



Substitute House Bill No. 5430

Public Act No. 22-108

AN ACT CONCERNING OPIOIDS.

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

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 Section 20-14s of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

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

Sec. 2. Subdivision (20) of section 21a-240 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu

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thereof (*Effective July 1, 2022*):

(20) (A) "Drug paraphernalia" [refers to] means equipment, products and materials of any kind [which] that are used, intended for use or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing or concealing, or ingesting, inhaling or otherwise introducing into the human body, any controlled substance contrary to the provisions of this chapter including, but not limited to: (i) Kits intended for use or designed for use in planting, propagating, cultivating, growing or harvesting of any species of plant [which] that is a controlled substance or from which a controlled substance can be derived; (ii) kits used, intended for use or designed for use in manufacturing, compounding, converting, producing, processing or preparing controlled substances; (iii) isomerization devices used [,] or intended for use in increasing the potency of any species of plant [which] that is a controlled substance; (iv) testing equipment used, intended for use or designed for use in identifying or analyzing the strength, effectiveness or purity of controlled substances; (v) dilutents and adulterants, [such as] including, but not limited to, quinine hydrochloride, mannitol, mannite, dextrose and lactose used, intended for use or designed for use in cutting controlled substances; (vi) separation gins and sifters used, intended for use or designed for use in removing twigs and seeds from, or in otherwise cleaning or refining, marijuana; (vii) capsules and other containers used, intended for use or designed for use in packaging small quantities of controlled substances; (viii) containers and other objects used, intended for use or designed for use in storing or concealing controlled substances; (ix) objects used, intended for use or designed for use in ingesting, inhaling, or otherwise introducing marijuana, cocaine, hashish, or hashish oil into the human body, [such as: Metal] including, but not limited to, wooden, acrylic, glass, stone, plastic or ceramic pipes with screens, permanent screens,

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hashish heads or punctured metal bowls; water pipes; carburetion tubes and devices; smoking and carburetion masks; roach clips; [: Meaning objects used to hold burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand;] miniature cocaine spoons [,] and cocaine vials; chamber pipes; carburetor pipes; electric pipes; air-driven pipes; chillums; bongsi; [or] ice pipes [or] and chillers. "Drug paraphernalia" does not include a product used by a manufacturer licensed pursuant to this chapter for the activities permitted under the license or by an individual to test any substance prior to injection, inhalation or ingestion of the substance to prevent accidental overdose by injection, inhalation or ingestion of the substance, provided the licensed manufacturer or individual is not using the product to engage in the unlicensed manufacturing or distribution of controlled substances. As used in this subdivision, "roach clip" means an object used to hold burning material, including, but not limited to, a marijuana cigarette, that has become too small or too short to be held between the fingers;

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

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

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

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

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

(c) (1) A multicare institution may, under the terms of its existing license, provide behavioral health services or substance use disorder treatment services on the premises of more than one facility, at a satellite unit or at another location outside of its facilities or satellite units that is acceptable to the patient receiving services and is consistent with the patient's assessment and treatment plan. Such behavioral health

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services or substance use disorder treatment services may include methadone delivery and related substance use treatment services to persons in a nursing home facility pursuant to the provisions of section 19a-495c or in a mobile narcotic treatment program, as defined in 21 CFR 1300.

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

(j) The commissioner shall be responsible for developing and implementing the Connecticut comprehensive plan for prevention, treatment and reduction of alcohol and drug abuse problems to be known as the state substance [abuse] use disorder plan. Such plan shall include a mission statement, a vision statement and goals for providing treatment and recovery support services to adults with a substance use [disorders] disorder. The plan shall be developed by July 1, 2010, and thereafter shall be triennially updated by July first of the respective year. The commissioner shall develop such plan, mission statement, a vision statement and goals after consultation with: (1) The Connecticut Alcohol and Drug Policy Council established pursuant to section 17a-667; (2) the Criminal Justice Policy Advisory Commission established pursuant to section 18-87j; (3) the subregional planning and action councils established pursuant to section 17a-671; (4) clients and their families, including those involved with the criminal justice system; (5) treatment providers; and (6) other interested stakeholders. The plan shall outline the action steps, time frames and resources needed to meet specified goals and shall, at a minimum, address: (A) Access to services, both prior to and following admission to treatment; (B) the provision of comprehensive assessments to those requesting treatment, including individuals with co-occurring conditions; (C) quality of treatment services and promotion of research-based and evidence-based best practices and models; (D) an appropriate array of prevention, treatment

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and recovery services along with a sustained continuum of care; (E) outcome measures of specific treatment and recovery services in the overall system of care; (F) information regarding the status of treatment program availability for pregnant women, including statistical and demographic data concerning pregnant women and women with children in treatment and on waiting lists for treatment; (G) department policies and guidelines concerning recovery-oriented care; (H) provisions of the community reentry strategy concerning substance [abuse] use disorder treatment and recovery services needed by the offender population as developed by the Criminal Justice Policy and Planning Division within the Office of Policy and Management; (I) an evaluation of the Connecticut Alcohol and Drug Policy Council's plan described in section 17a-667 and any recommendations for changes to such plan; [and] (J) a summary of data maintained in the central repository, described in subsection (o) of this section; and (K) department policies, guidelines and practices aimed at reducing the negative personal and public health impacts of behavior associated with alcohol and drug abuse, including, but not limited to, the abuse of an opioid drug, as defined in section 20-14o. The plan shall define measures and set benchmarks for the overall treatment system and for each state-operated program. Measures and benchmarks specified in the plan shall include, but not be limited to, the time required to receive substance [abuse] use disorder assessments and treatment services either from state agencies directly or through the private provider network funded by state agencies, the percentage of clients who should receive a treatment episode of ninety days or greater, treatment provision rates with respect to those requesting treatment, connection to the appropriate level of care rates, treatment completion rates and treatment success rates as measured by improved client outcomes in the areas of substance use, employment, housing and involvement with the criminal justice system.

Sec. 6. Subsection (c) of section 17a-710 of the general statutes is

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repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) The department shall include in the state substance [abuse] use disorder plan, developed in accordance with subsection (j) of section 17a-451, as amended by this act, goals to overcome barriers to treatment which are specific to pregnant women and women with children and to provide increased treatment services and programs to pregnant women. Such programs shall be developed in collaboration with other state agencies providing child care, family support, health services and early intervention services for parents and young children. Such collaboration shall not be limited to agencies providing substance [abuse] use disorder services.

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

(a) As used in this section:

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

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

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

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

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disorder.

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

(c) Each community in which the pilot program is established under subsection (b) of this section shall form a team of at least two peer navigators. The team shall work in the community to (1) increase engagement between providers of treatment services, health care and social services and persons with opioid use disorder, (2) improve the retention of such persons in treatment for opioid use disorder by addressing social determinants of health of such persons and emerging local conditions that affect such social determinants of health, and (3) increase the capacity of the community to support such persons by identifying and addressing systemic barriers to treatment services, health care, social services and social support of such persons. The team shall (A) travel throughout the community to address, in person, the health care and social needs of persons with opioid use disorder, and (B) be accessible to such persons through (i) a telephone number that has texting capabilities, and (ii) social media. Each peer navigator that participates in the pilot program shall receive regularly updated training, as determined by the commissioner, on noncoercive and nonstigmatizing methods for engaging those with opioid use disorder.

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

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communities in the state.