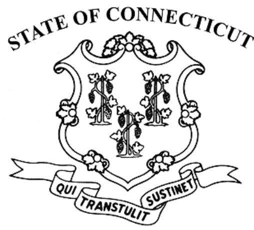

Senate

General Assembly **File No. 731**

January Session, 2019 Substitute Senate Bill No. 1057

Senate, April 17, 2019

The Committee on Public Health reported through SEN. DAUGHERTY ABRAMS of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING OPIOID USE DISORDER.

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

1 Section 1. (NEW) (*Effective July 1, 2019*) (a) Not later than January 1,
2 2020, the president of each institution of higher education in the state
3 shall (1) develop and implement a policy consistent with this section
4 concerning the availability and use of opioid antagonists, as defined in
5 section 17a-714 of the general statutes, by students and employees of
6 the institution, and (2) post such policy on its Internet web site.

7 (b) Each institution of higher education shall (1) provide and
8 maintain a supply of opioid antagonists on each of its campuses in a
9 central location, (2) make such central location known and accessible to
10 students and employees of such institution during all hours, (3)
11 maintain the supply of opioid antagonists in accordance with the
12 manufacturer's guidelines, and (4) notify a local emergency medical
13 services provider as soon as practicable after each use of an opioid
14 antagonist on the institution's campus that is reported to the institution

15 or observed by an employee of the institution, unless the person to
16 whom the opioid antagonist was administered has already received
17 medical treatment for his or her opioid-related drug overdose.

18 Sec. 2. (*Effective July 1, 2019*) The Department of Mental Health and
19 Addiction Services, in collaboration with the Department of Social
20 Services, shall study the efficacy of establishing a community-based
21 opioid use disorder treatment program that uses one or more home
22 health agencies, as defined in section 19a-490 of the general statutes, to
23 provide medication-assisted treatment, as defined in section 19a-906 of
24 the general statutes, to any Medicaid recipient who presents to an
25 emergency department as a result of a suspected opioid drug overdose
26 or with a primary or secondary opioid use disorder diagnosis and a
27 moderate to severe risk of relapse and the potential for continued use
28 of an opioid drug, as determined by an emergency department
29 physician. On or before January 1, 2020, the Commissioner of Mental
30 Health and Addiction Services shall report, in accordance with the
31 provisions of section 11-4a of the general statutes, to the joint standing
32 committees of the General Assembly having cognizance of matters
33 related to public health and human services on the outcome of such
34 study.

35 Sec. 3. (NEW) (*Effective October 1, 2019*) (a) As used in this section:

36 (1) "Treatment program" means a program operated by the
37 Department of Mental Health and Addiction Services or approved by
38 the Commissioner of Mental Health and Addiction Services for
39 treatment of the physical and psychological effects of drug
40 dependency or for the detoxification of a drug-dependent person, as
41 defined in section 17a-680 of the general statutes;

42 (2) "Opioid use disorder" means a medical condition characterized
43 by a problematic pattern of opioid use and misuse leading to clinically
44 significant impairment or distress; and

45 (3) "Opioid antagonist" means naloxone hydrochloride or any other
46 similarly acting and equally safe drug approved by the federal Food

47 and Drug Administration for the treatment of a drug overdose.

48 (b) A treatment program that provides treatment or detoxification
49 services to any person with an opioid use disorder shall (1) educate
50 such person regarding opioid antagonists and the administration
51 thereof at the time such person is admitted to or first receives services
52 from such program, (2) offer education regarding opioid antagonists
53 and the administration thereof to the relatives and significant other of
54 such person if the relatives and significant other have been identified
55 by such person, and (3) if there is a prescribing practitioner affiliated
56 with such program who determines that such person would benefit
57 from access to an opioid antagonist, issue a prescription for or deliver
58 to such person at least one dose of an opioid antagonist at the time
59 such person is admitted to or first receives treatment services from
60 such program.

61 Sec. 4. Section 20-206mm of the general statutes is repealed and the
62 following is substituted in lieu thereof (*Effective October 1, 2019*):

63 (a) Except as provided in subsections (b) and (c) of this section, an
64 applicant for a license as a paramedic shall submit evidence
65 satisfactory to the Commissioner of Public Health that the applicant
66 has successfully (1) completed a paramedic training program
67 approved by the commissioner, **[**and**]** (2) for applicants applying on
68 and after January 1, 2020, completed mental health first aid training as
69 part of a program approved by the Department of Public Health, and
70 (3) passed an examination prescribed by the commissioner.

71 (b) An applicant for licensure by endorsement shall present
72 evidence satisfactory to the commissioner that the applicant (1) is
73 licensed or certified as a paramedic in another state or jurisdiction
74 whose requirements for practicing in such capacity are substantially
75 similar to or higher than those of this state and that the applicant has
76 no pending disciplinary action or unresolved complaint against him or
77 her, or (2) (A) is currently licensed or certified as a paramedic in good
78 standing in any New England state, New York or New Jersey, (B) has
79 completed an initial training program consistent with the National

80 Emergency Medical Services Education Standards, as promulgated by
81 the National Highway Traffic Safety Administration for the paramedic
82 scope of practice model conducted by an organization offering a
83 program that is recognized by the national emergency medical services
84 program accrediting organization, [and] (C) for applicants applying on
85 or after January 1, 2020, has completed mental health first aid training
86 as part of a program approved by the Department of Public Health,
87 and (D) has no pending disciplinary action or unresolved complaint
88 against him or her.

89 (c) Any person who is certified as an emergency medical technician-
90 paramedic by the Department of Public Health on October 1, 1997,
91 shall be deemed a licensed paramedic. Any person so deemed shall
92 renew his license pursuant to section 19a-88 for a fee of one hundred
93 fifty dollars.

94 (d) The commissioner may issue an emergency medical technician
95 certificate, emergency medical responder certificate or advanced
96 emergency medical technician certificate to an applicant who presents
97 evidence satisfactory to the commissioner that the applicant (1) is
98 currently certified as an emergency medical technician, emergency
99 medical responder, or advanced emergency medical technician in good
100 standing in any New England state, New York or New Jersey, (2) has
101 completed an initial training program consistent with the National
102 Emergency Medical Services Education Standards, as promulgated by
103 the National Highway Traffic Safety Administration for the emergency
104 medical technician, emergency medical responder curriculum, or
105 advanced emergency medical technician, [and] (3) for applicants
106 applying on and after January 1, 2020, has completed mental health
107 first aid training as part of a program approved by the Department of
108 Public Health, and (4) has no pending disciplinary action or
109 unresolved complaint against him or her.

110 (e) An emergency medical responder, emergency medical
111 technician, advanced emergency medical technician or emergency
112 medical services instructor shall be recertified every three years. For

113 the purpose of maintaining an acceptable level of proficiency, each
114 emergency medical technician who is recertified for a three-year
115 period shall complete thirty hours of refresher training approved by
116 the commissioner or meet such other requirements as may be
117 prescribed by the commissioner. The refresher training or other
118 requirements shall include, but not be limited to, training in
119 Alzheimer's disease and dementia symptoms and care.

120 (f) The commissioner may issue a temporary emergency medical
121 technician certificate to an applicant who presents evidence
122 satisfactory to the commissioner that (1) the applicant was certified by
123 the department as an emergency medical technician prior to becoming
124 licensed as a paramedic pursuant to section 20-206*ll*, or (2) the
125 applicant's certification as an emergency medical technician has
126 expired and the applicant's license as a paramedic has become void
127 pursuant to section 19a-88. Such temporary certificate shall be valid for
128 a period not to exceed one year and shall not be renewable.

129 (g) An applicant who is issued a temporary emergency medical
130 technician certificate pursuant to subsection (f) of this section may,
131 prior to the expiration of such temporary certificate, apply to the
132 department for: (1) Renewal of such person's paramedic license, giving
133 such person's name in full, such person's residence and business
134 address and such other information as the department requests,
135 provided the application for license renewal is accompanied by
136 evidence satisfactory to the commissioner that the applicant was under
137 the medical oversight of a sponsor hospital, as those terms are defined
138 in section 19a-175, on the date the applicant's paramedic license
139 became void for nonrenewal; or (2) recertification as an emergency
140 medical technician, provided the application for recertification is
141 accompanied by evidence satisfactory to the commissioner that the
142 applicant completed emergency medical technician refresher training
143 approved by the commissioner not later than one year after issuance of
144 the temporary emergency medical technician certificate. The
145 department shall recertify such person as an emergency medical
146 technician without the examination required for initial certification

147 specified in regulations adopted by the commissioner pursuant to
148 section 20-206oo.

149 (h) The commissioner may issue an emergency medical responder,
150 emergency medical technician or advanced emergency medical
151 technician certificate to an applicant for certification by endorsement
152 who presents evidence satisfactory to the commissioner that the
153 applicant (1) is currently certified as an emergency medical responder,
154 emergency medical technician or advanced emergency medical
155 technician in good standing by a state that maintains licensing
156 requirements that the commissioner determines are equal to, or greater
157 than, those in this state, (2) has completed an initial **[**department-
158 approved**]** emergency medical responder, emergency medical
159 technician or advanced emergency medical technician training
160 program <u>approved by the Department of Public Health</u> that includes
161 written and practical examinations at the completion of the course, or a
162 program outside the state that adheres to national education standards
163 for the emergency medical responder, emergency medical technician
164 or advanced emergency medical technician scope of practice and that
165 includes an examination, **[**and**]** (3) <u>for applicants applying on or after</u>
166 <u>January 1, 2020, has completed mental health first aid training as part</u>
167 <u>of a training program approved by the Department of Public Health,</u>
168 <u>and (4)</u> has no pending disciplinary action or unresolved complaint
169 against him or her.

170 (i) The commissioner may issue an emergency medical service
171 instructor certificate to an applicant who presents (1) evidence
172 satisfactory to the commissioner that the applicant is currently certified
173 as an emergency medical technician in good standing, (2)
174 documentation satisfactory to the commissioner, with reference to
175 national education standards, regarding qualifications as an
176 emergency medical service instructor, (3) a letter of endorsement
177 signed by two instructors holding current emergency medical service
178 instructor certification, (4) documentation of having completed written
179 and practical examinations as prescribed by the commissioner, and (5)
180 evidence satisfactory to the commissioner that the applicant has no

181 pending disciplinary action or unresolved complaints against him or
182 her.

183 (j) Any person certified as an emergency medical responder,
184 emergency medical technician, advanced emergency medical
185 technician or emergency medical services instructor pursuant to this
186 chapter and the regulations adopted pursuant to section 20-206oo
187 whose certification has expired may apply to the Department of Public
188 Health for reinstatement of such certification as follows: (1) If such
189 certification expired one year or less from the date of the application
190 for reinstatement, such person shall complete the requirements for
191 recertification specified in regulations adopted pursuant to section 20-
192 206oo; (2) if such recertification expired more than one year but less
193 than three years from the date of application for reinstatement, such
194 person shall complete the training required for recertification and the
195 examination required for initial certification specified in regulations
196 adopted pursuant to section 20-206oo; or (3) if such certification
197 expired three or more years from the date of application for
198 reinstatement, such person shall complete the requirements for initial
199 certification set forth in this section. Any certificate issued pursuant to
200 this section shall remain valid for ninety days after the expiration date
201 of such certificate and become void upon the expiration of such ninety-
202 day period.

203 (k) The Commissioner of Public Health shall issue an emergency
204 medical technician certification to an applicant who is a member of the
205 armed forces or the National Guard or a veteran and who (1) presents
206 evidence satisfactory to the commissioner that such applicant holds a
207 current certification as a person entitled to perform similar services
208 under a different designation by the National Registry of Emergency
209 Medical Technicians, or (2) satisfies the regulations promulgated
210 pursuant to subdivision (4) of subsection (a) of section 19a-179. Such
211 applicant shall be exempt from any written or practical examination
212 requirement for certification.

213 (l) For the purposes of this section, "veteran" means any person who

214 was discharged or released under conditions other than dishonorable
215 from active service in the armed forces and "armed forces" has the
216 same meaning as provided in section 27-103.

217 Sec. 5. Section 19a-127q of the general statutes is repealed and the
218 following is substituted in lieu thereof (*Effective October 1, 2019*):

219 (a) On and after January 1, 2019, any hospital licensed pursuant to
220 chapter 368v or emergency medical services personnel, as defined in
221 section 20-206jj, that treats a patient for an overdose of an opioid drug,
222 as defined in section 20-14o, shall report such overdose to the
223 Department of Public Health in a form and manner prescribed by the
224 Commissioner of Public Health.

225 (b) On and after January 1, 2020, any hospital licensed pursuant to
226 chapter 368v that treats a patient for a nonfatal overdose of an opioid
227 drug, as defined in section 20-14o, shall administer a mental health
228 screening or assessment of the patient and provide the results of such
229 screening or assessment to the patient, or, (1) if the patient is mentally
230 incapacitated, to the patient's guardian or legal representative, or (2) if
231 the patient is a minor, to the patient's parent or guardian.

232 **[**(b)**]** (c) On or before January 1, 2020, the Department of Public
233 Health shall provide the data reported pursuant to subsection (a) of
234 this section to the municipal health department or district department
235 of health that has jurisdiction over the location in which such overdose
236 occurred, or, if such location is unknown, the location in which the
237 hospital or emergency medical services personnel treated the patient,
238 as the department, in its discretion, deems necessary to develop
239 preventive initiatives.

240 **[**(c)**]** (d) Data reported to the Department of Public Health by a
241 hospital or emergency medical services personnel shall at all times
242 remain confidential pursuant to section 19a-25.

243 Sec. 6. Subsection (a) of section 20-633c of the general statutes is
244 repealed and the following is substituted in lieu thereof (*Effective from*

245 *passage*):

246 (a) A person who is licensed as a pharmacist under part II of this
247 chapter and is certified in accordance with subsection (b) of this section
248 may prescribe, in good faith, an opioid antagonist, as defined in
249 section 17a-714a. Such pharmacist shall (1) provide appropriate
250 training regarding the administration of such opioid antagonist to the
251 person to whom the opioid antagonist is **[**dispensed**]** delivered, and (2)
252 maintain a record of **[**such**]** the dispensing and delivering of the opioid
253 antagonist and the training required pursuant to this chapter.

254 Sec. 7. Subsection (a) of section 20-633d of the general statutes is
255 repealed and the following is substituted in lieu thereof (*Effective from*
256 *passage*):

257 (a) A prescribing practitioner, as defined in section 20-14c, who is
258 authorized to prescribe an opioid antagonist, as defined in section 17a-
259 714a, and a pharmacy may enter into an agreement for a medical
260 protocol standing order at such pharmacy allowing a pharmacist
261 licensed under part II of this chapter to dispense an opioid antagonist
262 that is (1) administered by an intranasal application delivery system or
263 an auto-injection delivery system, (2) approved by the federal Food
264 and Drug Administration, and (3) **[**dispensed**]** delivered to any person
265 at risk of experiencing an overdose of an opioid drug, as defined in 42
266 CFR 8.2, or to a family member, friend or other person in a position to
267 assist a person at risk of experiencing an overdose of an opioid drug.

268 Sec. 8. Subsection (d) of section 20-633d of the general statutes is
269 repealed and the following is substituted in lieu thereof (*Effective from*
270 *passage*):

271 (d) A pharmacist who dispenses an opioid antagonist pursuant to a
272 medical protocol standing order shall (1) provide appropriate training
273 regarding the administration of such opioid antagonist to the person to
274 whom the opioid antagonist is **[**dispensed**]** delivered, (2) maintain a
275 record of such dispensing and delivering and the training required
276 pursuant to this chapter, and (3) send a copy of the record of such

277 dispensing and delivering to the prescribing practitioner who entered
278 into an agreement for a medical protocol standing order with the
279 pharmacy.

280 Sec. 9. Subdivision (7) of subsection (a) of section 20-74s of the
281 general statutes is repealed and the following is substituted in lieu
282 thereof (*Effective from passage*):

283 (7) "Supervision" means the regular on-site observation, by a
284 licensed alcohol and drug counselor or other licensed **[**mental**]**
285 behavioral health professional whose scope of practice includes the
286 screening, assessment, diagnosis and treatment of substance use
287 disorders and co-occurring disorders, of the functions and activities of
288 an alcohol and drug counselor in the performance of his or her duties
289 and responsibilities to include a review of the records, reports,
290 treatment plans or recommendations with respect to an individual or
291 group;

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2019*	New section
Sec. 2	*July 1, 2019*	New section
Sec. 3	*October 1, 2019*	New section
Sec. 4	*October 1, 2019*	20-206mm
Sec. 5	*October 1, 2019*	19a-127q
Sec. 6	*from passage*	20-633c(a)
Sec. 7	*from passage*	20-633d(a)
Sec. 8	*from passage*	20-633d(d)
Sec. 9	*from passage*	20-74s(a)(7)

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 20 $	FY 21 $
Mental Health & Addiction Serv., Dept.; Social Services, Dept.	GF - Potential Cost	See Below	See Below
Board of Regents for Higher Education	Various - Potential Cost	See Below	See Below
UConn; UConn Health Ctr.	Various - Potential Cost	See Below	See Below

Note: Various=Various; GF=General Fund

Municipal Impact: None

Explanation

Section 1 results in a potential cost to the Board of Regents for Higher Education, the University of Connecticut (UConn), and UConn Health Center associated with making naloxone accessible to students and employees. To make naloxone accessible, the constituent units will need to train students and employees on how to administer the drug. If the constituent units choose to distribute instructions via email and a link to Internet-available training, there will be no cost.

If, however, the constituent units determine in-person training is necessary, the FY 20 cost of the initial training may total approximately $116,700 to $311,100 collectively at UConn and UConn Health Center, which will need to train approximately 32,000 students and 10,000 employees using 1.2 FTE to 3.1 FTE staff (depending on the length and frequency of training) at an estimated cost of $100,000 each (including salary and fringe benefits). The in-person training cost in FY 20 at the Board of Regents may total approximately $243,500 to $653,300 for 2.4 FTE to 6.5 FTE staff to train approximately 75,500 students and 12,750

employees across the community colleges and state universities. In FY 21, the training may be included in new employee and new student trainings. If in-person refresher training is necessary in FY 22 or beyond, annual costs will be incurred.

The bill's provision requiring each higher education institution to maintain a supply of naloxone is not anticipated to result in an additional cost to the state because each constituent unit campus already makes naloxone available, during its open hours, either through campus police officers or the Dean of Students' office. If the constituent units are required to have naloxone at a central location, there will be a cost of between $20 and $40 for each additional naloxone dose the constituent unit needs to purchase. The Board of Regents encompasses 19 community college and state university locations, including eight at which police officers carry naloxone. Therefore, additional kits for a central location may need to be purchased in FY 20 at a cost of $320 to $640 if two doses are purchased per site. UConn consists of seven locations including the Health Center, and equipping each with two doses would cost $280 to $560 in FY 20. These costs will recur every 18 months to restock per current manufacturer guidelines.

Section 2 requires the Department of Mental Health and Addiction Services (DMHAS) to collaborate with the Department of Social Services (DSS) to study the efficacy of using home health agencies to provide medication-assisted treatment to certain Medicaid recipients who present in emergency departments due to opioid use. The fiscal impact of this depends on the scope of the study. If DMHAS and DSS can meet the provisions of the bill by reviewing existing, relevant research and submitting a report by January 1, 2020, there will not be a cost. If the agencies are required to conduct a study that is more clinical in nature, they will incur related contract costs.

Lastly, under the bill, when EMS personnel apply for licensure or certification after 1/1/20, they must provide documentation to the Department of Public Health (DPH) that they have completed a DPH-

approved mental health first aid training course. These programs are provided statewide. DPH has six months to determine which, if any at all, they will accept documentation from. The agency can do so using its existing expertise.

The Out Years

The annualized ongoing fiscal impact identified above will continue into the future subject to required training, naloxone supplies, and the scope of the study.

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)