



House of Representatives

General Assembly

File No. 126

February Session, 2022

Substitute House Bill No. 5244

House of Representatives, March 28, 2022

The Committee on Children reported through REP. LINEHAN of the 103rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE PROVISION OF OPIOID ANTAGONISTS IN SCHOOLS.

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

1 Section 1. Section 10-212a of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) (1) A school nurse or, in the absence of such nurse, any other nurse
4 licensed pursuant to the provisions of chapter 378, including a nurse
5 employed by, or providing services under the direction of a local or
6 regional board of education at, a school-based health clinic, who shall
7 administer medical preparations only to students enrolled in such
8 school-based health clinic in the absence of a school nurse, the principal,
9 any teacher, licensed athletic trainer, licensed physical or occupational
10 therapist employed by a school district, or coach of intramural and
11 interscholastic athletics of a school may administer, subject to the
12 provisions of subdivision (2) of this subsection, medicinal preparations,
13 including such controlled drugs as the Commissioner of Consumer
14 Protection may, by regulation, designate, to any student at such school

15 pursuant to the written order of a physician licensed to practice
16 medicine, or a dentist licensed to practice dental medicine in this or
17 another state, or an optometrist licensed to practice optometry in this
18 state under chapter 380, or an advanced practice registered nurse
19 licensed to prescribe in accordance with section 20-94a, or a physician
20 assistant licensed to prescribe in accordance with section 20-12d, and the
21 written authorization of a parent or guardian of such child. The
22 administration of medicinal preparations by a nurse licensed pursuant
23 to the provisions of chapter 378, a principal, teacher, licensed athletic
24 trainer, licensed physical or occupational therapist employed by a
25 school district, or coach shall be under the general supervision of a
26 school nurse. No such school nurse or other nurse, principal, teacher,
27 licensed athletic trainer, licensed physical or occupational therapist
28 employed by a school district, coach or school paraprofessional
29 administering medication pursuant to this section shall be liable to such
30 student or a parent or guardian of such student for civil damages for
31 any personal injuries that result from acts or omissions of such school
32 nurse or other nurse, principal, teacher, licensed athletic trainer,
33 licensed physical or occupational therapist employed by a school
34 district, coach or school paraprofessional administering medication
35 pursuant to this section in administering such preparations that may
36 constitute ordinary negligence. This immunity does not apply to acts or
37 omissions constituting gross, wilful or wanton negligence.

38 (2) Each local and regional board of education that allows a school
39 nurse or, in the absence of such nurse, any other nurse licensed pursuant
40 to the provisions of chapter 378, including a nurse employed by, or
41 providing services under the direction of a local or regional board of
42 education at, a school-based health clinic, who shall administer medical
43 preparations only to students enrolled in such school-based health clinic
44 in the absence of a school nurse, the principal, any teacher, licensed
45 athletic trainer, licensed physical or occupational therapist employed by
46 a school district, coach of intramural and interscholastic athletics or
47 school paraprofessional of a school to administer medicine or that
48 allows a student to possess, self-administer or possess and self-
49 administer medicine, including medicine administered through the use

50 of an asthmatic inhaler or an automatic prefilled cartridge injector or
51 similar automatic injectable equipment, shall adopt written policies and
52 procedures, in accordance with this section and the regulations adopted
53 pursuant to subsection (c) of this section, that shall be approved by the
54 school medical advisor, if any, or other qualified licensed physician.
55 Once so approved, such administration of medication shall be in
56 accordance with such policies and procedures.

57 (3) A director of a school readiness program as defined in section 10-
58 16p or a before or after school program exempt from licensure by the
59 Department of Public Health pursuant to subdivision (1) of subsection
60 (b) of section 19a-77, or the director's designee, may administer
61 medications to a child enrolled in such a program in accordance with
62 regulations adopted by the State Board of Education in accordance with
63 the provisions of chapter 54. No individual administering medications
64 pursuant to this subdivision shall be liable to such child or a parent or
65 guardian of such child for civil damages for any personal injuries that
66 result from acts or omissions of such individual in administering such
67 medications which may constitute ordinary negligence. This immunity
68 shall not apply to acts or omissions constituting gross, wilful or wanton
69 negligence.

70 (b) Each school wherein any controlled drug is administered under
71 the provisions of this section shall keep such records thereof as are
72 required of hospitals under the provisions of subsections (f) and (h) of
73 section 21a-254 and shall store such drug in such manner as the
74 Commissioner of Consumer Protection shall, by regulation, require.

75 (c) The State Board of Education, in consultation with the
76 Commissioner of Public Health, shall adopt regulations, in accordance
77 with the provisions of chapter 54, determined to be necessary by the
78 board to carry out the provisions of this section, including, but not
79 limited to, regulations that (1) specify conditions under which a coach
80 of intramural and interscholastic athletics may administer medicinal
81 preparations, including controlled drugs specified in the regulations
82 adopted by the commissioner, to a child participating in such intramural

83 and interscholastic athletics, (2) specify conditions and procedures for
84 the administration of medication by school personnel to students,
85 including, but not limited to, (A) the conditions and procedures for the
86 storage and administration of epinephrine by school personnel to
87 students for the purpose of emergency first aid to students who
88 experience allergic reactions and who do not have a prior written
89 authorization for the administration of epinephrine, in accordance with
90 the provisions of subdivision (2) of subsection (d) of this section, and (B)
91 the conditions and procedures for the storage and administration of
92 opioid antagonists by school personnel to students who experience an
93 opioid-related drug overdose and who do not have a prior written
94 authorization for the administration of an opioid antagonist, in
95 accordance with the provisions of subdivision (1) of subsection (g) of
96 this section, and (3) specify conditions for the possession, self-
97 administration or possession and self-administration of medication by
98 students, including permitting a child diagnosed with: (A) Asthma to
99 retain possession of an asthmatic inhaler at all times while attending
100 school for prompt treatment of the child's asthma and to protect the
101 child against serious harm or death provided a written authorization for
102 self-administration of medication signed by the child's parent or
103 guardian and an authorized prescriber is submitted to the school nurse;
104 and (B) an allergic condition to retain possession of an automatic
105 prefilled cartridge injector or similar automatic injectable equipment at
106 all times, including while attending school or receiving school
107 transportation services, for prompt treatment of the child's allergic
108 condition and to protect the child against serious harm or death
109 provided a written authorization for self-administration of medication
110 signed by the child's parent or guardian and an authorized prescriber is
111 submitted to the school nurse. The regulations shall require
112 authorization pursuant to: (i) The written order of a physician licensed
113 to practice medicine in this or another state, a dentist licensed to practice
114 dental medicine in this or another state, an advanced practice registered
115 nurse licensed under chapter 378, a physician assistant licensed under
116 chapter 370, a podiatrist licensed under chapter 375, or an optometrist
117 licensed under chapter 380; and (ii) the written authorization of a parent

118 or guardian of such child.

119 (d) (1) (A) With the written authorization of a student's parent or
120 guardian, and (B) pursuant to the written order of a qualified medical
121 professional, a school nurse and a school medical advisor, if any, may
122 jointly approve and provide general supervision to an identified school
123 paraprofessional to administer medication, including, but not limited to,
124 medication administered with a cartridge injector, to a specific student
125 with a medically diagnosed allergic condition that may require prompt
126 treatment in order to protect the student against serious harm or death.

127 (2) A school nurse or, in the absence of a school nurse, a qualified
128 school employee shall maintain epinephrine in cartridge injectors for the
129 purpose of emergency first aid to students who experience allergic
130 reactions and do not have a prior written authorization of a parent or
131 guardian or a prior written order of a qualified medical professional for
132 the administration of epinephrine. A school nurse or a school principal
133 shall select qualified school employees to administer such epinephrine
134 under this subdivision, and there shall be at least one such qualified
135 school employee on the grounds of the school during regular school
136 hours in the absence of a school nurse. A school nurse or, in the absence
137 of such school nurse, such qualified school employee may administer
138 such epinephrine under this subdivision, provided such administration
139 of epinephrine is in accordance with policies and procedures adopted
140 pursuant to subsection (a) of this section. Such administration of
141 epinephrine by a qualified school employee shall be limited to situations
142 when the school nurse is absent or unavailable. No qualified school
143 employee shall administer such epinephrine under this subdivision
144 unless such qualified school employee annually completes the training
145 program described in section 10-212g. The parent or guardian of a
146 student may submit, in writing, to the school nurse and school medical
147 advisor, if any, that epinephrine shall not be administered to such
148 student under this subdivision.

149 (3) In the case of a student with a medically diagnosed life-
150 threatening allergic condition, (A) with the written authorization of

151 such student's parent or guardian, and (B) pursuant to the written order
152 of a qualified medical professional, such student may possess, self-
153 administer or possess and self-administer medication, including, but
154 not limited to, medication administered with a cartridge injector, to
155 protect such student against serious harm or death.

156 (4) For purposes of this subsection, (A) "cartridge injector" means an
157 automatic prefilled cartridge injector or similar automatic injectable
158 equipment used to deliver epinephrine in a standard dose for
159 emergency first aid response to allergic reactions, (B) "qualified school
160 employee" means a principal, teacher, licensed athletic trainer, licensed
161 physical or occupational therapist employed by a school district, coach
162 or school paraprofessional, and (C) "qualified medical professional"
163 means (i) a physician licensed under chapter 370, (ii) an optometrist
164 licensed to practice optometry under chapter 380, (iii) an advanced
165 practice registered nurse licensed to prescribe in accordance with
166 section 20-94a, or (iv) a physician assistant licensed to prescribe in
167 accordance with section 20-12d.

168 (e) (1) With the written authorization of a student's parent or
169 guardian, and (2) pursuant to a written order of the student's physician
170 licensed under chapter 370 or the student's advanced practice registered
171 nurse licensed under chapter 378, a school nurse or a school principal
172 shall select, and a school nurse shall provide general supervision to, a
173 qualified school employee to administer medication with injectable
174 equipment used to administer glucagon to a student with diabetes that
175 may require prompt treatment in order to protect the student against
176 serious harm or death. Such authorization shall be limited to situations
177 when the school nurse is absent or unavailable. No qualified school
178 employee shall administer medication under this subsection unless (A)
179 such qualified school employee annually completes any training
180 required by the school nurse and school medical advisor, if any, in the
181 administration of medication with injectable equipment used to
182 administer glucagon, (B) the school nurse and school medical advisor,
183 if any, have attested, in writing, that such qualified school employee has
184 completed such training, and (C) such qualified school employee

185 voluntarily agrees to serve as a qualified school employee. For purposes
186 of this subsection, "injectable equipment used to administer glucagon"
187 means an injector or injectable equipment used to deliver glucagon in
188 an appropriate dose for emergency first aid response to diabetes. For
189 purposes of this subsection, "qualified school employee" means a
190 principal, teacher, licensed athletic trainer, licensed physical or
191 occupational therapist employed by a school district, coach or school
192 paraprofessional.

193 (f) (1) (A) With the written authorization of a student's parent or
194 guardian, and (B) pursuant to the written order of a physician licensed
195 under chapter 370 or an advanced practice registered nurse licensed
196 under chapter 378, a school nurse and a school medical advisor, if any,
197 shall select, and a school nurse shall provide general supervision to, a
198 qualified school employee to administer antiepileptic medication,
199 including by rectal syringe, to a specific student with a medically
200 diagnosed epileptic condition that requires prompt treatment in
201 accordance with the student's individual seizure action plan. Such
202 authorization shall be limited to situations when the school nurse is
203 absent or unavailable. No qualified school employee shall administer
204 medication under this subsection unless (i) such qualified school
205 employee annually completes the training program described in
206 subdivision (2) of this subsection, (ii) the school nurse and school
207 medical advisor, if any, have attested, in writing, that such qualified
208 school employee has completed such training, (iii) such qualified school
209 employee receives monthly reviews by the school nurse to confirm such
210 qualified school employee's competency to administer antiepileptic
211 medication under this subsection, and (iv) such qualified school
212 employee voluntarily agrees to serve as a qualified school employee. For
213 purposes of this subsection, "qualified school employee" means a
214 principal, teacher, licensed athletic trainer, licensed physical or
215 occupational therapist employed by a school district, coach or school
216 paraprofessional.

217 (2) The Department of Education, in consultation with the School
218 Nurse Advisory Council, established pursuant to section 10-212f, and

219 the Association of School Nurses of Connecticut, shall develop an
220 antiepileptic medication administrating training program. Such training
221 program shall include instruction in (A) an overview of childhood
222 epilepsy and types of seizure disorders, (B) interpretation of individual
223 student's emergency seizure action plan and recognition of individual
224 student's seizure activity, (C) emergency management procedures for
225 seizure activity, including administration techniques for emergency
226 seizure medication, (D) when to activate emergency medical services
227 and postseizure procedures and follow-up, (E) reporting procedures
228 after a student has required such delegated emergency seizure
229 medication, and (F) any other relevant issues or topics related to
230 emergency interventions for students who experience seizures.

231 (g) (1) A school nurse or, in the absence of a school nurse, a qualified
232 school employee may maintain opioid antagonists for the purpose of
233 emergency first aid to students who experience an opioid-related drug
234 overdose and do not have a prior written authorization of a parent or
235 guardian or a prior written order of a qualified medical professional for
236 the administration of such opioid antagonist. A school nurse or a school
237 principal shall select qualified school employees to administer such
238 opioid antagonist under this subdivision, and there shall be at least one
239 such qualified school employee on the grounds of the school during
240 regular school hours in the absence of a school nurse. A school nurse or,
241 in the absence of such school nurse, such qualified school employee may
242 administer such opioid antagonist under this subdivision, provided
243 such administration of the opioid antagonist is in accordance with
244 policies and procedures adopted pursuant to subsection (a) of this
245 section. Such administration of an opioid antagonist by a qualified
246 school employee shall be limited to situations when the school nurse is
247 absent or unavailable. No school nurse or qualified school employee
248 shall administer such opioid antagonist under this subdivision unless
249 such school nurse or qualified school employee has completed training
250 in the distribution and administration of an opioid antagonist under an
251 agreement entered into pursuant to section 21a-286 or any such training
252 offered by the Department of Public Health. The parent or guardian of
253 a student may submit a request, in writing, to the school nurse and

254 school medical advisor, if any, that an opioid antagonist shall not be
255 administered to such student under this subdivision.

256 (2) Not later than July 1, 2022, the Department of Education, in
257 consultation with the Departments of Consumer Protection and Public
258 Health, shall develop guidelines for use by local and regional boards of
259 education on the storage and administration of opioid antagonists in
260 schools in accordance with the provisions of this subsection.

261 (3) For purposes of this subsection, (A) "opioid antagonist" means
262 naloxone hydrochloride or any other similarly acting and equally safe
263 drug approved by the federal Food and Drug Administration for the
264 treatment of a drug overdose, (B) "qualified school employee" means a
265 principal, teacher, licensed athletic trainer, licensed physical or
266 occupational therapist employed by a school district, coach or school
267 paraprofessional, and (C) "qualified medical professional" means (i) a
268 physician licensed under chapter 370, (ii) an optometrist licensed to
269 practice optometry under chapter 380, (iii) an advanced practice
270 registered nurse licensed to prescribe in accordance with section 20-94a,
271 or (iv) a physician assistant licensed to prescribe in accordance with
272 section 20-12d.

273 Sec. 2. (NEW) (*Effective from passage*) For the fiscal year ending June
274 30, 2023, and each fiscal year thereafter, the Department of Education
275 shall provide grants to local and regional boards of education for the
276 acquisition and maintenance of opioid antagonists in accordance with
277 the provisions of section 10-212a of the general statutes, as amended by
278 this act. A local or regional board of education may submit an
279 application for a grant under this section at a time and in a manner
280 prescribed by the department.

281 Sec. 3. Subsection (a) of section 10-220a of the 2022 supplement to the
282 general statutes is repealed and the following is substituted in lieu
283 thereof (*Effective July 1, 2022*):

284 (a) Each local or regional board of education shall provide an in-
285 service training program for its teachers, administrators and pupil

286 personnel who hold the initial educator, provisional educator or
287 professional educator certificate. Such program shall provide such
288 teachers, administrators and pupil personnel with information on (1)
289 the nature and the relationship of alcohol and drugs, as defined in
290 subdivision (17) of section 21a-240, to health and personality
291 development, and procedures for discouraging their abuse, (2) health
292 and mental health risk reduction education that includes, but need not
293 be limited to, the prevention of risk-taking behavior by children and the
294 relationship of such behavior to substance abuse, pregnancy, sexually
295 transmitted diseases, including HIV-infection and AIDS, as defined in
296 section 19a-581, violence, teen dating violence, domestic violence and
297 child abuse, (3) school violence prevention, conflict resolution, the
298 prevention of and response to youth suicide and the identification and
299 prevention of and response to bullying, as defined in subsection (a) of
300 section 10-222d, except that those boards of education that implement
301 any evidence-based model approach that is approved by the
302 Department of Education and is consistent with subsection (c) of section
303 10-145a, sections 10-222d, 10-222g and 10-222h, subsection (g) of section
304 10-233c and sections 1 and 3 of public act 08-160, shall not be required
305 to provide in-service training on the identification and prevention of
306 and response to bullying, (4) cardiopulmonary resuscitation and other
307 emergency life saving procedures, including the administration of
308 opioid antagonists to persons who experience an opioid-related drug
309 overdose, (5) the requirements and obligations of a mandated reporter,
310 (6) the detection and recognition of, and evidence-based structured
311 literacy interventions for, students with dyslexia, as defined in section
312 10-3d, (7) culturally responsive pedagogy and practice, including, but
313 not limited to, the video training module relating to implicit bias and
314 anti-bias in the hiring process in accordance with the provisions of
315 section 10-156hh, and (8) the principles and practices of social-emotional
316 learning and restorative practices. Each local or regional board of
317 education may allow any paraprofessional or noncertified employee to
318 participate, on a voluntary basis, in any in-service training program
319 provided pursuant to this section.

320 Sec. 4. (NEW) (Effective from passage) (a) The Department of Children

321 and Families shall conduct an instructional program that utilizes a
322 training model that will enable participants to provide adolescent
323 screening, brief intervention and referral to treatment training to other
324 individuals upon completion of the instructional program. Such
325 instructional program shall be offered to the employees of a local health
326 department, district department of health formed pursuant to section
327 19a-241 of the general statutes, youth service bureau, municipality, paid
328 municipal or volunteer fire department, local police department and
329 local or regional board of education. The department shall conduct such
330 instructional program at no charge to participants at least four times
331 each year. The department may conduct each such instructional
332 program in a different geographical region of the state during the year.

333 (b) (1) Each local health department shall offer training in adolescent
334 screening, brief intervention and referral to treatment free of charge to
335 the employees of such local health department and to members of the
336 public. Any employee of a local health department who has participated
337 in the instructional program described in subsection (a) of this section
338 shall be the person to provide such training in adolescent screening,
339 brief intervention and referral to treatment under this subdivision.

340 (2) A district department of health, youth service bureau,
341 municipality, paid municipal or volunteer fire department, local police
342 department or local or regional board of education may offer training in
343 adolescent screening, brief intervention and referral to treatment free of
344 charge to the employees of such district department of health, youth
345 service bureau, municipality, paid municipal or volunteer fire
346 department, local police department or local or regional board of
347 education and to members of the public. Any employee who has
348 participated in the instructional program described in subsection (a) of
349 this section shall be the person to provide such training in adolescent
350 screening, brief intervention and referral to treatment under this
351 subdivision.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	10-212a
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>July 1, 2022</i>	10-220a(a)
Sec. 4	<i>from passage</i>	New section

KID *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 23 \$	FY 24 \$
Education, Dept.;	GF - Cost	90,000	90,000
Education, Dept.	GF - Cost	See Below	See Below
State Comptroller - Fringe Benefits ¹	GF - Cost	36,477	36,477
Children & Families, Dept.	GF - Cost	160,000	160,000

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 23 \$	FY 24 \$
Local and Regional School Districts	STATE MANDATE ² - Cost/Revenue Gain	See Below	See Below
Various Municipalities	STATE MANDATE - Cost	See Below	See Below

Explanation

Section 1 requires the State Department of Education (SDE) by July 1, 2022, to develop guidelines for boards of education (local and regional) to use to store and administer opioid antagonists (e.g., Narcan). This results in an additional cost to SDE of approximately

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 40.53% of payroll in FY 23.

² State mandate is defined in Sec. 2-32b(2) of the Connecticut General Statutes, "state mandate" means any state initiated constitutional, statutory or executive action that requires a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

\$90,000 annually beginning in FY 23, associated with one additional full-time position, as the agency does not have the staff or expertise necessary to complete the requirements contained within the bill. Corresponding fringe benefits of \$36,477 would also be incurred annually.

Additionally, **Section 1** authorizes a school nurse, or in the absence of a school nurse, a qualified school employee, to maintain opioid antagonists to administer emergency first aid to a student who is experiencing an opioid-related drug overdose. The bill requires a school nurse or principal to select multiple qualified school employees to administer an opioid antagonist, and at least one such employee must be on school grounds during regular school hours when the school nurse is not there. This could result in additional costs to local and regional school districts if a school must pay an employee to stay additional hours outside of their normally scheduled hours, to cover the requirements of the bill. The cost to a district would be dependent on the number of hours a school nurse is away during normal school hours and those hours are outside the normal schedule of the qualified employees.

Section 2 requires SDE to provide grants to local and regional boards of education for the purchase and maintenance of opioid antagonists, beginning in FY 23. This results in an additional cost to SDE as the agency does not have funding available to establish this grant program. The cost depends on the extent of the grant program. If grants are offered to most districts that apply and many districts do, then the cost will be significant. If, however, grant funds are limited or few districts apply, the cost will be lower. It is estimated that on average a single dose opioid rescue kit ranges from \$22 - \$60 per kit³. If a district were to purchase 100 kits, the cost would range from \$2,220 to \$6,000. The cost to SDE would result in a corresponding revenue gain to municipalities to cover these expenses.

³<https://bjatta.bja.ojp.gov/naloxone/what-are-typical-costs-law-enforcement-overdose-response-program>

Section 3 requires boards of education to include information on administering opioid antagonists in the in-service training provided to staff. This could result in an additional cost to local and regional school districts associated with printing and disseminating this information; it is anticipated that these costs would be minimal.

Section 4 requires the Department of Children and Families (DCF) to provide training on adolescent screening, brief intervention, and referral to treatment for various municipal employees, effective from passage. DCF is required to hold this training at least four times throughout the year. This is anticipated to result in an annual cost to DCF of \$160,000. Based on similarly structured training, it is anticipated that DCF would conduct two trainings for approximately 30 individuals each, every quarter. It is estimated that the costs associated with training approximately 60 individuals per quarter would be \$40,000.

Additionally, **Section 4** requires each local health department to provide the training to its employees and to members of the public, free of charge. This training must be provided by an employee that has attended the DCF training program. Local health departments may incur additional costs to compensate employees for time of attendance at such training and to cover their shifts while at the training. Any costs would vary with the number of trainings offered.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis

sHB 5244

AN ACT CONCERNING THE PROVISION OF OPIOID ANTAGONISTS IN SCHOOLS.

SUMMARY

This bill requires the State Department of Education (SDE) to do the following:

1. by July 1, 2022, and in consultation with the Department of Consumer Protection and Department of Public Health (DPH), develop guidelines for boards of education (local and regional) to use to store and administer opioid antagonists (e.g., Narcan) and
2. starting in FY 23, annually provide grants to boards of education to acquire and maintain opioid antagonists as required by the bill.

Under the bill, a board of education may apply for a grant in a time and manner prescribed by SDE.

The bill authorizes a school nurse, or in the absence of a school nurse, a qualified school employee, to maintain opioid antagonists to administer emergency first aid to a student who is experiencing an opioid-related drug overdose and does not have a prior written authorization for administering this medication. It requires the State Board of Education (SBE), in consultation with the DPH commissioner, to adopt regulations that specify conditions and procedures for school personnel storing and administering opioid antagonists to these students.

The bill also requires boards of education to include information on administering opioid antagonists in the in-service training they must

provide for their teachers, administrators, and other certified pupil personnel.

Lastly, the bill requires the Department of Children and Families (DCF) to conduct a free instructional program at least four times annually that teaches participants how to provide adolescent screening, brief intervention, and referral to treatment training to other individuals. Local health departments must offer training in these matters to their employees and the public, and several other entities may do so, including boards of education.

EFFECTIVE DATE: Upon passage, except for the provision requiring boards of education to include information on opioid antagonist administration in their required in-service trainings, which takes effect July 1, 2022.

§ 1 — OPIOID ANTAGONIST ADMINISTRATION

School Nurse and Qualified Employee Authorization

The bill allows a school nurse, or in the absence of one, a qualified school employee, to maintain opioid antagonists to administer emergency first aid to a student who is experiencing an opioid-related drug overdose but does not have prior written authorization from a parent or guardian, or a prior order from a qualified medical professional to receive this medication.

Under the bill, a school nurse or principal must select qualified school employees to administer an opioid antagonist and at least one of these qualified school employees must be on school grounds during regular school hours when the school nurse is not there. A qualified school employee may only administer an opioid antagonist when the school nurse is absent or unavailable. A school nurse or qualified school employee administering an opioid antagonist must do so in accordance with the school board's adopted policies and procedures.

Under the bill, a school nurse or qualified school employee may not administer an opioid antagonist unless they complete training in its distribution and administration (1) under a local agreement with a

prescriber or pharmacist (see BACKGROUND) or (2) in a training offered by DPH.

The bill prohibits schools from administering opioid antagonists to a student under these provisions if the student's parent or guardian has stated in writing that he or she does not consent to its use. A parent or guardian may submit this request to the school nurse or school medical advisor, if any.

Definitions

By law and under the bill, an "opioid antagonist" is naloxone hydrochloride (e.g., Narcan) or any other similarly acting and equally safe drug that the Food and Drug Administration has approved for treating a drug overdose (see CGS § 17a-714a).

Under the bill, a "qualified school employee" is a principal, teacher, licensed athletic trainer, coach, school paraprofessional, or licensed physical or occupational therapist employed by a school district. A "qualified medical professional" is a state-licensed physician, optometrist, advanced practice registered nurse, or physician assistant.

§ 4 — DCF INSTRUCTIONAL PROGRAM

The bill requires DCF to conduct an instructional program using a training model that enables participants to provide adolescent screening, brief intervention, and referral to treatment training to other individuals. DCF must offer the program to employees of:

1. local or district health departments,
2. youth service bureaus,
3. municipalities,
4. paid municipal or volunteer fire departments,
5. local police departments, and
6. local or regional boards of education.

DCF must conduct the instructional program at least four times a year, at no charge to participants, and may conduct each session in a different region of the state during the year.

The bill (1) requires local health departments and (2) allows district health departments, youth service bureaus, municipalities, paid municipal or volunteer fire departments, local police departments, or boards of education, to offer free training in adolescent screening, brief intervention, and referral to treatment to their employees or members of the public. The employee providing the instructional program must have participated in the program conducted by DCF.

BACKGROUND

Opioid Antagonist Distribution Agreements With Certain Entities

By law, prescribers or pharmacists certified to prescribe an opioid antagonist may enter into an agreement with certain entities, including government agencies, concerning the distribution and administration of opioid antagonists. The agreement must address the agencies' opioid antagonist storage, handling, labeling, recalls, and record keeping.

The prescriber or pharmacist must train the individuals who will distribute or administer opioid antagonists under the agreement. Additionally, individuals who will distribute or administer opioid antagonists must receive training before doing so.

COMMITTEE ACTION

Committee on Children

Joint Favorable Substitute

Yea 13 Nay 0 (03/10/2022)