



General Assembly

February Session, 2022

Raised Bill No. 5430

LCO No. 3086



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

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 Section 20-14s of the general statutes is repealed and the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18 the general statutes is repealed and the following is substituted in lieu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] means equipment, products
21 and materials of any kind [which] that 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] that
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 [,] or
34 intended for use in increasing the potency of any species of plant
35 [which] that 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] including, but not limited to, 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; bongos; [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 20-633c of the general statutes is repealed and the
75 following is substituted in lieu thereof (*Effective July 1, 2022*):

76 (a) A person who is licensed as a pharmacist under part II of this
77 chapter [and is certified in accordance with subsection (b) of this section]
78 may prescribe, in good faith, an opioid antagonist, as defined in section
79 17a-714a. Such pharmacist shall (1) provide appropriate training
80 regarding the administration of such opioid antagonist to the person to
81 whom the opioid antagonist is dispensed, and (2) maintain a record of
82 such dispensing and the training required pursuant to this chapter.

83 [(b) A pharmacist may only prescribe an opioid antagonist pursuant
84 to this section if the pharmacist has been trained and certified by a
85 program approved by the Commissioner of Consumer Protection.]

86 [(c)] (b) A pharmacist who prescribes an opioid antagonist in
87 compliance with this section shall be deemed not to have violated any
88 standard of care for a pharmacist.

89 [(d) The provisions of this section shall apply only to a pharmacist
90 certified in accordance with subsection (b) of this section.] (c) No
91 pharmacist may delegate or direct any other person to prescribe an
92 opioid antagonist or train any person in the administration of such
93 opioid antagonist pursuant to the provisions of subsection (a) of this
94 section.

95 [(e)] (d) The Commissioner of Consumer Protection may adopt
96 regulations, in accordance with chapter 54, to implement the provisions
97 of this section.

98 Sec. 4. Section 20-633d of the general statutes is repealed and the
99 following is substituted in lieu thereof (*Effective July 1, 2022*):

100 (a) A prescribing practitioner, as defined in section 20-14c, who is
101 authorized to prescribe an opioid antagonist, as defined in section 17a-
102 714a, and a pharmacy may enter into an agreement for a medical
103 protocol standing order at such pharmacy allowing a pharmacist
104 licensed under part II of this chapter to dispense an opioid antagonist
105 that is (1) administered by an intranasal application delivery system or
106 an auto-injection delivery system, (2) approved by the federal Food and
107 Drug Administration, and (3) dispensed to any person at risk of
108 experiencing an overdose of an opioid drug, as defined in 42 CFR 8.2, or
109 to a family member, friend or other person in a position to assist a
110 person at risk of experiencing an overdose of an opioid drug.

111 (b) Any such medical protocol standing order shall be deemed issued
112 for a legitimate medical purpose in the usual course of the prescribing
113 practitioner's professional practice. The pharmacy shall provide the

114 Department of Consumer Protection with a copy of every medical
115 protocol standing order agreement entered into with a prescribing
116 practitioner under this section.

117 [(c) A pharmacist may only dispense an opioid antagonist pursuant
118 to a medical protocol standing order if the pharmacist has been trained
119 and certified as part of a program approved by the Commissioner of
120 Consumer Protection.]

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

129 [(e)] (d) A pharmacist who dispenses an opioid antagonist in
130 accordance with the provisions of this section shall be deemed not to
131 have violated any standard of care for a pharmacist.

132 [(f)] (e) The commissioner may adopt regulations, in accordance with
133 chapter 54, to implement the provisions of this section.

134 Sec. 5. Section 21a-286 of the general statutes is repealed and the
135 following is substituted in lieu thereof (*Effective July 1, 2022*):

136 (a) For purposes of this section:

137 (1) "Opioid antagonist" shall have the meaning set forth in section
138 17a-714a.

139 (2) "Prescribing practitioner" shall have the meaning set forth in
140 section 20-14c.

141 (3) "Pharmacist" shall have the meaning set forth in section 20-609a.

142 (b) A prescribing practitioner or a pharmacist [certified to prescribe]
143 who prescribes naloxone pursuant to section 20-633c, as amended by
144 this act, may enter into an agreement with a law enforcement agency,
145 emergency medical service provider, government agency or community
146 health organization related to the distribution and administration of an
147 opioid antagonist for the reversal of an opioid overdose. The prescribing
148 practitioner or pharmacist shall provide training to persons who will
149 distribute or administer the opioid antagonist pursuant to the terms of
150 the agreement. Persons other than the prescribing practitioner or
151 pharmacist shall receive training in the distribution or administration of
152 opioid antagonists prior to distributing or administering an opioid
153 antagonist. The agreement shall address the storage, handling, labeling,
154 recalls and recordkeeping of opioid antagonists by the law enforcement
155 agency, emergency medical service provider, government agency or
156 community health organization which is party to the agreement.

157 (c) A prescribing practitioner or pharmacist who enters into an
158 agreement pursuant to subsection (b) of this section shall not be liable
159 for damages in a civil action or subject to administrative or criminal
160 prosecution for the administration or dispensing of an opioid antagonist
161 by such law enforcement agency, emergency medical service provider,
162 government agency or community health organization.

163 (d) The Commissioner of Consumer Protection may adopt
164 regulations, in accordance with the provisions of chapter 54, to
165 implement the provisions of this section.

166 Sec. 6. Subsection (a) of section 21a-252 of the general statutes is
167 repealed and the following is substituted in lieu thereof (*Effective from*
168 *passage*):

169 (a) A physician, in good faith and in the course of the physician's
170 professional practice only, may prescribe, administer and dispense
171 controlled substances, or may cause the same to be administered by a
172 physician assistant, nurse or intern under the physician's direction and
173 supervision, for demonstrable physical or mental disorders but not for

174 drug dependence except in accordance with state and federal laws and
175 regulations adopted thereunder. Notwithstanding the provisions of this
176 subsection the Department of Consumer Protection may approve
177 protocols allowing the dispensing of take-home doses of methadone, by
178 a registered nurse or licensed practical nurse, to outpatients in duly
179 licensed substance [abuse] use disorder treatment facilities, including,
180 but not limited to, requesting approval of an exception, through the
181 Department of Mental Health and Addiction Services pursuant to
182 subsection (d) of section 17a-450, to the unsupervised take-home
183 medication requirements set forth in 42 CFR 8.12(i), as amended from
184 time to time, that are necessary to (1) dispense up to twenty-eight days
185 of take-home doses of methadone to a stable patient if, in the
186 professional medical judgment of the registered nurse or licensed
187 practical nurse, such nurse believes the patient can safely tolerate such
188 amount of methadone, and (2) dispense up to fourteen days of take-
189 home doses of methadone to a less stable patient if, in the professional
190 medical judgment of the registered nurse or licensed practical nurse,
191 such nurse believes the patient can safely tolerate such amount of
192 methadone. Such dispensing shall be done pursuant to the order of a
193 licensed prescribing practitioner and using computerized dispensing
194 equipment into which bulk supplies of methadone are dispensed by a
195 pharmacist. The quantity of methadone dispensed by such nurse shall
196 not exceed at any one time that amount allowed under federal or state
197 statutes or regulations governing the treatment of drug dependent
198 patients unless the Department of Mental Health and Addiction
199 Services has approved an exception from the relevant federal statutes or
200 regulations to such allowed amount pursuant to subsection (d) of
201 section 17a-450. The Department of Consumer Protection shall conduct
202 inspections of such treatment facilities to ensure that the computerized
203 dispensing equipment and related dispensing procedures documented
204 in the approved protocols are adhered to.

205 Sec. 7. (*Effective from passage*) Not later than January 1, 2023, the
206 Commissioner of Mental Health and Addiction Services shall report, in
207 accordance with the provisions of section 11-4a of the general statutes,

208 to the joint standing committee of the General Assembly having
209 cognizance of matters relating to public health regarding the sober
210 living homes that have reported their certified status to the Department
211 of Mental Health and Addiction Services pursuant to section 17a-716 of
212 the general statutes. Such report shall include, but not be limited to, the
213 following information: (1) The existence, administration and success of
214 any voucher program that provides financial assistance to individuals,
215 including residents of a sober living home, to alleviate the financial
216 burden of obtaining substance use disorder services, including
217 addiction treatment and rehabilitation services; (2) whether any
218 additional funding is necessary to support residents of sober living
219 homes in obtaining substance use disorder services; and (3)
220 recommendations for any legislative changes necessary to support
221 residents of sober living homes in obtaining substance use disorder
222 services.

223 Sec. 8. Section 21a-317 of the general statutes is repealed and the
224 following is substituted in lieu thereof (*Effective July 1, 2022*):

225 Every practitioner who distributes, administers or dispenses any
226 controlled substance or who proposes to engage in distributing,
227 prescribing, administering or dispensing any controlled substance
228 within this state shall (1) obtain a certificate of registration issued by the
229 Commissioner of Consumer Protection in accordance with the
230 provisions of this chapter, [and] (2) if the practitioner is engaged in
231 prescribing a controlled substance, register for access to the electronic
232 prescription drug monitoring program established pursuant to
233 subsection (j) of section 21a-254 [. Registration for access to said program
234 shall be in a manner prescribed by said commissioner.] in a manner
235 prescribed by the commissioner, and (3) if the practitioner is engaged in
236 transporting a controlled substance for the purpose of treating a patient
237 in a location that is different than the address that the practitioner
238 provided to the Department of Consumer Protection as a registrant, as
239 defined in section 21a-240, as amended by this act, notify the
240 department, in a manner prescribed by the commissioner, of the intent
241 to transport such controlled substance and, after dispensing such

242 controlled substance, return any remaining amount of such controlled
243 substance to a secure location at the address provided to the
244 department. If the practitioner cannot return any remaining amount of
245 such controlled substance to such address, the commissioner may
246 approve an alternate location, provided such location is also approved
247 by the federal Drug Enforcement Agency, or any successor agency. The
248 practitioner shall report any dispensation by the practitioner of a
249 controlled substance that occurs at a location other than the address
250 provided to the department to the prescription drug monitoring
251 program pursuant to subsection (j) of section 21a-254 upon returning to
252 such address.

253 Sec. 9. (NEW) (*Effective July 1, 2022*) On or before January 1, 2023, and
254 quarterly thereafter, the Departments of Mental Health and Addiction
255 Services, Consumer Protection, Social Services and Correction shall
256 share with the Department of Public Health data collected in the normal
257 course of said departments' business in addressing the opioid epidemic
258 in the state. The Commissioner of Public Health shall collect, organize
259 and analyze such data, along with the same type of data collected by the
260 Department of Public Health, to (1) establish metrics for prescribing
261 opioid drugs, as defined in section 20-14o of the general statutes, and
262 treating persons with opioid use disorder or persons who have
263 experienced an overdose of an opioid drug, and (2) update such metrics
264 on a quarterly basis, if deemed necessary by the commissioner.

265 Sec. 10. Subsection (j) of section 17a-451 of the general statutes is
266 repealed and the following is substituted in lieu thereof (*Effective July 1,*
267 *2022*):

268 (j) The commissioner shall be responsible for developing and
269 implementing the Connecticut comprehensive plan for prevention,
270 treatment and reduction of alcohol and drug abuse problems to be
271 known as the state substance abuse plan. Such plan shall include a
272 mission statement, a vision statement and goals for providing treatment
273 and recovery support services to adults with substance use disorders.
274 The plan shall be developed by July 1, 2010, and thereafter shall be

275 triennially updated by July first of the respective year. The
276 commissioner shall develop such plan, mission statement, a vision
277 statement and goals after consultation with: (1) The Connecticut Alcohol
278 and Drug Policy Council established pursuant to section 17a-667; (2) the
279 Criminal Justice Policy Advisory Commission established pursuant to
280 section 18-87j; (3) the subregional planning and action councils
281 established pursuant to section 17a-671; (4) clients and their families,
282 including those involved with the criminal justice system; (5) treatment
283 providers; and (6) other interested stakeholders. The plan shall outline
284 the action steps, time frames and resources needed to meet specified
285 goals and shall, at a minimum, address: (A) Access to services, both
286 prior to and following admission to treatment; (B) the provision of
287 comprehensive assessments to those requesting treatment, including
288 individuals with co-occurring conditions; (C) quality of treatment
289 services and promotion of research-based and evidence-based best
290 practices and models; (D) an appropriate array of prevention, treatment
291 and recovery services along with a sustained continuum of care; (E)
292 outcome measures of specific treatment and recovery services in the
293 overall system of care; (F) information regarding the status of treatment
294 program availability for pregnant women, including statistical and
295 demographic data concerning pregnant women and women with
296 children in treatment and on waiting lists for treatment; (G) department
297 policies and guidelines concerning recovery-oriented care; (H)
298 provisions of the community reentry strategy concerning substance
299 abuse treatment and recovery services needed by the offender
300 population as developed by the Criminal Justice Policy and Planning
301 Division within the Office of Policy and Management; (I) an evaluation
302 of the Connecticut Alcohol and Drug Policy Council's plan described in
303 section 17a-667 and any recommendations for changes to such plan;
304 [and] (J) a summary of data maintained in the central repository,
305 described in subsection (o) of this section; and (K) department policies,
306 guidelines and practices aimed at reducing the negative personal and
307 public health impacts of behavior associated with alcohol and drug
308 abuse, including, but not limited to, the abuse of an opioid drug, as
309 defined in section 20-14o. The plan shall define measures and set

310 benchmarks for the overall treatment system and for each state-operated
 311 program. Measures and benchmarks specified in the plan shall include,
 312 but not be limited to, the time required to receive substance abuse
 313 assessments and treatment services either from state agencies directly
 314 or through the private provider network funded by state agencies, the
 315 percentage of clients who should receive a treatment episode of ninety
 316 days or greater, treatment provision rates with respect to those
 317 requesting treatment, connection to the appropriate level of care rates,
 318 treatment completion rates and treatment success rates as measured by
 319 improved client outcomes in the areas of substance use, employment,
 320 housing and involvement with the criminal justice system.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2022</i>	20-14s
Sec. 2	<i>July 1, 2022</i>	21a-240(20)
Sec. 3	<i>July 1, 2022</i>	20-633c
Sec. 4	<i>July 1, 2022</i>	20-633d
Sec. 5	<i>July 1, 2022</i>	21a-286
Sec. 6	<i>from passage</i>	21a-252(a)
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>July 1, 2022</i>	21a-317
Sec. 9	<i>July 1, 2022</i>	New section
Sec. 10	<i>July 1, 2022</i>	17a-451(j)

Statement of Purpose:

To combat the opioid epidemic in the state.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]