



Senate

General Assembly

File No. 477

February Session, 2016

Substitute Senate Bill No. 353

Senate, April 5, 2016

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING OPIOID USE DISORDER.

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2 statutes is repealed and the following is substituted in lieu thereof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 thirteen 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) a pharmacist; (I) two
34 municipal police chiefs; (J) an emergency medical technician, as
35 defined in section 19a-197a; and (K) the executive director of the
36 Health Assistance Intervention Education Network, or the executive
37 director's designee.

38 (c) The council shall review policies and practices of state agencies
39 and the Judicial Department concerning substance abuse treatment
40 programs, substance abuse prevention services, the referral of persons
41 to such programs and services, and criminal justice sanctions and
42 programs and shall develop and coordinate a state-wide, interagency,
43 integrated plan for such programs and services and criminal sanctions.
44 In developing such plan, the council may consult with local, national
45 and international experts on substance abuse and hold public forums
46 to receive comments from members of the public. Such plan may
47 include: (1) A strategy for providing information on, and referrals to,
48 medication-assisted treatment at every location where opioid users are
49 found in the health care system, criminal justice system, drug

50 treatment programs and other places in the community; (2) overdose
51 rescue strategies that include the use of opioid antagonists as a
52 standard of care; (3) methods for safer drug prescribing and
53 dispensing, including training and education of physicians, advanced
54 practice registered nurses, physician assistants and dentists concerning
55 opioid prescribing; (4) recovery supports such as peer recovery
56 services; (5) an evaluation of, and recommendations for, long-term
57 recovery treatment services and facilities in the state; (6) development
58 of an Internet web site that allows for community input, such as
59 surveys, and offers information about opioid use disorder and a listing
60 of available recovery treatment services offered in the state; and (7)
61 development of a program to allow local police officers and emergency
62 medical technicians to connect with persons in the community seeking
63 recovery from addiction and to offer immediate help. Each component
64 of the plan shall be evidence-based, data-driven, sustainable and
65 responsive to changes in the nature of drug addiction and drug
66 overdoses. The plan shall contain outcome-driven and measurable
67 goals, including, but not limited to, a reduction in the number of
68 opioid-induced deaths.

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

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

84 by the Department of Public Health for the care or treatment of
85 substance abusive or dependent persons] for the treatment of alcohol
86 and drug abuse.

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

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

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

In Section 1(c)(6), "recovery services" was changed to "recovery treatment services" for internal consistency; in Section 1(c)(7), "persons seeking recovery from addiction in the community" was changed to "persons in the community seeking recovery from addiction" for clarity; and in Section 4(1), "substance abuse disorder" was changed to "substance use disorder" for statutory consistency.

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, which makes various changes concerning issues related to opioid abuse prevention and treatment, has no fiscal impact to the state as it affects non-state entities.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis**sSB 353*****AN ACT CONCERNING OPIOID USE DISORDER.*****SUMMARY:**

This bill contains various provisions on opioid abuse prevention and treatment and related issues.

It (1) adds up to six members to the state's Alcohol and Drug Policy Council, (2) specifies components that may be included in the council's required plan for substance abuse treatment and prevention services, and (3) makes other changes affecting the plan's development.

It specifically allows a physician, advanced practice registered nurse (APRN), or physician assistant (PA) (collectively, "primary care providers") to refer a patient to a licensed alcohol or drug counselor (LADC) for an assessment of opioid abuse or an intervention to prevent such abuse. It allows such a primary care provider to prescribe opioids to a patient on the condition that the patient agree to accept a referral to an LADC.

The bill specifies several steps that an LADC may take in treating a client, such as developing a preliminary diagnosis based on a substance abuse screening.

The bill also allows certified individuals to practice auricular acupuncture to treat alcohol and drug abuse in any setting under a physician's supervision, not just Department of Public Health (DPH)-licensed freestanding substance abuse facilities or facilities operated by the Department of Mental Health and Addiction Services (DMHAS), as under current law. It makes a conforming change to the DPH commissioner's duty to adopt regulations on this practice.

EFFECTIVE DATE: October 1, 2016

§ 1 – ALCOHOL AND DRUG POLICY COUNCIL

Membership

By law, the council consists of more than 20 public officials or their designees. In addition, current law allows the council's co-chairpersons (the DMHAS and children and families commissioners) to jointly appoint up to seven members. The bill allows the co-chairs to appoint an additional six members (for a total of 13), including:

1. an LADC,
2. a pharmacist,
3. two municipal police chiefs,
4. an emergency medical technician, and
5. the executive director of the Health Assistance Intervention Education Network or her designee (HAVEN is the professional assistance program for DPH-regulated professionals).

Integrated Plan

By law, the council is charged with (1) reviewing state policies and practices on substance abuse treatment and prevention programs, referrals to such programs, and criminal sanctions and programs, and (2) developing and coordinating a statewide, interagency, integrated plan for these matters.

The bill provides that the plan may include:

1. a strategy for providing information on, and referrals to, medication-assisted treatment at every location where opioid users are found in the health care or criminal justice systems, drug treatment programs, and elsewhere in the community;
2. overdose rescue strategies that include the use of opioid antagonists as a standard of care;

3. methods for safer drug prescribing and dispensing, including training and education on opioid prescribing for physicians, APRNs, PAs, and dentists;
4. recovery supports, such as peer recovery services;
5. an evaluation of, and recommendations for, in-state long-term recovery treatment services and facilities;
6. developing a website that offers information about opioid use disorder, lists available in-state recovery treatment services, and allows for surveys or other community input; and
7. developing a program to allow local police officers and emergency medical technicians to connect with people in the community seeking recovery from addiction and to offer immediate help.

The bill also:

1. requires each plan component to be evidence-based, data-driven, sustainable, and responsive to changes in the nature of drug addiction and drug overdoses;
2. requires the plan to contain outcome-driven and measurable goals, including reducing the number of opioid-induced deaths; and
3. allows the council, in developing the plan, to consult with local, national, and international experts on substance abuse and to hold forums for public comment.

§ 4 – LICENSED ALCOHOL AND DRUG COUNSELORS

The bill allows an LADC to:

1. conduct a substance use disorder screening or psychosocial history evaluation to document a patient's use of pain medications, other prescribed drugs, illegal drugs, and alcohol,

- to determine the patient's risk for substance abuse;
2. develop a preliminary diagnosis based on this screening or evaluation;
 3. determine the patient's risk for prescription drug abuse and, if necessary, develop a treatment plan and referral options;
 4. take this action after providing services to a patient to ensure the patient has received the recommended services and treatment and necessary recovery support; and
 5. submit an opioid use consultation report to a patient's primary care provider to be reviewed by that provider and included in the patient's medical record.

BACKGROUND

Related Bills

Several other bills reported out of committee contain provisions on opioid abuse and related topics.

sSB 129, as reported out of the Insurance and Real Estate Committee, requires the insurance commissioner to study and report on abuse-deterrent and nonabuse-deterrent opioid analgesics.

sSB 352, reported favorably by the Public Health Committee, (1) allows opioid prescribers to issue standing orders allowing pharmacists to dispense opioid antagonists administered nasally or by auto-injection, without a patient-specific prescription, and (2) limits the circumstances in which authorized practitioners may prescribe more than a seven-day supply of opioids.

sHB 5053 (File No. 7), also reported favorably by the Public Health Committee, contains various provisions on access to opioid antagonists, such as expanding to any licensed health care professionals existing law's immunity for prescribers when administering the drug.

HB 5301 (File No. 143), reported favorably by the Committee on Children, subject to certain exceptions, sets requirements for practitioners when prescribing opioids to minors, including obtaining specific written consent from the parent or guardian.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 28 Nay 0 (03/21/2016)