



House of Representatives

General Assembly

File No. 563

February Session, 2024

Substitute House Bill No. 5511

House of Representatives, April 18, 2024

The Committee on Appropriations reported through REP. WALKER of the 93rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE OPIOID SETTLEMENT ADVISORY COMMITTEE AND THE TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH POLICY AND PLANNING COMMITTEE.

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

1 Section 1. Subsections (a) and (b) of section 17a-674d of the 2024
2 supplement to the general statutes are repealed and the following is
3 substituted in lieu thereof (*Effective from passage*):

4 (a) There is established an Opioid Settlement Advisory Committee to
5 ensure (1) that proceeds received by the state pursuant to section 17a-
6 674c are allocated and spent on substance use disorder abatement
7 infrastructure, programs, services, supports and resources for
8 prevention, treatment, recovery and harm reduction, and (2) robust
9 public involvement, accountability and transparency in allocating and
10 accounting for the moneys in the fund.

11 (b) The committee shall consist of the following members:

12 (1) The Secretary of the Office of Policy and Management, or the

13 secretary's designee;

14 (2) The Attorney General, or the Attorney General's designee;

15 (3) The Commissioners of Children and Families, Mental Health and
16 Addiction Services and Public Health, or said commissioners' designees,
17 who shall serve as ex-officio members;

18 (4) The president pro tempore of the Senate, the speaker of the House
19 of Representatives, the majority leaders of the Senate and House of
20 Representatives, the minority leaders of the Senate and House of
21 Representatives, the Senate and House chairpersons and ranking
22 members of the joint standing committees of the General Assembly
23 having cognizance of matters relating to appropriations and the budgets
24 of state agencies and public health, or their designees, provided such
25 persons have experience living with a substance use disorder or are the
26 family member of a person who has experience living with a substance
27 use disorder;

28 (5) (A) A provider of medical treatment for detoxification, who shall
29 be appointed by the speaker of the House of Representatives; (B) a
30 representative of a recovery community center, who shall be appointed
31 by the majority leader of the House of Representatives; (C) a provider
32 of substance use treatment services for youth, who shall be appointed
33 by the president pro tempore of the Senate; (D) a psychologist who
34 specializes in substance use and recovery, who shall be appointed by
35 the majority leader of the Senate; (E) a provider of substance use
36 treatment services, who shall be appointed by the minority leader of the
37 Senate; (F) a representative of a hospital association in the state, who
38 shall be appointed by the minority leader of the House of
39 Representatives; and (G) two representatives, one from each of the two
40 federally recognized Indian tribes in the state, who shall be jointly
41 appointed by the chairpersons of the joint standing committee of the
42 General Assembly having cognizance of matters relating to
43 appropriations and the budgets of state agencies.

44 ~~[(5)] (6) Twenty-one individuals representing municipalities and one~~

45 individual who is a substance use recovery coach, who shall be
46 appointed by the Governor;

47 ~~[(6)]~~ (7) The executive director of the Commission on Racial Equity in
48 Public Health, or a representative of the commission designated by the
49 executive director; and

50 ~~[(7)]~~ (8) Eight individuals appointed by the commissioner as follows:
51 (A) A provider of community-based substance use treatment services
52 for adults, who shall be a nonvoting member; (B) a provider of
53 community-based substance use treatment services for adolescents,
54 who shall be a nonvoting member; (C) an addiction medicine licensed
55 health care professional with prescribing ability, who shall be a
56 nonvoting member; (D) three individuals with experience living with a
57 substance use disorder or family members of an individual with
58 experience living with a substance use disorder; and (E) two individuals
59 with experience supporting infants and children affected by the opioid
60 crisis.

61 Sec. 2. Section 2-137 of the 2024 supplement to the general statutes is
62 repealed and the following is substituted in lieu thereof (*Effective from*
63 *passage*):

64 (a) There is established a Transforming Children's Behavioral Health
65 Policy and Planning Committee. The committee shall evaluate the
66 availability and efficacy of prevention, early intervention, and
67 behavioral health treatment services and options for children from birth
68 to age eighteen and make recommendations to the General Assembly
69 and executive agencies regarding the governance and administration of
70 the behavioral health care system for children. The committee shall be
71 within the Legislative Department. For purposes of this section,
72 "behavioral health" means mental health and substance use disorders,
73 as well as overall psychological well-being.

74 (b) The committee shall consist of the following members:

75 (1) The chairpersons and ranking members of the joint standing

76 committees of the General Assembly having cognizance of matters
77 relating to public health, human services, children and appropriations
78 and the budgets of state agencies, or their designees;

79 (2) Three appointed by the speaker of the House of Representatives,
80 one of whom shall be a member of the General Assembly and two of
81 whom shall be providers of behavioral health services for children in the
82 state;

83 (3) Three appointed by the president pro tempore of the Senate, one
84 of whom shall be a member of the General Assembly and two of whom
85 shall be representatives of private advocacy groups that provide
86 services for children and families in the state;

87 (4) (A) Two appointed by the chairperson of the committee selected
88 by the speaker of the House of Representatives pursuant to subsection
89 (e) of this section, one of whom shall be a child or youth advocate; and
90 (B) two appointed by the chairperson of the committee selected by the
91 president pro tempore of the Senate pursuant to subsection (e) of this
92 section, one of whom shall be a child or youth advocate;

93 (5) Two appointed by the majority leader of the House of
94 Representatives, who shall be representatives of children's hospitals;

95 (6) One appointed by the majority leader of the Senate, who shall be
96 a representative of public school superintendents in the state;

97 (7) Two appointed by the minority leader of the House of
98 Representatives, who shall be representatives of families with children
99 who have been diagnosed with behavioral health disorders;

100 (8) Two appointed by the minority leader of the Senate, who shall be
101 providers of behavioral health services;

102 (9) Two jointly appointed by the chairpersons of the joint standing
103 committee of the General Assembly having cognizance of matters
104 relating to appropriations and the budgets of state agencies, each of
105 whom shall be a representative of one of the two federally recognized

106 Indian tribes in the state;

107 ~~[(9)]~~ ~~(10)~~ The Commissioners of Children and Families, Correction,
108 Developmental Services, Early Childhood, Education, Insurance,
109 Mental Health and Addiction Services, Public Health and Social
110 Services, or their designees;

111 ~~[(10)]~~ ~~(11)~~ The executive director of the Office of Health Strategy, or
112 the executive director's designee;

113 ~~[(11)]~~ ~~(12)~~ The Child Advocate, or the Child Advocate's designee;

114 ~~[(12)]~~ ~~(13)~~ The Healthcare Advocate, or the Healthcare Advocate's
115 designee;

116 ~~[(13)]~~ ~~(14)~~ The executive director of the Court Support Services
117 Division of the Judicial Branch, or the executive director's designee;

118 ~~[(14)]~~ ~~(15)~~ The executive director of the Commission on Women,
119 Children, Seniors, Equity and Opportunity, or the executive director's
120 designee;

121 ~~[(15)]~~ ~~(16)~~ The Secretary of the Office of Policy and Management, or
122 the secretary's designee; and

123 ~~[(16)]~~ ~~(17)~~ One representative from each administrative services
124 organization under contract with the Department of Social Services to
125 provide such services for recipients of assistance under the HUSKY
126 Health program, who shall be ex-officio, nonvoting members.

127 (c) Any member of the committee appointed under subdivisions (1)
128 to (8), inclusive, of subsection (b) of this section may be a member of the
129 General Assembly.

130 (d) Any vacancy shall be filled by the appointing authority.

131 (e) The chairpersons of the committee shall be (1) the Secretary of the
132 Office of Policy and Management, or the secretary's designee, and (2)
133 two members of the General Assembly, one each selected by the speaker

134 of the House of Representatives and the president pro tempore of the
135 Senate from among the members serving pursuant to subdivision (1),
136 (2) or (3) of subsection (b) of this section. The three chairpersons shall
137 schedule the first meeting of the committee, which shall be held not later
138 than September 1, 2023.

139 (f) Members of the committee shall serve without compensation,
140 except for necessary expenses incurred in the performance of their
141 duties.

142 (g) Not later than December 1, [2023] 2025, the committee shall report,
143 in accordance with section 11-4a, to the joint standing committees of the
144 General Assembly having cognizance of matters relating to
145 appropriations and the budgets of state agencies, public health, human
146 services and children, and the Office of Policy and Management,
147 regarding the following:

148 (1) Any statutory and budgetary changes needed concerning the
149 behavioral health system of prevention, development and treatment
150 that the committee recommends to (A) improve developmental and
151 behavioral health outcomes for children; (B) improve transparency and
152 accountability with respect to state-funded services for children and
153 youth with an emphasis on goals identified by the committee for
154 community-based programs and facility-based interventions; and (C)
155 promote the efficient sharing of information by state and state-funded
156 agencies to ensure the regular collection and reporting of data regarding
157 children and families' access to, utilization of and benefit from services
158 necessary to promote public health and behavioral health outcomes for
159 children and youth and their families;

160 (2) The gaps in services identified by the committee with respect to
161 children and families involved in the behavioral health system, and
162 recommendations to address such gaps in services;

163 (3) Strengths and barriers identified by the committee that support or
164 impede the behavioral health needs of children and youth with specific
165 recommendations for reforms;

166 (4) An examination of the way state agencies can work collaboratively
167 through school-based efforts and other processes to improve
168 developmental and behavioral health outcomes for children;

169 (5) An examination of disproportionate access and outcomes across
170 the behavioral health care system for children of color;

171 (6) An examination of disproportionate access and outcomes across
172 the behavioral health care system for children with developmental
173 disabilities;

174 (7) A plan to ensure a quality assurance framework for facilities and
175 programs that are part of the behavioral health care system and are
176 operated privately or by the state that includes data regarding efficacy
177 and outcomes; and

178 (8) A governance structure for the children's behavioral health system
179 that will best facilitate the public policy and healthcare goals of the state
180 to ensure that all children and families, in urban, rural and all other
181 areas of the state, can access high-quality behavioral health care.

182 (h) The committee may complete its duties under this section after
183 requesting consultation with one or more organizations that focus on
184 children's behavioral health. The committee may accept administrative
185 support and technical and research assistance from any organization.

186 (i) The committee shall be given access to data collected by the state
187 on matters related to children's behavioral health from the relevant state
188 agencies or directly from contracted administrative service
189 organizations, as applicable.

190 (j) The committee may include two or more subcommittees chaired
191 by a member of the committee to inform its recommendations. The
192 subcommittees may focus on: Workforce-related issues, school-based
193 health, prevention, and intermediate or acute care. Any subcommittees
194 may examine gaps, reimbursement rates, parity in the outcomes of
195 services or the efficacy of services.

196 (k) The committee shall, annually, establish a work plan for
 197 reviewing and making follow-up reports on the status or progress of the
 198 committee's recommendations and activities. The work plan shall
 199 include specific recommendations to improve outcomes related to
 200 children's behavioral health and a timeline indicating dates by which
 201 specific tasks or outcomes should be achieved.

202 (l) The committee shall develop a strategic plan that integrates the
 203 recommendations identified pursuant to subsection (g) of this section.
 204 In developing the plan, the committee may collaborate with any state
 205 agency with responsibilities relating to the behavioral health system.

206 (m) Not later than December 1, [2024] 2026, the committee shall
 207 report, in accordance with section 11-4a, such plan, together with an
 208 account of progress made toward the full implementation of such plan,
 209 and any recommendations concerning the implementation of identified
 210 goals in the plan to the joint standing committees of the General
 211 Assembly having cognizance of matters relating to appropriations and
 212 the budgets of state agencies, public health, human services and
 213 children, and the Office of Policy and Management.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17a-674d(a) and (b)
Sec. 2	<i>from passage</i>	2-137

APP *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: None

Municipal Impact: None

Explanation

The bill, which increases the membership of the Opioid Settlement Advisory Committee and the Transforming Children's Behavioral Health Policy and Planning Committee and makes changes to reporting dates, has no fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OFA Bill Analysis

HB 5511

AN ACT CONCERNING THE OPIOID SETTLEMENT ADVISORY COMMITTEE AND THE TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH POLICY AND PLANNING COMMITTEE.

SUMMARY:

The bill (1) expands the membership of the Opioid Settlement Advisory Committee and the Transforming Children's Behavioral Health Policy and Planning Committee, and (2) makes changes to reporting dates for the Children's Behavioral Health Policy and Planning Committee.

EFFECTIVE DATE: Upon passage

COMMITTEE ACTION

Appropriations Committee

Joint Favorable Substitute

Yea 52 Nay 0 (04/04/2024)