
OLR Bill Analysis

sHB 5515 (as amended by House "A")*

AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING ACCESS TO OPIOID OVERDOSE REVERSAL MEDICATION.

SUMMARY

This bill expands the instances an opioid antagonist (used to treat opioid overdose, such as Narcan) may be administered to students in public schools. It updates education statutes on administering opioid antagonists to reflect federal Food and Drug Administration changes to these medications' designation. Prior to 2023, all opioid antagonists were legend drugs, meaning a prescription was required to access them, but this bill makes changes to reflect the recent availability of a non-legend (over-the-counter) version. (The non-legend version is a nasal spray whereas legend versions are typically administered by injection.)

The bill also more broadly allows any person (for example, an individual, governmental entity, or business) to give someone a non-legend opioid antagonist to treat or prevent an opioid drug overdose, including in a school, and gives them immunity from civil and criminal liability for doing so. The bill exempts anyone who distributes these medications for free from needing a non-legend drug permit to do so. Existing law already generally immunizes anyone who, in good faith, believes that another person is experiencing an opioid-related drug overdose and administers an opioid antagonist to the other person.

Additionally, the bill:

1. requires the Department of Emergency Services and Public Protection (DESPP) to coordinate with the Department of Mental Health and Addiction Services (DMHAS), in addition to the Department of Public Health (DPH) as under current law, when deploying behavioral health professionals after mass shootings;

2. updates the membership requirements of certain DMHAS advisory boards to reflect current practice; and
3. repeals a statutory provision establishing catchment area councils (community councils that help plan mental health services in a geographic area) and makes related technical changes, removing statutory references to these councils (in practice, their functions are now performed by Regional Behavioral Health Action Organizations).

Lastly, the bill makes minor and technical changes.

*House Amendment "A" defines "person" for the purposes of the underlying bill and adds provisions on (1) deploying behavioral health professionals after mass shootings, (2) advisory boards for DMHAS-operated facilities, and (3) repealing catchment area councils.

EFFECTIVE DATE: July 1, 2026, except the provisions on the (1) general non-legend opioid antagonist immunity, deploying mental health professionals after mass shootings, and advisory boards for DMHAS-operated facilities are effective upon passage and (2) catchment area councils are effective October 1, 2026.

OPIOID ANTAGONIST IN SCHOOLS

Under current law, only school nurses or, in their absence, a qualified school employee who has completed a training program may administer an opioid antagonist to students who do not have prior written authorization from a parent, guardian, or qualified medical professional.

Non-legend

The bill allows any person to administer a non-legend opioid antagonist to a student experiencing an opioid drug overdose. It gives a person who administers a non-legend opioid antagonist immunity from civil liability for any injuries that may result from actions that are considered ordinary negligence. However, this immunity does not apply to acts or omissions that constitute gross, willful, or wanton negligence.

Under current law, the Department of Education (SDE) must consult with DPH and the Department of Consumer Protection (DCP) to develop guidelines on storing and administering opioid antagonists in schools. The bill also requires SDE to consult with DMHAS and limits these guidelines to non-legend opioid antagonists.

Legend

The bill generally extends current law's requirements to the administration of legend opioid antagonists, while expanding the circumstances in which they may be administered. It allows a qualified school employee to administer the medication to a student experiencing an opioid drug overdose at any time, regardless of any prior approvals. It also removes the option for a student's parent or guardian to request that the student not be given an opioid antagonist.

Under current law, the training program that nurses and qualified employees must complete is one developed by SDE, DPH, and DCP. The bill instead allows the program to be approved or developed by these departments, along with DMHAS.

DEPLOYING BEHAVIORAL HEALTH PROFESSIONALS AFTER MASS SHOOTINGS

The bill requires the DESPP commissioner to coordinate with the DMHAS commissioner, in addition to the DPH commissioner as under current law, when deploying grief counselors and mental health professionals to provide mental health services to mass shooting victims' family members and other people with a close association to them. By law, these deployments must be made to (1) local community outreach groups in and around the impacted geographic location and (2) any school or higher education institution where a mass shooting victim or perpetrator was enrolled.

DMHAS ADVISORY BOARDS

Advisory Boards for State-Operated Facilities

Existing law requires all hospitals and facilities DMHAS operates (partially or wholly) that treat people with psychiatric disabilities or substance use disorders (or both) to have an advisory board that

includes members with lived experience of behavioral health disorders (see BACKGROUND). The bill exempts from this requirement the Connecticut Valley Hospital advisory council and Whiting Forensic Hospital oversight board.

By law, facilities must have their superintendent or director make advisory board member appointments, at least two of whom must have lived experience with behavioral health disorders. The bill eliminates current law's requirement that the superintendent or director appoint additional board members when the current membership is less than the number of members they designated and to fill vacancies.

It also eliminates the requirement under current law that (1) appointed members' terms be staggered so that an approximately equal number of member terms expire in odd-numbered years; (2) members serve no more than two successive terms in addition to any unexpired term they were appointed to fill; and (3) at least one-third of members each represent regional behavioral health action organizations and catchment area councils, which the bill repeals.

The bill also makes related minor and technical changes.

BACKGROUND

DMHAS-Operated Facilities and Advisory Boards

By law, DMHAS-operated facilities generally include the Capitol Region Mental Health Center, the Connecticut Valley Hospital (including its Addictions and General Psychiatric divisions), the Whiting Forensic Hospital, the Connecticut Mental Health Center, the Franklin S. DuBois Center, the Greater Bridgeport Community Mental Health Center, and River Valley Services (CGS § 17a-458).

A DMHAS-operated facility's advisory board must (1) periodically meet with the facility superintendent or director to advise on the facility's programs and policies, (2) act as a liaison between the facility and residents of its assigned geographic area, and (3) issue reports to the governor and DMHAS commissioner on facility conditions and make recommendations for changes or improvements (CGS § 17a-471).

Related Bill

sHB 5517 (File 529), favorably reported by the Public Health Committee, has the same provisions on (1) deploying behavioral health professionals after mass shootings, (2) advisory boards for DMHAS-operated facilities, and (3) repealing catchment area councils.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 32 Nay 0 (03/23/2026)