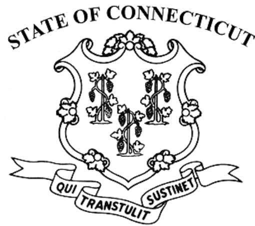

House of Representatives

File No. 582

General Assembly

February Session, 2022 ***(Reprint of File No. 416)***

Substitute House Bill No. 5430
As Amended by House Amendment Schedule "B"

Approved by the Legislative Commissioner
April 21, 2022

AN ACT CONCERNING OPIOIDS.

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

1 Section 1. Section 20-14s of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2022*):

3 A prescribing practitioner, as defined in section 20-14c, who
4 prescribes an opioid drug, as defined in section 20-14o, for the treatment
5 of pain for a patient for a duration greater than twelve weeks shall
6 establish a treatment agreement with the patient or discuss a care plan
7 for the chronic use of opioids with the patient. The treatment agreement
8 or care plan shall, at a minimum, include treatment goals, risks of using
9 opioids, urine drug screens and expectations regarding the continuing
10 treatment of pain with opioids, such as situations requiring
11 discontinuation of opioid treatment and, to the extent possible,
12 nonopioid treatment options, including, but not limited to
13 manipulation, chiropractic, spinal cord stimulation, massage therapy,
14 acupuncture, physical therapy and other treatment regimens or

15 modalities. A record of the treatment agreement or care plan shall be
16 recorded in the patient's medical record.

17 Sec. 2. Subdivision (20) of section 21a-240 of the 2022 supplement to
18 the general statutes is repealed and the following is substituted in lieu
19 thereof (*Effective July 1, 2022*):

20 (20) (A) "Drug paraphernalia" **[**refers to**]** <u>means</u> equipment, products
21 and materials of any kind **[**which**]** <u>that</u> are used, intended for use or
22 designed for use in planting, propagating, cultivating, growing,
23 harvesting, manufacturing, compounding, converting, producing,
24 processing, preparing, testing, analyzing, packaging, repackaging,
25 storing, containing or concealing, or ingesting, inhaling or otherwise
26 introducing into the human body, any controlled substance contrary to
27 the provisions of this chapter including, but not limited to: (i) Kits
28 intended for use or designed for use in planting, propagating,
29 cultivating, growing or harvesting of any species of plant **[**which**]** <u>that</u>
30 is a controlled substance or from which a controlled substance can be
31 derived; (ii) kits used, intended for use or designed for use in
32 manufacturing, compounding, converting, producing, processing or
33 preparing controlled substances; (iii) isomerization devices used **[**,**]** <u>or</u>
34 intended for use in increasing the potency of any species of plant
35 **[**which**]** <u>that</u> is a controlled substance; (iv) testing equipment used,
36 intended for use or designed for use in identifying or analyzing the
37 strength, effectiveness or purity of controlled substances; (v) dilutents
38 and adulterants, **[**such as**]** <u>including, but not limited to,</u> quinine
39 hydrochloride, mannitol, mannite, dextrose and lactose used, intended
40 for use or designed for use in cutting controlled substances; (vi)
41 separation gins and sifters used, intended for use or designed for use in
42 removing twigs and seeds from, or in otherwise cleaning or refining,
43 marijuana; (vii) capsules and other containers used, intended for use or
44 designed for use in packaging small quantities of controlled substances;
45 (viii) containers and other objects used, intended for use or designed for
46 use in storing or concealing controlled substances; (ix) objects used,
47 intended for use or designed for use in ingesting, inhaling, or otherwise
48 introducing marijuana, cocaine, hashish, or hashish oil into the human

49 body, [such as: Metal] including, but not limited to, wooden, acrylic,
50 glass, stone, plastic or ceramic pipes with screens, permanent screens,
51 hashish heads or punctured metal bowls; water pipes; carburetion tubes
52 and devices; smoking and carburetion masks; roach clips; [: Meaning
53 objects used to hold burning material, such as a marijuana cigarette, that
54 has become too small or too short to be held in the hand;] miniature
55 cocaine spoons [,] and cocaine vials; chamber pipes; carburetor pipes;
56 electric pipes; air-driven pipes; chillums; bongs; [or] ice pipes [or] and
57 chillers. "Drug paraphernalia" does not include a product used by a
58 manufacturer licensed pursuant to this chapter for the activities
59 permitted under the license or by an individual to test any substance
60 prior to injection, inhalation or ingestion of the substance to prevent
61 accidental overdose by injection, inhalation or ingestion of the
62 substance, provided the licensed manufacturer or individual is not
63 using the product to engage in the unlicensed manufacturing or
64 distribution of controlled substances. As used in this subdivision, "roach
65 clip" means an object used to hold burning material, including, but not
66 limited to, a marijuana cigarette, that has become too small or too short
67 to be held between the fingers;

68 (B) "Factory" means any place used for the manufacturing, mixing,
69 compounding, refining, processing, packaging, distributing, storing,
70 keeping, holding, administering or assembling illegal substances
71 contrary to the provisions of this chapter, or any building, rooms or
72 location which contains equipment or paraphernalia used for this
73 purpose;

74 Sec. 3. Section 21a-317 of the general statutes is repealed and the
75 following is substituted in lieu thereof (*Effective July 1, 2022*):

76 Every practitioner who distributes, administers or dispenses any
77 controlled substance or who proposes to engage in distributing,
78 prescribing, administering or dispensing any controlled substance
79 within this state shall (1) obtain a certificate of registration issued by the
80 Commissioner of Consumer Protection in accordance with the
81 provisions of this chapter, [and] (2) if the practitioner is engaged in

82 prescribing a controlled substance, register for access to the electronic
83 prescription drug monitoring program established pursuant to
84 subsection (j) of section 21a-254 **[**. Registration for access to said program
85 shall be in a manner prescribed by said commissioner**]** in a manner
86 prescribed by the commissioner, and (3) if the practitioner is engaged in
87 transporting a controlled substance for the purpose of treating a patient
88 in a location that is different than the address that the practitioner
89 provided to the Department of Consumer Protection as a registrant, as
90 defined in section 21a-240, as amended by this act, notify the
91 department, in a manner prescribed by the commissioner, of the intent
92 to transport such controlled substance and, after dispensing such
93 controlled substance, return any remaining amount of such controlled
94 substance to a secure location at the address provided to the
95 department. If the practitioner cannot return any remaining amount of
96 such controlled substance to such address, the commissioner may
97 approve an alternate location, provided such location is also approved
98 by the federal Drug Enforcement Agency, or any successor agency. The
99 practitioner shall report any dispensation by the practitioner of a
100 controlled substance that occurs at a location other than the address
101 provided to the department to the prescription drug monitoring
102 program pursuant to subsection (j) of section 21a-254 upon returning to
103 such address.

104 Sec. 4. Subdivision (1) of subsection (c) of section 19a-493 of the 2022
105 supplement to the general statutes is repealed and the following is
106 substituted in lieu thereof (*Effective July 1, 2022*):

107 (c) (1) A multicare institution may, under the terms of its existing
108 license, provide behavioral health services or substance use disorder
109 treatment services on the premises of more than one facility, at a satellite
110 unit or at another location outside of its facilities or satellite units that is
111 acceptable to the patient receiving services and is consistent with the
112 patient's assessment and treatment plan. Such behavioral health
113 services or substance use disorder treatment services may include
114 methadone delivery and related substance use treatment services to
115 persons in a nursing home facility pursuant to the provisions of section

116 19a-495c <u>or in a mobile narcotic treatment program, as defined in 21 CFR</u>
117 <u>1300</u>.

118 Sec. 5. Subsection (j) of section 17a-451 of the general statutes is
119 repealed and the following is substituted in lieu thereof (*Effective July 1,*
120 *2022*):

121 (j) The commissioner shall be responsible for developing and
122 implementing the Connecticut comprehensive plan for prevention,
123 treatment and reduction of alcohol and drug abuse problems to be
124 known as the state substance **[**abuse**]** <u>use disorder</u> plan. Such plan shall
125 include a mission statement, a vision statement and goals for providing
126 treatment and recovery support services to adults with <u>a</u> substance use
127 **[**disorders**]** <u>disorder</u>. The plan shall be developed by July 1, 2010, and
128 thereafter shall be triennially updated by July first of the respective year.
129 The commissioner shall develop such plan, mission statement, a vision
130 statement and goals after consultation with: (1) The Connecticut Alcohol
131 and Drug Policy Council established pursuant to section 17a-667; (2) the
132 Criminal Justice Policy Advisory Commission established pursuant to
133 section 18-87j; (3) the subregional planning and action councils
134 established pursuant to section 17a-671; (4) clients and their families,
135 including those involved with the criminal justice system; (5) treatment
136 providers; and (6) other interested stakeholders. The plan shall outline
137 the action steps, time frames and resources needed to meet specified
138 goals and shall, at a minimum, address: (A) Access to services, both
139 prior to and following admission to treatment; (B) the provision of
140 comprehensive assessments to those requesting treatment, including
141 individuals with co-occurring conditions; (C) quality of treatment
142 services and promotion of research-based and evidence-based best
143 practices and models; (D) an appropriate array of prevention, treatment
144 and recovery services along with a sustained continuum of care; (E)
145 outcome measures of specific treatment and recovery services in the
146 overall system of care; (F) information regarding the status of treatment
147 program availability for pregnant women, including statistical and
148 demographic data concerning pregnant women and women with
149 children in treatment and on waiting lists for treatment; (G) department

150 policies and guidelines concerning recovery-oriented care; (H)
151 provisions of the community reentry strategy concerning substance
152 [abuse] use disorder treatment and recovery services needed by the
153 offender population as developed by the Criminal Justice Policy and
154 Planning Division within the Office of Policy and Management; (I) an
155 evaluation of the Connecticut Alcohol and Drug Policy Council's plan
156 described in section 17a-667 and any recommendations for changes to
157 such plan; [and] (J) a summary of data maintained in the central
158 repository, described in subsection (o) of this section; and (K)
159 department policies, guidelines and practices aimed at reducing the
160 negative personal and public health impacts of behavior associated with
161 alcohol and drug abuse, including, but not limited to, the abuse of an
162 opioid drug, as defined in section 20-14o. The plan shall define measures
163 and set benchmarks for the overall treatment system and for each state-
164 operated program. Measures and benchmarks specified in the plan shall
165 include, but not be limited to, the time required to receive substance
166 [abuse] use disorder assessments and treatment services either from
167 state agencies directly or through the private provider network funded
168 by state agencies, the percentage of clients who should receive a
169 treatment episode of ninety days or greater, treatment provision rates
170 with respect to those requesting treatment, connection to the
171 appropriate level of care rates, treatment completion rates and treatment
172 success rates as measured by improved client outcomes in the areas of
173 substance use, employment, housing and involvement with the criminal
174 justice system.

175 Sec. 6. Subsection (c) of section 17a-710 of the general statutes is
176 repealed and the following is substituted in lieu thereof (*Effective from*
177 *passage*):

178 (c) The department shall include in the state substance [abuse] use
179 disorder plan, developed in accordance with subsection (j) of section
180 17a-451, as amended by this act, goals to overcome barriers to treatment
181 which are specific to pregnant women and women with children and to
182 provide increased treatment services and programs to pregnant women.
183 Such programs shall be developed in collaboration with other state

184 agencies providing child care, family support, health services and early
185 intervention services for parents and young children. Such collaboration
186 shall not be limited to agencies providing substance [abuse] use
187 disorder services.

188 Sec. 7. Section 17a-673b of the 2022 supplement to the general statutes
189 is repealed and the following is substituted in lieu thereof (*Effective from*
190 *passage*):

191 (a) As used in this section:

192 (1) "Commissioner" means the Commissioner of Mental Health and
193 Addiction Services;

194 (2) "Department" means the Department of Mental Health and
195 Addiction Services;

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

199 (4) "Peer navigator" means a person who (A) has experience working
200 with persons with substance use disorder, as defined in section 20-74,
201 (B) provides nonmedical mental health care and substance use services
202 to such persons, and (C) has a collaborative relationship with a health
203 care professional authorized to prescribe medications to treat opioid use
204 disorder.

205 (b) On or before January 1, [2022] 2023, the department shall establish,
206 within available appropriations, a pilot program in urban, suburban
207 and rural communities to serve persons with opioid use disorder in such
208 communities. The department shall establish the pilot program in up to
209 five such communities in accordance with such terms and conditions as
210 the commissioner may prescribe.

211 (c) Each community in which the pilot program is established under
212 subsection (b) of this section shall form a team of at least two peer
213 navigators. The team shall work in the community to (1) increase

214 engagement between providers of treatment services, health care and
215 social services and persons with opioid use disorder, (2) improve the
216 retention of such persons in treatment for opioid use disorder by
217 addressing social determinants of health of such persons and emerging
218 local conditions that affect such social determinants of health, and (3)
219 increase the capacity of the community to support such persons by
220 identifying and addressing systemic barriers to treatment services,
221 health care, social services and social support of such persons. The team
222 shall (A) travel throughout the community to address, in person, the
223 health care and social needs of persons with opioid use disorder, and
224 (B) be accessible to such persons through (i) a telephone number that
225 has texting capabilities, and (ii) social media. Each peer navigator that
226 participates in the pilot program shall receive regularly updated
227 training, as determined by the commissioner, on noncoercive and
228 nonstigmatizing methods for engaging those with opioid use disorder.

229 (d) On or before January 1, **[**2023**]** 2024, the commissioner shall report,
230 in accordance with the provisions of section 11-4a, to the joint standing
231 committee of the General Assembly having cognizance of matters
232 relating to public health regarding the success of the pilot program in
233 serving persons with opioid use disorder and any recommendations for
234 continuing the pilot program or expanding the pilot program into other
235 communities in the state.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2022*	20-14s
Sec. 2	*July 1, 2022*	21a-240(20)
Sec. 3	*July 1, 2022*	21a-317
Sec. 4	*July 1, 2022*	19a-493(c)(1)
Sec. 5	*July 1, 2022*	17a-451(j)
Sec. 6	*from passage*	17a-710(c)
Sec. 7	*from passage*	17a-673b

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill, which makes various changes regarding opioid use prevention and treatment, has no fiscal impact.

House "B" delays, by one year, the date by which the Department of Mental Health and Addiction Services (DMHAS) must establish a pilot program within available appropriations and report to the Public Health Committee, which has no fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis
sHB 5430 (as amended by House "B")*

AN ACT CONCERNING OPIOIDS.

SUMMARY

This bill makes various changes affecting opioid use prevention and treatment. Specifically, it:

1. adds chiropractic and spinal cord stimulation to the list of nonopioid treatment options that must be included on a patient's treatment agreement or care plan that prescribing practitioners must provide when prescribing opioids for more than 12 weeks (§ 1);

2. removes from the statutory definition of "drug paraphernalia" products used by licensed drug manufacturers or individuals to test a substance before they ingest, inject, or inhale it, (e.g., fentanyl testing strips), as long as they are not using the products to engage in unlicensed manufacturing or distribution of controlled substances (§ 2);

3. allows practitioners authorized to prescribe controlled substances to treat patients by dispensing controlled substances (e.g., methadone) from a mobile unit (§ 3);

4. allows multi-care institutions to provide behavioral health services or substance use disorder treatment services in a mobile narcotic treatment program (§ 4);

5. requires the Department of Mental Health and Addition Services' (DMHAS) triennial state substance use disorder plan to include department policies, guidelines, and practices to reduce the negative personal and public health impacts of behavior

associated with alcohol and drug abuse, including opioid drug abuse (§§ 5 & 6); and

6. extends by one year, until January 1, 2023, the date by which DMHAS must establish a pilot program in up to five urban, suburban, and rural communities to serve individuals with opioid use disorder (§ 7).

The bill also makes technical and conforming changes.

*House Amendment "B" extends the date by which DMHAS must establish a pilot program to serve individuals with opioid use disorder.

EFFECTIVE DATE: July 1, 2022, except that the provisions making technical changes to the state substance use disorder plan (§ 6) and extending the date by which DMHAS must establish a pilot program on opioid use disorder take effect upon passage (§ 7).

§ 1 — PRESCRIPTION OPIOID PATIENT CARE PLAN

By law, a prescribing practitioner who prescribes more than a 12-week supply of an opioid drug to treat a patient's pain must (1) establish a treatment agreement with the patient or (2) discuss a care plan for the chronic use of opioid drugs with the patient.

Among other things, the agreement or plan must include, to the extent possible, nonopioid treatment options. The bill adds chiropractic and spinal cord stimulation to these treatment options. Current law already requires the agreement or plan to include manipulation, massage therapy, acupuncture, physical therapy, and other treatment regimens or modalities.

§ 3 — MOBILE UNITS FOR DISPENSING CONTROLLED SUBSTANCES

The bill allows practitioners authorized to prescribe controlled substances to treat patients by dispensing controlled substances (e.g., methadone) through a mobile unit.

Specifically, it requires a prescribing practitioner who transports controlled substances to treat patients at a different location than the one

the practitioner provided the Department of Consumer Protection (DCP) (when obtaining a controlled substances registration and prescription drug monitoring program access), to:

1. notify DCP, in a manner the commissioner prescribes, of the intent to transport the controlled substances;
2. after dispensing the controlled substances, return any remaining amount to a secure location at the address provided to DCP; and
3. report to the Prescription Drug Monitoring Program any dispensing of these substances that occurs at a location other than the location provided to DCP.

Under the bill, if the practitioner is unable to return any remaining amount of the controlled substances to the address, the commissioner may approve an alternate location, provided it is also approved by the federal Drug Enforcement Agency.

§ 4 — MULTICARE INSTITUTIONS

The bill allows multicare institutions to provide behavioral health services or substance use disorder treatment services to patients in a mobile narcotic treatment program (see BACKGROUND).

Existing law authorizes the institutions to provide these services at a satellite unit or other off-site location, so long as they provide the Department of Public Health a list of these locations on their initial or licensure renewal application.

By law, multicare institutions include hospitals, psychiatric outpatient clinics for adults, free-standing facilities for substance abuse treatment, psychiatric hospitals, or general acute care hospitals that provide outpatient behavioral health services that (1) have more than one facility or one or more satellite units owned and operated by a single licensee and (2) offer complex patient health care services at each facility or satellite unit.

§ 7 — DMHAS OPIOID USE DISORDER PILOT PROGRAM

Existing law requires DMHAS to establish a pilot program, within available appropriations, in up to five urban, suburban, and rural communities to serve individuals with opioid use disorder. The bill extends, by one year until January 1, 2023, the date by which DMHAS must establish the program.

The bill correspondingly extends by one year, until January 1, 2024, the date by which the DMHAS commissioner must report to the Public Health Committee on the pilot program, including its success and any recommendations to continue or expand it.

Under existing law, each community participating in the pilot program must form a team of at least two peer navigators (see BACKGROUND) who must, among other things, (1) travel throughout the community to address the health care and social needs of individuals with opioid use disorder and (2) be trained on non-coercive and non-stigmatizing ways to engage these individuals, as determined by the DMHAS commissioner.

BACKGROUND

Mobile Narcotic Treatment Program

Under federal regulation, a mobile narcotic treatment program (NTP) is one that operates from a motor vehicle and serves as a mobile component of a registered NTP. It provides maintenance or detoxification treatment with Schedules II-IV controlled substances at a location remote from, but within the same state as, the registered NTP (21 C.F.R. § 1300).

Peer Navigator

By law, a "peer navigator" is a person with experience working with individuals with substance use disorder who (1) provides nonmedical mental health care and substance use services and (2) has a collaborative relationship with health care professionals authorized to prescribe medications to treat opioid use disorder.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 28 Nay 1 (03/25/2022)