



# Senate

General Assembly

**File No. 93**

February Session, 2024

Substitute Senate Bill No. 274

*Senate, March 25, 2024*

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

## **AN ACT CONCERNING OPIOIDS.**

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

1 Section 1. Section 17a-667 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) There is established a Connecticut Alcohol and Drug Policy  
4 Council which shall be within the Department of Mental Health and  
5 Addiction Services.

6 (b) The council shall consist of the following members: (1) The  
7 Secretary of the Office of Policy and Management, or the secretary's  
8 designee; (2) the Commissioners of Children and Families, Consumer  
9 Protection, Correction, Education, Mental Health and Addiction  
10 Services, Public Health, Emergency Services and Public Protection,  
11 Aging and Disability Services and Social Services, and the Insurance  
12 Commissioner, or their designees; (3) the Chief Court Administrator, or  
13 the Chief Court Administrator's designee; (4) the chairperson of the  
14 Board of Regents for Higher Education, or the chairperson's designee;

15 (5) the president of The University of Connecticut, or the president's  
16 designee; (6) the Chief State's Attorney, or the Chief State's Attorney's  
17 designee; (7) the Chief Public Defender, or the Chief Public Defender's  
18 designee; (8) the Child Advocate, or the Child Advocate's designee; and  
19 (9) the cochairpersons and ranking members of the joint standing  
20 committees of the General Assembly having cognizance of matters  
21 relating to public health, criminal justice and appropriations, or their  
22 designees. The Commissioner of Mental Health and Addiction Services  
23 and the Commissioner of Children and Families shall be cochairpersons  
24 of the council and may jointly appoint up to seven individuals to the  
25 council as follows: (A) Two individuals in recovery from a substance use  
26 disorder or representing an advocacy group for individuals with a  
27 substance use disorder; (B) a provider of community-based substance  
28 abuse services for adults; (C) a provider of community-based substance  
29 abuse services for adolescents; (D) an addiction medicine physician; (E)  
30 a family member of an individual in recovery from a substance use  
31 disorder; and (F) an emergency medicine physician currently practicing  
32 in a Connecticut hospital. The cochairpersons of the council may  
33 establish subcommittees and working groups and may appoint  
34 individuals other than members of the council to serve as members of  
35 the subcommittees or working groups. Such individuals may include,  
36 but need not be limited to: (i) Licensed alcohol and drug counselors; (ii)  
37 pharmacists; (iii) municipal police chiefs; (iv) emergency medical  
38 services personnel; and (v) representatives of organizations that provide  
39 education, prevention, intervention, referrals, rehabilitation or support  
40 services to individuals with substance use disorder or chemical  
41 dependency.

42 (c) The council shall review policies and practices of state agencies  
43 and the Judicial Department concerning substance abuse treatment  
44 programs, substance abuse prevention services, the referral of persons  
45 to such programs and services, and criminal justice sanctions and  
46 programs and shall develop and coordinate a state-wide, interagency,  
47 integrated plan for such programs and services and criminal sanctions.

48 (d) [Such plan shall be amended] The council shall amend such plan

49 not later than January 1, 2017, to contain measurable goals, including,  
50 but not limited to, a goal for a reduction in the number of opioid-  
51 induced deaths in the state.

52 (e) (1) The council shall create a standing subcommittee to  
53 periodically (A) review (i) publicly funded services for parents and  
54 caregivers impacted by substance use disorder and their children, and  
55 (ii) state agency programs that support the safety and well-being of such  
56 children, and (B) develop, in consultation with representatives of  
57 substance abuse treatment programs, family advocates and persons  
58 with lived experience with substance use disorders, recommendations  
59 to strengthen (i) delivery of substance abuse treatment programs and  
60 substance abuse prevention services to families, (ii) safety planning  
61 supports for children, and (iii) targeted distribution of naloxone to  
62 parents and caregivers of persons with substance use disorder.

63 (2) On or before January 1, 2025, and triennially thereafter, the  
64 standing subcommittee shall:

65 (A) Submit such recommendations to the council to consider for  
66 inclusion in (i) the integrated plan, pursuant to subsection (d) of this  
67 section, and (ii) any recommendations to the Commissioner of Mental  
68 Health and Addiction Services when the council consults with the  
69 commissioner on the state substance use disorder plan, developed  
70 pursuant to subsection (j) of section 17a-451;

71 (B) Submit such recommendations to the Opioid Settlement Advisory  
72 Committee, established pursuant to section 17a-674d; and

73 (C) Report on such recommendations, in accordance with the  
74 provisions of section 11-4a, to the joint standing committees of the  
75 General Assembly having cognizance of matters relating to public  
76 health, appropriations and the budgets of state agencies and children.

77 Sec. 2. *(Effective from passage)* The Commissioner of Social Services and  
78 the Insurance Commissioner, in consultation with the Commissioners  
79 of Public Health and Mental Health and Addiction Services, shall

80 develop a plan to require Medicaid and private insurance coverage for  
 81 opioid antagonists for patients prescribed an opioid drug upon  
 82 discharge from a hospital. Not later than January 1, 2025, the  
 83 commissioners shall report, in accordance with the provisions of section  
 84 11-4a of the general statutes, to the joint standing committees of the  
 85 General Assembly having cognizance of matters relating to public  
 86 health, human services, general law and insurance regarding such plan.  
 87 For the purposes of this section, "opioid antagonist" has the same  
 88 meaning as provided in section 17a-714a of the general statutes, and  
 89 "opioid drug" has the same meaning as provided in section 20-14o of the  
 90 general statutes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17a-667
Sec. 2	<i>from passage</i>	New section

**Statement of Legislative Commissioners:**

In Section 1(e)(1)(B)(iii), "of persons with substance use disorder" was added for clarity, and in Section 2, "or emergency department" was deleted to eliminate redundant language.

**PH**      *Joint Favorable Subst. -LCO*

*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.*

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**OFA Fiscal Note****State Impact:** None**Municipal Impact:** None**Explanation**

The bill, which requires (1) the Connecticut Alcohol and Drug Policy Council to create a standing subcommittee and report triennially, and (2) the Departments of Social Services and Insurance to develop a plan to require coverage for opioid antagonists in certain circumstances, is not anticipated to result in a fiscal impact as the council and agencies have the expertise necessary to meet the requirements of the bill.

**The Out Years****State Impact:** None**Municipal Impact:** None

**OLR Bill Analysis****SB 274*****AN ACT CONCERNING OPIOIDS.*****SUMMARY**

This bill requires the Connecticut Alcohol and Drug Policy Council (ADPC) to create a standing subcommittee to periodically review and make recommendations on certain services and supports for families impacted by substance use disorder (e.g., safety planning supports for children and targeted Narcan distribution). By law, the council's co-chairpersons may establish subcommittees and working groups and appoint people who are not council members to serve on them (see BACKGROUND).

Under the bill, the standing subcommittee must, by January 1, 2025, and then every three years after, submit their recommendations to the ADPC, the Department of Mental Health and Addiction Services (DMHAS), and the Opioid Settlement Advisory Committee, and report on them to the Appropriations, Children's and Public Health committees.

The bill also requires the social services and insurance commissioners, in consultation with the public health and DMHAS commissioners, to develop a plan to require Medicaid and private insurance coverage for opioid antagonists (e.g., Narcan) for patients prescribed an opioid when discharged from a hospital. The commissioners must report on the plan to the General Law, Human Services, Insurance, and Public Health committees by January 1, 2025.

EFFECTIVE DATE: Upon passage

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**ADPC STANDING SUBCOMMITTEE*****Duties***

Under the bill, the standing subcommittee must periodically review (1) publicly funded services for parents and caregivers impacted by substance use disorder, and their children, and (2) state agency programs that support these children's safety and wellbeing.

The subcommittee must also periodically make recommendations to strengthen (1) the delivery of substance abuse treatment programs and prevention services to families, (2) safety planning supports for children, and (3) targeted distribution of naloxone (e.g., Narcan) to parents and caregivers of people with substance use disorders. It must consult substance abuse treatment program representatives, family advocates, and people with lived experience of substance use disorders when developing the recommendations.

***Reporting***

The bill requires the standing subcommittee, every three years starting by January 1, 2025, to submit their recommendations to the:

1. ADPC, to consider for its statewide, integrated plan on substance abuse prevention and treatment (see BACKGROUND);
2. DMHAS commissioner, when the ADPC consults with her on the department's triennial state substance use disorder plan; and
3. Opioid Settlement Advisory Committee, which oversees opioid settlement funds to ensure they are allocated and spent on specified substance use disorder abatement purposes (see BACKGROUND).

Additionally, the subcommittee must report on the recommendations to the Appropriations, Children's, and Public Health committees within the same timeframe.

**BACKGROUND**

***ADPC Duties***

By law, among other things, the ADPC must (1) review policies and practices of state agencies and the Judicial Department on substance abuse treatment programs and prevention services, referral of people to these programs and services, and criminal justice sanctions and programs; and (2) develop and coordinate a state-wide, interagency, integrated plan for these programs and services and sanctions.

***ADPC Subcommittees***

By law, the ADPC’s co-chairpersons (the DMHAS and Department of Children and Families commissioners) may establish subcommittees and working groups and appoint people who are not council members to serve on them. These may include, among others, licensed alcohol and drug counselors; pharmacists; municipal police chiefs; emergency medical services personnel; and representatives of organizations that provide education, prevention, intervention, referrals, rehabilitation, or support services to individuals with substance use disorder or chemical dependency.

***Opioid Settlement Advisory Committee***

By law, the Opioid Settlement Advisory Committee ensures (1) Opioid Settlement Fund moneys are allocated and spent on specified substance use disorder abatement purposes and (2) public involvement, accountability, and transparency in allocating and accounting for the fund’s moneys.

The committee consists of 31 state and local government officials and six public members and is chaired by the DMHAS commissioner and a municipal representative. It meets quarterly and reports annually to the Appropriations and Public Health committees on the fund’s activities.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 35    Nay 2    (03/11/2024)