General Assembly

Raised Bill No. 7395

January Session, 2019

LCO No. **6425**

Referred to Committee on JUDICIARY

Introduced by:
(JUD)

AN ACT CONCERNING OPIOID ABUSE AND TREATMENT.

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

Section 1. Subsection (j) of section 21a-254 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):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 and any opioid antagonist, as defined in section 17a-714a, 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 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 <u>or opioid antagonist</u> was filled; (iii) the prescription number; (iv) whether the prescription for the controlled substance <u>or opioid antagonist</u> is new or a refill; (v) the national drug code number for the drug dispensed; (vi) the amount of the controlled substance <u>or opioid</u>

antagonist dispensed and the number of days' supply of the controlled substance or uses of the opioid antagonist; (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 or opioid antagonist 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 or opioid antagonist 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 or opioid antagonist 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 or opioid antagonist 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 or opioid antagonist 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 or opioid antagonist prescription information; or (C) the pharmacist who is dispensing controlled substances or opioid antagonists 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 or opioid antagonists 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 or opioid antagonist 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 or opioid antagonist 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 or opioid antagonist 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 or opioid antagonist 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 or opioid antagonist 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 or opioid antagonist 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) The commissioner shall adopt regulations, in accordance with chapter 54, concerning the reporting, evaluation, management and storage of electronic controlled substance or opioid antagonist prescription information.

(12) 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) 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) The commissioner may provide controlled substance or opioid antagonist 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 or opioid antagonist. The provision of such information shall be in accordance with all applicable state and federal confidentiality requirements.

Sec. 2. (NEW) (*Effective October 1, 2019*) Not later than forty-five days before the scheduled release of an inmate from the custody of the Commissioner of Correction, including release subject to parole or supervised community setting, the commissioner shall provide each inmate suffering from opioid use disorder, or at risk of developing or relapsing into an opioid use disorder, information and counseling regarding treatment options, including accessing such options after being released into the community.

Sec. 3. (NEW) (*Effective July 1, 2019*) (a) On or before January 1, 2020, the Department of Correction, in consultation with the Departments of Public Health and Mental Health and Addiction Services, shall establish a medication-assisted treatment program in correctional facilities for inmates with opioid use disorder. During the first year of operation, at least five correctional facilities shall participate in the program. During the second year of operation, at least thirty per cent of all inmates in correctional facilities shall have access to the program. During the third year of operation, at least sixty per cent of all inmates in correctional facilities shall have access to the program. During the fourth year and for each subsequent year of operation, one hundred per cent of all inmates in correctional facilities shall have access to the

program.

(b) Correctional facilities that participate in the program shall (1) establish procedures that enable qualified correctional staff to dispense and administer all drugs approved by the federal Food and Drug Administration for use in medication-assisted treatment of opioid use disorder, and (2) make such treatment available under the program to any inmate for whom such treatment is found to be appropriate by a qualified, licensed health care provider. The program shall ensure that an inmate who has been receiving medication-assisted treatment for opioid use disorder immediately preceding the inmate's incarceration shall continue such treatment while incarcerated unless the inmate voluntarily discontinues such treatment or a qualified, licensed health care provider determines that such treatment is no longer appropriate. To the extent practicable, the Department of Correction shall prioritize placement of inmates who have been receiving medication-assisted treatment for opioid use disorder immediately preceding their incarceration in a correctional facility that provides access to the program.

(c) Not later than November 1, 2020, and annually thereafter until November 1, 2024, the Commissioner of Correction shall report to the Governor and, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and the judiciary:

(1) The cost of the program in the prior year;

(2) The projected cost associated with expanding the program to additional correctional facilities for the following year;

(3) A summary of changes to correctional facility practices related to implementation of the program;

(4) The type and prevalence of medication-assisted treatment provided under the program; and

(5) The number of inmates who (A) received medication-assisted treatment under the program, (B) voluntarily discontinued medication-assisted treatment, and (C) requested but did not receive medication-assisted treatment.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2019*	21a-254(j)
Sec. 2	*October 1, 2019*	New section
Sec. 3	*July 1, 2019*	New section

Statement of Purpose:

To add opioid antagonists to drugs monitored as part of the electronic prescription drug monitoring program, to require counseling for inmates vulnerable to opioid use disorder counseling prior to release from a correctional facility and to establish a medication-assisted treatment program in correctional facilities for inmates with opioid use disorder.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]