**AN ACT CONCERNING OPIOIDS.**

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

1. **Section 1. (Effective from passage)** (a) The Commissioner of Mental Health and Addiction Services, in collaboration with the Chief Medical Examiner and the Insurance Commissioner, shall convene a working group to evaluate methods of combating the opioid epidemic in the state. The working group shall consist of the Commissioner of Mental Health and Addiction Services, or the commissioner's designee, the Chief Medical Examiner, or the Chief Medical Examiner's designee, the Insurance Commissioner, or the commissioner's designee, and at least eight other members selected by the Commissioner of Mental Health and Addiction Services, who have experience in one or more of the following: (1) Opioid use disorder and the treatment thereof, (2) substance use disorder and the treatment thereof, (3) administration of a methadone treatment program, (4) administration of a substance use disorder treatment program, (5) dispensing and administering opioid antagonists, and (6) insurance coverage for substance use disorder treatment programs. The Commissioner of Mental Health and Addiction Services shall elect a chairperson of the working group from among its members.

(b) The working group shall investigate and advise the Commissioner of Mental Health and Addiction Services regarding the
following:

(1) The number of persons annually who receive services from each
methadone treatment program funded by contract with the
Department of Mental Health and Addiction Services, the rate at
which such persons relapse and the number of such persons who die
while participating in such program;

(2) The availability of opioid antagonists, as defined in section 17a-
714a of the general statutes, at each such methadone treatment
program and each state-funded treatment program for persons with
substance use disorder;

(3) The advantages and disadvantages of a licensed mental health
professional at each such methadone treatment program and each
treatment program for persons with substance use disorder being
permitted to dispense an opioid antagonist directly to a person at the
time of such person's discharge from such program without the need
for such person to obtain the opioid antagonist from a pharmacy under
section 20-633c or 20-633d of the general statutes;

(4) Whether a nonfatal drug overdose at a hospital or outpatient
surgical facility should qualify as an adverse event under section 19a-
127n of the general statutes;

(5) The role of health carriers, as defined in section 19a-755b of the
general statutes, in shortening a person's stay at a treatment program
for persons with substance use disorder;

(6) The availability of federal funds to supply emergency medical
services personnel in the state with opioid antagonists and provide
training to such personnel in the administration of opioid antagonists;

and

(7) The development and implementation of a state-wide uniform
prehospital data reporting system to capture the demographics of
prehospital administration or use of an opioid antagonist and opioid
reversal outcomes as a result of such administration or use.

(c) On or before January 1, 2019, the chairperson of the working group shall report the findings of the working group to the Commissioner of Mental Health and Addiction Services. The commissioner shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding such findings and any recommendations for legislation.

Sec. 2. Subsection (j) of section 21a-254 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2019):

(j) (1) The commissioner shall, within available appropriations, establish an electronic prescription drug monitoring program to collect, by electronic means, prescription information for schedules II, III, IV and V controlled substances that are dispensed by pharmacies, nonresident pharmacies, as defined in section 20-627, outpatient pharmacies in hospitals or institutions or by any other dispenser. The program shall be designed to provide information regarding the prescription of controlled substances in order to prevent the improper or illegal use of the controlled substances and shall not infringe on the legitimate prescribing of a controlled substance by a prescribing practitioner acting in good faith and in the course of professional practice.

(2) The commissioner may identify other products or substances to be included in the electronic prescription drug monitoring program established pursuant to subdivision (1) of this subsection.

(3) Prior to July 1, 2016, each pharmacy, nonresident pharmacy, as defined in section 20-627, outpatient pharmacy in a hospital or institution and dispenser shall report to the commissioner, at least weekly, by electronic means or, if a pharmacy or outpatient pharmacy

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does not maintain records electronically, in a format approved by the commissioner, the following information for all controlled substance prescriptions dispensed by such pharmacy or outpatient pharmacy:

(A) Dispenser identification number; (B) the date the prescription for the controlled substance was filled; (C) the prescription number; (D) whether the prescription for the controlled substance is new or a refill; (E) the national drug code number for the drug dispensed; (F) the amount of the controlled substance dispensed and the number of days' supply of the controlled substance; (G) a patient identification number; (H) the patient's first name, last name and street address, including postal code; (I) the date of birth of the patient; (J) the date the prescription for the controlled substance was issued by the prescribing practitioner and the prescribing practitioner's Drug Enforcement Agency's identification number; and (K) the type of payment.

(4) (A) Except as provided in this subdivision, on and after July 1, 2016, each pharmacy, nonresident pharmacy, as defined in section 20-627, outpatient pharmacy in a hospital or institution, and dispenser shall report to the commissioner by electronic means, in a format approved by the commissioner, the following information for all controlled substance prescriptions dispensed by such pharmacy or outpatient pharmacy immediately upon, but in no event later than the next business day after, dispensing such prescriptions: (i) Dispenser identification number; (ii) the date the prescription for the controlled substance was filled; (iii) the prescription number; (iv) whether the prescription for the controlled substance is new or a refill; (v) the national drug code number for the drug dispensed; (vi) the amount of the controlled substance dispensed and the number of days' supply of the controlled substance; (vii) a patient identification number; (viii) the patient's first name, last name and street address, including postal code; (ix) the date of birth of the patient; (x) the date the prescription for the controlled substance was issued by the prescribing practitioner and the prescribing practitioner's Drug Enforcement Agency's identification number; and (xi) the type of payment.
(B) If the electronic prescription drug monitoring program is not operational, such pharmacy or dispenser shall report the information described in this subdivision not later than the next business day after regaining access to such program. For purposes of this subdivision, "business day" means any day during which the pharmacy is open to the public.

(C) Each veterinarian, licensed pursuant to chapter 384, who dispenses a controlled substance prescription shall report to the commissioner the information described in subparagraph (A) of this subdivision, at least weekly, by electronic means or, if the veterinarian does not maintain records electronically, in a format approved by the commissioner.

(5) The commissioner may contract with a vendor for purposes of electronically collecting such controlled substance prescription information. The commissioner and any such vendor shall maintain the information in accordance with the provisions of chapter 400j.

(6) The commissioner and any such vendor shall not disclose controlled substance prescription information reported pursuant to subdivisions (3) and (4) of this subsection, except as authorized pursuant to the provisions of sections 21a-240 to 21a-283, inclusive. Any person who knowingly violates any provision of this subdivision or subdivision (5) of this subsection shall be guilty of a class D felony.

(7) The commissioner shall provide, upon request, controlled substance prescription information obtained in accordance with subdivisions (3) and (4) of this subsection to the following: (A) The prescribing practitioner or such practitioner's authorized agent, who is treating or has treated a specific patient, provided the information is obtained for purposes related to the treatment of the patient, including the monitoring of controlled substances obtained by the patient; (B) the prescribing practitioner with whom a patient has made contact for the purpose of seeking medical treatment or such practitioner's authorized agent, provided the request is accompanied by a written consent,
signed by the prospective patient, for the release of controlled
substance prescription information; or (C) the pharmacist who is
dispensing controlled substances for a patient, provided the
information is obtained for purposes related to the scope of the
pharmacist's practice and management of the patient's drug therapy,
including the monitoring of controlled substances obtained by the
patient. The prescribing practitioner, such practitioner's authorized
agent, or the pharmacist shall submit a written and signed request to
the commissioner for controlled substance prescription information.
Such prescribing practitioner or pharmacist shall not disclose any such
request except as authorized pursuant to sections 20-570 to 20-630,
inclusive, or sections 21a-240 to 21a-283, inclusive.

(8) No person or employer shall prohibit, discourage or impede a
prescribing practitioner or pharmacist from requesting controlled
substance prescription information pursuant to this subsection.

(9) Prior to prescribing greater than a seventy-two-hour supply of
any controlled substance to any patient, the prescribing practitioner or
such practitioner's authorized agent shall review the patient's records
in the electronic prescription drug monitoring program established
pursuant to this subsection. Whenever a prescribing practitioner
prescribes a controlled substance, other than a schedule V nonnarcotic
controlled substance, for the continuous or prolonged treatment of any
patient, such prescriber, or such prescriber's authorized agent, shall
review, not less than once every ninety days, the patient's records in
such prescription drug monitoring program. Whenever a prescribing
practitioner prescribes a schedule V nonnarcotic controlled substance,
for the continuous or prolonged treatment of any patient, such
prescribing practitioner, or such prescribing practitioner's authorized
agent, shall review, not less than annually, the patient's records in such
prescription drug monitoring program. If such electronic prescription
drug monitoring program is not operational, such prescribing
practitioner may prescribe greater than a seventy-two-hour supply of a
controlled substance to a patient during the time of such program's
inoperability, provided such prescribing practitioner or such
authorized agent reviews the records of such patient in such program
not more than twenty-four hours after regaining access to such
program.

(10) (A) A prescribing practitioner may designate an authorized
agent to review the electronic prescription drug monitoring program
and patient controlled substance prescription information on behalf of
the prescribing practitioner. The prescribing practitioner shall ensure
that any authorized agent's access to such program and patient
controlled substance prescription information is limited to the
purposes described in this section and occurs in a manner that protects
the confidentiality of information that is accessed through such
program. The prescribing practitioner and any authorized agent shall
be subject to the provisions of 45 CFR 164.308, as amended from time
to time, concerning administrative safeguards for the protection of
electronic protected health information. A prescribing practitioner may
receive disciplinary action for acts of the authorized agent as provided
in section 21a-322.

(B) Notwithstanding the provisions of subparagraph (A) of this
subdivision, a prescribing practitioner who is employed by or provides
professional services to a hospital shall, prior to designating an
authorized agent to review the electronic prescription drug monitoring
program and patient controlled substance prescription information on
behalf of the prescribing practitioner, (i) submit a request to designate
one or more authorized agents for such purposes and a written
protocol for oversight of the authorized agent or agents to the
commissioner, in the form and manner prescribed by the
commissioner, and (ii) receive the commissioner's approval to
designate such authorized agent or agents and of such written
protocol. Such written protocol shall designate either the hospital's
medical director, a hospital department head, who is a prescribing
practitioner, or another prescribing practitioner as the person
responsible for ensuring that the authorized agent's or agents' access to
such program and patient controlled substance prescription information is limited to the purposes described in this section and occurs in a manner that protects the confidentiality of information that is accessed through such program. A hospital medical director, a hospital department head, who is a prescribing practitioner, or another prescribing practitioner designated as the person responsible for overseeing an authorized agent's or agents' access to such program and information in the written protocol approved by the commissioner may receive disciplinary action for acts of the authorized agent or agents as provided in section 21a-322. The commissioner may inspect hospital records to determine compliance with written protocols approved in accordance with this section.

(11) Prior to dispensing an opioid drug, as defined in section 20-14o, to any patient, the pharmacist shall review the patient's record in the electronic prescription drug monitoring program for purposes related to the scope of the pharmacist's practice and management of the patient's drug therapy, including the monitoring of controlled substances obtained by the patient.

[(11)] (12) The commissioner shall adopt regulations, in accordance with chapter 54, concerning the reporting, evaluation, management and storage of electronic controlled substance prescription information.

[(12)] (13) The provisions of this section shall not apply to (A) samples of controlled substances dispensed by a physician to a patient, or (B) any controlled substances dispensed to hospital inpatients.

[(13)] (14) The provisions of this section shall not apply to any institutional pharmacy or pharmacist's drug room operated by a facility, licensed under section 19a-495 and regulations adopted pursuant to said section 19a-495, that dispenses or administers directly to a patient an opioid agonist for treatment of a substance use disorder.

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

Sec. 3. (NEW) (Effective July 1, 2018) (a) Any hospital, emergency medical services provider, health care provider or mental health care professional who treats a patient for an overdose of an opioid drug, as defined in section 20-14o of the general statutes, shall, subject to the limitation set forth in subsection (b) of this section, report such overdose to the municipal health department or district department of health that has jurisdiction over the location in which such overdose occurred or, if such location is unknown, the location in which such provider treated such patient. A municipal health department and district department of health that receives a report of an opioid drug overdose under this section shall use the information contained in such report to develop preventative initiatives on a local level to address the incidences of opioid drug overdoses occurring throughout the state.

(b) No hospital or provider shall disclose personally identifiable information in reporting an opioid drug overdose pursuant to this section.

(c) Information collected by a municipal health department or district department of health pursuant to this section shall not be (1) disclosed pursuant to subsection (a) of section 1-210 of the general statutes at any time, or (2) subject to subpoena or discovery or introduced into evidence in any judicial or administrative proceeding except as otherwise specifically provided by law.

Sec. 4. (Effective July 1, 2018) The sum of twenty-five million dollars is appropriated to the Department of Mental Health and Addiction
Services, from the General Fund, for the fiscal year ending June 30, 2019, for the purpose of providing funding for screening of, early intervention for and referral to treatment of persons with opioid use disorder.

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*PH Joint Favorable Subst.*