



General Assembly

Amendment

February Session, 2018

LCO No. 5242



Offered by:

SEN. LOONEY, 11th Dist.
SEN. DUFF, 25th Dist.
SEN. GERRATANA, 6th Dist.
SEN. WINFIELD, 10th Dist.
SEN. MOORE, 22nd Dist.

SEN. DOYLE, 9th Dist.
SEN. LEONE, 27th Dist.
SEN. KENNEDY, 12th Dist.
REP. STEINBERG, 136th Dist.

To: Subst. Senate Bill No. 483

File No. 524

Cal. No. 329

**"AN ACT CONCERNING THE FEASIBILITY OF ESTABLISHING
OPIOID INTERVENTION COURTS IN THE STATE."**

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. Section 21a-252 of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective July 1, 2018*):

5 (a) A physician, in good faith and in the course of the physician's
6 professional practice only, may prescribe, administer and dispense
7 controlled substances, or may cause the same to be administered by a
8 physician assistant, nurse or intern under the physician's direction and
9 supervision, for demonstrable physical or mental disorders but not for
10 drug dependence except in accordance with state and federal laws and
11 regulations adopted thereunder. Notwithstanding the provisions of

12 this subsection the Department of Consumer Protection may approve
13 protocols allowing the dispensing of take-home doses of methadone,
14 by a registered nurse or licensed practical nurse, to outpatients in duly
15 licensed substance abuse treatment facilities. Such dispensing shall be
16 done pursuant to the order of a licensed prescribing practitioner and
17 using computerized dispensing equipment into which bulk supplies of
18 methadone are dispensed by a pharmacist. The quantity of methadone
19 dispensed by such nurse shall not exceed at any one time that amount
20 allowed under federal or state statutes or regulations governing the
21 treatment of drug dependent patients. The Department of Consumer
22 Protection shall conduct inspections of such treatment facilities to
23 ensure that the computerized dispensing equipment and related
24 dispensing procedures documented in the approved protocols are
25 adhered to.

26 (b) A dentist, in good faith and in the course of the dentist's
27 professional practice only, may prescribe, administer or dispense
28 controlled substances, or may cause the same to be administered by a
29 nurse under the dentist's direction and supervision, to the extent
30 permitted by the federal Controlled Substances Act, federal food and
31 drug laws and state laws and regulations relating to dentistry.

32 (c) A podiatrist, in good faith and in the course of the podiatrist's
33 professional practice only, may prescribe, administer and dispense
34 controlled substances in schedules II, III, IV or V, or may cause the
35 same to be administered by a nurse under the podiatrist's direction
36 and supervision, to the extent permitted by the federal Controlled
37 Substances Act, the federal food and drug laws and state laws and
38 regulations relating to podiatry.

39 (d) A veterinarian, in good faith in the course of the veterinarian's
40 professional practice only, and not for use by a human being, may
41 prescribe, administer and dispense controlled substances, and may
42 cause them to be administered by an assistant or orderly under the
43 veterinarian's direction and supervision, to the extent permitted by the
44 federal Controlled Substances Act, the federal food and drug laws and

45 state laws and regulations relating to veterinary medicine.

46 (e) An advanced practice registered nurse licensed pursuant to
47 section 20-94a, in good faith and in the course of such nurse's
48 professional practice only, may prescribe, dispense, and administer
49 controlled substances in schedule II, III, IV or V, or may cause the same
50 to be administered by a registered nurse or licensed practical nurse
51 under the advanced practice registered nurse's direction and
52 supervision, to the extent permitted by the federal Controlled
53 Substances Act, the federal food and drug laws and state laws and
54 regulations relating to advanced nursing practice.

55 (f) A nurse-midwife licensed under chapter 377, in good faith and in
56 the course of the nurse-midwife's professional practice only, may
57 prescribe, dispense, and administer controlled substances in schedules
58 II, III, IV and V, or may cause the same to be administered by a
59 registered nurse or licensed practical nurse under the nurse-midwife's
60 direction and supervision, to the extent permitted by the federal
61 Controlled Substances Act, the federal food and drug laws and state
62 laws.

63 (g) A physician assistant licensed pursuant to section 20-12b, in
64 good faith and in the course of the physician assistant's professional
65 practice only, may prescribe, dispense, and administer controlled
66 substances in schedule II, III, IV or V, or may cause the same to be
67 administered by an advanced practice registered nurse, registered
68 nurse, or licensed practical nurse who is acting under a physician's
69 direction, to the extent permitted by the federal Controlled Substances
70 Act, the federal food and drug laws and state laws and regulations
71 relating to physician assistant practice.

72 (h) An optometrist authorized to practice advanced optometrical
73 care, in good faith and in the course of the optometrist's professional
74 practice only and who is duly authorized by section 20-127, may
75 prescribe, administer or dispense controlled substances in schedule II,
76 III, IV or V to the extent permitted by the federal Controlled

77 Substances Act, the federal food and drug laws and state laws and
78 regulations relating to optometry.

79 (i) Any person who has obtained directly from a physician, dentist,
80 podiatrist, optometrist, veterinarian, physician assistant, advanced
81 practice registered nurse or nurse-midwife any controlled substance
82 for self-administration or administration to a patient during the
83 absence of such physician, dentist, podiatrist, optometrist,
84 veterinarian, physician assistant, advanced practice registered nurse or
85 nurse-midwife shall return to such physician, dentist, podiatrist,
86 optometrist, veterinarian, physician assistant, advanced practice
87 registered nurse or nurse-midwife any unused portion of such
88 controlled substance, when it is no longer required by the person or
89 the patient, or may surrender such controlled substance to the
90 Commissioner of Consumer Protection for proper disposition.

91 (j) (1) A prescribing practitioner, as defined in section 20-14c, shall
92 not, except in an emergency, prescribe, dispense or administer
93 controlled substances in schedules II to IV, inclusive, to a member of
94 his or her immediate family. For purposes of this section, "immediate
95 family member" means a spouse, parent, child, sibling, parent-in-law,
96 son or daughter-in-law, brother or sister-in-law, step-parent, step-
97 child, step-sibling or other relative residing in the same residence as
98 the prescribing practitioner and shall not include an animal in the
99 residence. In an emergency, a prescribing practitioner may prescribe,
100 dispense or administer not more than a seventy-two-hour supply of
101 such controlled substances to an immediate family member only when
102 there is no other qualified prescribing practitioner available.

103 (2) A prescribing practitioner who prescribes, dispenses or
104 administers any controlled substance to a member of his or her
105 immediate family pursuant to subdivision (1) of this subsection shall
106 perform an assessment for the care and treatment of the patient,
107 medically evaluate the patient's need for such controlled substance and
108 document such assessment and need in the normal course of his or her
109 business. The prescribing practitioner shall document the emergency

110 that gave rise to the prescription, dispensing or administering of such
111 controlled substance to the immediate family member.

112 (k) A prescribing practitioner, as defined in section 20-14c, shall not,
113 except in an emergency, prescribe, dispense or administer controlled
114 substances in schedules II to IV, inclusive, for his or her own use. In an
115 emergency, a prescribing practitioner may prescribe, dispense or
116 administer not more than a seventy-two-hour emergency supply of
117 such controlled substances for self-use only when there is no other
118 qualified prescribing practitioner available.

119 Sec. 502. (NEW) (*Effective July 1, 2018*) (a) For purposes of this
120 section:

121 (1) "Opioid antagonist" shall have the meaning set forth in section
122 17a-714a of the general statutes.

123 (2) "Prescribing practitioner" shall have the meaning set forth in
124 section 20-14c of the general statutes.

125 (3) "Pharmacist" shall have the meaning set forth in section 20-609a
126 of the general statutes.

127 (b) A prescribing practitioner or a pharmacist certified to prescribe
128 naloxone pursuant to section 20-633c of the general statutes may enter
129 into an agreement with a law enforcement agency, emergency medical
130 service provider, government agency or community health
131 organization related to the distribution and administration of an
132 opioid antagonist for the reversal of an opioid overdose. The
133 prescribing practitioner or pharmacist shall provide training to persons
134 who will distribute or administer the opioid antagonist pursuant to the
135 terms of the agreement. Persons other than the prescribing practitioner
136 or pharmacist shall receive training in the distribution or
137 administration of opioid antagonists prior to distributing or
138 administering an opioid antagonist. The agreement shall address the
139 storage, handling, labeling, recalls and recordkeeping of opioid
140 antagonists by the law enforcement agency, emergency medical

141 service provider, government agency or community health
142 organization which is party to the agreement.

143 (c) A prescribing practitioner or pharmacist who enters into an
144 agreement pursuant to subsection (b) of this section shall not be liable
145 for damages in a civil action or subject to administrative or criminal
146 prosecution for the administration or dispensing of an opioid
147 antagonist by such law enforcement agency, emergency medical
148 service provider, government agency or community health
149 organization.

150 (d) The Commissioner of Consumer Protection may adopt
151 regulations, in accordance with the provisions of chapter 54 of the
152 general statutes, to implement the provisions of this section.

153 Sec. 503. (*Effective from passage*) (a) The Alcohol and Drug Policy
154 Council established under section 17a-667 of the general statutes shall
155 convene a working group to evaluate methods of combating the opioid
156 epidemic in the state. The working group shall investigate and advise
157 the cochairpersons of the council regarding the following:

158 (1) The number of persons annually who receive services from each
159 methadone treatment program funded by contract with the
160 Department of Mental Health and Addiction Services, the rate at
161 which such persons relapse and the number of such persons who die
162 as the result of a drug overdose while participating in such program;

163 (2) The availability of opioid antagonists, as defined in section 17a-
164 714a of the general statutes, at each such methadone treatment
165 program and each state-funded treatment program for persons with
166 substance use disorder;

167 (3) The advantages and disadvantages of a licensed mental health
168 professional at each such methadone treatment program and each
169 treatment program for persons with substance use disorder being
170 permitted to dispense an opioid antagonist directly to a person at the
171 time of such person's discharge from such program without the need

172 for such person to obtain the opioid antagonist from a pharmacy under
173 section 20-633c or 20-633d of the general statutes;

174 (4) Whether a nonfatal drug overdose at a hospital or outpatient
175 surgical facility should qualify as an adverse event under section 19a-
176 127n of the general statutes;

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

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

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

187 (8) The development of a state-wide strategy to (A) identify
188 potential sources of federal funding for treatment and prevention of
189 opioid use disorders, and (B) maximize federal reimbursement and
190 grant funding for state initiatives in combatting the opioid epidemic in
191 the state; and

192 (9) Whether the use of physical therapy, acupuncture, massage and
193 chiropractic care can reduce the need for opioid drugs, as defined in
194 section 20-14o of the general statutes, in mitigating a patient's chronic
195 pain.

196 (b) On or before January 1, 2019, the working group shall report its
197 findings to the cochairpersons of the Alcohol and Drug Policy Council.
198 The cochairpersons shall report, in accordance with the provisions of
199 section 11-4a of the general statutes, to the joint standing committee of
200 the General Assembly having cognizance of matters relating to public
201 health regarding such findings and any recommendations for

202 legislation.

203 Sec. 504. (NEW) (*Effective July 1, 2018*) (a) On and after January 1,
204 2019, any hospital licensed pursuant to chapter 368v of the general
205 statutes or emergency medical services personnel, as defined in section
206 20-206jj of the general statutes, that treats a patient for an overdose of
207 an opioid drug, as defined in section 20-14o of the general statutes,
208 shall report such overdose to the Department of Public Health in a
209 form and manner prescribed by the Commissioner of Public Health.

210 (b) On or before January 1, 2020, the Department of Public Health
211 shall provide the data reported pursuant to subsection (a) of this
212 section to the municipal health department or district department of
213 health that has jurisdiction over the location in which such overdose
214 occurred, or, if such location is unknown, the location in which the
215 hospital or emergency medical services personnel treated the patient,
216 as the department, in its discretion, deems necessary to develop
217 preventive initiatives pursuant to subsection (c) of this section.

218 (c) On or before July 1, 2020, each municipal health department and
219 district department of health shall use the data provided pursuant to
220 subsection (b) of this section to develop preventive initiatives on a
221 local level to address the incidences of opioid, heroin and other drug
222 overdoses occurring throughout the state.

223 (d) Data reported to the Department of Public Health by a hospital
224 or emergency medical services personnel shall at all times remain
225 confidential pursuant to section 19a-25 of the general statutes.

226 Sec. 505. (*Effective from passage*) (a) As used in this section:

227 (1) "Opioid agonist" has the same meaning as provided in section
228 17a-714a of the general statutes;

229 (2) "Long-term injectable opioid antagonist" means naltrexone for
230 extended-release injectable suspension or any other similarly acting
231 and equally safe drug approved by the federal Food and Drug

232 Administration for the treatment of opioid use disorder;

233 (3) "Opioid drug" has the same meaning as provided in section 20-
234 14o of the general statutes; and

235 (4) "Partial opioid agonist" means a medication that binds to the
236 opiate receptors and provides relief to individuals in treatment for
237 abuse of or dependency on an opioid drug and that causes less
238 conformational change and receptor activation in the central nervous
239 system than a full opioid agonist.

240 (b) Not later than January 15, 2019, the Department of Correction, in
241 consultation with the Departments of Mental Health and Addiction
242 Services, Public Health, and Social Services and the Office of Policy
243 and Management, shall review the pilot program established pursuant
244 to section 18-100j of the general statutes, as amended by this act, that
245 provides medication-assisted treatment to inmates with opioid use
246 disorder in correctional facilities and report, in accordance with the
247 provisions of section 11-4a of the general statutes, to the joint standing
248 committees of the General Assembly having cognizance of matters
249 relating to public health and the judiciary regarding the following:

250 (1) A comprehensive plan for expanding the pilot program to serve
251 all inmates with opioid use disorder state-wide, including estimates of
252 the lives saved by the pilot program, the costs, short-term savings and
253 long-term savings of the pilot program, including, but not limited to,
254 savings to other state departments and agencies, and the availability of
255 federal funds for expansion of the pilot program;

256 (2) Opportunities to expand the pilot program without incurring
257 additional costs, including, but not limited to, through the use of
258 existing programs that make long-term injectable opioid antagonists
259 available to the state at a reduced cost or no cost; and

260 (3) The feasibility of the Department of Correction embedding,
261 within available resources, treatment of opioid use disorder in its
262 health care delivery system.

263 (c) The Departments of Correction and Mental Health and
264 Addiction Services shall seek, within available resources, all available
265 federal funds for expanding access to medication-assisted treatment
266 for opioid use disorder in correctional facilities. If federal funds are
267 available, the Department of Correction shall expand the pilot
268 program, including, but not limited to, by offering the program in
269 additional correctional facilities, increasing the number of inmates
270 with access to the program or providing partial opioid agonists
271 through the program. Not later than January 1, 2020, the
272 Commissioners of Correction and Mental Health and Addiction
273 Services shall report, in accordance with the provisions of section 11-4a
274 of the general statutes, to the joint standing committees of the General
275 Assembly having cognizance of matters relating to the judiciary and
276 public health regarding the availability of funds and the plan for
277 expansion of the pilot program.

278 Sec. 506. Section 18-100j of the general statutes is repealed and the
279 following is substituted in lieu thereof (*Effective from passage*):

280 Not later than October 1, 2013, the Department of Correction may
281 initiate, with support from the Departments of Mental Health and
282 Addiction Services and Public Health, a pilot treatment program for
283 methadone maintenance and other drug therapies at facilities
284 including, but not limited to, the New Haven Community Correctional
285 Center. The pilot program shall [be for eighteen months and shall]
286 serve sixty to eighty inmates per month. The Department of Public
287 Health may waive public health code regulations that are not
288 applicable to the service model of the pilot program. Not later than
289 [October 1, 2014, and April 1, 2015] July 1, 2019, the Department of
290 Correction shall report on the results of the program to the joint
291 standing committee of the General Assembly having cognizance of
292 matters relating to human services, the judiciary, public health and
293 appropriations and the budgets of state agencies."

This act shall take effect as follows and shall amend the following sections:

Sec. 501	<i>July 1, 2018</i>	21a-252
Sec. 502	<i>July 1, 2018</i>	New section
Sec. 503	<i>from passage</i>	New section
Sec. 504	<i>July 1, 2018</i>	New section
Sec. 505	<i>from passage</i>	New section
Sec. 506	<i>from passage</i>	18-100j