

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-5044

AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS

Title: REGARDING THE USE OF OPIOID LITIGATION PROCEEDS.

Vote Date: 3/11/2022

Vote Action: Joint Favorable Substitute

PH Date: 3/7/2022

File No.: 124

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SPONSORS OF BILL:

Governor's Administration
Public Health Committee

REASONS FOR BILL:

This bill establishes a 35-member Opioid Settlement Advisory Committee which will administer a non-lapsing Opioid Settlement fund. This fund will contain the money the state receives from opioid-related judgements, consent decrees, and settlements. This money must be used solely for the purposes of reducing substance use disorders. The bill requires that municipalities agree to settlements to receive proceeds from these judgments. The Commissioner of the Department of Mental Health and Addiction Services (DMHAS) must receive the approval of the Advisory Committee to accept or refuse disbursement of these funds.

This Committee must hold quarterly public meetings, and will dissolve once all money has been disbursed if the state does not anticipate receiving any additional funds. These disbursements do not replace funding that had been intended for the same purpose. Recipients of these funds must report annually to the Advisory Committee. In addition, the Advisory Committee is required to report annually to the Appropriations and Public Health Committees.

RESPONSE FROM ADMINISTRATION/AGENCY:

Nancy Navarretta, Commissioner, Department of Mental Health and Addiction Services (DMHAS):

DMHAS is in support of this bill which will ensure that proceeds the state receives from present or future litigation against pharmaceutical distributors and manufacturers is spent on strategies to combat the opioid epidemic. Creating this Committee will make sure that the funds received from these settlements are used in a productive and well-directed manner with oversight and accountability. Existing evidence-based initiatives will benefit from these funds and will be better able to prevent and treat opioid use disorders and support individuals in recovery. The settlement with Johnson and Johnson, which globally netted \$26 billion, will increase the amount that DMHAS has currently invested in substance use services by more than 10% over the next 18 years.

William Tong, Attorney General, State of Connecticut:

The Attorney General is also in support of this bill. Nearly \$400 million will be brought to CT to combat the opioid epidemic over the next 18 years as the result of the three major settlements that the AG's office has recently achieved. This funding will provide support for victims, survivors, and their families and will go directly to treatment, prevention, and recovery programs. This bill conforms to the principles developed by the Johns Hopkins Bloomberg School of Public Health to guide state and local spending of the opioid settlement.

Sarah Healy Eagan, Child Advocate, State of Connecticut, (OCA):

OCA is in support of this bill but recommends that the framework for the settlement fund distribution should specifically refer to the needs of substance-exposed infants, children impacted by parental substance use disorder, children whose parents have died because of opioid overdose, and the need for investment in "two generational" services that can help parents and guardians access recovery supports for themselves and their children.

NATURE AND SOURCES OF SUPPORT:

Luke Bronin, Mayor, City of Hartford:

Mayor Bronin joins with the Connecticut Conference of Municipalities in requesting that the legislation specify that a municipal representative be named a co-chair of the committee. Efforts to reduce opioid overdoses are often coordinated at the local level, and the costs and consequences of that epidemic are felt most directly at the local level. Municipal leaders play a central role in developing a strategy for the allocation of settlement funds. Additionally, he asks that the bill be modified to allow settlement funds to be used to reimburse municipalities for attorneys' fees incurred in past litigation against opioid manufacturers. These fees would be subject to the same 15% cap as ordered by the judge presiding over the Federal Multi-District Litigation in the federal settlement.

Rebecca Allen, Director of Recovery Advocacy, Connecticut Community for Addiction Recovery (CCAR):

CCAR supports this bill as it establishes an opioid settlement fund that will be used exclusively for opioid “abatement”. Using these funds for evidence-based programs increases the state’s capacity to collect and analyze data. In addition, the establishment of an advisory committee aligns closely with a guide published by Johns Hopkins University. CCAR is interested in being an appointed member of the committee. They have been “boots on the ground” in the opioid crisis since day one and know first-hand the types of support needed to move someone from active addiction to recovery.

Pamela Mautte, President, Connecticut Prevention Network, (CPN):

CPN fully supports establishing the Opioid Settlement Advisory Committee and strongly recommends that representation from the prevention field be explicitly included as an appointment. We would ask you to amend the language of the bill to add a representative from the Regional Behavioral Health Action Organizations as a required appointment of the Commissioner.

Kristen Pendergrass Vice President, State Policy Shatterproof:

Shatterproof supports legislative proposals like this one that establishes a separate fund for settlement dollars, independent from the states’ general fund. This will ensure that funds supplement, rather than supplant, existing funding. We support the creation of an advisory board of diverse stakeholders to make decisions on appropriations; restrict allowable uses for funds to evidence-based programs that will prevent and treat substance abuse disorders, provides resources for recovery support services, and creates a timely and transparent reporting mechanism on not only how the dollars are spent, but their impact.

Steven Zuckerman, Chief Executive Officer, Root Center for Advanced Recovery:

The Root Center supports this bill but urges it be amended to require the Commissioner of DMHAS to have at least one appointment of a methadone maintenance treatment provider. They, and other methadone maintenance treatment providers, have been on the frontlines throughout the pandemic and are aware of the treatments available and other best practices. In terms of the Opioid Settlement Fund, it is critically important that these dollars go towards long-term treatment for those who have battled addiction because of the actions of the opioid industry.

Anthony Morrissey, Founder, Brian Cody’s Brothers & Sisters Foundation:

The recent opioid litigation settlements are an opportunity for Connecticut to transform how we deliver support to those seeking assistance with their recovery journey. It is critical we use this time to reimagine our programs while expanding our army of resource providers. In the opinion of our foundation, Connecticut should extend beyond asking DHMAS alone to figure out this problem, but instead we should also harness the passion, attention, and commitment of every provider across our state to include families, non-profits, and other governmental agencies.

Susan Campion, President, Connecticut Association of Addiction Professionals:

The Association recommends that a CT Licensed Alcohol and Drug Abuse Counselor (LADC) be one of the appointed members to the proposed Opioid Settlement Advisory Committee. Since the passage of the Opioid Dependence legislation, LADCs have become the valued behavioral provider to collaborate with Connecticut's primary care providers. PCPs now have the assurance of referring their patients, who are showing signs of opioid dependence, to a qualified addiction specialist in opioid dependence.

Scott Shepard, Catchment Area Council Member, Amplify, Inc:

As a member of the recovery community, he supports this bill. We need to fund research and development to create innovative ways to bring those who still struggle with addiction into the forefront of this fight. This means continuing to fund peer work so that we can contribute to the discussion from our own experiences in dealing with addiction. We can assist the Department of Public Health with harm reduction programs as we monitor those still in the grips of this battle.

Additional Sources of Support Include

- Karen Anginoli, Fairfield
- Kimberly Beauregard, President, InterCommunity Health Care
- Aleksandra Bembnista, Founder, Glorious Recovery Foundation
- James Berardino, Connecticut Council of Small Towns
- Dita Bhargava, Ambassador, Shatterproof
- Rick Delvalle, New Haven
- Mike Finley, Public Policy Coordinator, Mental Health Connecticut
- Joseph Firine, For Cameron
- John Lally, Executive Director, Today I Matter, Inc.
- Mike Muszynski, Advocacy Manager, Connecticut Conference of Municipalities
- Neil O'Leary, Mayor of Waterbury, Connecticut Conference of Municipalities

NATURE AND SOURCES OF OPPOSITION:

No sources of opposition were provided.

Reported by: Dallas Emerle

Date: 3/23/2022