

Opioid and Addiction Services Legislation

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Issue

This report provides a brief summary of legislation addressing opioids and addiction services enacted by the Connecticut General Assembly between 2017 and 2019.

Summary

Over the last three years, the General Assembly enacted a number of acts that affect opioid abuse and addiction services, such as (1) authorizing pharmacies to dispense opioid antagonists (e.g., Narcan) through standing orders without a patient-specific prescription; (2) establishing various provisions on the oversight of sober homes and available information about such homes; and (3) requiring hospitals to administer mental health screenings or patient assessments, as medically appropriate, for patients treated for nonfatal drug overdoses.

Below we briefly summarize relevant provisions of these acts. Not all provisions of the acts are included; complete summaries are available on the General Assembly's website. Additionally, the report does not include minor or technical provisions.

The summaries below include effective dates only for provisions which have not taken effect as of this report's publication.

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Access to Opioid Antagonists

Higher Education Institutions

A new law requires higher education institutions to (1) develop and implement policies by January 1, 2020, on the availability and use of opioid antagonists by students and employees and (2) generally notify emergency medical providers when an opioid antagonist is used ([PA 19-191](#), § 7).

Opioid Antagonist Program for Local Agencies

Legislation passed in 2018 allows prescribing practitioners and pharmacists authorized to prescribe opioid antagonists to enter into an agreement with a law enforcement agency, emergency medical services (EMS) provider, government agency, or community health organization to distribute and administer opioid antagonists. The prescribers and pharmacists must provide training to the individuals who will distribute or administer opioid antagonists under such an agreement ([PA 18-166](#), § 3).

Standing Orders for Pharmacies

A 2017 law allows a practitioner authorized to prescribe an opioid antagonist to issue a standing order (i.e., non-patient specific prescription) to a licensed pharmacist for an opioid antagonist under certain conditions. When dispensing an opioid antagonist under a standing order, the pharmacist must train the person to administer it and keep related records ([PA 17-131](#), § 12).

Alcohol and Drug Policy Council

Expanded Responsibilities

Legislation passed in 2017 expands the responsibilities of the state's Alcohol and Drug Policy Council (ADPC) to include, among other things, developing a [fact sheet](#) on opioid drugs. The council must make the fact sheet available on the Department of Mental Health and Addiction Services (DMHAS) website for health care providers and pharmacists to use and encourage them to disseminate it to various people (such as patients they treat for opioid use disorder symptoms) ([PA 17-131](#), § 7).

Feasibility Study on Opioid Abuse Public Education Initiatives

A 2017 law required the ADPC to examine the feasibility of (1) developing a marketing campaign and making monthly public service announcements on opioid drugs and (2) establishing an electronic information portal (i.e., internet website or application) on the availability of substance use disorder treatment beds in Connecticut facilities ([PA 17-131](#), § 7).

Criminal Laws and the Department of Correction

Fentanyl Classification

A 2019 law expressly codifies the classification of fentanyl (a synthetic opioid analgesic) as a narcotic substance. By law, the penalties for various illegal actions involving narcotics are higher than those for certain other non-narcotic controlled substances ([PA 19-38](#), effective October 1, 2019).

Opioid Treatment Information for Inmates

Recent legislation requires the Department of Correction (DOC) commissioner to provide information on treatment options to inmates who self-identify as suffering from or relapsing into an opioid use disorder. The information must (1) be provided at least 45 days before the inmate is released from DOC custody and (2) include ways to access treatment options after being released into the community ([PA 19-167](#), effective October 1, 2019).

Pilot DOC Methadone Treatment Program

A 2018 law extends a DOC pilot methadone treatment program for certain inmates, expands its scope if federal funds are available, and requires a new report on the program's results ([PA 18-166](#), §§ 6 & 7).

Pilot Program for Certain Arrestees

A 2017 law required the chief state's attorney to establish a pilot program to identify and track homeless, addicted, or mentally ill individuals entering the criminal justice system and refer them to certain programs ([PA 17-205](#)).

Special Parole

"Special parole" is parole ordered by the court as part of the sentence when someone is convicted of a crime. Among other changes to special parole, a 2018 law eliminates special parole as a sentencing option for convictions of offenses related to dependency-producing drugs ([PA 18-63](#)).

Drug Disposal

Controlled Substance Disposal by Certain Nurses

A 2017 law allows registered nurses employed by home health care agencies, with a patient's designated representative's permission, to oversee the destruction or disposal of the patient's controlled substances ([PA 17-131](#), § 2).

Pharmacy Disposal Programs

A 2017 law requires the Department of Consumer Protection (DCP) commissioner to adopt regulations on allowing a certain number of licensed pharmacies to accept and dispose of unused prescription drugs ([PA 17-109](#)).

Emergency Medical Services and Data Reporting

Local EMS Plans

By law, local EMS plans must require that at least one EMS provider who is likely to arrive first at a medical emergency carry an opioid antagonist and complete training on how to administer it. A 2017 law required each municipality to amend its local EMS plan to include this requirement by October 1, 2017 ([PA 17-131](#), § 11).

Overdose Reporting

A 2018 law requires hospitals or EMS personnel that treat a patient for an opioid overdose to report the overdose to the Department of Public Health (DPH). Starting in 2020, DPH must provide the data to the municipal or district health department as DPH, in its discretion, deems necessary to develop preventive initiatives. The data is confidential in accordance with existing law for records provided to DPH ([PA 18-166](#), § 5).

Insurance

Coverage for Substance Use Disorder

Legislation passed in 2017 requires certain individual and group health insurance policies to cover medically necessary (1) medically monitored inpatient detoxification services and (2) medically managed intensive inpatient detoxification services for insureds or enrollees who have been diagnosed with a substance use disorder ([PA 17-131](#), §§ 8 & 9).

This year, another new law prohibits certain health insurance policies from applying non-quantitative treatment limitations (e.g., prior authorization) to mental health and substance use disorder benefits in a way that is substantially different from how they apply these limitations to medical and surgical benefits. The act also generally prohibits health insurance policies from denying coverage for substance abuse services solely because they were provided under a court order ([PA 19-159](#), §§ 2-5, effective January 1, 2020).

Direct Payments for Substance Use Disorder Treatments

A 2017 law requires certain health insurance policies to directly pay any out-of-network health care providers eligible for reimbursement for diagnosis or treatment rendered in Connecticut for a substance use disorder ([PA 17-157](#)).

Opioid Antagonist Prescriptions and Life Insurance and Annuity Policies

A 2019 law prohibits life insurance or annuity policies or contracts delivered, issued, renewed, or continued in the state from excluding coverage solely based on an individual having received a prescription for naloxone (i.e., an opioid antagonist) or for a naloxone biosimilar or generic ([PA 19-191](#), § 5, effective October 1, 2019).

Opioid and Controlled Substance Prescriptions

Electronic Prescriptions Generally Required

A 2017 law generally requires prescriptions for controlled substances to be transmitted electronically to a pharmacy, which must have the technology to accept such prescriptions ([PA 17-131](#), § 3).

Maximum Opioid Supply for First-Time Outpatient Use

Connecticut law prohibits a practitioner authorized to prescribe an opioid drug from issuing a prescription for more than a seven-day supply to an adult for first-time outpatient use. Legislation passed in 2017 reduced, from a seven-day supply to a five-day supply, the maximum amount of an opioid drug that may be prescribed to a minor. For either adults or minors, these limits do not apply if the practitioner determines that a larger supply is needed to treat the person's acute medical condition, chronic pain, cancer-associated pain, or for palliative care.

When prescribing an opioid drug to a minor, the law requires the practitioner to discuss the risks associated with opioid drug use with the minor and his or her custodial parent, guardian, or legal custodian, if present. Legislation passed in 2017 additionally requires prescribers to have these discussions with adult patients ([PA 17-131](#), § 5).

Prescribing Controlled Substances Using Telehealth

A 2018 law allows telehealth providers authorized to prescribe controlled substances, under specified conditions, to prescribe non-opioid Schedule II or III controlled substances using telehealth to treat a psychiatric disability or substance use disorder, including medication-assisted treatment ([PA 18-148](#)).

Provision of Controlled Substances to Self or Family

Legislation passed in 2018 generally prohibits prescribing practitioners from prescribing, dispensing, or administering Schedule II to IV controlled substances to themselves or immediate family members. It allows an exception for up to a 72-hour supply if there is no other qualified prescriber available ([PA 18-166](#), § 2).

Treatment Agreement for Certain Patients Prescribed Opioids

Under a new law, prescribing practitioners who prescribe an opioid drug for more than a 12-week supply must establish a treatment agreement with the patient or discuss a care plan for chronic opioid drug use. The agreement or plan must include (1) treatment goals, risks of opioid drug use, urine drug screens, and expectations for continued pain treatment with opioids and (2) to the extent possible, non-opioid treatment options ([PA 19-191](#), § 6, effective October 1, 2019).

Voluntary Non-Opioid Directive Form

Legislation passed in 2017 requires DPH, in consultation with DMHAS and DCP, to establish a voluntary [non-opioid directive form](#) and publish it on the DPH website. A patient may file the form with a prescribing practitioner, indicating that he or she asks not to be issued a prescription or medication order for an opioid drug ([PA 17-131](#), § 4).

Patient Care and Treatment

Mental Health Screenings for Certain Patients

Starting in 2020, a new law requires hospitals to administer a mental health screening or patient assessment on patients treated for a nonfatal opioid drug overdose, and provide the results to the patient or certain other individuals, if it is medically appropriate to do so ([PA 19-191](#), § 11, effective October 1, 2019).

Multicare Institutions and Methadone Treatment

A new law specifies that multicare institutions' services may include methadone delivery and related substance use treatment services to individuals in nursing homes ([PA 19-118](#), § 5).

Patient Education Requirements for Treatment Programs

A 2019 law requires DMHAS-operated or -approved substance use treatment programs that treat patients with opioid use disorder to offer education on opioid antagonists to these patients and their relatives. The act also requires affiliated prescribers to provide a prescription for at least one dose of an opioid antagonist to a patient the prescriber determines would benefit from it ([PA 19-191](#), § 9, effective October 1, 2019).

Substance Exposed Newborns

Legislation enacted in 2017 and 2018 addresses Department of Children and Families (DCF) policies and guidelines on the safe care of newborns born with signs of prenatal substance exposure. For example, the 2018 act requires that the guidelines instruct health care providers on their participation in the discharge planning process, including creating written safe care plans between the provider and the newborn's mother. A provider involved in delivering or caring for a

substance exposed newborn must notify DCF of the newborn's condition ([PA 17-210](#) and [PA 18-111](#), § 5).

Prescription Drug Monitoring and Oversight

Information Sharing with State Agencies

The state's Prescription Drug Monitoring Program collects controlled substance prescription information to prevent improper or illegal drug use or improper prescribing. A 2017 law allows the DCP commissioner to share certain program information with other state agencies for certain drug abuse studies. The information must comply with state and federal confidentiality requirements ([PA 17-131](#), § 1).

Program Compliance

A 2018 law required the DPH and DCP commissioners to review pharmacists' and prescribing practitioners' compliance with the electronic Prescription Drug Monitoring Program's requirements and submit their findings to the legislature ([PA 18-100](#)).

Reporting Suspicious Controlled Substance Orders

A 2018 law requires drug manufacturers and wholesalers to identify and report suspicious controlled substance orders to DCP's Drug Control Division ([PA 18-16](#), § 3). This year, a new law requires drug manufacturers and wholesalers to report to DCP certain decisions to terminate or refuse an order from a pharmacy or prescribing practitioner for Schedule II to V controlled substances because of potential diversion concerns ([PA 19-191](#), § 4, effective October 1, 2019).

Sober Living Homes

A 2018 law contains several provisions on the oversight of sober living homes. Among other things, it (1) allows a certified sober living home's owner to report the home's certified status to DMHAS, (2) requires DMHAS to post on its website a list of these certified homes as well as the number of available beds at each home and update the information weekly, and (3) establishes certain advertising requirements and restrictions for operators.

It also requires operators who report their home's certified status to maintain at least two doses of an opioid antagonist on the premises and train all residents in how to administer it. The operator must do this when the home is occupied by at least one resident diagnosed with an opioid use disorder ([PA 18-171](#)).

Studies and Working Groups

Alcohol and Drug Policy Council Working Groups

A 2017 law required the ADPC to convene working groups to (1) advise the council on any legislative or policy changes to enable first responders or health care providers to safely dispose of a person's opioid drugs upon the person's death and (2) study municipal police departments' substance abuse treatment referral programs ([PA 17-131](#), § 7). A 2018 law required the ADPC to convene a working group to evaluate ways to combat the opioid epidemic in the state and investigate several related matters ([PA 18-166](#), § 4). These laws required the council to report on specified matters to legislative committees.

Home-Based Opioid Treatment Literature Review

A 2019 law requires DMHAS to review and report to the legislature on literature about the efficacy of providing home-based treatment and recovery services for opioid use disorder to certain Medicaid beneficiaries ([PA 19-191](#), § 8).

Opioid Intervention Court Feasibility Study

Legislation passed in 2018 required the Chief Court Administrator, in consultation with certain officials, to study and report on the feasibility of establishing one or more courts that specialize in hearing criminal or juvenile matters where a defendant is an opioid-dependent person who could benefit from intensive court monitoring and being placed in a substance abuse treatment program ([PA 18-166](#), § 1).

Police Detention Protocol

A 2019 law requires DMHAS, in collaboration with DPH, to study and report on the protocol for the police detaining people whom they suspect of having experienced an opioid overdose and the implications of involuntarily transporting people who overdosed to emergency rooms and referring them to recovery coaches ([PA 19-191](#), § 13).

Miscellaneous 2017-2019 Legislative Changes

Legislation enacted the last three years made various other changes affecting opioid drug abuse and related issues, such as the following:

1. requiring DPH to state on its website how a prescribing practitioner may obtain certification to prescribe take-home medications to treat opioid use disorders (e.g., Suboxone) ([PA 17-131](#), § 6);
2. requiring alcohol or drug treatment facilities to use admission criteria developed by the American Society of Addiction Medicine ([PA 17-131](#), § 10);

3. specifically making instruction on opioid use and related disorders part of the state's required public school program of instruction (existing law already required instruction on substance abuse prevention) ([PA 18-182](#), § 2);
4. granting civil immunity, under certain conditions, to individuals or entities that provide or maintain an automatic external defibrillator in a cabinet which also contains an opioid antagonist ([PA 19-169](#), effective October 1, 2019); and
5. requiring the social services commissioner to amend the state Medicaid plan to provide an \$88.52 minimum weekly reimbursement rate for a Medicaid beneficiary's methadone maintenance treatment from chemical maintenance providers but also making this rate contingent on meeting certain performance measures beginning July 1, 2020 ([PA 19-117](#), § 311).

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