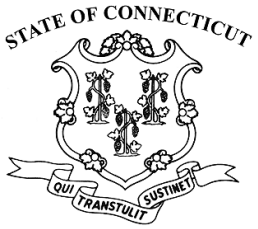

Substitute House Bill No. 7159

Public Act No. 19-191

AN ACT ADDRESSING OPIOID USE.

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

Section 1. Section 20-614 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) A prescription shall be transmitted in either an oral, written or electronic manner to a pharmacy.

(b) Whenever a pharmacy, or an institutional pharmacy in a hospital dispensing a drug or device for outpatient use or dispensing a drug or device that is prescribed for an employee of the hospital or for the employee's spouse or dependent children, receives an oral or electronically-transmitted prescription, except for a controlled drug, as defined in section 21a-240, a record of such prescription shall be maintained in writing or electronically. The pharmacist or pharmacy intern shall, not later than the end of the business day when the prescription was received, record the prescription on a prescription form or in an electronic record including: (1) The name and address of the prescribing practitioner; (2) the date of the prescription; (3) the name, dosage form, strength, where applicable, and the amount of the drug prescribed; (4) the name and address of the patient or, for veterinary prescriptions, the name and address of the owner and the

species of the animal; (5) the directions for use; (6) any required cautionary statements; and (7) the number of times the prescription may be refilled, including the use of refill terms "PRN" and "ad lib" in lieu of a specific number of authorized refills.

(c) A written prescription shall bear: (1) The written signature of the prescribing practitioner or shall comply with the requirements of section 19a-509c; (2) the address of the practitioner; (3) the date of the prescription; (4) the name, dosage form, strength, where applicable, and amount of the drug prescribed; (5) the name and address of the patient or, for veterinary prescriptions, the name and address of the owner and the species of the animal; (6) the directions for use; (7) any required cautionary statements; and (8) the number of times the prescription may be refilled, including the use of refill terms "PRN" and "ad lib" in lieu of a specific number of authorized refills. No written prescription form for a schedule II substance may contain an order for any other legend drug or device.

(d) Prior to or simultaneous with the dispensing of a drug pursuant to subsection (b) of this section, a pharmacist or other employee of the pharmacy shall, whenever practicable, offer for the pharmacist to discuss the drug to be dispensed and to counsel the patient on the usage of the drug, except when the person obtaining the prescription is other than the person named on the prescription form or electronic record or the pharmacist determines it is appropriate to make such offer in writing. Any such written offer shall include an offer to communicate with the patient either in person at the pharmacy or by telephone.

(e) Nothing in this section shall be construed to require a pharmacist to provide counseling to a patient who refuses such counseling. The pharmacist shall keep a record of such counseling, any refusal by or inability of the patient to accept counseling or a refusal by the patient to provide information regarding such counseling. Records kept

pursuant to this subsection shall be maintained for the same length of time as prescription records are maintained pursuant to section 20-615.

[(d)**]** (f) (1) As used in this subsection, "electronic data intermediary" means an entity that provides the infrastructure that connects the computer systems or other electronic devices utilized by prescribing practitioners with those used by pharmacies in order to facilitate the secure transmission of electronic prescription orders, refill authorization requests, communications and other patient care information between such entities.

(2) An electronic data intermediary may transfer electronically transmitted data between a prescribing practitioner licensed and authorized to prescribe and a pharmacy of the patient's choice, licensed pursuant to this chapter or licensed under the laws of any other state or territory of the United States. Electronic data intermediaries shall not alter the transmitted data except as necessary for technical processing purposes. Electronic data intermediaries may archive copies of only that electronic data related to such transmissions necessary to provide for proper auditing and security of such transmissions. Such data shall only be maintained for the period necessary for auditing purposes. Electronic data intermediaries shall maintain patient privacy and confidentiality of all archived information as required by state and federal law.

(3) No electronic data intermediary shall operate without the approval of the Commissioner of Consumer Protection. An electronic data intermediary seeking approval shall apply to the Commission of Pharmacy in the manner prescribed by the commissioner. The commissioner, with the advice and assistance of the commission, shall adopt regulations, in accordance with the provisions of chapter 54, to establish criteria for the approval of electronic data intermediaries, to ensure that (A) procedures to be used for the transmission and retention of prescription data by an intermediary, and (B) mechanisms

to be used by an intermediary to safeguard the confidentiality of such data, are consistent with the provisions and purposes of this section.

Sec. 2. Section 20-612 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

Subject to the provisions of subsection **[**(d)**]** (f) of section 20-614, as amended by this act, only a pharmacy shall accept a prescription for dispensing. No employee, personnel or owner of a place of business or establishment not licensed as a pharmacy may accept a prescription for transfer to or for collection for a pharmacy.

Sec. 3. Subsection (j) of section 21a-254 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(j) (1) The commissioner shall, within available appropriations, establish an electronic prescription drug monitoring program to collect, by electronic means, prescription information for schedules II, III, IV and V controlled substances that are dispensed by pharmacies, nonresident pharmacies, as defined in section 20-627, outpatient pharmacies in hospitals or institutions or by any other dispenser. The program shall be designed to provide information regarding the prescription of controlled substances in order to prevent the improper or illegal use of the controlled substances and shall not infringe on the legitimate prescribing of a controlled substance by a prescribing practitioner acting in good faith and in the course of professional practice.

(2) The commissioner may identify other products or substances to be included in the electronic prescription drug monitoring program established pursuant to subdivision (1) of this subsection.

(3) Prior to July 1, 2016, each pharmacy, nonresident pharmacy, as defined in section 20-627, outpatient pharmacy in a hospital or

institution and dispenser shall report to the commissioner, at least weekly, by electronic means or, if a pharmacy or outpatient pharmacy does not maintain records electronically, in a format approved by the commissioner, the following information for all controlled substance prescriptions dispensed by such pharmacy or outpatient pharmacy: (A) Dispenser identification number; (B) the date the prescription for the controlled substance was filled; (C) the prescription number; (D) whether the prescription for the controlled substance is new or a refill; (E) the national drug code number for the drug dispensed; (F) the amount of the controlled substance dispensed and the number of days' supply of the controlled substance; (G) a patient identification number; (H) the patient's first name, last name and street address, including postal code; (I) the date of birth of the patient; (J) the date the prescription for the controlled substance was issued by the prescribing practitioner and the prescribing practitioner's Drug Enforcement Agency's identification number; and (K) the type of payment.

(4) (A) Except as provided in this subdivision, on and after July 1, 2016, each pharmacy, nonresident pharmacy, as defined in section 20-627, outpatient pharmacy in a hospital or institution, and dispenser shall report to the commissioner by electronic means, in a format approved by the commissioner, the following information for all controlled substance prescriptions dispensed by such pharmacy or outpatient pharmacy immediately upon, but in no event later than the next business day after, dispensing such prescriptions: (i) Dispenser identification number; (ii) the date the prescription for the controlled substance was filled; (iii) the prescription number; (iv) whether the prescription for the controlled substance is new or a refill; (v) the national drug code number for the drug dispensed; (vi) the amount of the controlled substance dispensed and the number of days' supply of the controlled substance; (vii) a patient identification number; (viii) the patient's first name, last name and street address, including postal code; (ix) the date of birth of the patient; (x) the date the prescription

for the controlled substance was issued by the prescribing practitioner and the prescribing practitioner's Drug Enforcement Agency's identification number; and (xi) the type of payment.

(B) If the electronic prescription drug monitoring program is not operational, such pharmacy or dispenser shall report the information described in this subdivision not later than the next business day after regaining access to such program. For purposes of this subdivision, "business day" means any day during which the pharmacy is open to the public.

(C) Each veterinarian, licensed pursuant to chapter 384, who dispenses a controlled substance prescription shall report to the commissioner the information described in subparagraph (A) of this subdivision, at least weekly, by electronic means or, if the veterinarian does not maintain records electronically, in a format approved by the commissioner.

(5) The commissioner may contract with a vendor for purposes of electronically collecting such controlled substance prescription information. The commissioner and any such vendor shall maintain the information in accordance with the provisions of chapter 400j.

(6) The commissioner and any such vendor shall not disclose controlled substance prescription information reported pursuant to subdivisions (3) and (4) of this subsection, except as authorized pursuant to the provisions of sections 21a-240 to 21a-283, inclusive. Any person who knowingly violates any provision of this subdivision or subdivision (5) of this subsection shall be guilty of a class D felony.

(7) The commissioner shall provide, upon request, controlled substance prescription information obtained in accordance with subdivisions (3) and (4) of this subsection to the following: (A) The prescribing practitioner or such practitioner's authorized agent, who is

treating or has treated a specific patient, provided the information is obtained for purposes related to the treatment of the patient, including the monitoring of controlled substances obtained by the patient; (B) the prescribing practitioner with whom a patient has made contact for the purpose of seeking medical treatment or such practitioner's authorized agent, provided the request is accompanied by a written consent, signed by the prospective patient, for the release of controlled substance prescription information; or (C) the pharmacist who is dispensing controlled substances for a patient, or such pharmacist's authorized pharmacy technician, provided the information is obtained for purposes related to the scope of the pharmacist's practice and management of the patient's drug therapy, including the monitoring of controlled substances obtained by the patient. The prescribing practitioner, such practitioner's authorized agent, **[**or**]** the pharmacist or such pharmacist's authorized pharmacy technician shall submit a written and signed request to the commissioner for controlled substance prescription information. Such prescribing practitioner, **[**or**]** pharmacist or pharmacist's authorized pharmacy technician shall not disclose any such request except as authorized pursuant to sections 20-570 to 20-630, inclusive, or sections 21a-240 to 21a-283, inclusive.

(8) No person or employer shall prohibit, discourage or impede a prescribing practitioner, **[**or**]** pharmacist or pharmacist's authorized pharmacy technician from requesting controlled substance prescription information pursuant to this subsection.

(9) Prior to prescribing greater than a seventy-two-hour supply of any controlled substance to any patient, the prescribing practitioner or such practitioner's authorized agent shall review the patient's records in the electronic prescription drug monitoring program established pursuant to this subsection. Whenever a prescribing practitioner prescribes a controlled substance, other than a schedule V nonnarcotic controlled substance, for the continuous or prolonged treatment of any

patient, such prescriber, or such prescriber's authorized agent, shall review, not less than once every ninety days, the patient's records in such prescription drug monitoring program. Whenever a prescribing practitioner prescribes a schedule V nonnarcotic controlled substance, for the continuous or prolonged treatment of any patient, such prescribing practitioner, or such prescribing practitioner's authorized agent, shall review, not less than annually, the patient's records in such prescription drug monitoring program. If such electronic prescription drug monitoring program is not operational, such prescribing practitioner may prescribe greater than a seventy-two-hour supply of a controlled substance to a patient during the time of such program's inoperability, provided such prescribing practitioner or such authorized agent reviews the records of such patient in such program not more than twenty-four hours after regaining access to such program.

(10) (A) A prescribing practitioner may designate an authorized agent to review the electronic prescription drug monitoring program and patient controlled substance prescription information on behalf of the prescribing practitioner. The prescribing practitioner shall ensure that any authorized agent's access to such program and patient controlled substance prescription information is limited to the purposes described in this section and occurs in a manner that protects the confidentiality of information that is accessed through such program. The prescribing practitioner and any authorized agent shall be subject to the provisions of 45 CFR 164.308, as amended from time to time, concerning administrative safeguards for the protection of electronic protected health information. A prescribing practitioner may **[**receive**]** be subject to disciplinary action for acts of the authorized agent as provided in section 21a-322.

(B) Notwithstanding the provisions of subparagraph (A) of this subdivision, a prescribing practitioner who is employed by or provides

professional services to a hospital shall, prior to designating an authorized agent to review the electronic prescription drug monitoring program and patient controlled substance prescription information on behalf of the prescribing practitioner, (i) submit a request to designate one or more authorized agents for such purposes and a written protocol for oversight of the authorized agent or agents to the commissioner, in the form and manner prescribed by the commissioner, and (ii) receive the commissioner's approval to designate such authorized agent or agents and of such written protocol. Such written protocol shall designate either the hospital's medical director, a hospital department head, who is a prescribing practitioner, or another prescribing practitioner as the person responsible for ensuring that the authorized agent's or agents' access to such program and patient controlled substance prescription information is limited to the purposes described in this section and occurs in a manner that protects the confidentiality of information that is accessed through such program. A hospital medical director, a hospital department head, who is a prescribing practitioner, or another prescribing practitioner designated as the person responsible for overseeing an authorized agent's or agents' access to such program and information in the written protocol approved by the commissioner may **[**receive**]** be subject to disciplinary action for acts of the authorized agent or agents as provided in section 21a-322. The commissioner may inspect hospital records to determine compliance with written protocols approved in accordance with this section.

(C) A pharmacist may designate a pharmacy technician to access the electronic prescription drug monitoring program and patient controlled substance prescription information on behalf of the pharmacist only for the purposes of facilitating the pharmacist's review of such patient information. The pharmacist shall ensure that any such pharmacy technician's access to such program and patient controlled substance prescription information is limited to the

purposes described in this section and occurs in a manner that protects the confidentiality of information that is accessed through such program. The pharmacist and any authorized pharmacy technician shall be subject to the provisions of 45 CFR 164.308, as amended from time to time, concerning administrative safeguards for the protection of electronic protected health information. A pharmacist may be subject to disciplinary action for acts of the authorized pharmacy technician.

(D) Prior to designating a pharmacy technician to access the electronic prescription drug monitoring program and patient controlled substance prescription information on behalf of the pharmacist, the supervising pharmacist shall provide training for the authorized pharmacy technicians. Such training shall designate a pharmacist as the person responsible for ensuring that the authorized pharmacy technician's access to such program and patient controlled substance prescription information is limited to the purposes described in this section and occurs in a manner that protects the confidentiality of information that is accessed through such program. A pharmacist designated as the person responsible for overseeing the pharmacy technician's access to such program may be subject to disciplinary action for acts of the authorized pharmacy technician. The commissioner may inspect records to document pharmacy technician training, that pharmacy technicians have access to the program and that patient controlled substance prescription information has been limited in accordance with the provisions of this section.

(11) The commissioner shall adopt regulations, in accordance with chapter 54, concerning the reporting, evaluation, management and storage of electronic controlled substance prescription information.

(12) The provisions of this section shall not apply to (A) samples of controlled substances dispensed by a physician to a patient, or (B) any controlled substances dispensed to hospital inpatients.

(13) The provisions of this section shall not apply to any institutional pharmacy or pharmacist's drug room operated by a facility, licensed under section 19a-495 and regulations adopted pursuant to said section 19a-495, that dispenses or administers directly to a patient an opioid agonist for treatment of a substance use disorder.

(14) The commissioner may provide controlled substance prescription information obtained in accordance with subdivisions (3) and (4) of this subsection to other state agencies, pursuant to an agreement between the commissioner and the head of such agency, provided the information is obtained for a study of disease prevention and control related to opioid abuse or the study of morbidity and mortality caused by overdoses of controlled substances. The provision of such information shall be in accordance with all applicable state and federal confidentiality requirements.

(15) Nothing in this section shall prohibit a prescribing practitioner or such prescribing practitioner's authorized agent from disclosing controlled substance prescription information submitted pursuant to subdivisions (3) and (4) of this subsection to the Department of Social Services for the purposes of administering any of said department's medical assistance programs.

Sec. 4. Subsection (i) of section 21a-70 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(i) (1) Each registered manufacturer or wholesaler of drugs shall operate a system to identify suspicious orders of controlled substances and shall immediately inform the Director of the Drug Control Division of suspicious orders. Suspicious orders include, but are not limited to, orders of unusual size, orders deviating substantially from a normal pattern and orders of unusual frequency. Each registered manufacturer or wholesaler of drugs shall also send the Drug Control

Division a copy of any suspicious **[**activity reporting**]** orders submitted to the federal Drug Enforcement Administration pursuant to 21 CFR 1301.74.

(2) Each registered manufacturer or wholesaler of drugs that, based on concerns of potential diversion, ceases or declines distribution of any schedule II, III, IV or V controlled substance to a pharmacy, as defined in section 20-594, or to a practitioner, as defined in section 21a-316, in the state of Connecticut shall report the name of the pharmacy or practitioner, location of the pharmacy or practitioner and the reasons for ceasing or declining distribution of such controlled substance in writing to the Director of the Drug Control Division, or to an electronic system designated by the Drug Control Division, not later than five business days after ceasing or declining distribution of such controlled substance.

Sec. 5. (NEW) (*Effective October 1, 2019*) Notwithstanding any provision of the general statutes, no life insurance or annuity policy or contract shall be delivered, issued for delivery, renewed or continued in this state that excludes coverage solely on the basis of receipt of a prescription for naloxone, commonly referred to as an opioid antagonist, or any naloxone biosimilar or naloxone generic, nor shall any application, rider or endorsement to such policy or contract be used in connection therewith that excludes coverage solely on the basis of receipt of such a prescription, biosimilar or generic.

Sec. 6. (NEW) (*Effective October 1, 2019*) A prescribing practitioner, as defined in section 20-14c of the general statutes, who prescribes an opioid drug, as defined in section 20-14o of the general statutes, 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, 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. 7. (NEW) (*Effective July 1, 2019*) (a) Not later than January 1, 2020, the president of each institution of higher education in the state shall (1) develop and implement a policy consistent with subsection (b) of this section concerning the availability and use of opioid antagonists, as defined in section 17a-714 of the general statutes, by students and employees of the institution, (2) submit such policy to the Department of Consumer Protection for approval, and (3) upon approval of the department, post such policy on the institution's Internet web site.

(b) The policy of each institution of higher education concerning the availability and use of opioid antagonists shall (1) designate a medical professional or public safety professional to oversee the purchase, storage and distribution of opioid antagonists on each of its campuses, (2) identify the location or locations on each of its campuses where the opioid antagonists are stored, which location or locations shall be made known and accessible to students and employees of such institution, (3) require maintenance of the supply of opioid antagonists in accordance with the manufacturer's guidelines, and (4) require a representative of the institution to call 911 or notify a local emergency medical services provider prior to, during or as soon as practicable after each use of an opioid antagonist on the institution's campus that is reported to the institution or observed by a medical professional or public safety professional, unless the person to whom the opioid antagonist was administered has already received medical treatment

for his or her opioid-related drug overdose.

Sec. 8. (*Effective July 1, 2019*) The Department of Mental Health and Addiction Services, in collaboration with the Departments of Social Services and Public Health, shall review literature concerning the efficacy of the provision of home-based treatment and recovery services for persons with opioid use disorder by a licensed provider of substance use disorder treatment services, including, but not limited to, home health agencies, as defined in section 19a-490 of the general statutes, which treatment may include the provision of medication-assisted treatment, as defined in section 19a-906 of the general statutes, to any Medicaid recipient who presents to an emergency department as a result of a suspected opioid drug overdose or with a primary or secondary opioid use disorder diagnosis and a moderate to severe risk of relapse and the potential for continued use of an opioid drug, as determined by an emergency department physician. On or before January 1, 2020, the Commissioner of Mental Health and Addiction Services shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters related to public health and human services on the outcome of such review.

Sec. 9. (NEW) (*Effective October 1, 2019*) (a) As used in this section:

(1) "Treatment program" means a program operated by the Department of Mental Health and Addiction Services or approved by the Commissioner of Mental Health and Addiction Services for treatment of the physical and psychological effects of drug dependency or for the detoxification of a drug-dependent person, as defined in section 17a-680 of the general statutes;

(2) "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

(3) "Opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of a drug overdose.

(b) A treatment program that provides treatment or detoxification services to any person with an opioid use disorder shall (1) educate such person regarding opioid antagonists and the administration thereof at the time such person is admitted to or first receives services from such program, (2) offer education regarding opioid antagonists and the administration thereof to the relatives and significant other of such person if the relatives and significant other have been identified by such person, and (3) if there is a prescribing practitioner affiliated with such program who determines that such person would benefit from access to an opioid antagonist, issue a prescription for or deliver to such person at least one dose of an opioid antagonist at the time such person is admitted to or first receives treatment services from such program.

Sec. 10. Section 20-206mm of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) Except as provided in subsections (b) and (c) of this section, an applicant for a license as a paramedic shall submit evidence satisfactory to the Commissioner of Public Health that the applicant has successfully (1) completed a paramedic training program approved by the commissioner, **[**and**]** (2) <u>for applicants applying on and after January 1, 2020, completed mental health first aid training as part of a program provided by an instructor certified by the National Council for Behavioral Health, and (3)</u> passed an examination prescribed by the commissioner.

(b) An applicant for licensure by endorsement shall present evidence satisfactory to the commissioner that the applicant (1) is licensed or certified as a paramedic in another state or jurisdiction

whose requirements for practicing in such capacity are substantially similar to or higher than those of this state and that the applicant has no pending disciplinary action or unresolved complaint against him or her, or (2) (A) is currently licensed or certified as a paramedic in good standing in any New England state, New York or New Jersey, (B) has completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the paramedic scope of practice model conducted by an organization offering a program that is recognized by the national emergency medical services program accrediting organization, **[**and**]** (C) for applicants applying on or after January 1, 2020, has completed mental health first aid training as part of a program provided by an instructor certified by the National Council for Behavioral Health, and (D) has no pending disciplinary action or unresolved complaint against him or her.

(c) Any person who is certified as an emergency medical technician-paramedic by the Department of Public Health on October 1, 1997, shall be deemed a licensed paramedic. Any person so deemed shall renew his license pursuant to section 19a-88 for a fee of one hundred fifty dollars.

(d) **[**The commissioner may issue an emergency medical technician certificate,**]** On or after January 1, 2020, each person seeking certification as an emergency medical responder, **[**certificate**]** emergency medical technician or advanced emergency medical technician **[**certificate to an applicant who presents**]** shall apply to the department on forms prescribed by the commissioner. Applicants for certification shall comply with the following requirements: (1) For initial certification, an applicant shall present evidence satisfactory to the commissioner that the applicant **[**(1) is currently certified as an emergency medical technician, emergency medical responder, or advanced emergency medical technician in good standing in any New

England state, New York or New Jersey, (2)**]** (A) has completed an initial training program consistent with the National Emergency Medical Services Education Standards, as promulgated by the National Highway Traffic Safety Administration for the **[**emergency medical technician,**]** emergency medical responder, emergency medical technician or advanced emergency medical technician curriculum, **[**or advanced emergency medical technician, and (3) has no pending disciplinary action or unresolved complaint against him or her**]** (B) has passed the examination administered by the national organization for emergency medical certification for an emergency medical responder, emergency medical technician or advanced emergency medical technician as necessary for the type of certification sought by the applicant or an examination approved by the department, (C) has completed mental health first aid training as part of a program provided by an instructor certified by the National Council for Behavioral Health, and (D) has no pending disciplinary action or unresolved complaints against such applicant, (2) a certificate issued under this subsection shall be renewed once every two years in accordance with the provisions of section 19a-88 upon presentation of evidence satisfactory to the commissioner that the applicant (A) has successfully completed continuing education for an emergency medical responder, emergency medical technician or advanced emergency medical technician as required by the national organization for emergency medical certification or as approved by the department, or (B) presents a current certification as an emergency medical responder, emergency medical technician or advanced emergency medical technician from the national organization for emergency medical certification, or (3) for certification by endorsement from another state, an applicant shall present evidence satisfactory to the commissioner that the applicant (A) (i) is currently certified as an emergency medical responder, emergency medical technician or advanced emergency medical technician in good standing by a state that maintains certification or licensing requirements that the

commissioner determines are equal to or greater than those in this state, or (ii) holds a current certification as an emergency medical responder, emergency medical technician or advanced emergency medical technician from the national organization for emergency medical certification, and (B) has completed mental health first aid training as part of a program provided by an instructor certified by the National Council for Behavioral Health.

(e) An emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor shall be recertified every **[**three**]** two years. For the purpose of maintaining an acceptable level of proficiency, each emergency medical technician who is recertified for a **[**three-year**]** two-year period shall complete thirty hours of refresher training approved by the commissioner or meet such other requirements as may be prescribed by the commissioner. The refresher training or other requirements shall include, but not be limited to, training in Alzheimer's disease and dementia symptoms and care.

(f) The commissioner may issue a temporary emergency medical technician certificate to an applicant who presents evidence satisfactory to the commissioner that (1) the applicant was certified by the department as an emergency medical technician prior to becoming licensed as a paramedic pursuant to section 20-206*ll*, or (2) the applicant's certification as an emergency medical technician has expired and the applicant's license as a paramedic has become void pursuant to section 19a-88. Such temporary certificate shall be valid for a period not to exceed one year and shall not be renewable.

(g) An applicant who is issued a temporary emergency medical technician certificate pursuant to subsection (f) of this section may, prior to the expiration of such temporary certificate, apply to the department for: (1) Renewal of such person's paramedic license, giving such person's name in full, such person's residence and business

address and such other information as the department requests, provided the application for license renewal is accompanied by evidence satisfactory to the commissioner that the applicant was under the medical oversight of a sponsor hospital, as those terms are defined in section 19a-175, on the date the applicant's paramedic license became void for nonrenewal; or (2) recertification as an emergency medical technician, provided the application for recertification is accompanied by evidence satisfactory to the commissioner that the applicant completed emergency medical technician refresher training approved by the commissioner not later than one year after issuance of the temporary emergency medical technician certificate. The department shall recertify such person as an emergency medical technician without the examination required for initial certification specified in regulations adopted by the commissioner pursuant to section 20-206oo.

[(h) The commissioner may issue an emergency medical responder, emergency medical technician or advanced emergency medical technician certificate to an applicant for certification by endorsement who presents evidence satisfactory to the commissioner that the applicant (1) is currently certified as an emergency medical responder, emergency medical technician or advanced emergency medical technician in good standing by a state that maintains licensing requirements that the commissioner determines are equal to, or greater than, those in this state, (2) has completed an initial department-approved emergency medical responder, emergency medical technician or advanced emergency medical technician training program that includes written and practical examinations at the completion of the course, or a program outside the state that adheres to national education standards for the emergency medical responder, emergency medical technician or advanced emergency medical technician scope of practice and that includes an examination, and (3) has no pending disciplinary action or unresolved complaint against

him or her.**]**

[(i)**]** (h) The commissioner may issue an emergency medical service instructor certificate to an applicant who presents (1) evidence satisfactory to the commissioner that the applicant is currently certified as an emergency medical technician in good standing, (2) documentation satisfactory to the commissioner, with reference to national education standards, regarding qualifications as an emergency medical service instructor, (3) a letter of endorsement signed by two instructors holding current emergency medical service instructor certification, (4) documentation of having completed written and practical examinations as prescribed by the commissioner, and (5) evidence satisfactory to the commissioner that the applicant has no pending disciplinary action or unresolved complaints against him or her.

[(j)**]** (i) Any person certified as an emergency medical responder, emergency medical technician, advanced emergency medical technician or emergency medical services instructor pursuant to this chapter and the regulations adopted pursuant to section 20-206oo whose certification has expired may apply to the Department of Public Health for reinstatement of such certification as follows: (1) If such certification expired one year or less from the date of the application for reinstatement, such person shall complete the requirements for recertification specified in regulations adopted pursuant to section 20-206oo; (2) if such recertification expired more than one year but less than three years from the date of application for reinstatement, such person shall complete the training required for recertification and the examination required for initial certification specified in regulations adopted pursuant to section 20-206oo; or (3) if such certification expired three or more years from the date of application for reinstatement, such person shall complete the requirements for initial certification set forth in this section. Any certificate issued pursuant to

this section shall remain valid for ninety days after the expiration date of such certificate and become void upon the expiration of such ninety-day period.

[(k)**]** (j) The Commissioner of Public Health shall issue an emergency medical technician certification to an applicant who is a member of the armed forces or the National Guard or a veteran and who (1) presents evidence satisfactory to the commissioner that such applicant holds a current certification as a person entitled to perform similar services under a different designation by the National Registry of Emergency Medical Technicians, or (2) satisfies the regulations promulgated pursuant to subdivision (4) of subsection (a) of section 19a-179. Such applicant shall be exempt from any written or practical examination requirement for certification.

[(l)**]** (k) For the purposes of this section, "veteran" means any person who was discharged or released under conditions other than dishonorable from active service in the armed forces and "armed forces" has the same meaning as provided in section 27-103.

Sec. 11. Section 19a-127q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2019*):

(a) On and after January 1, 2019, any hospital licensed pursuant to chapter 368v or emergency medical services personnel, as defined in section 20-206jj, that treats a patient for an overdose of an opioid drug, as defined in section 20-14o, shall report such overdose to the Department of Public Health in a form and manner prescribed by the Commissioner of Public Health.

(b) On and after January 1, 2020, any hospital licensed pursuant to chapter 368v that treats a patient for a nonfatal overdose of an opioid drug, as defined in section 20-14o, shall administer a mental health screening or assessment of the patient if medically appropriate, and

provide the results of such screening or assessment to the patient if medically appropriate, or to the patient's parent, guardian or legal representative, as applicable, if medically appropriate.

[(b)**]** (c) On or before January 1, 2020, the Department of Public Health shall provide the data reported pursuant to subsection (a) of this section to the municipal health department or district department of health that has jurisdiction over the location in which such overdose occurred, or, if such location is unknown, the location in which the hospital or emergency medical services personnel treated the patient, as the department, in its discretion, deems necessary to develop preventive initiatives.

[(c)**]** (d) Data reported to the Department of Public Health by a hospital or emergency medical services personnel shall at all times remain confidential pursuant to section 19a-25.

Sec. 12. Subdivision (7) of subsection (a) of section 20-74s of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(7) "Supervision" means the regular on-site observation, by a licensed alcohol and drug counselor or other licensed **[**mental**]** behavioral health professional whose scope of practice includes the screening, assessment, diagnosis and treatment of substance use disorders and co-occurring disorders, of the functions and activities of an alcohol and drug counselor in the performance of his or her duties and responsibilities to include a review of the records, reports, treatment plans or recommendations with respect to an individual or group;

Sec. 13. (*Effective from passage*) The Department of Mental Health and Addiction Services, in collaboration with the Department of Public Health and any other relevant entity designated by said departments,

shall study (1) the protocol for the detention by a police officer pursuant to section 17a-503 of the general statutes of a person whom the police officer suspects of having experienced an opioid drug overdose, and (2) the implications of involuntarily transporting a person suspected of having experienced an opioid drug overdose to the emergency department and referring such person to a recovery coach to assist such person in obtaining or receiving recovery resources. On or before January 1, 2020, the Commissioners of Mental Health and Addiction Services and Public Health shall report on such study, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Approved July 9, 2019