053

*House of Representatives, March 8, 2016*

The Committee on Public Health reported through REP. RITTER of the 1st Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## ***AN ACT INCREASING ACCESS TO OVERDOSE REVERSAL DRUGS.***

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

1 Section 1. Section 17a-714a of the 2016 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective from passage*):

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

8 (b) A licensed health care professional who is permitted by law to  
9 prescribe an opioid antagonist may prescribe [ ] or dispense [or  
10 administer] an opioid antagonist to any individual to treat or prevent a  
11 drug overdose without being liable for damages in a civil action or  
12 subject to criminal prosecution for prescribing [ ] or dispensing [or  
13 administering] such opioid antagonist or for any subsequent use of  
14 such opioid antagonist. A licensed health care professional who

15 prescribes [ ] or dispenses [or administers] an opioid antagonist in  
16 accordance with the provisions of this subsection shall be deemed not  
17 to have violated the standard of care for such licensed health care  
18 professional.

19 (c) A licensed health care professional may administer an opioid  
20 antagonist to any person to treat or prevent an opioid-related drug  
21 overdose. Such licensed health care professional who administers an  
22 opioid antagonist in accordance with the provisions of this subsection  
23 shall not be liable for damages in a civil action or subject to criminal  
24 prosecution for administration of such opioid antagonist and shall not  
25 be deemed to have violated the standard of care for such licensed  
26 health care professional.

27 ~~[(c)]~~ (d) Any person, who in good faith believes that another person  
28 is experiencing an opioid-related drug overdose may, if acting with  
29 reasonable care, administer an opioid antagonist to such other person.  
30 Any person, other than a licensed health care professional acting in the  
31 ordinary course of such person's employment, who administers an  
32 opioid antagonist in accordance with this subsection shall not be liable  
33 for damages in a civil action or subject to criminal prosecution with  
34 respect to the administration of such opioid antagonist.

35 (e) Not later than January 1, 2017, each municipality shall amend its  
36 local emergency medical services plan, as described in section 19a-  
37 181b, to ensure that the municipality's primary emergency medical  
38 services provider is equipped with an opioid antagonist and its  
39 personnel has received training, approved by the Commissioner of  
40 Public Health, in the administration of opioid antagonists.

41 Sec. 2. (NEW) (Effective January 1, 2017) No individual health  
42 insurance policy providing coverage of the type specified in  
43 subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 of the  
44 general statutes delivered, issued for delivery, renewed, amended or  
45 continued in this state that provides coverage for prescription drugs  
46 and includes on its formulary naloxone hydrochloride or any other  
47 similarly acting and equally safe drug approved by the federal Food

48 and Drug Administration for the treatment of drug overdose shall  
49 require prior authorization for such drug.

50 Sec. 3. (NEW) (*Effective January 1, 2017*) No group health insurance  
51 policy providing coverage of the type specified in subdivisions (1), (2),  
52 (4), (11), (12) and (16) of section 38a-469 of the general statutes  
53 delivered, issued for delivery, renewed, amended or continued in this  
54 state that provides coverage for prescription drugs and includes on its  
55 formulary naloxone hydrochloride or any other similarly acting and  
56 equally safe drug approved by the federal Food and Drug  
57 Administration for the treatment of drug overdose shall require prior  
58 authorization for such drug.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17a-714a
Sec. 2	<i>January 1, 2017</i>	New section
Sec. 3	<i>January 1, 2017</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:**

<b>Municipalities</b>	<b>Effect</b>	<b>FY 17 \$</b>	<b>FY 18 \$</b>
Various Municipalities	Cost	Potential	Potential

**Explanation**

There is a potential cost, estimated to be less than \$10,000 per municipality, associated with: (1) purchasing opioid antagonists, and (2) training emergency service providers to administer opioid antagonists.

This cost will vary based on the type of antagonist and the amount purchased by a municipality. Municipalities that currently purchase and administer opioid antagonists will not incur any cost as a result of the bill.

The bill will not result in a cost to the state employee and retiree health plan, municipal health plans, or the state in accordance with the Affordable Care Act (ACA).<sup>1</sup> The state plan and fully insured municipal plans currently provide coverage in accordance with the bill.<sup>2</sup>

**The Out Years**

The cost in the out years will vary based on changes in the cost of

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<sup>1</sup> The state employee and retiree health plan is a self-insured health plan. Pursuant to federal law, self-insured health plans are exempt from state health mandates. However, the state has traditionally adopted all state health mandates.

<sup>2</sup> Source: Office of State Comptroller and State Dept. of Insurance

opioid antagonists, and the cost of training emergency service providers.

**OLR Bill Analysis**

**sHB 5053**

***AN ACT INCREASING ACCESS TO OVERDOSE REVERSAL DRUGS.***

**SUMMARY:**

This bill allows any licensed health care professional to administer an opioid antagonist (such as Narcan) to treat or prevent a drug overdose without being (1) civilly or criminally liable for such action or (2) deemed as violating his or her professional standard of care. Current law limits such immunity to health care professionals authorized to prescribe an opioid antagonist (see BACKGROUND).

The bill also requires municipalities, by January 1, 2017, to amend their local emergency services plans to ensure that (1) their primary emergency medical services provider is equipped with an opioid antagonist and (2) the provider's personnel received Department of Public Health-approved training in administering opioid antagonists.

Finally, the bill prohibits health insurance policies that provide prescription drug coverage for opioid antagonists from requiring prior authorization for these drugs. It applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; (4) hospital or medical services, including coverage under an HMO plan; or (5) single service ancillary health coverage.

Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

EFFECTIVE DATE: January 1, 2017, except the provision granting

health care professionals civil and criminal immunity for administering opioid antagonists takes effect upon passage.

## **BACKGROUND**

### ***Opioid Antagonist Definition***

By law, an “opioid antagonist” is naloxone hydrochloride (Narcan) or any other similarly acting and equally safe drug that the U.S. Food and Drug Administration has approved for treating a drug overdose (CGS § 17a-714a).

### ***Opioid Antagonist Good Samaritan Law***

Existing law allows licensed health care practitioners authorized to prescribe an opioid antagonist to prescribe, dispense, or administer it to treat or prevent a drug overdose without being civilly or criminally liable for the action or for its subsequent use.

The law also allows anyone, if acting with reasonable care, to administer an opioid antagonist to a person he or she believes, in good faith, is experiencing an opioid-related drug overdose. It generally gives civil and criminal immunity to such a person regarding the administration of the opioid antagonist (CGS § 17a-714a).

## **COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 22 Nay 0 (02/24/2016)