



General Assembly

January Session, 2019

Raised Bill No. 1057

LCO No. 5456



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

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 administer 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 problematic pattern of opioid use
43 leading to clinically significant impairment or distress; and

44 (3) "Opioid antagonist" means naloxone hydrochloride or any other
45 similarly acting and equally safe drug approved by the federal Food
46 and Drug Administration for the treatment of a drug overdose.

47 (b) A treatment program that provides treatment or detoxification

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

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 Section 20-206mm of the general statutes is repealed and the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

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

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

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

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

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

109 (e) An emergency medical responder, emergency medical
110 technician, advanced emergency medical technician or emergency
111 medical services instructor shall be recertified every three years. For
112 the purpose of maintaining an acceptable level of proficiency, each
113 emergency medical technician who is recertified for a three-year

114 period shall complete thirty hours of refresher training approved by
115 the commissioner or meet such other requirements as may be
116 prescribed by the commissioner. The refresher training or other
117 requirements shall include, but not be limited to, training in
118 Alzheimer's disease and dementia symptoms and care.

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

128 (g) An applicant who is issued a temporary emergency medical
129 technician certificate pursuant to subsection (f) of this section may,
130 prior to the expiration of such temporary certificate, apply to the
131 department for: (1) Renewal of such person's paramedic license, giving
132 such person's name in full, such person's residence and business
133 address and such other information as the department requests,
134 provided the application for license renewal is accompanied by
135 evidence satisfactory to the commissioner that the applicant was under
136 the medical oversight of a sponsor hospital, as those terms are defined
137 in section 19a-175, on the date the applicant's paramedic license
138 became void for nonrenewal; or (2) recertification as an emergency
139 medical technician, provided the application for recertification is
140 accompanied by evidence satisfactory to the commissioner that the
141 applicant completed emergency medical technician refresher training
142 approved by the commissioner not later than one year after issuance of
143 the temporary emergency medical technician certificate. The
144 department shall recertify such person as an emergency medical
145 technician without the examination required for initial certification
146 specified in regulations adopted by the commissioner pursuant to
147 section 20-206oo.

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

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

182 (j) Any person certified as an emergency medical responder,
183 emergency medical technician, advanced emergency medical
184 technician or emergency medical services instructor pursuant to this
185 chapter and the regulations adopted pursuant to section 20-20600
186 whose certification has expired may apply to the Department of Public
187 Health for reinstatement of such certification as follows: (1) If such
188 certification expired one year or less from the date of the application
189 for reinstatement, such person shall complete the requirements for
190 recertification specified in regulations adopted pursuant to section 20-
191 20600; (2) if such recertification expired more than one year but less
192 than three years from the date of application for reinstatement, such
193 person shall complete the training required for recertification and the
194 examination required for initial certification specified in regulations
195 adopted pursuant to section 20-20600; or (3) if such certification
196 expired three or more years from the date of application for
197 reinstatement, such person shall complete the requirements for initial
198 certification set forth in this section. Any certificate issued pursuant to
199 this section shall remain valid for ninety days after the expiration date
200 of such certificate and become void upon the expiration of such ninety-
201 day period.

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

212 (l) For the purposes of this section, "veteran" means any person who
213 was discharged or released under conditions other than dishonorable
214 from active service in the armed forces and "armed forces" has the
215 same meaning as provided in section 27-103.

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

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

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

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

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

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

245 (a) A person who is licensed as a pharmacist under part II of this
246 chapter and is certified in accordance with subsection (b) of this section

247 may prescribe, in good faith, an opioid antagonist, as defined in
248 section 17a-714a. Such pharmacist shall (1) provide appropriate
249 training regarding the administration of such opioid antagonist to the
250 person to whom the opioid antagonist is [dispensed] delivered, and (2)
251 maintain a record of [such] the dispensing and delivering of the opioid
252 antagonist and the training required pursuant to this chapter.

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

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

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

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

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

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

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

Statement of Purpose:

To combat opioid use disorder in the state.

[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.]