



General Assembly

January Session, 2017

Amendment

LCO No. 8113



Offered by:

REP. STEINBERG, 136 th Dist.	REP. BUCKBEE, 67 th Dist.
REP. RITTER M., 1 st Dist.	REP. DE LA CRUZ, 41 st Dist.
SEN. SOMERS, 18 th Dist.	REP. JOHNSON, 49 th Dist.
SEN. GERRATANA, 6 th Dist.	REP. MCGEE, 5 th Dist.
REP. KLARIDES, 114 th Dist.	REP. ORANGE, 48 th Dist.
REP. SRINIVASAN, 31 st Dist.	REP. CARPINO, 32 nd Dist.
REP. CANDELORA, 86 th Dist.	REP. ROSARIO, 128 th Dist.
SEN. KENNEDY, 12 th Dist.	REP. LEMAR, 96 th Dist.
SEN. LOGAN, 17 th Dist.	REP. SIMMONS, 144 th Dist.
REP. BARAM, 15 th Dist.	REP. GRESKO, 121 st Dist.
REP. SCANLON, 98 th Dist.	REP. RILEY, 46 th Dist.
REP. STANESKI, 119 th Dist.	REP. LOPES, 24 th Dist.
REP. PETIT, 22 nd Dist.	REP. ABERCROMBIE, 83 rd Dist.
SEN. HWANG, 28 th Dist.	REP. MCCARTHY VAHEY, 133 rd Dist.
REP. SMITH, 108 th Dist.	REP. RYAN, 139 th Dist.
REP. ARCONTI, 109 th Dist.	REP. HADDAD, 54 th Dist.
REP. D'AGOSTINO, 91 st Dist.	REP. CURREY, 11 th Dist.
REP. RUTIGLIANO, 123 rd Dist.	REP. MACLACHLAN, 35 th Dist.
REP. ZIOBRON, 34 th Dist.	REP. DAUPHINAIS, 44 th Dist.
REP. O'DEA, 125 th Dist.	REP. PAVALOCK-D'AMATO, 77 th Dist.
REP. HOYDICK, 120 th Dist.	REP. POLLETTA, 68 th Dist.
REP. BOCCHINO, 150 th Dist.	REP. CARNEY, 23 rd Dist.
REP. CUMMINGS, 74 th Dist.	SEN. WITKOS, 8 th Dist.
REP. SIEGRIST, 36 th Dist.	SEN. LEONE, 27 th Dist.

To: Subst. House Bill No. 7052

File No. 186

Cal. No. 155

"AN ACT PREVENTING PRESCRIPTION OPIOID DIVERSION AND ABUSE."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Subsection (j) of section 21a-254 of the general statutes is
4 amended by adding subdivision (11) as follows (*Effective from passage*):

5 (NEW) (11) The commissioner may provide controlled substance
6 prescription information obtained in accordance with subdivisions (3)
7 and (4) of this subsection to other state agencies, pursuant to an
8 agreement between the commissioner and the head of such agency,
9 provided the information is obtained for a study of disease prevention
10 and control related to opioid abuse or the study of morbidity and
11 mortality caused by overdoses of controlled substances. The provision
12 of such information shall be in accordance with all applicable state and
13 federal confidentiality requirements.

14 Sec. 2. Section 21a-262 of the general statutes is repealed and the
15 following is substituted in lieu thereof (*Effective from passage*):

16 (a) The Commissioner of Consumer Protection may receive, take
17 into custody or destroy excess or undesired controlled substances and
18 may in his or her discretion deliver, upon application, to any hospital,
19 laboratory, incorporated college, scientific institution or any state or
20 municipal agency or institution not operated for private gain, any
21 controlled substances that have come into his or her custody by
22 authority of this section. In the case of a care-giving or correctional or
23 juvenile training institution having an institutional pharmacy, the
24 Commissioner of Consumer Protection shall deliver such controlled
25 substances only to the licensed pharmacist in charge of such
26 pharmacy. The Commissioner of Consumer Protection may receive
27 and take into custody excess or undesired controlled substances from
28 pharmacists, manufacturers and wholesalers or any other registrant.

29 Said commissioner shall keep a full and complete record of all
30 substances received and of all substances disposed of, showing the
31 exact kinds, quantities and forms of such substances, the persons from
32 whom received and to whom delivered, by whose authority received,
33 delivered and destroyed, and the dates of the receipt, disposal or
34 destruction. Controlled substances and preparations shall at all times
35 be properly safeguarded and securely kept. Minimum security and
36 safeguard standards for the storage, manufacture, sale or distribution
37 of all controlled substances shall be established by regulations adopted
38 hereunder. Controlled substances seized or held as contraband or
39 controlled substances, the title to which cannot be resolved, which
40 controlled substances are not held by law enforcement agencies or
41 court officials as evidence in criminal proceedings, shall be, upon the
42 order of the court, destroyed by the seizing authority or delivered to
43 the Commissioner of Consumer Protection as soon as possible upon
44 resolution of the case or upon ascertaining the status of the unclaimed
45 substance. The agent of the Commissioner of Consumer Protection
46 shall issue a receipt for all such substance obtained. Any loss,
47 destruction or theft of controlled substances shall be reported by a
48 registrant within seventy-two hours to the Commissioner of Consumer
49 Protection as follows: (1) Where, through breakage of the container or
50 other accident, otherwise than in transit, controlled substances are lost
51 or destroyed, the person having title thereto shall make a signed
52 statement as to the kinds and quantities of controlled substances lost or
53 destroyed and the circumstances involved, and immediately forward
54 the statement to the Commissioner of Consumer Protection. A copy of
55 such statement shall be retained by the registrant; (2) where controlled
56 substances are lost by theft, or otherwise lost or destroyed in transit,
57 the consignee shall, immediately upon ascertainment of the
58 occurrence, file with the Commissioner of Consumer Protection a
59 signed statement of the facts, including a list of the controlled
60 substances stolen, lost or destroyed and documentary evidence that
61 the local authorities were notified. A copy of the statement shall be
62 retained by the registrant. As used in this section, "care-giving
63 institution", "correctional or juvenile training institution", "institutional

64 pharmacy" and "pharmacist" have the same meanings as provided in
65 section 20-571.

66 (b) For each long-term care facility, two or more of the following
67 persons may jointly dispose of excess stock of controlled substances: A
68 nursing home administrator, a pharmacist consultant, a director of
69 nursing services or an assistant director of nursing services. Such
70 facility shall maintain documentation of any such destruction and
71 disposal for a period of three years and such documentation shall be
72 maintained in a separate log and on a form prescribed by the
73 department.

74 (c) For each outpatient surgical facility, as defined in section 19a-
75 493b, two or more of the following persons may jointly dispose of
76 excess stock of controlled substances: An administrator, a clinical
77 director or chief of staff, or a nursing supervisor. Such facility shall
78 maintain documentation of any such destruction and disposal for a
79 period of three years and such documentation shall be maintained in a
80 separate log and on a form prescribed by the department.

81 (d) A registered nurse licensed by the Department of Public Health
82 and employed by a home health care agency, as defined in section 19a-
83 490, may, with the permission of a designated representative of the
84 patient, oversee the destruction and disposal of the patient's controlled
85 substances, using the recommendations for the proper disposal of
86 prescription drugs on the Internet web site of the Department of
87 Consumer Protection. Such registered nurse shall maintain written or
88 electronic documentation for a period of three years of any such
89 destruction and disposal on a form prescribed by the Commissioner of
90 Consumer Protection. Such written or electronic documentation shall
91 be maintained with the patient's medical record. Nothing in this
92 subsection shall prevent the registered nurse and patient's designated
93 representative from depositing the patient's controlled substances in a
94 statutorily authorized prescription drug drop box.

95 Sec. 3. Section 21a-249 of the general statutes is repealed and the

96 following is substituted in lieu thereof (*Effective January 1, 2018*):

97 (a) All prescriptions for controlled drugs shall include (1) the name
98 and address of the patient, or the name and address of the owner of an
99 animal and the species of the animal, (2) whether the patient is an
100 adult or a child, or his specific age, (3) the compound or preparation
101 prescribed and the amount thereof, (4) directions for use of the
102 medication, (5) the name and address of the prescribing practitioner,
103 (6) the date of issuance, and (7) the Federal Registry number of the
104 practitioner. No prescription blank containing a prescription for a
105 schedule II substance shall contain more than one prescription. No
106 prescription or order for a controlled substance issued by a practitioner
107 to an inanimate object or thing shall be considered a valid prescription
108 within the meaning of this chapter.

109 (b) [Written prescriptions shall be written in ink or in indelible
110 pencil or by typewriter. No duplicate, carbon or photographic copies
111 and no printed or rubber-stamped orders shall be considered valid
112 prescriptions within the meaning of this chapter. No prescription or
113 order for any controlled substance issued by a practitioner to an
114 inanimate object or thing shall be considered a valid prescription
115 within the meaning of this chapter.] Each prescribing practitioner, as
116 defined in section 20-14c, who the Department of Consumer Protection
117 authorizes to prescribe controlled substances, within the scope of
118 practice of his or her license, shall electronically transmit the controlled
119 substance prescription to a pharmacy. Electronically transmitted
120 prescriptions shall be promptly printed out in hardcopy or created as
121 an electronic record and filed by the prescriber. Electronically
122 transmitted prescriptions shall be consistent with the requirements of
123 the federal Controlled Substances Act, 21 USC 801, as amended from
124 time to time. All records shall be kept on file for three years at the
125 premises of the licensed practitioner and maintained in such form as to
126 be readily available for inspection by the commissioner, his or her
127 authorized agent or other persons, as authorized in section 21a-265, at
128 reasonable times. For purposes of this subsection and subsections (c),
129 (d) and (e) of this section, the term "electronically transmit" means to

130 transmit by computer modem or other similar electronic device.

131 (c) A licensed practitioner shall not be required to electronically
132 transmit a prescription when:

133 (1) Electronic transmission is not available due to a temporary
134 technological or electrical failure. In the event of a temporary
135 technological or electrical failure, the practitioner shall, without undue
136 delay, reasonably attempt to correct any cause for the failure that is
137 within his or her control. A practitioner who issues a prescription, but
138 fails to electronically transmit the prescription, as permitted by this
139 subsection, shall document the reason for the practitioner's failure to
140 electronically transmit the prescription in the patient's medical record
141 as soon as practicable, but in no instance more than seventy-two hours
142 following the end of the temporary technological or electrical failure
143 that prevented the electronic transmittal of the prescription. For
144 purposes of this subdivision, "temporary technological or electrical
145 failure" means failure of a computer system, application or device or
146 the loss of electrical power to such system, application or device, or
147 any other service interruption to such system, application or device
148 that reasonably prevents the practitioner from utilizing his or her
149 certified application to electronically transmit the prescription in
150 accordance with subsection (b) of this section;

151 (2) The practitioner reasonably determines that it would be
152 impractical for the patient to obtain substances prescribed by an
153 electronically transmitted prescription in a timely manner and that
154 such delay would adversely impact the patient's medical condition,
155 provided if such prescription is for a controlled substance, the quantity
156 of such controlled substance does not exceed a five-day supply for the
157 patient, if the controlled substance was used in accordance with the
158 directions for use. A practitioner who issues a prescription, but fails to
159 electronically transmit the prescription, as permitted by this
160 subsection, shall document the reason for the practitioner's failure to
161 electronically transmit the prescription in the patient's medical record;

162 (3) The prescription is to be dispensed by a pharmacy located
163 outside this state. A practitioner who issues a prescription, but fails to
164 electronically transmit the prescription, as permitted by this
165 subsection, shall document the reason for the practitioner's failure to
166 electronically transmit the prescription in the patient's medical record;

167 (4) Use of an electronically transmitted prescription may negatively
168 impact patient care, such as a prescription containing two or more
169 products to be compounded by a pharmacist, a prescription for direct
170 administration to a patient by parenteral, intravenous, intramuscular,
171 subcutaneous or intraspinal infusion, a prescription that contains long
172 or complicated directions, a prescription that requires certain elements
173 to be included by the federal Food and Drug and Administration, or an
174 oral prescription communicated to a pharmacist by a health care
175 practitioner for a patient in a chronic and convalescent nursing home,
176 licensed pursuant to chapter 368v; or

177 (5) The practitioner demonstrates, in a form and manner prescribed
178 by the commissioner, that such practitioner does not have the
179 technological capacity to issue electronically transmitted prescriptions.
180 For the purposes of this subsection, "technological capacity" means
181 possession of a computer system, hardware or device that can be used
182 to electronically transmit controlled substance prescriptions consistent
183 with the requirements of the federal Controlled Substances Act, 21
184 USC 801, as amended from time to time.

185 (d) Any prescription issued in a form other than an electronically
186 transmitted prescription pursuant to subsection (c) of this section may
187 be issued as a written order or, to the extent permitted by the federal
188 Controlled Substance Act, 21 USC 801, as from time to time amended,
189 as an oral order or transmitted by facsimile machine. Such oral order
190 or order transmitted by facsimile machine shall be promptly reduced
191 to writing on a prescription blank or a hardcopy printout or created as
192 an electronic record and filed by the pharmacist filling it. No duplicate,
193 carbon or photographic copies and no printed or rubber-stamped
194 orders shall be considered valid prescriptions within the meaning of

195 this chapter.

196 [(c)] (e) Prescriptions for schedule II substances [, if in writing,] shall
197 be [signed] electronically transmitted by the prescribing practitioner at
198 the time of issuance and previously signed orders for such schedule II
199 substances shall not be considered valid prescriptions within the
200 meaning of this chapter. No practitioner shall prescribe, dispense or
201 administer schedule II sympathomimetic amines as anorectics, except
202 as may be authorized by regulations adopted by the Departments of
203 Public Health and Consumer Protection acting jointly. To the extent
204 permitted by the federal Controlled Substances Act, 21 USC 801, as
205 from time to time amended, in an emergency, the dispensing of
206 schedule II substances may be made upon the oral order of a
207 prescribing registrant known to or confirmed by the filling pharmacist.
208 The filling pharmacist shall promptly reduce such oral order to writing
209 on a prescription blank, provided such oral order shall be confirmed
210 by the proper completion and mailing or delivery of a prescription
211 prepared by the prescribing registrant to the pharmacist filling such
212 oral order within seventy-two hours after the oral order has been
213 given. Such prescription of the registrant shall be affixed to the
214 temporary prescription prepared by the pharmacist and both
215 prescriptions shall be maintained on file as required in this chapter.
216 The Department of Public Health and the Department of Consumer
217 Protection, acting jointly, may adopt regulations, in accordance with
218 chapter 54, allowing practitioners to prescribe, dispense or administer
219 schedule II sympathomimetic amines as anorectics under certain
220 specific circumstances. Nothing in this subsection shall be construed to
221 require a licensed pharmacist to determine the diagnosis of a patient
222 prior to dispensing a prescription for such substances to a patient.

223 [(d)] To the extent permitted by the federal Controlled Substances
224 Act, 21 USC 801, as from time to time amended, a prescribing
225 practitioner may issue an oral order or an electronically transmitted
226 prescription order and, except as otherwise provided by regulations
227 adopted pursuant to sections 21a-243, 21a-244 and 21a-244a, such oral
228 order or electronically transmitted prescription order shall be

229 promptly reduced to writing on a prescription blank or a hardcopy
230 printout or created as an electronic record and filed by the pharmacist
231 filling it. For the purposes of subsections (d) and (h) of this section the
232 term "electronically transmitted" means transmitted by facsimile
233 machine, computer modem or other similar electronic device.

234 (e) To the extent permitted by the federal Controlled Substances
235 Act, in an emergency the dispensing of schedule II substances may be
236 made upon the oral order of a prescribing registrant known to or
237 confirmed by the filling pharmacist who shall promptly reduce the
238 oral order to writing on a prescription blank, provided, in such cases
239 such oral order shall be confirmed by the proper completion and
240 mailing or delivery of a prescription prepared by the prescribing
241 registrant to the pharmacist filling such oral order within seventy-two
242 hours after the oral order has been given. Such prescription of the
243 registrant shall be affixed to the temporary prescription prepared by
244 the pharmacist and both prescriptions shall be maintained on file as
245 required in this chapter.]

246 (f) All prescriptions for controlled substances shall comply fully
247 with any additional requirements of the federal food and drug laws,
248 the federal Controlled Substances Act, and state laws and regulations
249 adopted under this chapter.

250 (g) Repealed by P.A. 82-419, S. 46, 47.

251 (h) Except when dispensed directly by a practitioner, other than a
252 pharmacy, to an ultimate user, a controlled substance included in
253 schedule III or IV, which is a prescription drug as determined under
254 federal food and drug laws, shall not be dispensed without a written,
255 electronically transmitted or oral prescription of a practitioner. The
256 prescription shall not be filled or refilled more than six months after
257 the date thereof or be refilled more than five times, unless renewed by
258 the practitioner.

259 (i) A controlled substance included in schedule V shall not be
260 distributed or dispensed other than for a medical purpose.

261 (j) A pharmacy may sell and dispense controlled substances upon
262 the prescription of a prescribing practitioner, as defined in subdivision
263 (22) of section 20-571.

264 (k) Pharmacies shall file filled prescriptions for controlled
265 substances separately from other prescriptions. All schedule II
266 prescriptions shall be filed in a separate file or in an electronic file. All
267 schedule III, IV and V prescriptions shall be filed in another separate
268 file or in an electronic file, except as otherwise provided for in
269 regulations adopted pursuant to section 21a-243, 21a-244 or 21a-244a.
270 All written controlled substance prescriptions shall, immediately upon
271 filling, be filed chronologically and consecutively.

272 (l) Any pharmacy may transfer prescriptions for controlled
273 substances included in schedules III, IV and V to any other pharmacy
274 in accordance with the requirements set forth in the federal Controlled
275 Substances Act 21 USC 801 et seq. and the regulations promulgated
276 thereunder, as from time to time amended.

277 (m) A practitioner authorized to prescribe controlled substances
278 shall not prescribe anabolic steroids for the sole purpose of enhancing
279 a patient's athletic ability or performance.

280 (n) Each pharmacy, as defined in section 20-571, shall accept an
281 electronically transmitted prescription for a controlled substance from
282 a practitioner, as defined in section 21a-316. All records shall be kept
283 on file for three years at the premises of the pharmacy and maintained
284 current and separate from other business records in such form as to be
285 readily available at the pharmacy for inspection by the Commissioner
286 of Consumer Protection, his or her authorized agent or other persons,
287 as authorized in section 21a-265, at reasonable times. Prescription
288 records received from the practitioner electronically may be stored
289 electronically, provided the files are maintained in the pharmacy
290 computer system for not less than three years. If the electronically
291 transmitted prescription is printed, it shall be filed as required in
292 subsection (k) of this section.

- 293 Sec. 4. (NEW) (*Effective October 1, 2017*) (a) As used in this section:
- 294 (1) "Opioid drug" has the same meaning as provided in 42 CFR 8.2,
295 as amended from time to time;
- 296 (2) "Prescribing practitioner" has the same meaning as provided in
297 section 20-14c of the general statutes; and
- 298 (3) "Voluntary nonopioid directive form" means a form that is
299 voluntarily filed by a patient with a prescribing practitioner that
300 indicates such patient's request to not be issued a prescription or
301 medication order for an opioid drug.
- 302 (b) The Department of Public Health, in consultation with the
303 Departments of Consumer Protection and Mental Health and
304 Addiction Services, shall establish a voluntary nonopioid directive
305 form and publish such form on its Internet web site for public use. Any
306 person who does not wish to be issued a prescription or medication
307 order for an opioid drug may file such form with a prescribing
308 practitioner. Upon receipt of a voluntary nonopioid directive form, a
309 prescribing practitioner shall document such receipt in the patient's
310 medical record.
- 311 (c) The voluntary nonopioid directive form established by the
312 Department of Public Health shall allow a patient to appoint a duly
313 authorized guardian or health care proxy to override a previously
314 recorded voluntary nonopioid directive form. Such patient, duly
315 authorized guardian or health care proxy may revoke the directive,
316 orally or in writing, for any reason, at any time.
- 317 (d) An electronically transmitted prescription to a pharmacy shall be
318 presumed to be valid for the purposes of this section and a pharmacist
319 shall not be held in violation of this section for dispensing a controlled
320 substance in contradiction to a voluntary nonopioid directive form.
- 321 (e) No prescribing practitioner acting with reasonable care shall be
322 liable for damages in a civil action, subject to criminal prosecution or

323 deemed to have violated the standard of care for such prescribing
324 practitioner for refusing to issue a prescription or medication order for
325 an opioid pursuant to a voluntary nonopioid directive form.

326 (f) No person acting in good faith as a duly authorized guardian or
327 health care proxy shall be liable for damages in a civil action or subject
328 to criminal prosecution for revoking or overriding a voluntary
329 nonopioid directive form.

330 (g) A prescribing practitioner who wilfully fails to comply with a
331 patient's voluntary nonopioid directive form may be subject to
332 disciplinary action pursuant to section 19a-17 of the general statutes.

333 (h) No emergency department prescribing practitioner, acting either
334 as the patient's practitioner or as the medical control officer for
335 emergency medical services personnel, and acting with reasonable care
336 shall be liable for damages in a civil action, subject to criminal
337 prosecution or deemed to have violated the standard of care for a
338 prescribing practitioner for issuing a prescription for or administering
339 a controlled substance containing an opioid to a person who has a
340 voluntary nonopioid directive form, when, in such prescribing
341 practitioner's professional medical judgment, a controlled substance
342 containing an opioid is necessary and such prescribing practitioner
343 had no knowledge of the patient's voluntary nonopioid directive form
344 at the time of issuance or administration.

345 Sec. 5. Section 20-14o of the general statutes is repealed and the
346 following is substituted in lieu thereof (*Effective July 1, 2017*):

347 (a) As used in this section:

348 (1) "Opioid drug" has the same meaning as provided in 42 CFR 8.2,
349 as amended from time to time;

350 (2) "Adult" means a person who is at least eighteen years of age;

351 (3) "Prescribing practitioner" has the same meaning as provided in
352 section 20-14c;

- 353 (4) "Minor" means a person who is under eighteen years of age;
- 354 (5) "Opioid agonist" means a medication that binds to the opiate
355 receptors and provides relief to individuals in treatment for abuse of or
356 dependence on an opioid drug;
- 357 (6) "Opiate receptor" means a specific site on a cell surface that
358 interacts in a highly selective fashion with an opioid drug;
- 359 (7) "Palliative care" means specialized medical care to improve the
360 quality of life of patients and their families facing the problems
361 associated with a life-threatening illness; and
- 362 (8) "Opioid antagonist" has the same meaning as provided in section
363 17a-714a, as amended by this act.
- 364 (b) When issuing a prescription for an opioid drug to an adult
365 patient for the first time for outpatient use, a prescribing practitioner
366 who is authorized to prescribe an opioid drug shall not issue a
367 prescription for more than a seven-day supply of such drug, as
368 recommended in the National Centers for Disease Control and
369 Prevention's Guideline for Prescribing Opioids for Chronic Pain.
- 370 (c) A prescribing practitioner shall not issue a prescription for an
371 opioid drug to a minor for more than a [seven-day] five-day supply of
372 such drug. [at any time. When issuing a prescription for an opioid
373 drug to a minor for less than a seven-day supply of such drug, the
374 prescribing practitioner shall discuss the risks associated with use of
375 an opioid drug, including, but not limited to, the risks of addiction and
376 overdose associated with opioid drugs and the dangers of taking
377 opioid drugs with alcohol, benzodiazepines and other central nervous
378 system depressants, and the reasons why the prescription is necessary
379 with (1) the minor, and (2) the custodial parent, guardian or other
380 person having legal custody of the minor if such parent, guardian or
381 other person is present at the time of issuance.]
- 382 (d) Notwithstanding the provisions of subsections (b) and (c) of this

383 section, if, in the professional medical judgment of a prescribing
384 practitioner, more than a seven-day supply of an opioid drug is
385 required to treat an adult patient's acute medical condition, or more
386 than a five-day supply of an opioid drug is required to treat a minor
387 patient's acute medical condition, as determined by the prescribing
388 practitioner, or is necessary for the treatment of chronic pain, pain
389 associated with a cancer diagnoses or for palliative care, then the
390 prescribing practitioner may issue a prescription for the quantity
391 needed to treat the acute medical condition, chronic pain, pain
392 associated with a cancer diagnosis or pain experienced while the
393 patient is in palliative care. The condition triggering the prescription of
394 an opioid drug for more than a seven-day supply for an adult patient
395 or more than a five-day supply for a minor patient shall be
396 documented in the patient's medical record and the practitioner shall
397 indicate that an alternative to the opioid drug was not appropriate to
398 address the medical condition.

399 (e) The provisions of subsections (b), (c) and (d) of this section shall
400 not apply to medications designed for the treatment of abuse of or
401 dependence on an opioid drug, including, but not limited to, opioid
402 agonists and opioid antagonists.

403 (f) When issuing a prescription for an opioid drug to an adult or
404 minor patient, the prescribing practitioner shall discuss with the
405 patient the risks associated with the use of such opioid drug,
406 including, but not limited to, the risks of addiction and overdose
407 associated with opioid drugs and the dangers of taking opioid drugs
408 with alcohol, benzodiazepines and other central nervous system
409 depressants, and the reasons the prescription is necessary, and, if
410 applicable, with the custodial parent, guardian or other person having
411 legal custody of the minor if such parent, guardian or other person is
412 present at the time of issuance of the prescription.

413 Sec. 6. (Effective July 1, 2017) On or before October 1, 2017, the
414 Department of Public Health shall post information on its Internet web
415 site concerning the ability of a prescribing practitioner, as defined in

416 section 20-14c of the general statutes, to obtain certification to prescribe
417 medicine indicated for treatment of opioid use disorder that a patient
418 may take at home. Such information shall include, but need not be
419 limited to, a list of educational requirements, available courses and
420 information regarding waivers from such requirements.

421 Sec. 7. (NEW) (*Effective July 1, 2017*) (a) As used in this section:

422 (1) "Health care provider" means any person or organization that
423 furnishes health care services and is licensed or certified to furnish
424 such services pursuant to chapters 370, 372, 373, 375, 376, 376a, 376b,
425 377, 378, 379, 380, 383, 383a, 383b and 383c of the general statutes, or is
426 licensed or certified pursuant to chapter 368d of the general statutes;

427 (2) "Pharmacist" means a pharmacist licensed pursuant to chapter
428 400j of the general statutes;

429 (3) "Opioid drug" has the same meaning as provided in section 20-
430 14o of the general statutes, as amended by this act; and

431 (4) "Opioid antagonist" has the same meaning as provided in section
432 17a-714a of the general statutes, as amended by this act.

433 (b) On or before October 1, 2017, the Alcohol and Drug Policy
434 Council, established under section 17a-667 of the general statutes, shall
435 develop (1) a one-page fact sheet that includes, in clear and readily
436 understandable language in at least twelve-point font size, the risks of
437 taking an opioid drug, the symptoms of opioid use disorder and
438 services available in the state for persons who experience symptoms of
439 or are otherwise affected by opioid use disorder, and (2) strategies to
440 encourage health care providers and pharmacists to disseminate the
441 one-page fact sheet. Such one-page fact sheet shall be made available
442 on the Internet web site of the Department of Mental Health and
443 Addiction Services for use by health care providers and pharmacists to
444 disseminate to any person (A) whom such provider treats for
445 symptoms of opioid use disorder, (B) to whom such provider issues a
446 prescription for or administers an opioid drug or opioid antagonist, or

447 (C) to whom such pharmacist dispenses an opioid drug or opioid
448 antagonist or issues a prescription for an opioid antagonist.

449 (c) (1) The Alcohol and Drug Policy Council shall examine the
450 feasibility of the following:

451 (A) Developing a marketing campaign and making monthly public
452 service announcements on the Internet web sites and social media
453 accounts of the appropriate state agencies, as designated by the
454 council, and any radio station and television station broadcasting to
455 persons in the state, regarding (i) the risks of taking opioid drugs, (ii)
456 symptoms of opioid use disorder, (iii) the availability of opioid
457 antagonists in the state, and (iv) services in the state for persons with
458 or affected by opioid use disorder; and

459 (B) Establishing a publicly accessible electronic information portal,
460 in the form of an Internet web site or application, as a single point of
461 entry for information regarding the availability of (i) beds at a facility
462 in the state for persons in need of medical treatment for (I)
463 detoxification for potentially life-threatening symptoms of withdrawal
464 from alcohol or drugs, and (II) rehabilitation or treatment for alcohol
465 dependency, drug dependency or intoxication, and (ii) slots for
466 outpatient treatment using opioid medication that is used to treat
467 opioid use disorder, including methadone and buprenorphine. Such
468 examination shall include the ability of the portal to (I) provide real-
469 time data on the availability of beds and slots, including, but not
470 limited to, the types of beds and slots available, the location of such
471 beds and slots and the wait times, if available, for such beds and slots,
472 and (II) be accessible to the public.

473 (2) Not later than January 1, 2019, the council shall report, in
474 accordance with the provisions of section 11-4a of the general statutes,
475 to the joint standing committee of the General Assembly having
476 cognizance of matters relating to public health on the outcome of such
477 examination.

478 (d) The Alcohol and Drug Policy Council shall convene a working

479 group to advise the council of any recommendations for statutory or
480 policy changes that would enable first responders or health care
481 providers to safely dispose of a person's opioid drugs upon their
482 death. Not later than February 1, 2018, the council shall report, in
483 accordance with the provisions of section 11-4a of the general statutes,
484 to the joint standing committee of the General Assembly having
485 cognizance of matters relating to public health regarding the
486 recommendations of the working group.

487 (e) The Alcohol and Drug Policy Council shall convene a working
488 group to study substance abuse treatment referral programs that have
489 been established by municipal police departments to refer persons
490 with an opioid use disorder or seeking recovery from drug addiction
491 to substance abuse treatment facilities. The working group shall (1)
492 examine such referral programs, (2) identify any barriers faced by such
493 referral programs, and (3) determine the feasibility of implementing
494 such programs on a state-wide basis. Not later than February 1, 2018,
495 the council shall report, in accordance with the provisions of section
496 11-4a of the general statutes, to the joint standing committees of the
497 General Assembly having cognizance of matters relating to public
498 health and public safety and security regarding the findings of the
499 working group.

500 Sec. 8. (NEW) (*Effective January 1, 2018*) Each insurance company,
501 hospital service corporation, medical service corporation, health care
502 center, fraternal benefit society or other entity that delivers, issues for
503 delivery, renews, amends or continues in this state an individual
504 health insurance policy providing coverage of the type specified in
505 subdivision (1), (2), (4), (11) or (12) of section 38a-469 of the general
506 statutes that provides coverage to an insured or enrollee who has been
507 diagnosed with a substance use disorder, as described in section 17a-
508 458 of the general statutes, shall cover medically necessary, medically
509 monitored inpatient detoxification services and medically necessary,
510 medically managed intensive inpatient detoxification services
511 provided to the insured or enrollee. For purposes of this section,
512 "medically monitored inpatient detoxification" and "medically

513 managed intensive inpatient detoxification" have the same meanings
514 as described in the most recent edition of the American Society of
515 Addiction Medicine Treatment Criteria for Addictive, Substance-
516 Related and Co-Occurring Conditions.

517 Sec. 9. (NEW) (*Effective January 1, 2018*) (a) Each insurance company,
518 hospital service corporation, medical service corporation, health care
519 center, fraternal benefit society or other entity that delivers, issues for
520 delivery, renews, amends or continues in this state a group health
521 insurance policy providing coverage of the type specified in
522 subdivision (1), (2), (4), (11) or (12) of section 38a-469 of the general
523 statutes that provides coverage to an insured or enrollee who has been
524 diagnosed with a substance use disorder, as described in section 17a-
525 458 of the general statutes, shall cover medically necessary, medically
526 monitored inpatient detoxification services and medically necessary,
527 medically managed intensive inpatient detoxification services
528 provided to the insured or enrollee. For purposes of this section,
529 "medically monitored inpatient detoxification" and "medically
530 managed intensive inpatient detoxification" have the same meanings
531 as described in the most recent edition of the American Society of
532 Addiction Medicine Treatment Criteria for Addictive, Substance-
533 Related and Co-Occurring Conditions.

534 Sec. 10. (NEW) (*Effective July 1, 2017*) An alcohol or drug treatment
535 facility, as defined in section 19a-490 of the general statutes, shall use
536 the criteria for admission developed by the American Society of
537 Addiction Medicine for purposes of assessing a person for admission
538 to such facility in consideration of (1) the services for which the facility
539 is licensed, and (2) the appropriate services required for treatment of
540 such person.

541 Sec. 11. Subsection (e) of section 17a-714a of the general statutes is
542 repealed and the following is substituted in lieu thereof (*Effective July*
543 *1, 2017*):

544 (e) Not later than October 1, [2016] 2017, each municipality shall

545 amend its local emergency medical services plan, as described in
546 section 19a-181b, to ensure that [the emergency responder] at least one
547 emergency medical services provider, as defined in the regulations of
548 Connecticut state agencies pertaining to emergency medical services,
549 who is likely to be the first person to arrive on the scene of a medical
550 emergency in the municipality, including, but not limited to,
551 emergency medical services personnel, as defined in section 20-206jj, or
552 a resident state trooper, [who is likely to be the first person to arrive on
553 the scene of a medical emergency in the municipality] is equipped
554 with an opioid antagonist and such person has received training,
555 approved by the Commissioner of Public Health, in the administration
556 of an opioid [antagonists] antagonist.

557 Sec. 12. (NEW) (*Effective October 1, 2017*) (a) A prescribing
558 practitioner, as defined in section 20-14c of the general statutes, who is
559 authorized to prescribe an opioid antagonist, as defined in section 17a-
560 714a of the general statutes, as amended by this act, and a pharmacy
561 may enter into an agreement for a medical protocol standing order at
562 such pharmacy allowing a pharmacist licensed under part II of chapter
563 400j of the general statutes to dispense an opioid antagonist that is (1)
564 administered by an intranasal application delivery system or an auto-
565 injection delivery system, (2) approved by the federal Food and Drug
566 Administration, and (3) dispensed to any person at risk of
567 experiencing an overdose of an opioid drug, as defined in 42 CFR 8.2,
568 or to a family member, friend or other person in a position to assist a
569 person at risk of experiencing an overdose of an opioid drug.

570 (b) Any such medical protocol standing order shall be deemed
571 issued for a legitimate medical purpose in the usual course of the
572 prescribing practitioner's professional practice. The pharmacy shall
573 provide the Department of Consumer Protection with a copy of every
574 medical protocol standing order agreement entered into with a
575 prescribing practitioner under this section.

576 (c) A pharmacist may only dispense an opioid antagonist pursuant
577 to a medical protocol standing order if the pharmacist has been trained

578 and certified as part of a program approved by the Commissioner of
579 Consumer Protection.

580 (d) A pharmacist who dispenses an opioid antagonist pursuant to a
581 medical protocol standing order shall (1) provide appropriate training
582 regarding the administration of such opioid antagonist to the person to
583 whom the opioid antagonist is dispensed, (2) maintain a record of such
584 dispensing and the training required pursuant to chapter 400j of the
585 general statutes, and (3) send a copy of the record of such dispensing
586 to the prescribing practitioner who entered into an agreement for a
587 medical protocol standing order with the pharmacy.

588 (e) A pharmacist who dispenses an opioid antagonist in accordance
589 with the provisions of this section shall be deemed not to have violated
590 any standard of care for a pharmacist.

591 (f) The commissioner may adopt regulations, in accordance with
592 chapter 54 of the general statutes, to implement the provisions of this
593 section."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	21a-254(j)
Sec. 2	<i>from passage</i>	21a-262
Sec. 3	<i>January 1, 2018</i>	21a-249
Sec. 4	<i>October 1, 2017</i>	New section
Sec. 5	<i>July 1, 2017</i>	20-14o
Sec. 6	<i>July 1, 2017</i>	New section
Sec. 7	<i>July 1, 2017</i>	New section
Sec. 8	<i>January 1, 2018</i>	New section
Sec. 9	<i>January 1, 2018</i>	New section
Sec. 10	<i>July 1, 2017</i>	New section
Sec. 11	<i>July 1, 2017</i>	17a-714a(e)
Sec. 12	<i>October 1, 2017</i>	New section