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## **OLR Bill Analysis**

### **sHB 5430**

#### ***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); and
5. requires 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).

The bill also makes technical and conforming changes.

EFFECTIVE DATE: July 1, 2022, except that the provision making technical changes to the state substance use disorder plan takes effect upon passage (§ 6).

### **§ 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;
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 multicare institutions to provide these services at a satellite unit or other off-site location, so long as they provide the Department of Public Health (DPH) 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.

#### **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).

#### **COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 28    Nay 1    (03/25/2022)