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## **OLR Bill Analysis**

### **sSB 1057**

#### ***AN ACT CONCERNING OPIOID USE DISORDER.***

#### **SUMMARY**

This bill makes various changes to prevent and treat opioid use disorder. Among other things, it:

1. requires higher education institutions, by January 1, 2020, to provide and maintain a supply of opioid antagonists (e.g., Narcan) that are accessible to students and employees, and generally notify local emergency medical services (EMS) providers after an opioid antagonist is used;
2. requires the Department of Mental Health and Addiction Services (DMHAS), in collaboration with the Department of Social Services (DSS), to study the efficacy of establishing a community-based opioid use disorder treatment program that uses home health agencies to provide medication-assisted treatment to certain Medicaid beneficiaries;
3. generally requires DMHAS-operated or -approved treatment programs to educate patients with opioid use disorder, and their relatives and significant others, on opioid antagonists and how to administer them;
4. requires certain EMS personnel applying for state licensure or certification on or after January 1, 2020, to complete a DPH-approved mental health first aid training; and
5. requires hospitals, starting January 1, 2020, to administer a mental health screening or assessment on a patient it treats for a nonfatal opioid drug overdose.

The bill also makes minor and technical changes, including

specifying that existing law's record keeping and training requirements for pharmacists who dispense opioid antagonists also apply to the delivering of such medication.

EFFECTIVE DATE: October 1, 2019, except that provisions (1) requiring access to opioid antagonists at higher education institutions and studying community medication-assistance treatment programs take effect July 1, 2019, and (2) making minor and technical changes take effect upon passage.

### **§ 1 — ACCESS TO OPIOID ANTAGONISTS AT HIGHER EDUCATION INSTITUTIONS**

The bill requires each higher education institution president in the state, by January 1, 2020, to (1) develop and implement a policy on the availability and use of opioid antagonists by students and employees and (2) post the policy on the institution's website.

The bill also requires each higher education institution to:

1. provide and maintain a supply of opioid antagonist on each of its campuses in a central location;
2. make the central location known and accessible to students and employees at all hours;
3. maintain the supply of opioid antagonists according to manufacturer's guidelines; and
4. notify a local EMS provider, as soon as practicable, after each opioid antagonist use on campus that is reported or observed by an employee, unless the person the medication was administered to already received medical treatment for his or her drug overdose.

### **§ 2 — COMMUNITY-BASED OPIOID USE DISORDER TREATMENT PROGRAM**

The bill requires DMHAS, in collaboration with DSS, to study the efficacy of establishing a community-based opioid use disorder treatment program that uses one or more home health agencies to

provide medication-assisted treatment to Medicaid recipients who present to an emergency department (ED) (1) due to a suspected drug overdose or (2) with a primary or secondary opioid use disorder diagnosis and an ED physician determines the patient has a moderate to severe risk of relapse and the potential for continued opioid drug use.

Under the bill, the DMHAS commissioner must report on the study to the Human Services and Public Health committees by January 1, 2020.

By law, medication-assisted treatment is the use of federal Food and Drug Administration-approved medication in combination with counseling and behavioral therapies to provide a whole-patient approach to treating substance use disorders.

### **§ 3 — PATIENT EDUCATION REQUIREMENTS FOR TREATMENT PROGRAMS**

The bill requires DMHAS-operated or -approved substance use treatment programs that provide treatment or detoxification services to someone with an opioid use disorder to offer education on opioid antagonists and how to administer them to (1) patients when they are admitted to the program or first receive treatment services and (2) the patient's identified relatives and significant other.

Additionally, the bill requires a prescribing practitioner affiliated with a treatment program to deliver or issue a prescription for at least one dose of an opioid antagonist to a patient the prescriber determines would benefit from it. The prescription must be issued when the patient is admitted to the program or first receives treatment services.

### **§ 4 — MENTAL HEALTH FIRST AID TRAINING FOR EMS PERSONNEL**

Starting January 1, 2020, the bill requires an applicant for a (1) paramedic license or (2) emergency medical technician (EMT), advanced EMT, or emergency medical responder certificate to complete mental health first aid training from a DPH-approved program.

Existing law also requires such applicants to complete specified education and examination requirements to obtain such licensure or certification.

**§ 5 — MENTAL HEALTH SCREENINGS FOR CERTAIN HOSPITAL PATIENTS**

Starting January 1, 2020, the bill requires licensed hospitals that treat a patient for a nonfatal opioid drug overdose, to administer a mental health screening or assessment and provide the results to the (1) patient; (2) patient’s guardian or legal representative, if the patient is mentally incapacitated; or (3) patient’s parent or guardian, if the patient is a minor.

Existing law requires hospitals and EMS personnel to report to DPH confidential data on opioid drug overdoses they treat. By January 1, 2020, the department must provide the data to local health departments to develop prevention initiatives.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 0 (03/29/2019)