PA 22-108—sHB 5430
Public Health Committee

AN ACT CONCERNING OPIOIDS

SUMMARY: This act 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 for 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 Addiction 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 act also makes technical and conforming changes.

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 (§ 7) take effect upon passage.

§ 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 act adds chiropractic and spinal cord stimulation to these treatment options. Existing 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 act allows practitioners authorized to prescribe controlled substances (e.g. methadone) to dispense them for patient treatment from a mobile unit at a different location than the one they used for Department of Consumer Protection (DCP) controlled substances registration and Prescription Drug Monitoring Program access, if they:

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 done somewhere other than the address provided to DCP.

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

§ 4 — MULTICARE INSTITUTIONS

The act 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 act extends, by one year until January 1, 2023, the date by which DMHAS must do so.

The act 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.