



General Assembly

**Substitute Bill No. 5430**

February Session, 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 Section 20-14s of the general statutes is repealed and the  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18 the general statutes is repealed and the following is substituted in lieu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] 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; bongsz; [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 or in a mobile narcotic treatment program, as defined in 21 CFR  
117 1300.

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] use disorder 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 a substance use  
127 [disorders] disorder. 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.

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>	21a-317
Sec. 4	<i>July 1, 2022</i>	19a-493(c)(1)
Sec. 5	<i>July 1, 2022</i>	17a-451(j)
Sec. 6	<i>from passage</i>	17a-710(c)

**PH**      *Joint Favorable Subst.*