

**Proposed Substitute
Bill No. 511**

LCO No. 3201

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

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

22 (1) The number of persons annually who receive services from each
23 methadone treatment program funded by contract with the
24 Department of Mental Health and Addiction Services, the rate at

25 which such persons relapse and the number of such persons who die
26 while participating in such program;

27 (2) The availability of opioid antagonists, as defined in section 17a-
28 714a of the general statutes, at each such methadone treatment
29 program and each state-funded treatment program for persons with
30 substance use disorder;

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

38 (4) Whether a nonfatal drug overdose at a hospital or outpatient
39 surgical facility should qualify as an adverse event under section 19a-
40 127n of the general statutes;

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

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

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

52 (c) On or before January 1, 2019, the chairperson of the working
53 group shall report the findings of the working group to the
54 Commissioner of Mental Health and Addiction Services. The
55 commissioner shall report, in accordance with the provisions of section

56 11-4a of the general statutes, to the joint standing committee of the
57 General Assembly having cognizance of matters relating to public
58 health regarding such findings and any recommendations for
59 legislation.

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

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

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

78 (3) Prior to July 1, 2016, each pharmacy, nonresident pharmacy, as
79 defined in section 20-627, outpatient pharmacy in a hospital or
80 institution and dispenser shall report to the commissioner, at least
81 weekly, by electronic means or, if a pharmacy or outpatient pharmacy
82 does not maintain records electronically, in a format approved by the
83 commissioner, the following information for all controlled substance
84 prescriptions dispensed by such pharmacy or outpatient pharmacy:
85 (A) Dispenser identification number; (B) the date the prescription for
86 the controlled substance was filled; (C) the prescription number; (D)
87 whether the prescription for the controlled substance is new or a refill;
88 (E) the national drug code number for the drug dispensed; (F) the

89 amount of the controlled substance dispensed and the number of days'
90 supply of the controlled substance; (G) a patient identification number;
91 (H) the patient's first name, last name and street address, including
92 postal code; (I) the date of birth of the patient; (J) the date the
93 prescription for the controlled substance was issued by the prescribing
94 practitioner and the prescribing practitioner's Drug Enforcement
95 Agency's identification number; and (K) the type of payment.

96 (4) (A) Except as provided in this subdivision, on and after July 1,
97 2016, each pharmacy, nonresident pharmacy, as defined in section 20-
98 627, outpatient pharmacy in a hospital or institution, and dispenser
99 shall report to the commissioner by electronic means, in a format
100 approved by the commissioner, the following information for all
101 controlled substance prescriptions dispensed by such pharmacy or
102 outpatient pharmacy immediately upon, but in no event later than the
103 next business day after, dispensing such prescriptions: (i) Dispenser
104 identification number; (ii) the date the prescription for the controlled
105 substance was filled; (iii) the prescription number; (iv) whether the
106 prescription for the controlled substance is new or a refill; (v) the
107 national drug code number for the drug dispensed; (vi) the amount of
108 the controlled substance dispensed and the number of days' supply of
109 the controlled substance; (vii) a patient identification number; (viii) the
110 patient's first name, last name and street address, including postal
111 code; (ix) the date of birth of the patient; (x) the date the prescription
112 for the controlled substance was issued by the prescribing practitioner
113 and the prescribing practitioner's Drug Enforcement Agency's
114 identification number; and (xi) the type of payment.

115 (B) If the electronic prescription drug monitoring program is not
116 operational, such pharmacy or dispenser shall report the information
117 described in this subdivision not later than the next business day after
118 regaining access to such program. For purposes of this subdivision,
119 "business day" means any day during which the pharmacy is open to
120 the public.

121 (C) Each veterinarian, licensed pursuant to chapter 384, who

122 dispenses a controlled substance prescription shall report to the
123 commissioner the information described in subparagraph (A) of this
124 subdivision, at least weekly, by electronic means or, if the veterinarian
125 does not maintain records electronically, in a format approved by the
126 commissioner.

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

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

137 (7) The commissioner shall provide, upon request, controlled
138 substance prescription information obtained in accordance with
139 subdivisions (3) and (4) of this subsection to the following: (A) The
140 prescribing practitioner or such practitioner's authorized agent, who is
141 treating or has treated a specific patient, provided the information is
142 obtained for purposes related to the treatment of the patient, including
143 the monitoring of controlled substances obtained by the patient; (B) the
144 prescribing practitioner with whom a patient has made contact for the
145 purpose of seeking medical treatment or such practitioner's authorized
146 agent, provided the request is accompanied by a written consent,
147 signed by the prospective patient, for the release of controlled
148 substance prescription information; or (C) the pharmacist who is
149 dispensing controlled substances for a patient, provided the
150 information is obtained for purposes related to the scope of the
151 pharmacist's practice and management of the patient's drug therapy,
152 including the monitoring of controlled substances obtained by the
153 patient. The prescribing practitioner, such practitioner's authorized
154 agent, or the pharmacist shall submit a written and signed request to

155 the commissioner for controlled substance prescription information.
156 Such prescribing practitioner or pharmacist shall not disclose any such
157 request except as authorized pursuant to sections 20-570 to 20-630,
158 inclusive, or sections 21a-240 to 21a-283, inclusive.

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

162 (9) Prior to prescribing greater than a seventy-two-hour supply of
163 any controlled substance to any patient, the prescribing practitioner or
164 such practitioner's authorized agent shall review the patient's records
165 in the electronic prescription drug monitoring program established
166 pursuant to this subsection. Whenever a prescribing practitioner
167 prescribes a controlled substance, other than a schedule V nonnarcotic
168 controlled substance, for the continuous or prolonged treatment of any
169 patient, such prescriber, or such prescriber's authorized agent, shall
170 review, not less than once every ninety days, the patient's records in
171 such prescription drug monitoring program. Whenever a prescribing
172 practitioner prescribes a schedule V nonnarcotic controlled substance,
173 for the continuous or prolonged treatment of any patient, such
174 prescribing practitioner, or such prescribing practitioner's authorized
175 agent, shall review, not less than annually, the patient's records in such
176 prescription drug monitoring program. If such electronic prescription
177 drug monitoring program is not operational, such prescribing
178 practitioner may prescribe greater than a seventy-two-hour supply of a
179 controlled substance to a patient during the time of such program's
180 inoperability, provided such prescribing practitioner or such
181 authorized agent reviews the records of such patient in such program
182 not more than twenty-four hours after regaining access to such
183 program.

184 (10) (A) A prescribing practitioner may designate an authorized
185 agent to review the electronic prescription drug monitoring program
186 and patient controlled substance prescription information on behalf of
187 the prescribing practitioner. The prescribing practitioner shall ensure

188 that any authorized agent's access to such program and patient
189 controlled substance prescription information is limited to the
190 purposes described in this section and occurs in a manner that protects
191 the confidentiality of information that is accessed through such
192 program. The prescribing practitioner and any authorized agent shall
193 be subject to the provisions of 45 CFR 164.308, as amended from time
194 to time, concerning administrative safeguards for the protection of
195 electronic protected health information. A prescribing practitioner may
196 receive disciplinary action for acts of the authorized agent as provided
197 in section 21a-322.

198 (B) Notwithstanding the provisions of subparagraph (A) of this
199 subdivision, a prescribing practitioner who is employed by or provides
200 professional services to a hospital shall, prior to designating an
201 authorized agent to review the electronic prescription drug monitoring
202 program and patient controlled substance prescription information on
203 behalf of the prescribing practitioner, (i) submit a request to designate
204 one or more authorized agents for such purposes and a written
205 protocol for oversight of the authorized agent or agents to the
206 commissioner, in the form and manner prescribed by the
207 commissioner, and (ii) receive the commissioner's approval to
208 designate such authorized agent or agents and of such written
209 protocol. Such written protocol shall designate either the hospital's
210 medical director, a hospital department head, who is a prescribing
211 practitioner, or another prescribing practitioner as the person
212 responsible for ensuring that the authorized agent's or agents' access to
213 such program and patient controlled substance prescription
214 information is limited to the purposes described in this section and
215 occurs in a manner that protects the confidentiality of information that
216 is accessed through such program. A hospital medical director, a
217 hospital department head, who is a prescribing practitioner, or another
218 prescribing practitioner designated as the person responsible for
219 overseeing an authorized agent's or agents' access to such program
220 and information in the written protocol approved by the commissioner
221 may receive disciplinary action for acts of the authorized agent or
222 agents as provided in section 21a-322. The commissioner may inspect

223 hospital records to determine compliance with written protocols
224 approved in accordance with this section.

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

231 ~~[(11)]~~ (12) The commissioner shall adopt regulations, in accordance
232 with chapter 54, concerning the reporting, evaluation, management
233 and storage of electronic controlled substance prescription
234 information.

235 ~~[(12)]~~ (13) The provisions of this section shall not apply to (A)
236 samples of controlled substances dispensed by a physician to a patient,
237 or (B) any controlled substances dispensed to hospital inpatients.

238 ~~[(13)]~~ (14) The provisions of this section shall not apply to any
239 institutional pharmacy or pharmacist's drug room operated by a
240 facility, licensed under section 19a-495 and regulations adopted
241 pursuant to said section 19a-495, that dispenses or administers directly
242 to a patient an opioid agonist for treatment of a substance use disorder.

243 ~~[(14)]~~ (15) The commissioner may provide controlled substance
244 prescription information obtained in accordance with subdivisions (3)
245 and (4) of this subsection to other state agencies, pursuant to an
246 agreement between the commissioner and the head of such agency,
247 provided the information is obtained for a study of disease prevention
248 and control related to opioid abuse or the study of morbidity and
249 mortality caused by overdoses of controlled substances. The provision
250 of such information shall be in accordance with all applicable state and
251 federal confidentiality requirements.

252 Sec. 3. (NEW) (*Effective July 1, 2018*) (a) Any hospital, emergency
253 medical services provider, health care provider or mental health care

254 professional who treats a patient for an overdose of an opioid drug, as
255 defined in section 20-14o of the general statutes, shall, subject to the
256 limitation set forth in subsection (b) of this section, report such
257 overdose to the municipal health department or district department of
258 health that has jurisdiction over the location in which such overdose
259 occurred or, if such location is unknown, the location in which such
260 provider treated such patient. A municipal health department and
261 district department of health that receives a report of an opioid drug
262 overdose under this section shall use the information contained in such
263 report to develop preventative initiatives on a local level to address the
264 incidences of opioid drug overdoses occurring throughout the state.

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

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

274 Sec. 4. (*Effective July 1, 2018*) The sum of twenty-five million dollars
275 is appropriated to the Department of Mental Health and Addiction
276 Services, from the General Fund, for the fiscal year ending June 30,
277 2019, for the purpose of providing funding for screening of, early
278 intervention for and referral to treatment of persons with opioid use
279 disorder.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>January 1, 2019</i>	21a-254(j)
Sec. 3	<i>July 1, 2018</i>	New section
Sec. 4	<i>July 1, 2018</i>	New section