AN ACT CONCERNING OPIOID USE DISORDER.

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

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

(b) Each institution of higher education shall (1) provide and maintain a supply of opioid antagonists on each of its campuses in a central location, (2) make such central location known and accessible to students and employees of such institution during all hours, (3) maintain the supply of opioid antagonists in accordance with the manufacturer's guidelines, and (4) notify a local emergency medical services provider as soon as practicable after each use of an opioid antagonist on the institution's campus that is reported to the institution or observed by an employee of the institution, unless the person to whom the opioid antagonist was administer has already received medical treatment for his or her opioid-related drug overdose.

Sec. 2. (Effective July 1, 2019) The Department of Mental Health and Addiction Services, in collaboration with the Department of Social Services, shall study the efficacy of establishing a community-based opioid use disorder treatment program that uses one or more home health agencies, as defined in section 19a-490 of the general statutes, to provide medication-assisted treatment, as defined in section 19a-906 of
the general statutes, to any Medicaid recipient who presents to an
emergency department as a result of a suspected opioid drug overdose
or with a primary or secondary opioid use disorder diagnosis and a
moderate to severe risk of relapse and the potential for continued use
of an opioid drug, as determined by an emergency department
physician. On or before January 1, 2020, the Commissioner of Mental
Health and Addiction Services shall report, 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
related to public health and human services on the outcome of such
study.

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

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

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

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

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

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

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

(b) An applicant for licensure by endorsement shall present
evidence satisfactory to the commissioner that the applicant (1) is
licensed or certified as a paramedic in another state or jurisdiction
whose requirements for practicing in such capacity are substantially
similar to or higher than those of this state and that the applicant has
no pending disciplinary action or unresolved complaint against him or
her, or (2) (A) is currently licensed or certified as a paramedic in good
standing in any New England state, New York or New Jersey, (B) has
completed an initial training program consistent with the National
Emergency Medical Services Education Standards, as promulgated by
the National Highway Traffic Safety Administration for the paramedic
scope of practice model conducted by an organization offering a
program that is recognized by the national emergency medical services
program accrediting organization, [and] (C) for applicants applying on
or after January 1, 2020, has completed mental health first aid training
as part of a program approved by the Department of Public Health,
and (D) has no pending disciplinary action or unresolved complaint
against him or her.
(c) Any person who is certified as an emergency medical technician-paramedic by the Department of Public Health on October 1, 1997, shall be deemed a licensed paramedic. Any person so deemed shall renew his license pursuant to section 19a-88 for a fee of one hundred fifty dollars.

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

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

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

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

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

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

(j) Any person certified as an emergency medical responder,
emergency medical technician, advanced emergency medical
technician or emergency medical services instructor pursuant to this
chapter and the regulations adopted pursuant to section 20-20600
whose certification has expired may apply to the Department of Public
Health for reinstatement of such certification as follows: (1) If such
certification expired one year or less from the date of the application
for reinstatement, such person shall complete the requirements for recertification specified in regulations adopted pursuant to section 20-206oo; (2) if such recertification expired more than one year but less than three years from the date of application for reinstatement, such person shall complete the training required for recertification and the examination required for initial certification specified in regulations adopted pursuant to section 20-206oo; or (3) if such certification expired three or more years from the date of application for reinstatement, such person shall complete the requirements for initial certification set forth in this section. Any certificate issued pursuant to this section shall remain valid for ninety days after the expiration date of such certificate and become void upon the expiration of such ninety-day period.

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

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

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

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

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

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

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

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

(a) A person who is licensed as a pharmacist under part II of this chapter and is certified in accordance with subsection (b) of this section may prescribe, in good faith, an opioid antagonist, as defined in section 17a-714a. Such pharmacist shall (1) provide appropriate training regarding the administration of such opioid antagonist to the person to whom the opioid antagonist is [dispensed] delivered, and (2) maintain a record of [such] the dispensing and delivering of the opioid antagonist and the training required pursuant to this chapter.
Sec. 7. Subsection (a) of section 20-633d of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

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

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

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

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

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

This act shall take effect as follows and shall amend the following sections:

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