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# CONNECTICUT'S OPIOID DRUG ABUSE LAWS

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## ISSUE

Describe Connecticut's laws related to opioid drug abuse.

## SUMMARY

Like many other states, Connecticut is facing an increase in the number of emergency room visits and drug overdose deaths involving opioid analgesics (e.g., prescription painkillers such as oxycodone, hydrocodone, and fentanyl).

In recent years, the legislature has implemented various policies to reduce and prevent opioid drug abuse, such as (1) increasing access to opioid antagonists (i.e., medication to treat a drug overdose); (2) enacting "Good Samaritan" laws that provide immunity for people who (a) seek emergency medical assistance for themselves or another person experiencing a drug overdose or (b) prescribe or administer opioid antagonists to a person experiencing a drug overdose; (3) establishing a statewide prescription drug monitoring program; and (4) establishing a seven-day limit on certain opioid drug prescriptions.

This report provides brief summaries of Connecticut laws related to opioid drug abuse. It does not include laws regarding criminal penalties for violating drug laws. Please note that not all provisions of the laws are included; to read the laws in their entirety, visit the Connecticut General Assembly's website.

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## ACCESS TO OPIOID ANTAGONISTS

### *Third-Party Prescriptions*

Opioid antagonists, such as Narcan, rapidly reverse the symptoms of an opioid drug overdose. They are not addictive and do not cause a "high" or pose any serious health effects when taken by a person not suffering from a drug overdose. Historically, Connecticut prohibited the prescription of these medications to a person other than the drug user in need of intervention (i.e., third-party prescriptions). But in 2012, the legislature changed the law to allow licensed health care practitioners authorized to prescribe opioid antagonists to prescribe, dispense, or administer them to anyone (e.g., family members or other individuals) to treat or prevent a drug overdose (PA 12-159, codified at CGS § 17a-714a).

### *Prescriptive Authority for Pharmacists*

Connecticut law allows physicians, dentists, podiatrists, optometrists, physician assistants (PAs), advanced practice registered nurses (APRNs), nurse-midwives, and veterinarians to prescribe opioid antagonists within the scope of their practice. Legislation passed in 2015 also allows pharmacists to prescribe these medications, if they do the following:

1. complete a training and certification program approved by the Department of Consumer Protection (DCP) commissioner,
2. act in good faith,
3. train the recipient of the opioid antagonist in how to administer it,
4. maintain a record of the dispensing and training under the law's record keeping requirements, and
5. refrain from delegating or directing another person to prescribe the medication or provide the training to the recipient (PA 15-198, codified at CGS § 20-633c).

## CONTINUING MEDICAL EDUCATION

Connecticut law requires physicians, APRNs, PAs, and dentists to take complete education (CE) in pain management and prescribing controlled substances as follows:

1. for physicians, at least one contact hour (i.e., 50 minutes) of risk management training or education that includes pain management and prescribing controlled substances (a) during their first license renewal period in which CE is required and (b) at least once every six years after that (CGS § 20-10b);

2. for APRNs, at least one contact hour every two years of substance abuse training or education that includes pain management and prescribing controlled substances (CGS § 20-94d); and

3. for PAs and dentists, at least one contact hour every two years of training or education in pain management and prescribing controlled substances (CGS §§ 19a-88 and 20-126c).

By law, both physicians and APRNs generally must complete 50 hours of continuing education every two years, starting with their second license renewal. Dentists generally must complete 25 hours of continuing education every two years, starting with their second license renewal. PAs must have completed the mandatory CE requirements needed to maintain national certification in order to renew their licenses.

## GOOD SAMARITAN LAWS

### *Prescribing or Administering Opioid Antagonists*

Connecticut law allows licensed health care practitioners authorized to prescribe an opioid antagonist to prescribe, dispense, or administer it to treat or prevent a drug overdose without being (1) civilly or criminally liable for the action or for its subsequent use or (2) deemed as violating their professional standard of care (CGS § 17a-714a). Legislation passed in 2016 extended this immunity to all licensed health care professionals (PA 16-43).

The law also allows anyone, if acting with reasonable care, to administer an opioid antagonist to a person he or she believes, in good faith, is experiencing an opioid-related drug overdose. It generally gives civil and criminal immunity to such a person regarding the administration of the opioid antagonist (CGS § 17a-714a).

### *Seeking Emergency Medical Care for a Drug Overdose*

PA 11-210 provides civil and criminal immunity to individuals who seek or receive emergency medical care for themselves or another person they reasonably believe is experiencing a drug overdose (CGS § 21a-279).

## LOCAL EMS PLANS

Legislation passed in 2016 requires each municipality, by October 1, 2016, to amend its local EMS plan to ensure that the EMS responder (e.g., EMS personnel or resident state trooper) likely to be the first person to arrive on the scene of a medical emergency is equipped with an opioid antagonist and has received Department of Public Health-approved training in administering it (PA 16-43).

## PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

PA 06-155 requires DCP to establish an electronic PDMP to collect prescription information from pharmacies on schedules II through V controlled substances to prevent improper or illegal drug use or improper prescribing. The program subsequently expanded by requiring prescription information reporting by (1) out-of-state pharmacies that ship or deliver prescription drugs into Connecticut and (2) any other drug dispensing practitioner, such as physicians, dentists, veterinarians, podiatrists, and researchers (PA 13-172).

Generally, dispensers must report prescription information within one business day to DCP, such as the dispensing date, dispenser identification and prescription numbers, and patient identifying information. If the program is not operational, the pharmacy or dispenser must report by the next business day after regaining program access.

By law, before prescribing more than a 72-hour supply of a controlled substance, the prescribing practitioner or his or her authorized agent must review the patient's records in the PDMP. The practitioner or agent must also periodically review a patient's records in the program when the practitioner prescribes controlled substances for continuous or prolonged treatment.

Certain substances and dispensers are exempt from the program's reporting requirements, such as (1) controlled substances dispensed to hospital inpatients and (2) institutional pharmacies operated by licensed health care institutions when dispensing or administering opioid agonists to a patient to treat a substance use disorder (CGS § 21a-254).

2016 legislation made various changes to the program, such as (1) expanding who can serve as a prescriber's authorized agent, (2) modifying reporting deadlines, and (3) decreasing required prescriber reviews for prolonged treatment with schedule V nonnarcotic drugs (PA 16-43).

## PRESCRIPTION DRUG RETURN PROGRAM

Legislation passed in 2014 requires DCP to consult with the Connecticut Pharmacists Association and Connecticut Police Chiefs Association and implement a program to collect and dispose of unwanted prescription drugs. The program (1) provides a secure, locked box accessible to the public 24 hours a day to drop off unwanted medication anonymously at local police stations and (2) transports the medication to a biomedical waste treatment facility for incineration. According to DCP's website, 72 police departments currently participate in the program (PA 14-217 codified at CGS § 21a-12f).

## PRIOR AUTHORIZATION FOR OPIOID ANTAGONISTS

In 2016, the legislature enacted a law that prohibits certain health insurance policies from requiring prior authorization coverage of opioid antagonists. The new law takes effect January 1, 2017 and applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; (4) hospital or medical services, including those provided under an HMO plan; or (5) single ancillary services (e.g., prescription drugs) (PA 16-43).

(Because of the federal Employee Retirement Income Security Act, state insurance benefit mandates do not apply to self-insured benefit plans.)

## SEVEN-DAY LIMIT ON OPIOID DRUG PRESCRIPTIONS

In 2016, the legislature passed a law that prohibits a prescribing practitioner authorized to prescribe an opioid drug from issuing a prescription for more than a seven-day supply to (1) a minor or (2) an adult for first-time outpatient use (PA 16-43).

When prescribing an opioid drug to a minor for less than seven days, the law requires the practitioner to discuss with the (1) minor and (2) minor's custodial parent, guardian, or legal custodian, if present when the prescription is issued:

1. the associated risks of addiction and overdose;
2. the dangers of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants; and
3. the reason why the prescription is necessary.

### *Exceptions*

The law allows the practitioner to prescribe more than a seven-day supply of an opioid drug to a minor or an adult for first time outpatient use if, in his or her professional judgment, the drug is required to treat the person's acute medical condition, chronic pain, cancer-associated pain, or for palliative care. The practitioner must document the patient's condition in his or her medical record and indicate that an alternative to the opioid drug was not appropriate to treat the patient's condition.

The law, which took effect July 1, 2016, does not apply to medications to treat opioid drug dependence or abuse, including opioid antagonists and agonists.

## WORKING GROUP ON OPIOID DRUG PRESCRIPTIONS

Legislation passed in 2016 requires the Public Health Committee chairpersons, by October 1, 2016, to convene a working group to address the issuance of opioid drug prescriptions by prescribing practitioners. (The working group has not yet convened as of this report's publication date.) The group is required to study whether it is a best practice for prescribing practitioners to limit prescriptions to minors to no more than a three-day supply to treat an acute medical condition. It must report the study results to the Public Health Committee by February 1, 2017 (PA 16-43).

## MISCELLANEOUS 2016 LEGISLATIVE CHANGES

PA 16-43 makes various changes to help prevent and treat opioid drug abuse, including the following:

1. requiring the Alcohol and Drug Policy Council's (ADPC) statewide plan for substance abuse treatment and prevention to contain measureable goals, including reducing the number of opioid-induced deaths in the state;

2. allowing non-council members to serve on ADPC subcommittees and working groups, including licensed alcohol and drug counselors and pharmacists, among others;

3. expanding the settings in which certain certified, unlicensed individuals may practice auricular acupuncture to treat alcohol and drug abuse (they must do so under a physician's supervision);

4. specifying activities included in an alcohol and drug counselor's scope of practice, such as (a) developing an opioid use consultation report for review by a person's primary care provider and (b) conducting substance use disorder screenings to document a person's use of pain medications, prescription drugs, illegal drugs, and alcohol; and

5. adding to the list of reasons the DCP commissioner may take disciplinary action against a controlled substance registrant (a) failing to implement administrative safeguards to protect electronic health information required by HIPAA and (b) breaching these safeguards by a prescribing practitioner's authorized agent.

A complete summary of the legislation is available on OLR's website.

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