

Dear CT-AAP Members,

This is an analysis of a bill that was passed this legislative session that effects your prescribing of opioid drugs. There are some significant changes and it is important that you know. These changes take affect on July 1, 2106

**AN ACT INCREASING ACCESS TO OVERDOSE REVERSAL DRUGS.
SUMMARY:**

This bill contains various provisions on opioid abuse prevention and treatment and related issues. It:

1. prohibits, with certain exceptions, a prescribing practitioner authorized to prescribe an opioid drug from issuing a prescription for more than a seven-day supply to (a) an adult for the first time for outpatient use or (b) a minor; ***The exceptions are outlined below.***
2. makes various changes to the electronic prescription drug monitoring program (PMP) , such as
 - (a) expanding who may serve as a prescriber's authorized agent, ***the expansion is described below,***
 - (b) modifying reporting deadlines, and
 - (c) decreasing prescriber reviews for prolonged treatment of schedule V nonnarcotic drugs
3. allows any licensed health care professional to administer an opioid antagonist (e.g., Narcan) to treat or prevent a drug overdose without civil or criminal liability
4. requires municipalities, by October 1, 2016, to amend their local emergency medical services (EMS) plans to ensure that specified first responders are equipped with an opioid antagonist and trained in administering it
5. prohibits certain health insurance policies that provide prescription drug coverage for opioid antagonists from requiring prior authorization for these drugs
6. requires the Public Health Committee chairpersons to establish a working group on the issuance of opioid drug prescriptions by prescribing practitioners.

OPIOID DRUG PRESCRIPTIONS *Seven-Day Supply*

The bill 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 the first time for outpatient use.

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

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. why the prescription is necessary

The bill defines an "opioid drug" as any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.

Exceptions to the Seven-Day Supply

The bill allows the practitioner to prescribe more than a seven-day supply of an opioid drug to an adult or minor 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 bill's provisions on opioid drug prescriptions do not apply to medications to treat opioid drug dependence or abuse, including opioid antagonists and agonists (e.g., medications such as morphine that activate the same areas of the brain as other opioids).

ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM

Under the electronic prescription drug monitoring program (PMP), the Department of Consumer Protection (DCP) collects information on controlled substance prescriptions to prevent improper or illegal drug use or improper prescribing. The bill makes various changes affecting the program.

EFFECTIVE DATE: July 1, 2016

Reporting Deadline

Prescribers and Agents

Under current 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 prescription drug monitoring program. Additionally, the prescribing practitioner or agent must review a patient's records in the program at least every 90 days when the practitioner prescribes controlled substances for continuous or prolonged treatment.

The bill eliminates the current requirement that the authorized agent be a licensed health care professional. It also requires less frequent reviews of records for continuous or prolonged treatment of schedule V nonnarcotic controlled substances, by requiring such reviews annually rather than every 90 days.

Under the bill, a prescribing practitioner may designate an authorized agent to review the program and patient controlled substance prescription information on the practitioner's behalf. A practitioner must ensure that his or her agent's access is limited to the program's statutory purposes and occurs in a manner that protects the confidentiality of information accessed through the program.

The bill specifies that prescribers and their authorized agents are subject to the federal Health Insurance Portability and Accountability Act (HIPAA) regulations on administrative safeguards for protecting electronic protected health information. It also provides that DCP may take disciplinary action against a prescribing practitioner for acts of his or her authorized agent.

The bill makes corresponding changes by expanding when the DCP commissioner must release controlled substance prescription information, on request, to prescribing practitioners' authorized agents. It requires him to release information to agents in the same situations as for requests by prescribers themselves (instead of only certain situations as under current law), and specifies that the agents need not be licensed health care professionals.

Specific Requirements for Prescribers in Hospitals

Under the bill, prescribing practitioners who work for or provide professional services to hospitals must receive the DCP commissioner's approval before designating authorized agents as set forth above. Along with the request to designate agents, practitioners must submit for approval a written protocol for oversight of the agents on a commissioner-approved form. The protocol must designate 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 agent's access is limited to the program's statutory purposes and occurs in a manner that protects confidentiality.

The bill allows DCP to (1) take disciplinary action against such designated responsible parties for the agents' acts and (2) inspect hospital records to determine compliance with approved protocols.

ADMINISTRATION OF OPIOID ANTAGONISTS BY LICENSED HEALTH CARE PROFESSIONALS

The bill allows any licensed health care professional to administer an opioid antagonist to treat or prevent a drug overdose without being (1) civilly or criminally liable for such action or (2) deemed as violating his or her professional standard of care. Current law limits such immunity to health care professionals authorized to prescribe an opioid antagonist (see BACKGROUND).

By law, an “opioid antagonist” is naloxone hydrochloride (Narcan) or any other similarly acting and equally safe drug that the Food and Drug Administration (FDA) has approved for treating a drug overdose.

EFFECTIVE DATE: Upon passage

PRIOR AUTHORIZATION FOR OPIOID ANTAGONISTS

The bill prohibits health insurance policies that provide prescription drug coverage for opioid antagonists from requiring prior authorization for these drugs. It 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 coverage under an HMO plan; or (5) single service ancillary health coverage.

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

EFFECTIVE DATE: January 1, 2017

DCP DISCIPLINARY ACTION AGAINST CONTROLLED SUBSTANCE REGISTRANTS

The bill adds to the list of reasons the DCP commissioner may take disciplinary action against a controlled substance registrant:

1. failing to establish and implement administrative safeguards for protecting electronic protected health information required by the federal HIPAA and
 2. breach of any such safeguards by a prescribing practitioner's authorized agent.
- By law, the commissioner may, for sufficient cause, suspend, revoke, or refuse to renew a registration; place a registration on probation or put conditions on it; and assess a civil penalty of up to \$1,000 for each violation.

EFFECTIVE DATE: October 1, 2016

WORKING GROUP ON OPIOID DRUG PRESCRIPTIONS

The bill requires the Public Health Committee chairpersons, by October 1, 2016, to convene a working group on the issuance of opioid drug prescriptions by prescribing practitioners. The working group must 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.

The bill requires the working group to report the study results by February 1, 2017 to the Public Health Committee.

EFFECTIVE DATE: Upon passage

BACKGROUND

Opioid Antagonist Good Samaritan Law

Existing 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 civilly or criminally liable for the action or for its subsequent use.

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.

Prescribing Practitioner

Under existing law, the following health providers may prescribe medication within the scope of their practice: physicians, dentists, podiatrists, optometrists, physician assistants, advanced practice registered nurses, nurse-midwives, and veterinarians.