



General Assembly

February Session, 2016

***Raised Bill No. 353***

LCO No. 2493



Referred to Committee on PUBLIC HEALTH

Introduced by:  
(PH)

***AN ACT CONCERNING OPIOID ABUSE.***

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

1 Section 1. Section 17a-667 of the 2016 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective October 1, 2016*):

4 (a) There is established a Connecticut Alcohol and Drug Policy  
5 Council which shall be within the Department of Mental Health and  
6 Addiction Services.

7 (b) The council shall consist of the following members: (1) The  
8 Secretary of the Office of Policy and Management, or the secretary's  
9 designee; (2) the Commissioners of Children and Families, Consumer  
10 Protection, Correction, Education, Mental Health and Addiction  
11 Services, Public Health, Emergency Services and Public Protection and  
12 Social Services, Commissioner on Aging, and the Insurance  
13 Commissioner, or their designees; (3) the Chief Court Administrator,  
14 or the Chief Court Administrator's designee; (4) the chairperson of the  
15 Board of Regents for Higher Education, or the chairperson's designee;

16 (5) the president of The University of Connecticut, or the president's  
17 designee; (6) the Chief State's Attorney, or the Chief State's Attorney's  
18 designee; (7) the Chief Public Defender, or the Chief Public Defender's  
19 designee; and (8) the cochairpersons and ranking members of the joint  
20 standing committees of the General Assembly having cognizance of  
21 matters relating to public health, criminal justice and appropriations,  
22 or their designees. The Commissioner of Mental Health and Addiction  
23 Services and the Commissioner of Children and Families shall be  
24 cochairpersons of the council and may jointly appoint up to [seven]  
25 twelve individuals to the council as follows: (A) Two individuals in  
26 recovery from a substance use disorder or representing an advocacy  
27 group for individuals with a substance use disorder; (B) a provider of  
28 community-based substance abuse services for adults; (C) a provider  
29 of community-based substance abuse services for adolescents; (D) an  
30 addiction medicine physician; (E) a family member of an individual in  
31 recovery from a substance use disorder; [and] (F) an emergency  
32 medicine physician currently practicing in a Connecticut hospital; (G)  
33 a licensed alcohol and drug counselor; (H) two individuals receiving  
34 community-based substance abuse services; and (I) two municipal  
35 police chiefs.

36 (c) The council shall review policies and practices of state agencies  
37 and the Judicial Department concerning substance abuse treatment  
38 programs, substance abuse prevention services, the referral of persons  
39 to such programs and services, and criminal justice sanctions and  
40 programs and shall develop and coordinate a state-wide, interagency,  
41 integrated plan for such programs and services and criminal sanctions.  
42 In developing such plan, the council shall consult with local, national  
43 and international experts on substance abuse and hold public forums  
44 to receive comments from members of the public. Such plan shall  
45 include, but not be limited to: (1) A strategy for offering medication-  
46 assisted treatment at every location where opioid users are found in  
47 the health care system, criminal justice system, drug treatment  
48 programs and other places in the community; (2) overdose rescue

49 strategies that include the use of opioid antagonists as a standard of  
50 care; (3) prevention methods for safer drug prescribing and dispensing  
51 strategies, training and education of physicians, advanced practice  
52 registered nurses and physician assistants in pain management and  
53 opioid prescribing; (4) recovery supports such as peer recovery  
54 services; (5) an evaluation of, and recommendations for, long-term  
55 recovery treatment services and facilities in the state; (6) development  
56 of an Internet web site that allows for community input, such as  
57 surveys, and offers information about opioid use disorder and a listing  
58 of available recovery services offered in the state; and (7) development  
59 of a program to allow local police officers and emergency medical  
60 technicians to connect with persons seeking recovery from addiction in  
61 the community and to offer immediate help. Each component of the  
62 plan shall be evidence-based, data-driven, sustainable, and responsive  
63 to changes in the nature of drug addiction and drug overdoses. The  
64 goal of the plan shall be to reduce the number of opioid-induced  
65 deaths in the state by one-third in a three-year period.

66 Sec. 2. Subsection (h) of section 20-206bb of the 2016 supplement to  
67 the general statutes is repealed and the following is substituted in lieu  
68 thereof (*Effective October 1, 2016*):

69 (h) Notwithstanding the provisions of subsection (a) of this section,  
70 any person certified by an organization approved by the  
71 Commissioner of Public Health may practice auricular acupuncture for  
72 the treatment of alcohol and drug abuse, provided the treatment is  
73 performed under the supervision of a physician licensed under chapter  
74 370. [and is performed in either (1) a private freestanding facility  
75 licensed by the Department of Public Health for the care or treatment  
76 of substance abusive or dependent persons, or (2) a setting operated by  
77 the Department of Mental Health and Addiction Services.] The  
78 Commissioner of Public Health shall adopt regulations, in accordance  
79 with the provisions of chapter 54, to ensure the safe provision of  
80 auricular acupuncture [within private freestanding facilities licensed  
81 by the Department of Public Health for the care or treatment of

82 substance abusive or dependent persons] for the treatment of alcohol  
83 and drug abuse.

84 Sec. 3. (NEW) (*Effective October 1, 2016*) (a) For purposes of this  
85 section, "primary care provider" means a physician licensed under  
86 chapter 370 of the general statutes, an advanced practice registered  
87 nurse licensed under chapter 378 of the general statutes or a physician  
88 assistant licensed under chapter 370 of the general statutes.

89 (b) Any primary care provider may (1) refer a patient to a licensed  
90 alcohol and drug counselor licensed under chapter 376b of the general  
91 statutes for an assessment of opioid abuse or intervention for the  
92 prevention of opioid abuse, or (2) prescribe an opioid to a patient  
93 conditioned on the patient's agreement to accept a referral to a licensed  
94 alcohol and drug counselor.

95 Sec. 4. (NEW) (*Effective October 1, 2016*) Any licensed alcohol and  
96 drug counselor, licensed under chapter 376b of the general statutes,  
97 may: (1) Conduct a substance abuse disorder screening or psychosocial  
98 history evaluation of a patient to document the patient's use of drugs  
99 prescribed for pain, other prescribed drugs, illegal drugs and alcohol  
100 to determine the patient's risk for substance abuse; (2) develop a  
101 preliminary diagnosis for the patient based on such screening or  
102 evaluation; (3) determine the patient's risk for abuse of prescribed  
103 drugs and, if needed, develop a treatment plan and referral options for  
104 the patient; (4) take such action after providing services to a patient to  
105 ensure the patient has received the recommended services and  
106 treatment and that the patient's recovery support needs are being met;  
107 or (5) submit an opioid use consultation report to a patient's primary  
108 care provider, as defined in section 3 of this act, to be reviewed by the  
109 primary care provider and included in the patient's medical record.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2016</i>	17a-667

Sec. 2	October 1, 2016	20-206bb(h)
Sec. 3	October 1, 2016	New section
Sec. 4	October 1, 2016	New section

**Statement of Purpose:**

To add members to the Connecticut Alcohol and Drug Policy Council and specify requirements for the council's state-wide plan, allow for the provision of auricular acupuncture services outside of private, freestanding facilities and to allow primary care providers and licensed alcohol and drug counselors to provide certain services relating to patients' substance abuse.

*[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.]*