Public Health Committee
JOINT FAVORABLE REPORT

Bill No.: HB-6834
Title: AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO MENTAL HEALTH AND ADDICTION SERVICES STATUTES.
Vote Date: 3/5/2025
Vote Action: Joint Favorable Substitute
PH Date: 2/3/2025
File No.:

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SPONSORS OF BILL:

The Public Health Committee.

REASONS FOR BILL:

This bill contains recommendations for changes to statutes pertaining to the Department of Mental Health and Addition Services (DMHAS) as follows:

- Updates terminology by replacing references to substance "abuse" with substance "use".
- Adds two members to be appointed by the Governor to the Opioid Settlement Advisory Committee (OSAC). This increases the number of municipal members from 23 to 25.
- Clarifies changes to the law for telehealth providers to prescribe certain controlled substances used to treat a psychiatric or substance use disorder including medication assisted treatment (MAT).
- Also makes technical changes.

The substitute language requires a person's own insurance, whether public or private, to cover the costs of participating in the Drug Intervention and Community Services Program and the Impaired Driving Intervention Program making DMHAS the payer of last resort. If a person is indigent or unable to pay, DMHAS would be required to pay the costs for these individuals.

RESPONSE FROM ADMINISTRATION/AGENCY:

Nancy Navarretta, MA, LPC, NCC, Commissioner of DMHAS:

The Commissioner explained the four main components of the bill:

- Sustaining the pre-trial intervention program;
- Reducing the stigma of certain conditions through language change;
- A technical fix to comply with the federal opioid settlement agreements;
- Updating a reference to the term "opioid drug" in statute.

She explained that the bill also makes DMHAS the payer of last resort for certain programs which would help mitigate some of the department's deficit.

Manisha Juthani, MD, Commissioner of the Department of Public Health (DPH):
The Commissioner directed her testimony to sections 16 and 17 of the bill which updates the federal reference for the definition of opioid as the previous reference is no longer in place. The change offered in the bill will allow the prescription of opioids via telehealth. DPH supports this change as it will reduce barriers to access for many people in our state struggling with the need for treatment and without physical access to a specialized provider.

William Tong, Connecticut Attorney General (AG):
Mr. Tong's testimony is in support of section 12 of the bill which will add two additional municipal appointees to the Opioid Settlement Advisory Committee (OSAC). The opioid settlements require that the OSAC have an equal number if appointees representing municipalities and the state. Last year PA 24-150 added four new appointees representing the state but only two from municipalities. This section will correct this misstep and will enable our state to continue to secure money for treatment, prevention, and recovery programs.

Bryan T. Cafferelli, Commissioner of the Department of Consumer Protection (DPC):
Mr. Cafferelli shared that the federal regulation referring to "opioid drug" was revised in 2024 and no longer contains this definition. This bill rectifies the issue in Connecticut statutes to reflect this change. DPC supports this very important technical change. In addition, DPC supports section13 of the bill that clarifies that telehealth providers may prescribe certain drugs for MAT and behavioral health disorders.

NATURE AND SOURCES OF SUPPORT:

CT Hospital Association, (CHA):
CHA supports section 13 of the bill that makes an important clarifying change to the telehealth laws that will ensure that patients receive the proper care, at the right time, and in an appropriate setting. Such a change aligns better with patient care needs and provides increased access to services.

Monika Nugent, Public Policy and Advocacy Associate, The Alliance:
The Alliance urges support for section 1 of the bill which allows providers contracting with DMHAS to bill public and private insurers before using an established fund within DMHAS for such treatment. Billing insurance first has the potential to lead to savings for the state and better reimbursement rated for the providers of these services.

Christina Mukon, for the Connecticut Advanced Practice Registered Nurse (APRN) Society:
Ms. Mukon addressed lines 188-190 in the bill that speak to the composition of the CT Alcohol and Drug Policy Council that specifically mentions physicians practicing in addiction and emergency medicine. Considering that it is often difficult to get participation from professionals to serve on committees and taskforces, Ms. Mukon requests that the language be updated to indicate that the positions can be held by a physician, physician assistant or and APRN.

Jason Prevelige, Chair, Legislative Committee, CT Academy of Physician Associates:
Mr. Prevelige submitted testimony with the same comments as Ms. Mukon.

Joella Manna, Master of Social Work (MSW) Student:
Ms. Manna urges passage of the bill to create a more effective, accessible, and compassionate system for those struggling with addiction challenges.

Four students from Ledyard High School working on a Civics Action Project submitted testimony in support of this bill. These students understand that many young people struggle with mental health issues that often include substance use.

NATURE AND SOURCES OF OPPOSITION:

None expressed.

Reported by: Kathleen Panazza **Date: March 6, 2025**