PA 26-38—sHB 5515
Public Health Committee

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

SUMMARY: This act expands the circumstances when 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 act 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 act also more broadly allows anyone (for example, an individual, governmental entity, or business) to distribute or otherwise provide someone with a non-legend opioid antagonist to treat or prevent an opioid drug overdose and gives them immunity from civil and criminal liability for doing so. The act 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 act:

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 existing 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 act makes minor and technical changes.

EFFECTIVE DATE: July 1, 2026, except the provisions on (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 prior law, only school nurses or, in their absence, a qualified trained school employee could administer an opioid antagonist to students without prior written authorization from a parent, guardian, or qualified medical professional.

Non-legend

The act allows any person to administer a non-legend opioid antagonist to someone at a school 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 or omissions that are considered ordinary negligence. However, this immunity does not apply in cases of gross, willful, or wanton negligence.

Under existing law, the State 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 act also requires SDE to consult with DMHAS and limits these guidelines to non-legend opioid antagonists.

Legend

The act generally extends existing law's requirements to the administration of legend opioid antagonists, while expanding the circumstances in which they may be administered. It allows a qualified trained 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 prior law, the training program required for nurses and qualified employees had to be developed by SDE, DPH, and DCP. The act instead allows the program to be approved or developed by these departments, along with DMHAS.

DEPLOYING BEHAVIORAL HEALTH PROFESSIONALS AFTER MASS SHOOTINGS

The act requires the DESPP commissioner to coordinate with the DMHAS commissioner, in addition to the DPH commissioner as under existing 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 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 act exempts the Connecticut Valley Hospital advisory council and Whiting Forensic Hospital oversight board from this requirement.

By law, a facility's superintendent or director must appoint the advisory board members, at least two of whom must have lived experience with behavioral health disorders. The act eliminates prior 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 prior law's provisions that (1) required appointed members' terms to be staggered so that an approximately equal number of terms expire in odd-numbered years; (2) limited members to no more than two successive terms in addition to any unexpired term they were appointed to fill; and (3) required at least one-third of members to each represent regional behavioral health action organizations and catchment area councils, which the act repeals.

The act 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 Act

PA 26-68, § 165, has the same provisions (1) allowing any person to give someone a non-legend opioid antagonist, (2) giving them immunity from civil and criminal liability for doing so, and (3) exempting anyone who distributes these medications for free from needing a non-legend drug permit.