



General Assembly

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Amendment

LCO No. 9693



Offered by:

REP. STEINBERG, 136th Dist.

SEN. DAUGHERTY ABRAMS, 13th Dist.

To: Subst. House Bill No. 7159

File No. 481

Cal. No. 307

"AN ACT ADDRESSING OPIOID USE."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 20-614 of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective October 1, 2019*):

5 (a) A prescription shall be transmitted in either an oral, written or
6 electronic manner to a pharmacy.

7 (b) Whenever a pharmacy, or an institutional pharmacy in a hospital
8 dispensing a drug or device for outpatient use or dispensing a drug or
9 device that is prescribed for an employee of the hospital or for the
10 employee's spouse or dependent children, receives an oral or
11 electronically-transmitted prescription, except for a controlled drug, as
12 defined in section 21a-240, a record of such prescription shall be
13 maintained in writing or electronically. The pharmacist or pharmacy
14 intern shall, not later than the end of the business day when the

15 prescription was received, record the prescription on a prescription
16 form or in an electronic record including: (1) The name and address of
17 the prescribing practitioner; (2) the date of the prescription; (3) the
18 name, dosage form, strength, where applicable, and the amount of the
19 drug prescribed; (4) the name and address of the patient or, for
20 veterinary prescriptions, the name and address of the owner and the
21 species of the animal; (5) the directions for use; (6) any required
22 cautionary statements; and (7) the number of times the prescription
23 may be refilled, including the use of refill terms "PRN" and "ad lib" in
24 lieu of a specific number of authorized refills.

25 (c) A written prescription shall bear: (1) The written signature of the
26 prescribing practitioner or shall comply with the requirements of
27 section 19a-509c; (2) the address of the practitioner; (3) the date of the
28 prescription; (4) the name, dosage form, strength, where applicable,
29 and amount of the drug prescribed; (5) the name and address of the
30 patient or, for veterinary prescriptions, the name and address of the
31 owner and the species of the animal; (6) the directions for use; (7) any
32 required cautionary statements; and (8) the number of times the
33 prescription may be refilled, including the use of refill terms "PRN"
34 and "ad lib" in lieu of a specific number of authorized refills. No
35 written prescription form for a schedule II substance may contain an
36 order for any other legend drug or device.

37 (d) Prior to or simultaneous with the dispensing of a drug pursuant
38 to subsection (b) of this section, a pharmacist or other employee of the
39 pharmacy shall, whenever practicable, offer for the pharmacist to
40 discuss the drug to be dispensed and to counsel the patient on the
41 usage of the drug, except when the person obtaining the prescription is
42 other than the person named on the prescription form or electronic
43 record or the pharmacist determines it is appropriate to make such
44 offer in writing. Any such written offer shall include an offer to
45 communicate with the patient either in person at the pharmacy or by
46 telephone.

47 (e) Nothing in this section shall be construed to require a pharmacist

48 to provide counseling to a patient who refuses such counseling. The
49 pharmacist shall keep a record of such counseling, any refusal by or
50 inability of the patient to accept counseling or a refusal by the patient
51 to provide information regarding such counseling. Records kept
52 pursuant to this subsection shall be maintained for the same length of
53 time as prescription records are maintained pursuant to section 20-615.

54 [(d)] (f) (1) As used in this subsection, "electronic data intermediary"
55 means an entity that provides the infrastructure that connects the
56 computer systems or other electronic devices utilized by prescribing
57 practitioners with those used by pharmacies in order to facilitate the
58 secure transmission of electronic prescription orders, refill
59 authorization requests, communications and other patient care
60 information between such entities.

61 (2) An electronic data intermediary may transfer electronically
62 transmitted data between a prescribing practitioner licensed and
63 authorized to prescribe and a pharmacy of the patient's choice,
64 licensed pursuant to this chapter or licensed under the laws of any
65 other state or territory of the United States. Electronic data
66 intermediaries shall not alter the transmitted data except as necessary
67 for technical processing purposes. Electronic data intermediaries may
68 archive copies of only that electronic data related to such transmissions
69 necessary to provide for proper auditing and security of such
70 transmissions. Such data shall only be maintained for the period
71 necessary for auditing purposes. Electronic data intermediaries shall
72 maintain patient privacy and confidentiality of all archived
73 information as required by state and federal law.

74 (3) No electronic data intermediary shall operate without the
75 approval of the Commissioner of Consumer Protection. An electronic
76 data intermediary seeking approval shall apply to the Commission of
77 Pharmacy in the manner prescribed by the commissioner. The
78 commissioner, with the advice and assistance of the commission, shall
79 adopt regulations, in accordance with the provisions of chapter 54, to
80 establish criteria for the approval of electronic data intermediaries, to

81 ensure that (A) procedures to be used for the transmission and
82 retention of prescription data by an intermediary, and (B) mechanisms
83 to be used by an intermediary to safeguard the confidentiality of such
84 data, are consistent with the provisions and purposes of this section.

85 Sec. 2. Section 20-612 of the general statutes is repealed and the
86 following is substituted in lieu thereof (*Effective October 1, 2019*):

87 Subject to the provisions of subsection [(d)] (f) of section 20-614, as
88 amended by this act, only a pharmacy shall accept a prescription for
89 dispensing. No employee, personnel or owner of a place of business or
90 establishment not licensed as a pharmacy may accept a prescription for
91 transfer to or for collection for a pharmacy.

92 Sec. 3. Subsection (j) of section 21a-254 of the general statutes is
93 repealed and the following is substituted in lieu thereof (*Effective from*
94 *passage*):

95 (j) (1) The commissioner shall, within available appropriations,
96 establish an electronic prescription drug monitoring program to
97 collect, by electronic means, prescription information for schedules II,
98 III, IV and V controlled substances that are dispensed by pharmacies,
99 nonresident pharmacies, as defined in section 20-627, outpatient
100 pharmacies in hospitals or institutions or by any other dispenser. The
101 program shall be designed to provide information regarding the
102 prescription of controlled substances in order to prevent the improper
103 or illegal use of the controlled substances and shall not infringe on the
104 legitimate prescribing of a controlled substance by a prescribing
105 practitioner acting in good faith and in the course of professional
106 practice.

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

110 (3) Prior to July 1, 2016, each pharmacy, nonresident pharmacy, as
111 defined in section 20-627, outpatient pharmacy in a hospital or

112 institution and dispenser shall report to the commissioner, at least
113 weekly, by electronic means or, if a pharmacy or outpatient pharmacy
114 does not maintain records electronically, in a format approved by the
115 commissioner, the following information for all controlled substance
116 prescriptions dispensed by such pharmacy or outpatient pharmacy:
117 (A) Dispenser identification number; (B) the date the prescription for
118 the controlled substance was filled; (C) the prescription number; (D)
119 whether the prescription for the controlled substance is new or a refill;
120 (E) the national drug code number for the drug dispensed; (F) the
121 amount of the controlled substance dispensed and the number of days'
122 supply of the controlled substance; (G) a patient identification number;
123 (H) the patient's first name, last name and street address, including
124 postal code; (I) the date of birth of the patient; (J) the date the
125 prescription for the controlled substance was issued by the prescribing
126 practitioner and the prescribing practitioner's Drug Enforcement
127 Agency's identification number; and (K) the type of payment.

128 (4) (A) Except as provided in this subdivision, on and after July 1,
129 2016, each pharmacy, nonresident pharmacy, as defined in section 20-
130 627, outpatient pharmacy in a hospital or institution, and dispenser
131 shall report to the commissioner by electronic means, in a format
132 approved by the commissioner, the following information for all
133 controlled substance prescriptions dispensed by such pharmacy or
134 outpatient pharmacy immediately upon, but in no event later than the
135 next business day after, dispensing such prescriptions: (i) Dispenser
136 identification number; (ii) the date the prescription for the controlled
137 substance was filled; (iii) the prescription number; (iv) whether the
138 prescription for the controlled substance is new or a refill; (v) the
139 national drug code number for the drug dispensed; (vi) the amount of
140 the controlled substance dispensed and the number of days' supply of
141 the controlled substance; (vii) a patient identification number; (viii) the
142 patient's first name, last name and street address, including postal
143 code; (ix) the date of birth of the patient; (x) the date the prescription
144 for the controlled substance was issued by the prescribing practitioner
145 and the prescribing practitioner's Drug Enforcement Agency's

146 identification number; and (xi) the type of payment.

147 (B) If the electronic prescription drug monitoring program is not
148 operational, such pharmacy or dispenser shall report the information
149 described in this subdivision not later than the next business day after
150 regaining access to such program. For purposes of this subdivision,
151 "business day" means any day during which the pharmacy is open to
152 the public.

153 (C) Each veterinarian, licensed pursuant to chapter 384, who
154 dispenses a controlled substance prescription shall report to the
155 commissioner the information described in subparagraph (A) of this
156 subdivision, at least weekly, by electronic means or, if the veterinarian
157 does not maintain records electronically, in a format approved by the
158 commissioner.

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

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

169 (7) The commissioner shall provide, upon request, controlled
170 substance prescription information obtained in accordance with
171 subdivisions (3) and (4) of this subsection to the following: (A) The
172 prescribing practitioner or such practitioner's authorized agent, who is
173 treating or has treated a specific patient, provided the information is
174 obtained for purposes related to the treatment of the patient, including
175 the monitoring of controlled substances obtained by the patient; (B) the
176 prescribing practitioner with whom a patient has made contact for the
177 purpose of seeking medical treatment or such practitioner's authorized

178 agent, provided the request is accompanied by a written consent,
179 signed by the prospective patient, for the release of controlled
180 substance prescription information; or (C) the pharmacist who is
181 dispensing controlled substances for a patient, or such pharmacist's
182 authorized pharmacy technician, provided the information is obtained
183 for purposes related to the scope of the pharmacist's practice and
184 management of the patient's drug therapy, including the monitoring of
185 controlled substances obtained by the patient. The prescribing
186 practitioner, such practitioner's authorized agent, [or] the pharmacist
187 or such pharmacist's authorized pharmacy technician shall submit a
188 written and signed request to the commissioner for controlled
189 substance prescription information. Such prescribing practitioner, [or]
190 pharmacist or pharmacist's authorized pharmacy technician shall not
191 disclose any such request except as authorized pursuant to sections 20-
192 570 to 20-630, inclusive, or sections 21a-240 to 21a-283, inclusive.

193 (8) No person or employer shall prohibit, discourage or impede a
194 prescribing practitioner, [or] pharmacist or pharmacist's authorized
195 pharmacy technician from requesting controlled substance
196 prescription information pursuant to this subsection.

197 (9) Prior to prescribing greater than a seventy-two-hour supply of
198 any controlled substance to any patient, the prescribing practitioner or
199 such practitioner's authorized agent shall review the patient's records
200 in the electronic prescription drug monitoring program established
201 pursuant to this subsection. Whenever a prescribing practitioner
202 prescribes a controlled substance, other than a schedule V nonnarcotic
203 controlled substance, for the continuous or prolonged treatment of any
204 patient, such prescriber, or such prescriber's authorized agent, shall
205 review, not less than once every ninety days, the patient's records in
206 such prescription drug monitoring program. Whenever a prescribing
207 practitioner prescribes a schedule V nonnarcotic controlled substance,
208 for the continuous or prolonged treatment of any patient, such
209 prescribing practitioner, or such prescribing practitioner's authorized
210 agent, shall review, not less than annually, the patient's records in such
211 prescription drug monitoring program. If such electronic prescription

212 drug monitoring program is not operational, such prescribing
213 practitioner may prescribe greater than a seventy-two-hour supply of a
214 controlled substance to a patient during the time of such program's
215 inoperability, provided such prescribing practitioner or such
216 authorized agent reviews the records of such patient in such program
217 not more than twenty-four hours after regaining access to such
218 program.

219 (10) (A) A prescribing practitioner may designate an authorized
220 agent to review the electronic prescription drug monitoring program
221 and patient controlled substance prescription information on behalf of
222 the prescribing practitioner. The prescribing practitioner shall ensure
223 that any authorized agent's access to such program and patient
224 controlled substance prescription information is limited to the
225 purposes described in this section and occurs in a manner that protects
226 the confidentiality of information that is accessed through such
227 program. The prescribing practitioner and any authorized agent shall
228 be subject to the provisions of 45 CFR 164.308, as amended from time
229 to time, concerning administrative safeguards for the protection of
230 electronic protected health information. A prescribing practitioner may
231 [receive] be subject to disciplinary action for acts of the authorized
232 agent as provided in section 21a-322.

233 (B) Notwithstanding the provisions of subparagraph (A) of this
234 subdivision, a prescribing practitioner who is employed by or provides
235 professional services to a hospital shall, prior to designating an
236 authorized agent to review the electronic prescription drug monitoring
237 program and patient controlled substance prescription information on
238 behalf of the prescribing practitioner, (i) submit a request to designate
239 one or more authorized agents for such purposes and a written
240 protocol for oversight of the authorized agent or agents to the
241 commissioner, in the form and manner prescribed by the
242 commissioner, and (ii) receive the commissioner's approval to
243 designate such authorized agent or agents and of such written
244 protocol. Such written protocol shall designate either the hospital's
245 medical director, a hospital department head, who is a prescribing

246 practitioner, or another prescribing practitioner as the person
247 responsible for ensuring that the authorized agent's or agents' access to
248 such program and patient controlled substance prescription
249 information is limited to the purposes described in this section and
250 occurs in a manner that protects the confidentiality of information that
251 is accessed through such program. A hospital medical director, a
252 hospital department head, who is a prescribing practitioner, or another
253 prescribing practitioner designated as the person responsible for
254 overseeing an authorized agent's or agents' access to such program
255 and information in the written protocol approved by the commissioner
256 may [receive] be subject to disciplinary action for acts of the authorized
257 agent or agents as provided in section 21a-322. The commissioner may
258 inspect hospital records to determine compliance with written
259 protocols approved in accordance with this section.

260 (C) A pharmacist may designate a pharmacy technician to access the
261 electronic prescription drug monitoring program and patient
262 controlled substance prescription information on behalf of the
263 pharmacist only for the purposes of facilitating the pharmacist's
264 review of such patient information. The pharmacist shall ensure that
265 any such pharmacy technician's access to such program and patient
266 controlled substance prescription information is limited to the
267 purposes described in this section and occurs in a manner that protects
268 the confidentiality of information that is accessed through such
269 program. The pharmacist and any authorized pharmacy technician
270 shall be subject to the provisions of 45 CFR 164.308, as amended from
271 time to time, concerning administrative safeguards for the protection
272 of electronic protected health information. A pharmacist may be
273 subject to disciplinary action for acts of the authorized pharmacy
274 technician.

275 (D) Prior to designating a pharmacy technician to access the
276 electronic prescription drug monitoring program and patient
277 controlled substance prescription information on behalf of the
278 pharmacist, the supervising pharmacist shall provide training for the
279 authorized pharmacy technicians. Such training shall designate a

280 pharmacist as the person responsible for ensuring that the authorized
281 pharmacy technician's access to such program and patient controlled
282 substance prescription information is limited to the purposes described
283 in this section and occurs in a manner that protects the confidentiality
284 of information that is accessed through such program. A pharmacist
285 designated as the person responsible for overseeing the pharmacy
286 technician's access to such program may be subject to disciplinary
287 action for acts of the authorized pharmacy technician. The
288 commissioner may inspect records to document pharmacy technician
289 training, that pharmacy technicians have access to the program and
290 that patient controlled substance prescription information has been
291 limited in accordance with the provisions of this section.

292 (11) The commissioner shall adopt regulations, in accordance with
293 chapter 54, concerning the reporting, evaluation, management and
294 storage of electronic controlled substance prescription information.

295 (12) The provisions of this section shall not apply to (A) samples of
296 controlled substances dispensed by a physician to a patient, or (B) any
297 controlled substances dispensed to hospital inpatients.

298 (13) The provisions of this section shall not apply to any
299 institutional pharmacy or pharmacist's drug room operated by a
300 facility, licensed under section 19a-495 and regulations adopted
301 pursuant to said section 19a-495, that dispenses or administers directly
302 to a patient an opioid agonist for treatment of a substance use disorder.

303 (14) The commissioner may provide controlled substance
304 prescription information obtained in accordance with subdivisions (3)
305 and (4) of this subsection to other state agencies, pursuant to an
306 agreement between the commissioner and the head of such agency,
307 provided the information is obtained for a study of disease prevention
308 and control related to opioid abuse or the study of morbidity and
309 mortality caused by overdoses of controlled substances. The provision
310 of such information shall be in accordance with all applicable state and
311 federal confidentiality requirements.

312 (15) Nothing in this section shall prohibit a prescribing practitioner
313 or such prescribing practitioner's authorized agent from disclosing
314 controlled substance prescription information submitted pursuant to
315 subdivisions (3) and (4) of this subsection to the Department of Social
316 Services for the purposes of administering any of said department's
317 medical assistance programs.

318 Sec. 4. Subsection (i) of section 21a-70 of the general statutes is
319 repealed and the following is substituted in lieu thereof (*Effective*
320 *October 1, 2019*):

321 (i) (1) Each registered manufacturer or wholesaler of drugs shall
322 operate a system to identify suspicious orders of controlled substances
323 and shall immediately inform the Director of the Drug Control
324 Division of suspicious orders. Suspicious orders include, but are not
325 limited to, orders of unusual size, orders deviating substantially from a
326 normal pattern and orders of unusual frequency. Each registered
327 manufacturer or wholesaler of drugs shall also send the Drug Control
328 Division a copy of any suspicious [activity reporting] orders submitted
329 to the federal Drug Enforcement Administration pursuant to 21 CFR
330 1301.74.

331 (2) Each registered manufacturer or wholesaler of drugs that, based
332 on concerns of potential diversion, ceases or declines distribution of
333 any schedule II, III, IV or V controlled substance to a pharmacy, as
334 defined in section 20-594, or to a practitioner, as defined in section 21a-
335 316, in the state of Connecticut shall report the name of the pharmacy
336 or practitioner, location of the pharmacy or practitioner and the
337 reasons for ceasing or declining distribution of such controlled
338 substance in writing to the Director of the Drug Control Division, or to
339 an electronic system designated by the Drug Control Division, not later
340 than five business days after ceasing or declining distribution of such
341 controlled substance.

342 Sec. 5. (NEW) (*Effective October 1, 2019*) Notwithstanding any
343 provision of the general statutes, no life insurance or annuity policy or

344 contract shall be delivered, issued for delivery, renewed or continued
345 in this state that excludes coverage solely on the basis of receipt of a
346 prescription for naloxone, commonly referred to as an opioid
347 antagonist, or any naloxone biosimilar or naloxone generic, nor shall
348 any application, rider or endorsement to such policy or contract be
349 used in connection therewith that excludes coverage solely on the basis
350 of receipt of such a prescription, biosimilar or generic.

351 Sec. 6. (NEW) (*Effective October 1, 2019*) A prescribing practitioner, as
352 defined in section 20-14c of the general statutes, who prescribes an
353 opioid drug, as defined in section 20-14o of the general statutes, for the
354 treatment of pain for a patient for a duration greater than twelve
355 weeks shall establish a treatment agreement with the patient or discuss
356 a care plan for the chronic use of opioids with the patient. The
357 treatment agreement or care plan shall, at a minimum, include
358 treatment goals, risks of using opioids, urine drug screens and
359 expectations regarding the continuing treatment of pain with opioids,
360 such as situations requiring discontinuation of opioid treatment and,
361 to the extent possible, nonopioid treatment options. A record of the
362 treatment agreement or care plan shall be recorded in the patient's
363 medical record.

364 Sec. 7. (NEW) (*Effective July 1, 2019*) (a) Not later than January 1,
365 2020, the president of each institution of higher education in the state
366 shall (1) develop and implement a policy consistent with subsection (b)
367 of this section concerning the availability and use of opioid
368 antagonists, as defined in section 17a-714 of the general statutes, by
369 students and employees of the institution, (2) submit such policy to the
370 Department of Consumer Protection for approval, and (3) upon
371 approval of the department, post such policy on the institution's
372 Internet web site.

373 (b) The policy of each institution of higher education concerning the
374 availability and use of opioid antagonists shall (1) designate a medical
375 professional or public safety professional to oversee the purchase,
376 storage and distribution of opioid antagonists on each of its campuses,

377 (2) identify the location or locations on each of its campuses where the
378 opioid antagonists are stored, which location or locations shall be
379 made known and accessible to students and employees of such
380 institution, (3) require maintenance of the supply of opioid antagonists
381 in accordance with the manufacturer's guidelines, and (4) require a
382 representative of the institution to call 911 or notify a local emergency
383 medical services provider prior to, during or as soon as practicable
384 after each use of an opioid antagonist on the institution's campus that
385 is reported to the institution or observed by a medical professional or
386 public safety professional, unless the person to whom the opioid
387 antagonist was administered has already received medical treatment
388 for his or her opioid-related drug overdose.

389 Sec. 8. (*Effective July 1, 2019*) The Department of Mental Health and
390 Addiction Services, in collaboration with the Departments of Social
391 Services and Public Health, shall review literature concerning the
392 efficacy of the provision of home-based treatment and recovery
393 services for persons with opioid use disorder by a licensed provider of
394 substance use disorder treatment services, including, but not limited
395 to, home health agencies, as defined in section 19a-490 of the general
396 statutes, which treatment may include the provision of medication-
397 assisted treatment, as defined in section 19a-906 of the general statutes,
398 to any Medicaid recipient who presents to an emergency department
399 as a result of a suspected opioid drug overdose or with a primary or
400 secondary opioid use disorder diagnosis and a moderate to severe risk
401 of relapse and the potential for continued use of an opioid drug, as
402 determined by an emergency department physician. On or before
403 January 1, 2020, the Commissioner of Mental Health and Addiction
404 Services shall report, in accordance with the provisions of section 11-4a
405 of the general statutes, to the joint standing committees of the General
406 Assembly having cognizance of matters related to public health and
407 human services on the outcome of such review.

408 Sec. 9. (NEW) (*Effective October 1, 2019*) (a) As used in this section:

409 (1) "Treatment program" means a program operated by the

410 Department of Mental Health and Addiction Services or approved by
411 the Commissioner of Mental Health and Addiction Services for
412 treatment of the physical and psychological effects of drug
413 dependency or for the detoxification of a drug-dependent person, as
414 defined in section 17a-680 of the general statutes;

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

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

421 (b) A treatment program that provides treatment or detoxification
422 services to any person with an opioid use disorder shall (1) educate
423 such person regarding opioid antagonists and the administration
424 thereof at the time such person is admitted to or first receives services
425 from such program, (2) offer education regarding opioid antagonists
426 and the administration thereof to the relatives and significant other of
427 such person if the relatives and significant other have been identified
428 by such person, and (3) if there is a prescribing practitioner affiliated
429 with such program who determines that such person would benefit
430 from access to an opioid antagonist, issue a prescription for or deliver
431 to such person at least one dose of an opioid antagonist at the time
432 such person is admitted to or first receives treatment services from
433 such program.

434 Sec. 10. Section 20-206mm of the general statutes is repealed and the
435 following is substituted in lieu thereof (*Effective October 1, 2019*):

436 (a) Except as provided in subsections (b) and (c) of this section, an
437 applicant for a license as a paramedic shall submit evidence
438 satisfactory to the Commissioner of Public Health that the applicant
439 has successfully (1) completed a paramedic training program
440 approved by the commissioner, [and] (2) for applicants applying on
441 and after January 1, 2020, completed mental health first aid training as

442 part of a program provided by an instructor certified by the National
443 Council for Behavioral Health, and (3) passed an examination
444 prescribed by the commissioner.

445 (b) An applicant for licensure by endorsement shall present
446 evidence satisfactory to the commissioner that the applicant (1) is
447 licensed or certified as a paramedic in another state or jurisdiction
448 whose requirements for practicing in such capacity are substantially
449 similar to or higher than those of this state and that the applicant has
450 no pending disciplinary action or unresolved complaint against him or
451 her, or (2) (A) is currently licensed or certified as a paramedic in good
452 standing in any New England state, New York or New Jersey, (B) has
453 completed an initial training program consistent with the National
454 Emergency Medical Services Education Standards, as promulgated by
455 the National Highway Traffic Safety Administration for the paramedic
456 scope of practice model conducted by an organization offering a
457 program that is recognized by the national emergency medical services
458 program accrediting organization, [and] (C) for applicants applying on
459 or after January 1, 2020, has completed mental health first aid training
460 as part of a program provided by an instructor certified by the
461 National Council for Behavioral Health, and (D) has no pending
462 disciplinary action or unresolved complaint against him or her.

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

468 (d) [The commissioner may issue an emergency medical technician
469 certificate,] On or after January 1, 2020, each person seeking
470 certification as an emergency medical responder, [certificate]
471 emergency medical technician or advanced emergency medical
472 technician [certificate to an applicant who presents] shall apply to the
473 department on forms prescribed by the commissioner. Applicants for
474 certification shall comply with the following requirements: (1) For

475 initial certification, an applicant shall present evidence satisfactory to
476 the commissioner that the applicant [(1) is currently certified as an
477 emergency medical technician, emergency medical responder, or
478 advanced emergency medical technician in good standing in any New
479 England state, New York or New Jersey, (2)] (A) has completed an
480 initial training program consistent with the National Emergency
481 Medical Services Education Standards, as promulgated by the National
482 Highway Traffic Safety Administration for the [emergency medical
483 technician,] emergency medical responder, emergency medical
484 technician or advanced emergency medical technician curriculum, [or
485 advanced emergency medical technician, and (3) has no pending
486 disciplinary action or unresolved complaint against him or her] (B) has
487 passed the examination administered by the national organization for
488 emergency medical certification for an emergency medical responder,
489 emergency medical technician or advanced emergency medical
490 technician as necessary for the type of certification sought by the
491 applicant or an examination approved by the department, (C) has
492 completed mental health first aid training as part of a program
493 provided by an instructor certified by the National Council for
494 Behavioral Health, and (D) has no pending disciplinary action or
495 unresolved complaints against such applicant, (2) a certificate issued
496 under this subsection shall be renewed once every two years in
497 accordance with the provisions of section 19a-88 upon presentation of
498 evidence satisfactory to the commissioner that the applicant (A) has
499 successfully completed continuing education for an emergency
500 medical responder, emergency medical technician or advanced
501 emergency medical technician as required by the national organization
502 for emergency medical certification or as approved by the department,
503 or (B) presents a current certification as an emergency medical
504 responder, emergency medical technician or advanced emergency
505 medical technician from the national organization for emergency
506 medical certification, or (3) for certification by endorsement from
507 another state, an applicant shall present evidence satisfactory to the
508 commissioner that the applicant (A) (i) is currently certified as an
509 emergency medical responder, emergency medical technician or

510 advanced emergency medical technician in good standing by a state
511 that maintains certification or licensing requirements that the
512 commissioner determines are equal to or greater than those in this
513 state, or (ii) holds a current certification as an emergency medical
514 responder, emergency medical technician or advanced emergency
515 medical technician from the national organization for emergency
516 medical certification, and (B) has completed mental health first aid
517 training as part of a program provided by an instructor certified by the
518 National Council for Behavioral Health.

519 (e) An emergency medical responder, emergency medical
520 technician, advanced emergency medical technician or emergency
521 medical services instructor shall be recertified every [three] two years.
522 For the purpose of maintaining an acceptable level of proficiency, each
523 emergency medical technician who is recertified for a [three-year] two-
524 year period shall complete thirty hours of refresher training approved
525 by the commissioner or meet such other requirements as may be
526 prescribed by the commissioner. The refresher training or other
527 requirements shall include, but not be limited to, training in
528 Alzheimer's disease and dementia symptoms and care.

529 (f) The commissioner may issue a temporary emergency medical
530 technician certificate to an applicant who presents evidence
531 satisfactory to the commissioner that (1) the applicant was certified by
532 the department as an emergency medical technician prior to becoming
533 licensed as a paramedic pursuant to section 20-206ll, or (2) the
534 applicant's certification as an emergency medical technician has
535 expired and the applicant's license as a paramedic has become void
536 pursuant to section 19a-88. Such temporary certificate shall be valid for
537 a period not to exceed one year and shall not be renewable.

538 (g) An applicant who is issued a temporary emergency medical
539 technician certificate pursuant to subsection (f) of this section may,
540 prior to the expiration of such temporary certificate, apply to the
541 department for: (1) Renewal of such person's paramedic license, giving
542 such person's name in full, such person's residence and business

543 address and such other information as the department requests,
544 provided the application for license renewal is accompanied by
545 evidence satisfactory to the commissioner that the applicant was under
546 the medical oversight of a sponsor hospital, as those terms are defined
547 in section 19a-175, on the date the applicant's paramedic license
548 became void for nonrenewal; or (2) recertification as an emergency
549 medical technician, provided the application for recertification is
550 accompanied by evidence satisfactory to the commissioner that the
551 applicant completed emergency medical technician refresher training
552 approved by the commissioner not later than one year after issuance of
553 the temporary emergency medical technician certificate. The
554 department shall recertify such person as an emergency medical
555 technician without the examination required for initial certification
556 specified in regulations adopted by the commissioner pursuant to
557 section 20-206oo.

558 [(h) The commissioner may issue an emergency medical responder,
559 emergency medical technician or advanced emergency medical
560 technician certificate to an applicant for certification by endorsement
561 who presents evidence satisfactory to the commissioner that the
562 applicant (1) is currently certified as an emergency medical responder,
563 emergency medical technician or advanced emergency medical
564 technician in good standing by a state that maintains licensing
565 requirements that the commissioner determines are equal to, or greater
566 than, those in this state, (2) has completed an initial department-
567 approved emergency medical responder, emergency medical
568 technician or advanced emergency medical technician training
569 program that includes written and practical examinations at the
570 completion of the course, or a program outside the state that adheres
571 to national education standards for the emergency medical responder,
572 emergency medical technician or advanced emergency medical
573 technician scope of practice and that includes an examination, and (3)
574 has no pending disciplinary action or unresolved complaint against
575 him or her.]

576 [(i)] (h) The commissioner may issue an emergency medical service

577 instructor certificate to an applicant who presents (1) evidence
578 satisfactory to the commissioner that the applicant is currently certified
579 as an emergency medical technician in good standing, (2)
580 documentation satisfactory to the commissioner, with reference to
581 national education standards, regarding qualifications as an
582 emergency medical service instructor, (3) a letter of endorsement
583 signed by two instructors holding current emergency medical service
584 instructor certification, (4) documentation of having completed written
585 and practical examinations as prescribed by the commissioner, and (5)
586 evidence satisfactory to the commissioner that the applicant has no
587 pending disciplinary action or unresolved complaints against him or
588 her.

589 [(j)] (i) Any person certified as an emergency medical responder,
590 emergency medical technician, advanced emergency medical
591 technician or emergency medical services instructor pursuant to this
592 chapter and the regulations adopted pursuant to section 20-20600
593 whose certification has expired may apply to the Department of Public
594 Health for reinstatement of such certification as follows: (1) If such
595 certification expired one year or less from the date of the application
596 for reinstatement, such person shall complete the requirements for
597 recertification specified in regulations adopted pursuant to section 20-
598 20600; (2) if such recertification expired more than one year but less
599 than three years from the date of application for reinstatement, such
600 person shall complete the training required for recertification and the
601 examination required for initial certification specified in regulations
602 adopted pursuant to section 20-20600; or (3) if such certification
603 expired three or more years from the date of application for
604 reinstatement, such person shall complete the requirements for initial
605 certification set forth in this section. Any certificate issued pursuant to
606 this section shall remain valid for ninety days after the expiration date
607 of such certificate and become void upon the expiration of such ninety-
608 day period.

609 [(k)] (j) The Commissioner of Public Health shall issue an
610 emergency medical technician certification to an applicant who is a

611 member of the armed forces or the National Guard or a veteran and
612 who (1) presents evidence satisfactory to the commissioner that such
613 applicant holds a current certification as a person entitled to perform
614 similar services under a different designation by the National Registry
615 of Emergency Medical Technicians, or (2) satisfies the regulations
616 promulgated pursuant to subdivision (4) of subsection (a) of section
617 19a-179. Such applicant shall be exempt from any written or practical
618 examination requirement for certification.

619 [(l)] (k) For the purposes of this section, "veteran" means any person
620 who was discharged or released under conditions other than
621 dishonorable from active service in the armed forces and "armed
622 forces" has the same meaning as provided in section 27-103.

623 Sec. 11. Section 19a-127q of the general statutes is repealed and the
624 following is substituted in lieu thereof (*Effective October 1, 2019*):

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

631 (b) On and after January 1, 2020, any hospital licensed pursuant to
632 chapter 368v that treats a patient for a nonfatal overdose of an opioid
633 drug, as defined in section 20-14o, shall administer a mental health
634 screening or assessment of the patient if medically appropriate, and
635 provide the results of such screening or assessment to the patient if
636 medically appropriate, or to the patient's parent, guardian or legal
637 representative, as applicable, if medically appropriate.

638 [(b)] (c) On or before January 1, 2020, the Department of Public
639 Health shall provide the data reported pursuant to subsection (a) of
640 this section to the municipal health department or district department
641 of health that has jurisdiction over the location in which such overdose
642 occurred, or, if such location is unknown, the location in which the

643 hospital or emergency medical services personnel treated the patient,
644 as the department, in its discretion, deems necessary to develop
645 preventive initiatives.

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

649 Sec. 12. Subdivision (7) of subsection (a) of section 20-74s of the
650 general statutes is repealed and the following is substituted in lieu
651 thereof (*Effective from passage*):

652 (7) "Supervision" means the regular on-site observation, by a
653 licensed alcohol and drug counselor or other licensed [mental]
654 behavioral health professional whose scope of practice includes the
655 screening, assessment, diagnosis and treatment of substance use
656 disorders and co-occurring disorders, of the functions and activities of
657 an alcohol and drug counselor in the performance of his or her duties
658 and responsibilities to include a review of the records, reports,
659 treatment plans or recommendations with respect to an individual or
660 group;

661 Sec. 13. (*Effective from passage*) The Department of Mental Health and
662 Addiction Services, in collaboration with the Department of Public
663 Health and any other relevant entity designated by said departments,
664 shall study (1) the protocol for the detention by a police officer
665 pursuant to section 17a-503 of the general statutes of a person whom
666 the police officer suspects of having experienced an opioid drug
667 overdose, and (2) the implications of involuntarily transporting a
668 person suspected of having experienced an opioid drug overdose to
669 the emergency department and referring such person to a recovery
670 coach to assist such person in obtaining or receiving recovery
671 resources. On or before January 1, 2020, the Commissioners of Mental
672 Health and Addiction Services and Public Health shall report on such
673 study, in accordance with the provisions of section 11-4a of the general
674 statutes, to the joint standing committee of the General Assembly

675 having cognizance of matters relating to public health."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2019</i>	20-614
Sec. 2	<i>October 1, 2019</i>	20-612
Sec. 3	<i>from passage</i>	21a-254(j)
Sec. 4	<i>October 1, 2019</i>	21a-70(i)
Sec. 5	<i>October 1, 2019</i>	New section
Sec. 6	<i>October 1, 2019</i>	New section
Sec. 7	<i>July 1, 2019</i>	New section
Sec. 8	<i>July 1, 2019</i>	New section
Sec. 9	<i>October 1, 2019</i>	New section
Sec. 10	<i>October 1, 2019</i>	20-206mm
Sec. 11	<i>October 1, 2019</i>	19a-127q
Sec. 12	<i>from passage</i>	20-74s(a)(7)
Sec. 13	<i>from passage</i>	New section