AN ACT CONCERNING OPIOIDS.

SUMMARY

This bill contains various provisions on the prevention and treatment opioid abuse. It:

1. requires the Department of Mental Health and Addiction Services (DMHAS), in collaboration with the chief medical examiner and insurance commissioner, to convene a working group to evaluate and report on ways to combat Connecticut’s opioid epidemic (§ 1);

2. requires pharmacists, before dispensing an opioid drug, to review the patient’s record in the state’s electronic prescription drug monitoring program (§ 2);

3. requires hospitals and specified providers who treat individuals for an opioid drug overdose to report non-personally identifiable information on the overdoses to local health departments (§ 3); and

4. appropriates $25 million from the General Fund to DMHAS in FY 19 to fund screening, early intervention, and treatment referrals for people with opioid use disorder (§ 4).

EFFECTIVE DATE: July 1, 2018, except that the provisions on the (1) opioid working group take effect upon passage and (2) prescription drug monitoring program take effect January 1, 2019.

§ 1 — OPIOID WORKING GROUP

The bill requires the DMHAS commissioner to collaborate with the chief medical examiner and insurance commissioner and convene a working group to evaluate ways to combat the state’s opioid epidemic.
Membership

Under the bill, working group members include the chief medical examiner and the DMHAS and insurance commissioners, or their designees, and at least eight other members the DMHAS commissioner selects who have experience in at least one of the following:

1. opioid use disorder and its treatment,
2. substance use disorder and its treatment,
3. administering a methadone treatment program,
4. administering a substance use disorder treatment program,
5. dispensing and administering opioid antagonists, or
6. insurance coverage for substance use disorder treatment programs.

The DMHAS commissioner must select the working group’s chairperson from among its members.

Duties

The bill requires the working group to investigate and advise the DMHAS commissioner on:

1. how many people annually receive services from each DMHAS-contracted methadone treatment program, the relapse rate, and the number of participant deaths;

2. the availability of opioid antagonists at each (a) DMHAS-contracted methadone treatment program and (b) state-funded substance use disorder treatment program;

3. advantages and disadvantages of allowing licensed mental health professionals at methadone treatment programs and substance use disorder treatment programs to dispense an opioid antagonist directly to a person at the time of his or her discharge from the program so that he or she does not have to
obtain the medication from a pharmacy;

4. whether a nonfatal drug overdose at a hospital or outpatient surgical facility should qualify as an adverse event reportable to the Department of Public Health;

5. the role of health carriers (e.g., insurers or HMOs) in shortening a person’s stay at a substance use disorder treatment program;

6. the availability of federal funds to supply EMS personnel with opioid antagonists and training in how to administer them; and

7. developing and implementing a state-wide, uniform prehospital data reporting system to capture the demographics of (a) prehospital administration or use of opioid antagonists and (b) overdose reversal outcomes resulting from their administration or use.

**Reporting**

The bill requires the chairperson, by January 1, 2019, to report the working group’s findings to the DMHAS commissioner, who must then report these findings and any legislative recommendations to the Public Health Committee.

**§ 2 — PRESCRIPTION DRUG MONITORING PROGRAM**

The bill requires pharmacists, before dispensing an opioid drug to a patient, to review the patient’s record in the Department of Consumer Protection’s electronic prescription drug monitoring program (PDMP). They must do this for purposes related to their scope of practice and management of the patient’s drug therapy, including monitoring the patient’s controlled substances.

Existing law also requires a prescribing practitioner, or the practitioner’s authorized agent, to review a patient’s records in the PDMP before prescribing more than a 72-hour supply of a controlled substance. The practitioner or agent must also periodically review a patient’s PDMP records when the practitioner prescribes controlled substances for continuous or prolonged treatment (CGS § 21a-
§ 3 — REPORTING OVERDOSE DATA TO LOCAL HEALTH DEPARTMENTS

The bill requires hospitals and emergency medical services, mental health, and health care providers who treat someone for an opioid drug overdose to report the overdose to the municipal or district health department in the location where the overdose occurred, or, if the location is unknown, the location of the treatment. But when doing so, hospitals and providers cannot disclose personally identifiable information.

Under the bill, municipal or district health departments that receive such information must use it to develop local, preventative initiatives to address opioid drug overdoses. Additionally, the bill specifies that such information is not subject to (1) disclosure under the Freedom of Information Act or (2) subpoena or discovery or introduction into evidence in any judicial or administrative proceeding unless specifically provided by law.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 26  Nay 0  (03/26/2018)