



WORKING DRAFT

General Assembly

Bill No.

February Session, 2022

LCO No. 927

Referred to Committee on

Introduced by:

***AN ACT CONCERNING PENALTIES FOR THE SALE OF FENTANYL,
SCHOOL USE OF OPIOID ANTAGONISTS AND PUBLIC AWARENESS
OF OPIOID USE DISORDERS.***

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

1 Section 1. Subsection (a) of section 21a-278 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective October*
3 *1, 2022*):

4 (a) (1) No person may manufacture, distribute, sell, prescribe,
5 dispense, compound, transport with the intent to sell or dispense,
6 possess with the intent to sell or dispense, offer, give or administer to
7 another person, except as authorized in this chapter, (A) one or more
8 preparations, compounds, mixtures or substances containing an
9 aggregate weight of (i) one ounce or more of heroin or methadone, (ii)
10 twenty grams or more of fentanyl or ten grams or more of a fentanyl
11 analog, or [(ii)] (iii) one-half ounce or more of cocaine or cocaine in a
12 free-base form, or (B) a substance containing five milligrams or more of
13 lysergic acid diethylamide. The provisions of this subdivision shall not

WORKING DRAFT

Bill No.

14 apply to a person who is, at the time of the commission of the offense, a
15 drug-dependent person.

16 (2) Any person who violates subdivision (1) of this subsection shall
17 be imprisoned not less than five years or more than life. The execution
18 of the mandatory minimum sentence imposed by the provisions of this
19 subdivision shall not be suspended, except that the court may suspend
20 the execution of such mandatory minimum sentence if, at the time of the
21 commission of the offense, such person was under the age of eighteen
22 years or such person's mental capacity was significantly impaired, but
23 not so impaired as to constitute a defense to prosecution.

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 Section 10-212a of the general statutes is repealed and the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

26 (a) (1) A school nurse or, in the absence of such nurse, any other nurse
27 licensed pursuant to the provisions of chapter 378, including a nurse
28 employed by, or providing services under the direction of a local or
29 regional board of education at, a school-based health clinic, who shall
30 administer medical preparations only to students enrolled in such
31 school-based health clinic in the absence of a school nurse, the principal,
32 any teacher, licensed athletic trainer, licensed physical or occupational
33 therapist employed by a school district, or coach of intramural and
34 interscholastic athletics of a school may administer, subject to the
35 provisions of subdivision (2) of this subsection, medicinal preparations,
36 including such controlled drugs as the Commissioner of Consumer
37 Protection may, by regulation, designate, to any student at such school
38 pursuant to the written order of a physician licensed to practice
39 medicine, or a dentist licensed to practice dental medicine in this or
40 another state, or an optometrist licensed to practice optometry in this
41 state under chapter 380, or an advanced practice registered nurse
42 licensed to prescribe in accordance with section 20-94a, or a physician
43 assistant licensed to prescribe in accordance with section 20-12d, and the
44 written authorization of a parent or guardian of such child. The

WORKING DRAFT

Bill No.

45 administration of medicinal preparations by a nurse licensed pursuant
46 to the provisions of chapter 378, a principal, teacher, licensed athletic
47 trainer, licensed physical or occupational therapist employed by a
48 school district, or coach shall be under the general supervision of a
49 school nurse. No such school nurse or other nurse, principal, teacher,
50 licensed athletic trainer, licensed physical or occupational therapist
51 employed by a school district, coach or school paraprofessional
52 administering medication pursuant to this section shall be liable to such
53 student or a parent or guardian of such student for civil damages for
54 any personal injuries that result from acts or omissions of such school
55 nurse or other nurse, principal, teacher, licensed athletic trainer,
56 licensed physical or occupational therapist employed by a school
57 district, coach or school paraprofessional administering medication
58 pursuant to this section in administering such preparations that may
59 constitute ordinary negligence. This immunity does not apply to acts or
60 omissions constituting gross, wilful or wanton negligence.

61 (2) Each local and regional board of education that allows a school
62 nurse or, in the absence of such nurse, any other nurse licensed pursuant
63 to the provisions of chapter 378, including a nurse employed by, or
64 providing services under the direction of a local or regional board of
65 education at, a school-based health clinic, who shall administer medical
66 preparations only to students enrolled in such school-based health clinic
67 in the absence of a school nurse, the principal, any teacher, licensed
68 athletic trainer, licensed physical or occupational therapist employed by
69 a school district, coach of intramural and interscholastic athletics or
70 school paraprofessional of a school to administer medicine or that
71 allows a student to possess, self-administer or possess and self-
72 administer medicine, including medicine administered through the use
73 of an asthmatic inhaler or an automatic prefilled cartridge injector or
74 similar automatic injectable equipment, shall adopt written policies and
75 procedures, in accordance with this section and the regulations adopted
76 pursuant to subsection (c) of this section, that shall be approved by the

WORKING DRAFT

Bill No.

77 school medical advisor, if any, or other qualified licensed physician.
78 Once so approved, such administration of medication shall be in
79 accordance with such policies and procedures.

80 (3) A director of a school readiness program as defined in section 10-
81 16p or a before or after school program exempt from licensure by the
82 Department of Public Health pursuant to subdivision (1) of subsection
83 (b) of section 19a-77, or the director's designee, may administer
84 medications to a child enrolled in such a program in accordance with
85 regulations adopted by the State Board of Education in accordance with
86 the provisions of chapter 54. No individual administering medications
87 pursuant to this subdivision shall be liable to such child or a parent or
88 guardian of such child for civil damages for any personal injuries that
89 result from acts or omissions of such individual in administering such
90 medications which may constitute ordinary negligence. This immunity
91 shall not apply to acts or omissions constituting gross, wilful or wanton
92 negligence.

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

98 (c) The State Board of Education, in consultation with the
99 Commissioner of Public Health, shall adopt regulations, in accordance
100 with the provisions of chapter 54, determined to be necessary by the
101 board to carry out the provisions of this section, including, but not
102 limited to, regulations that (1) specify conditions under which a coach
103 of intramural and interscholastic athletics may administer medicinal
104 preparations, including controlled drugs specified in the regulations
105 adopted by the commissioner, to a child participating in such intramural
106 and interscholastic athletics, (2) specify conditions and procedures for
107 the administration of medication by school personnel to students,

WORKING DRAFT

Bill No.

108 including, but not limited to, (A) the conditions and procedures for the
109 storage and administration of epinephrine by school personnel to
110 students for the purpose of emergency first aid to students who
111 experience allergic reactions and who do not have a prior written
112 authorization for the administration of epinephrine, in accordance with
113 the provisions of subdivision (2) of subsection (d) of this section, and (B)
114 the conditions and procedures for the storage and administration of
115 opioid antagonists by school personnel to students who experience an
116 opioid-related drug overdose and who do not have a prior written
117 authorization for the administration of an opioid antagonist, in
118 accordance with the provisions of subdivision (1) of subsection (g) of
119 this section, and (3) specify conditions for the possession, self-
120 administration or possession and self-administration of medication by
121 students, including permitting a child diagnosed with: (A) Asthma to
122 retain possession of an asthmatic inhaler at all times while attending
123 school for prompt treatment of the child's asthma and to protect the
124 child against serious harm or death provided a written authorization for
125 self-administration of medication signed by the child's parent or
126 guardian and an authorized prescriber is submitted to the school nurse;
127 and (B) an allergic condition to retain possession of an automatic
128 prefilled cartridge injector or similar automatic injectable equipment at
129 all times, including while attending school or receiving school
130 transportation services, for prompt treatment of the child's allergic
131 condition and to protect the child against serious harm or death
132 provided a written authorization for self-administration of medication
133 signed by the child's parent or guardian and an authorized prescriber is
134 submitted to the school nurse. The regulations shall require
135 authorization pursuant to: (i) The written order of a physician licensed
136 to practice medicine in this or another state, a dentist licensed to practice
137 dental medicine in this or another state, an advanced practice registered
138 nurse licensed under chapter 378, a physician assistant licensed under
139 chapter 370, a podiatrist licensed under chapter 375, or an optometrist
140 licensed under chapter 380; and (ii) the written authorization of a parent

WORKING DRAFT

Bill No.

141 or guardian of such child.

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

150 (2) A school nurse or, in the absence of a school nurse, a qualified
151 school employee shall maintain epinephrine in cartridge injectors for the
152 purpose of emergency first aid to students who experience allergic
153 reactions and do not have a prior written authorization of a parent or
154 guardian or a prior written order of a qualified medical professional for
155 the administration of epinephrine. A school nurse or a school principal
156 shall select qualified school employees to administer such epinephrine
157 under this subdivision, and there shall be at least one such qualified
158 school employee on the grounds of the school during regular school
159 hours in the absence of a school nurse. A school nurse or, in the absence
160 of such school nurse, such qualified school employee may administer
161 such epinephrine under this subdivision, provided such administration
162 of epinephrine is in accordance with policies and procedures adopted
163 pursuant to subsection (a) of this section. Such administration of
164 epinephrine by a qualified school employee shall be limited to situations
165 when the school nurse is absent or unavailable. No qualified school
166 employee shall administer such epinephrine under this subdivision
167 unless such qualified school employee annually completes the training
168 program described in section 10-212g. The parent or guardian of a
169 student may submit, in writing, to the school nurse and school medical
170 advisor, if any, that epinephrine shall not be administered to such
171 student under this subdivision.

WORKING DRAFT

Bill No.

172 (3) In the case of a student with a medically diagnosed life-
173 threatening allergic condition, (A) with the written authorization of
174 such student's parent or guardian, and (B) pursuant to the written order
175 of a qualified medical professional, such student may possess, self-
176 administer or possess and self-administer medication, including, but
177 not limited to, medication administered with a cartridge injector, to
178 protect such student against serious harm or death.

179 (4) For purposes of this subsection, (A) "cartridge injector" means an
180 automatic prefilled cartridge injector or similar automatic injectable
181 equipment used to deliver epinephrine in a standard dose for
182 emergency first aid response to allergic reactions, (B) "qualified school
183 employee" means a principal, teacher, licensed athletic trainer, licensed
184 physical or occupational therapist employed by a school district, coach
185 or school paraprofessional, and (C) "qualified medical professional"
186 means (i) a physician licensed under chapter 370, (ii) an optometrist
187 licensed to practice optometry under chapter 380, (iii) an advanced
188 practice registered nurse licensed to prescribe in accordance with
189 section 20-94a, or (iv) a physician assistant licensed to prescribe in
190 accordance with section 20-12d.

191 (e) (1) With the written authorization of a student's parent or
192 guardian, and (2) pursuant to a written order of the student's physician
193 licensed under chapter 370 or the student's advanced practice registered
194 nurse licensed under chapter 378, a school nurse or a school principal
195 shall select, and a school nurse shall provide general supervision to, a
196 qualified school employee to administer medication with injectable
197 equipment used to administer glucagon to a student with diabetes that
198 may require prompt treatment in order to protect the student against
199 serious harm or death. Such authorization shall be limited to situations
200 when the school nurse is absent or unavailable. No qualified school
201 employee shall administer medication under this subsection unless (A)
202 such qualified school employee annually completes any training
203 required by the school nurse and school medical advisor, if any, in the

WORKING DRAFT

Bill No.

204 administration of medication with injectable equipment used to
205 administer glucagon, (B) the school nurse and school medical advisor,
206 if any, have attested, in writing, that such qualified school employee has
207 completed such training, and (C) such qualified school employee
208 voluntarily agrees to serve as a qualified school employee. For purposes
209 of this subsection, "injectable equipment used to administer glucagon"
210 means an injector or injectable equipment used to deliver glucagon in
211 an appropriate dose for emergency first aid response to diabetes. For
212 purposes of this subsection, "qualified school employee" means a
213 principal, teacher, licensed athletic trainer, licensed physical or
214 occupational therapist employed by a school district, coach or school
215 paraprofessional.

216 (f) (1) (A) With the written authorization of a student's parent or
217 guardian, and (B) pursuant to the written order of a physician licensed
218 under chapter 370 or an advanced practice registered nurse licensed
219 under chapter 378, a school nurse and a school medical advisor, if any,
220 shall select, and a school nurse shall provide general supervision to, a
221 qualified school employee to administer antiepileptic medication,
222 including by rectal syringe, to a specific student with a medically
223 diagnosed epileptic condition that requires prompt treatment in
224 accordance with the student's individual seizure action plan. Such
225 authorization shall be limited to situations when the school nurse is
226 absent or unavailable. No qualified school employee shall administer
227 medication under this subsection unless (i) such qualified school
228 employee annually completes the training program described in
229 subdivision (2) of this subsection, (ii) the school nurse and school
230 medical advisor, if any, have attested, in writing, that such qualified
231 school employee has completed such training, (iii) such qualified school
232 employee receives monthly reviews by the school nurse to confirm such
233 qualified school employee's competency to administer antiepileptic
234 medication under this subsection, and (iv) such qualified school
235 employee voluntarily agrees to serve as a qualified school employee. For

WORKING DRAFT

Bill No.

236 purposes of this subsection, "qualified school employee" means a
237 principal, teacher, licensed athletic trainer, licensed physical or
238 occupational therapist employed by a school district, coach or school
239 paraprofessional.

240 (2) The Department of Education, in consultation with the School
241 Nurse Advisory Council, established pursuant to section 10-212f, and
242 the Association of School Nurses of Connecticut, shall develop an
243 antiepileptic medication administrating training program. Such training
244 program shall include instruction in (A) an overview of childhood
245 epilepsy and types of seizure disorders, (B) interpretation of individual
246 student's emergency seizure action plan and recognition of individual
247 student's seizure activity, (C) emergency management procedures for
248 seizure activity, including administration techniques for emergency
249 seizure medication, (D) when to activate emergency medical services
250 and postseizure procedures and follow-up, (E) reporting procedures
251 after a student has required such delegated emergency seizure
252 medication, and (F) any other relevant issues or topics related to
253 emergency interventions for students who experience seizures.

254 (g) (1) A school nurse or, in the absence of a school nurse, a qualified
255 school employee may maintain opioid antagonists for the purpose of
256 emergency first aid to students who experience an opioid-related drug
257 overdose and do not have a prior written authorization of a parent or
258 guardian or a prior written order of a qualified medical professional for
259 the administration of such opioid antagonist. A school nurse or a school
260 principal shall select qualified school employees to administer such
261 opioid antagonist under this subdivision, and there shall be at least one
262 such qualified school employee on the grounds of the school during
263 regular school hours in the absence of a school nurse. A school nurse or,
264 in the absence of such school nurse, such qualified school employee may
265 administer such opioid antagonist under this subdivision, provided
266 such administration of the opioid antagonist is in accordance with
267 policies and procedures adopted pursuant to subsection (a) of this

WORKING DRAFT

Bill No.

268 section. Such administration of an opioid antagonist by a qualified
269 school employee shall be limited to situations when the school nurse is
270 absent or unavailable. No school nurse or qualified school employee
271 shall administer such opioid antagonist under this subdivision unless
272 such school nurse or qualified school employee annually completes
273 training in the distribution and administration of an opioid antagonist
274 under an agreement entered into pursuant to section 21a-286, as
275 amended by this act. The parent or guardian of a student may submit,
276 in writing, to the school nurse and school medical advisor, if any, that
277 an opioid antagonist shall not be administered to such student under
278 this subdivision.

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

284 (3) For purposes of this subsection, (A) "opioid antagonist" means
285 naloxone hydrochloride or any other similarly acting and equally safe
286 drug approved by the federal Food and Drug Administration for the
287 treatment of a drug overdose, (B) "qualified school employee" means a
288 principal, teacher, licensed athletic trainer, licensed physical or
289 occupational therapist employed by a school district, coach or school
290 paraprofessional, and (C) "qualified medical professional" means (i) a
291 physician licensed under chapter 370, (ii) an optometrist licensed to
292 practice optometry under chapter 380, (iii) an advanced practice
293 registered nurse licensed to prescribe in accordance with section 20-94a,
294 or (iv) a physician assistant licensed to prescribe in accordance with
295 section 20-12d.

296 *Sec. 3. (NEW) (Effective from passage)* (a) When the state receives
297 sufficient funds from the National Opioid Settlement, ____ dollars shall
298 be transferred to the Department of Public Health for the purpose of

WORKING DRAFT

Bill No.

299 conducting a public awareness campaign regarding opioid use, and
300 ____ dollars shall be transferred to the Department of Education for the
301 purpose of purchasing opioid antagonists to be provided to schools.

302 (b) Upon receipt of funds pursuant to subsection (a) of this section,
303 the Department of Public Health shall conduct a public awareness
304 campaign to educate residents of the dangers of opioid use and the
305 resources available to help people suffering from opioid use disorders.

306 (c) Upon receipt of funds pursuant to subsection (a) of this section,
307 the Department of Education shall purchase opioid antagonists, as
308 defined in section 10-212a of the general statutes, as amended by this
309 act. The department shall notify local and regional boards of education
310 of the availability of such opioid antagonists and, in response to a
311 written request from a local or regional board of education, shall
312 provide a requesting board with opioid antagonists to be maintained
313 and administered in schools pursuant to section 10-212a of the general
314 statutes, as amended by this act. If the requests for such opioid
315 antagonists exceed the number available to the department, the
316 department shall distribute such opioid antagonists in an equitable
317 manner, as determined by the commissioner.

318 (d) For purposes of this section, "National Opioid Settlement" means
319 the settlement agreed to by the Attorney General on July 21, 2021,
320 regarding litigation against distributors and manufacturers of opioids.

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

Section 1	<i>October 1, 2022</i>	21a-278(a)
Sec. 2	<i>from passage</i>	10-212a
Sec. 3	<i>from passage</i>	New section