



General Assembly

February Session, 2024

Raised Bill No. 274

LCO No. 2223



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

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 Section 17a-667 of the general statutes is repealed and the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.

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 or emergency department. Not later than
83 January 1, 2025, the commissioners shall report, in accordance with the
84 provisions of section 11-4a of the general statutes, to the joint standing
85 committees of the General Assembly having cognizance of matters
86 relating to public health, human services, general law and insurance
87 regarding such plan. For the purposes of this section, "opioid
88 antagonist" has the same meaning as provided in section 17a-714a of the
89 general statutes, and "opioid drug" has the same meaning as provided
90 in section 20-14o of the 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 Purpose:

To require (1) the Connecticut Alcohol and Drug Policy Council to establish a standing subcommittee to examine programs and services for parents and caregivers impacted by substance use disorder and their children and make recommendations regarding such programs and services, and (2) the Commissioner of Social Services and the Insurance Commissioner to develop a plan to require Medicaid and private insurance coverage for opioid antagonists for certain hospital and emergency department patients.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]