



# House of Representatives

## File No. 785

General Assembly

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January Session, 2021 **(Reprint of File No. 410)**

House Bill No. 5597  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
June 4, 2021

### **AN ACT CONCERNING OPIOIDS.**

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

- 1 Section 1. (NEW) (*Effective July 1, 2021*) (a) As used in this section:
- 2 (1) "Commissioner" means the Commissioner of Mental Health and  
3 Addiction Services;
- 4 (2) "Department" means the "Department of Mental Health and  
5 Addiction Services;
- 6 (3) "Opioid use disorder" means a medical condition characterized by  
7 a problematic pattern of opioid use and misuse leading to clinically  
8 significant impairment or distress; and
- 9 (4) "Peer navigator" means a person who (A) has experience working  
10 with persons with substance use disorder, as defined in section 20-74 of  
11 the general statutes, (B) provides nonmedical mental health care and  
12 substance use services to such persons, and (C) has a collaborative

13 relationship with a health care professional authorized to prescribe  
14 medications to treat opioid use disorder.

15 (b) On or before January 1, 2022, the department shall establish,  
16 within available appropriations, a pilot program in urban, suburban  
17 and rural communities to serve persons with opioid use disorder in such  
18 communities. The department shall establish the pilot program in up to  
19 five such communities in accordance with such terms and conditions as  
20 the commissioner may prescribe.

21 (c) Each community in which the pilot program is established under  
22 subsection (b) of this section shall form a team of at least two peer  
23 navigators. The team shall work in the community to (1) increase  
24 engagement between providers of treatment services, health care and  
25 social services and persons with opioid use disorder, (2) improve the  
26 retention of such persons in treatment for opioid use disorder by  
27 addressing social determinants of health of such persons and emerging  
28 local conditions that affect such social determinants of health, and (3)  
29 increase the capacity of the community to support such persons by  
30 identifying and addressing systemic barriers to treatment services,  
31 health care, social services and social support of such persons. The team  
32 shall (A) travel throughout the community to address, in person, the  
33 health care and social needs of persons with opioid use disorder, and  
34 (B) be accessible to such persons through (i) a telephone number that  
35 has texting capabilities, and (ii) social media. Each peer navigator that  
36 participates in the pilot program shall receive regularly updated  
37 training, as determined by the commissioner, on noncoercive and  
38 nonstigmatizing methods for engaging those with opioid use disorder.

39 (d) On or before January 1, 2023, the commissioner shall report, in  
40 accordance with the provisions of section 11-4a of the general statutes,  
41 to the joint standing committee of the General Assembly having  
42 cognizance of matters relating to public health regarding the success of  
43 the pilot program in serving persons with opioid use disorder and any  
44 recommendations for continuing the pilot program or expanding the  
45 pilot program into other communities in the state.

46       Sec. 2. (NEW) (*Effective July 1, 2021*) On or before January 1, 2022, the  
47 Commissioner of Public Health shall (1) establish guidelines for the use  
48 of evidence-based, nonpharmaceutical therapies to treat chronic pain,  
49 including, but not limited to, chiropractic treatment and physical  
50 therapy, and (2) conduct educational and outreach activities to raise  
51 awareness of such guidelines.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2021</i>	New section
Sec. 2	<i>July 1, 2021</i>	New section

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:**

Agency Affected	Fund-Effect	FY 22 \$	FY 23 \$
Mental Health & Addiction Serv., Dept.	GF - Cost	See Below	See Below

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

**Section 1** requires the Department of Mental Health and Addiction Services (DMHAS) to establish a pilot program in up to five communities by January 1, 2022 to provide grants to serve persons with opioid use disorder. Grants will support at least two peer navigators to meet the provisions of the amendment, which is anticipated to cost approximately \$150,000 to \$175,000 per community.

The amendment requires DMHAS to report to the Public Health Committee by January 1, 2023 regarding the success of the pilot program and recommendations to continue or expand such program to other areas of the state.

**Section 2**, which requires the Department of Public Health (DPH) to establish and raise awareness of guidelines for the use of evidence based, nonpharmaceutical therapies to treat chronic pain, has no fiscal impact.

House "A" strikes the language in the underlying bill and the associated fiscal impact and results in the impact described above.

***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

**OLR Bill Analysis****HB 5597 (as amended by House "A")\******AN ACT CONCERNING OPIOIDS.*****SUMMARY**

This bill requires the Department of Mental Health and Addiction Services (DMHAS) to establish a pilot program in up to five urban, suburban, and rural communities to serve individuals with opioid use disorder. The department must do this by January 1, 2022, and within available appropriations.

Under the bill, each participating community must form a team of at least two peer navigators who must, among other things, (1) travel throughout the community to address the health care and social needs of individuals with opioid use disorder and (2) complete regularly updated training on non-coercive and non-stigmatizing methods for engaging these individuals, as determined by the DMHAS commissioner.

The bill also requires the DMHAS commissioner to report by January 1, 2023, to the Public Health Committee on the pilot program, including its success and any recommendations for its continuation or expansion.

Additionally, the bill requires the Department of Public Health commissioner, by January 1, 2022, to (1) establish guidelines for the use of evidence-based, nonpharmaceutical therapies to treat chronic pain, including chiropractic treatment and physical therapy, and (2) conduct educational and outreach activities to raise awareness about these guidelines.

\*House Amendment "A" replaces the underlying bill, (1) removing the provision establishing a task force to study protocols used by certain health care professionals following opioid overdose deaths and (2)

adding the pilot program provisions.

EFFECTIVE DATE: July 1, 2021

**PEER NAVIGATORS**

The bill requires each community participating in the pilot program to form a team of at least two peer navigators to work to:

1. increase engagement between individuals with opioid use disorder and providers of treatment, healthcare and social services;
2. improve the retention of these individuals in opioid use treatment by addressing their social determinants of health and emerging local conditions that affect these determinants; and
3. increase the community’s capacity to support these individuals by identifying and addressing systemic barriers to treatment, health care, and social services and social support.

The bill requires the team of peer navigators to (1) travel throughout the community to address in-person the health care and social needs of individuals with opioid use disorder and (2) be accessible to these individuals through a phone number with texting capabilities and social media.

Under the bill, a “peer navigator” is a person with experience working with individuals with substance use disorder who (1) provides nonmedical mental health care and substance use services and (2) has a collaborative relationship with health care professionals authorized to prescribe medications to treat opioid use disorder.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 33 Nay 0 (03/29/2021)