

Appropriations Committee JOINT FAVORABLE REPORT

Bill No.: HB-5511

AN ACT EXPANDING THE MEMBERSHIP OF THE OPIOID SETTLEMENT
ADVISORY COMMITTEE AND MAKING THE LEGISLATIVE COMMISSIONERS'

Title: OFFICE RECOMMENDED TECHNICAL REVISIONS.

Vote Date: 4/4/2024

Vote Action: Joint Favorable Substitute

PH Date: 3/26/2024

File No.:

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SPONSORS OF BILL:

The Appropriations Committee

REASONS FOR BILL:

The Opioid Settlement Advisory Committee (OSAC) currently has a membership in which seven individuals of the forty-five members are those who work in the field of substance use disorder and recovery services or have lived experience. To increase the number of subject matter experts, this bill seeks to expand the OSAC membership to additional specialists to ensure the committee is making evidenced based decisions in the disbursement of the Opioid Settlement funds.

This bill also makes technical changes to existing statutes to repair some grammatical errors.

The Substitute Language adds the Ranking Members of the Appropriations and Public Health Committees, as well as representatives of the federally recognized tribal nations, to OSAC. The language also adds a section concerning the Transforming Children's Behavioral Health Policy and Planning Committee (TCB) to also add representatives of the federally recognized tribal nations to the membership and extends reporting dates out two years.

RESPONSE FROM ADMINISTRATION/AGENCY:

[Nancy Navarretta, Commissioner, Department of Mental Health and Addiction Services \(DMHAS\)](#) – Commissioner Navarretta submitted testimony highlighting some of her concerns involving the language of the bill as written. While the Commissioner acknowledges the need for diverse representation, she cautioned that the federal requirements of the settlement agreement require "an equal number of local appointees and state appointees", which would

require an expansion of the municipal representation, bringing the committee membership to over 60 members. Commissioner Navarretta stated that such a large expansion could slow down the allocation of funds. She also believes that the legislation may have inconsistencies, particularly in terms of voting and non-voting members with similar qualifications. The Commissioner welcomes the opportunity to work collaboratively to address the underlying concerns without disrupting the committee's functionality.

NATURE AND SOURCES OF SUPPORT:

[Gina \(Last Name Withheld\), Recovery Coach, Connecticut Community for Addiction Recovery \(CCAR\)](#) – Ms. Gina submitted testimony, sharing her personal story with substance use disorder and her journey to recovery. Ms. Gina explained that she has been a recovery coach for four years and that both recovery coaches and recovery community centers are versatile, flexible, open-minded and experienced in helping those with substance use disorder, and as a result, have a necessary perspective to offer the Opioid Settlement Committee.

[Aaron Burton, Clinical Pharmacist, Yale New Haven Health](#) – Mr. Burton provided testimony to explain his position that it is imperative to include a pharmacist on the Opioid Settlement Committee. Mr. Burton believes that the inclusion of a pharmacist would offer the perspective on industry trends with opioid use, mechanisms of actions of drugs, and side effects of medication. He asserts that many pharmacists work in pain management to assist in the abatement of medication and their perspective would be invaluable to the committee.

[Mackenzie Cullen, Pharmacist](#) – Ms. Cullen offered testimony to express that pharmacists play an indispensable role in the opioid crisis and subsequently should be included in the expanded membership of this committee. Ms. Cullen shared that the expertise of pharmacists ensures safe prescribing practices, facilitates patient education on risks and alternatives, and bolsters efforts to combat opioid misuse and promote responsible pain management.

[Cynthia Huge, Pharmacist](#) – Ms. Huge submitted testimony to request that committee membership be expanded to also include a pharmacist. Ms. Huge believes that pharmacists have unique knowledge and perspective that would enhance the decisions and recommendations for the opioid settlements.

[Sean Jeffery, Pharmacist](#) – Mr. Jeffery testified to express his request of including a pharmacist on OSAC. Mr. Jeffery believes that pharmacists are essential members of a healthcare team and similarly play a vital role in helping to treat and prevent substance use disorder. Mr. Jeffery contends, therefore, that it is a glaring oversight to exclude pharmacists from this committee.

[Christina Mukon, Connecticut APRN Society](#) – Christina Mukon provided testimony to request that OSAC the membership be expanded to include an APRN. Ms. Mukon believes that APRNs have a necessary voice relevant to the work of the committee, as they are some of the principle healthcare providers of the state. Ms. Mukon expressed including an APRN to the committee would result in the healthcare provider perspective being shared on the committee.

[Erika Nowakowski, Executive Director Tow Youth Justice Institute, University of New Haven](#) – Ms. Nowakowski testified to request that this bill include the expansion of the TCB Committee membership to include representatives from the federally recognized tribal nations, and to extend the deadline of a comprehensive report by two years.

[Nathaniel Rickles, Professor and Associate Dean, UConn School of Pharmacy](#) – Mr. Rickles submitted testimony pointing out that HB 5511 does not include a medication expert or pharmacist, who would be valuable in the harm reduction and other improvements to the safe use of opioids. Mr. Rickles shared that his role as a pharmacist has provided him the expertise to serve as a resource in legal cases involving overdose related deaths. Mr. Rickles explained that pharmacists are included on Opioid Overdose Fatality Review Panel, and therefore should also be included on OSAC for the sake of consistency.

[John Schwartz, Center Manager, CCAR](#) – Mr. Schwartz provided testimony in support of OSAC membership expansion. He pointed out the disconnect in addressing the opioid crisis and those tasked with doing so. Mr. Schwartz contends that not approaching the crisis from a broader, person-centered perspective can result in inefficiency and poor return on investment. He believes that the inclusion of a recovery coach and a recovery center representative allows for the contribution from those on "ground zero", who are able to point the way to more community based solutions.

[Connecticut Pharmacists Association \(CPA\) and Connecticut Society of Health System Pharmacists \(CSHP\)](#) – CPA and CSHP offered testimony expressing their support for this bill but also emphasized the need for pharmacist representation on the Opioid Settlement Advisory Committee. They highlighted pharmacists' essential role in dispensing opioid medications and providing medication-related services, including distributing naloxone and recommending addiction treatment. They stated that despite past laws directly impacting pharmacists, they noted a lack of consultation with pharmacists in policy discussions. They contend that while the proposed expansion to OSAC includes various specialists, it lacks pharmacist expert in pharmaceutical distribution and drug supply chain safety.

[Connecticut Hospital Association \(CHA\)](#) – CHA testified in support of HB 5511, highlighting the critical role hospitals play in their communities but also in confronting the challenges posed by the post-pandemic healthcare system. CHA states that despite ongoing challenges such as treating sicker patients and financial strains, hospitals remain steadfast in providing high-quality care and driving innovation. CHA emphasized its commitment to collaborating with the state to combat the opioid epidemic, citing various initiatives including education programs, recovery coaching in emergency departments and naloxone distribution. CHA expressed their gratitude for the inclusion of a hospital association representative on the advisory committee, as they believe each new member will bring valuable perspective to the committee's work.

[Scott Bonczek](#) – Mr. Bonczek submitted testimony supporting the expansion of the committee, but his support is contingent on the incorporation of a pharmacist in the expansion.

[Stacy Charpentier, Director of Training, CCAR](#) – Ms. Charpentier provided testimony in support of this bill, sharing their firsthand experience of witnessing the impact of the opioid epidemic. Ms. Charpentier emphasized the importance of including representatives from

recovery community centers and recovery coaches on the committee to provide invaluable perspectives and ensure that the voices and needs of the recovery community are heard. She believes that by demonstrating a commitment to inclusivity and holistic approaches, this bill would address the crisis effectively and promote long-term healing and resilience.

[Fiona Cullinan Firine, For Cameron, Inc.](#) – Ms. Firine offered testimony in support of HB 5511, while also highlighting her concerns about the lack of transparent communication regarding membership opportunities, particularly for advocates and those nonprofits founded due to lived family experience with opioid addiction. Ms. Firine expressed that enlarging the committee with greater representation from family members with lived experience and relevant professional backgrounds is essential in effectively addressing the opioid crisis. She also shared that a board member of For Cameron, Inc. expressed interests in joining the committee but was never informed of openings or the process.

[Amanda Flick, Recovery Community Center Manager, CCAR](#) – Ms. Flick testified in support of this bill, drawing from her personal experience with opioid addiction and subsequent recovery. Ms. Flick emphasized the necessity of having representation from the recovery community on the settlement committee. Ms. Flick believes that someone with lived experience can provide invaluable insights into effective strategies for addressing the ongoing opioid crisis and bridging the gap between policymakers and the recovery community.

[Shabbir Imber Safdar, Executive Director, Partnership for Safe Medicines](#) (PSM) – PSM provided testimony to request the addition of a pharmacist to the Opioid Settlement Advisory Committee through this bill. They emphasize the crucial role pharmacists play in pharmaceutical distribution and drug supply chain safety, highlight their unique expertise in addressing the opioid crisis.

[Gillian Kuszewski, University Director of Pharmacy Residency Programs, UConn Health](#) – Ms. Kuszewski testified to request an appointment of a pharmacist to the OSAC. Ms. Kuszewski highlights the critical role that pharmacists play in opioid-related discussions due to their training and position on a healthcare team. She emphasizes pharmacists' unique expertise in clinical, regulatory and operational aspects of opioid-related issues, advocating for their inclusion in the multidisciplinary team appointed by the state.

[Monika Nugent, Public Policy and Advocacy Associate, The Alliance](#) – Ms. Nugent submitted testimony in support of HB 5511, stating that the Alliance believes that including representatives from various treatment and recovery services is crucial in addressing the ongoing opioid epidemic. Ms. Nugent expressed that including additional perspectives will enrich the committee's decision-making process and lead to more effective strategies for prevention, treatment, and recovery.

[Christopher Merrick, President, American Society of Consultant Pharmacists Connecticut Membership](#) - Mr. Merrick testified in advocacy for the addition of a pharmacist to the Opioid Settlement Advisory Committee. Mr. Merrick contends that pharmacists, as accessible healthcare providers and medication experts, are crucial in addressing opioid use disorder. He emphasizes pharmacists' role in providing expertise on medication use, access and safety, as well as initiatives to combat the opioid crisis. Mr. Merrick believes that including a

pharmacists on the committee will enhance implementation and access to services related to opioid treatment.

[Aishwarya Sreenivasan, Senior Project Manager, TCB](#) – Ms. Sreenivasan provided testimony to urge the inclusion of substitute language to amend the existing TCB membership and reporting requirements. Ms. Sreenivasan highlighted TCB's efforts since 2023 and cites the various challenges in children's behavioral health services. Ms. Sreenivasan stated that the TCB is seeking an extension of December 1st, 2024 to deliver a comprehensive report addressing the systemic challenges, data collection and service delivery timelines. She also addressed the importance of inclusivity, advocating for representation from the federally recognized tribal communities of the state.

[Joelle Santiago, Connecticut Chiropractic Association](#) – Ms. Santiago testified in support of HB 5511, emphasizing the importance of addressing non-pharmacological pain intervention as alternatives to opioids. Therefore, Ms. Santiago requests that the legislation be expanded to include representatives specializing in non-pharmacological pain intervention to facilitate discussion and action on this issue.

[Joseph Firine, For Cameron, Inc.](#) – Mr. Firine submitted testimony requesting that the nonprofit organization, For Cameron, Inc, be added to the committee as the organization works with state and local officials to seek solutions to the opioid crisis, and raise awareness to addiction stigma, overdose recognition and education.

NATURE AND SOURCES OF OPPOSITION:

None expressed

Reported by: Taylor Hyde

Date: 4/11/2024