



**Governor Ned Lamont  
State of Connecticut**



FACT SHEET  
2019 Legislative Session

**HOUSE BILL 7159  
AN ACT ADDRESSING OPIOID USE**

**Summary of Proposal:**

This proposal makes changes to reduce the misuse of prescription opioids, strengthen oversight of prescriptions for opioids, facilitate use of the state's Prescription Drug Monitoring Program (PDMP), prohibit discrimination against individuals who use life-saving opioid antagonists, and enhance communication between health care practitioners and patients regarding opioid use.

**Reason for Proposal:**

Over the past several years, Connecticut has been at the forefront of the public health efforts to confront the opioid crisis. New data from the latter part of 2018 suggest the state's opioid overdose epidemic is stabilizing as a result of local and statewide drug overdose prevention strategies. While this is positive news for the state, Connecticut's opioid overdose emergency department rate remains approximately 1.7 times higher than the national rate. The statutory changes in this proposal will help continue to drive down opioid use in Connecticut.

**Section Detail:**

Secs. 1-2 require pharmacists to offer counseling to patients regarding their prescriptions. Currently, C.G.S. §20-620 requires pharmacists to offer such counseling to Medicaid patients. Expanding that requirement will enhance communication between pharmacists and patients and reduce the likelihood of misuse of prescription opioids.

Sec. 3 facilitates use of the state's Prescription Drug Monitoring Program (PDMP) by allowing pharmacists to designate an authorized pharmacy technician and clarifies statutes regarding disclosure of controlled substance prescription information to the Department of Social Services (DSS). Prescription drug monitoring programs continue to be among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk. Evaluations of prescription drug monitoring programs at the national level have illustrated changes in prescribing behaviors, reduced use of multiple providers by patients, and decreased substance use disorder treatment admissions. This proposal will make Connecticut's PDMP easier to use for pharmacists.

This section also clarifies that prescribers can disclose PDMP controlled substance prescription information to DSS for the purpose of administering the Medicaid program. DSS has experienced

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a few recent situations in which Medicaid providers refused to give PMP information to the department, citing confidentiality requirements under C.G.S. § 21a-254(j)(7). Not receiving this information has hampered DSS' ability to make meaningful decisions regarding the authorization of opiates and other dependency-producing drugs. This proposal will clarify that prescribers can share controlled substance prescription information with DSS. The information DSS could obtain through the PDMP would be specifically for the purposes of conducting prior authorization reviews of prescription drugs covered under any of the medical assistance programs administered by DSS. DSS requires prescription prior authorization review and approval for controlled substances, with the majority of such reviews specifically for opioid-related prescriptions. This proposal is consistent with recommendations provided by the federal Centers for Medicare and Medicaid Services. Its January 28, 2016 Informational Bulletin, "Best Practices for Addressing Prescription Opioid Overdoses, Misuse and Addiction," identifies access to a state's PDMP as an effective tool for the Medicaid agency to "identify potential inappropriate prescribing and use of controlled prescription drugs, such as opioids."

Sec. 4 requires manufacturers and wholesalers to report to the Department of Consumer Protection when they terminate or decline distribution of controlled substances to a pharmacy. In 2018, legislation codified in C.G.S. §21a-70(i) required manufacturers and wholesalers to report suspicious orders of controlled substances. This new provision would strengthen investigatory tools and allow the department to identify potential problems more rapidly.

Sec. 5 prohibits discrimination against substance users and their families, friends, and good Samaritans who carry naloxone and other opioid antagonists designed to treat opioid overdoses and save lives. Specifically, the provision prohibits denial of life insurance to an individual solely on the basis of a prescription for an opioid antagonist.

Sec. 6 requires prescribers to specify diagnosis on opioid prescriptions. By specifying the medical condition being treated, this requirement provides an opportunity for the prescriber to fully consider and discuss the most appropriate options with the patient. The provision does not require the diagnosis information to be included on the label of the prescription or prevent the pharmacist from adding the information after consultation with the prescribing practitioner. This new provision excludes prescriptions for animals.

Sec. 7 requires a pain contract between prescriber and patient. Under the provision, a prescribing practitioner who prescribes an opioid drug for the treatment of pain for a patient for a duration greater than twelve weeks must establish a treatment agreement with the patient. The treatment agreement must, at minimum, discuss treatment goals, risks of using opioids, urine drug screens, discontinuation of opioids, and expectations for continued treatment of pain with opioids.