
OLR Bill Analysis

sHB 6698

AN ACT CONCERNING DRUG POLICY, SUBSTANCE ABUSE AND PEER SUPPORT SERVICES.

SUMMARY

This bill requires the Department of Mental Health and Addiction Services (DMHAS) commissioner to replace current law's peer navigator pilot program for people with opioid use disorder with a statewide program. It opens the program to any community that opts to participate and requires the commissioner to use any available funds in the Opioid Settlement Fund (see BACKGROUND) to pay for administering it.

The bill also establishes an Office of the Chief Drug Policy Officer, overseen by the chief drug policy (CDP) officer. Under the bill, the office serves as the central point of contact for the statewide peer navigator program and a centralized location for collecting and analyzing information on services provided to people with substance use disorders and their families. The bill places the office within the Office of Governmental Accountability (OGA) and makes technical and conforming changes (see BACKGROUND).

EFFECTIVE DATE: July 1, 2023

STATEWIDE PEER NAVIGATOR PROGRAM

Current law requires the DMHAS commissioner to establish a pilot program in up to five urban, suburban, and rural communities to serve people with opioid use disorder. Among other things, each participating community must form a team of two peer navigators.

The bill instead requires the commissioner, by January 1, 2024, to replace the pilot program with a statewide peer navigator program in all communities that choose to participate. In doing so, she must use

available funds from the Opioid Settlement Fund and consult with the CDP officer.

As under current law, 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 people with opioid use disorder and (2) complete regularly updated training on non-coercive and non-stigmatizing methods for engaging them. Under the bill, the DMHAS commissioner consults with the CDP officer to determine the training.

As under existing law, a “peer navigator” is a person with experience working with people 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.

Annual Report

The bill requires the DMHAS commissioner and CDP officer to submit a report annually beginning by January 1, 2025, to the General Law and Public Health committees on the success of the statewide program serving people with opioid use disorder.

CHIEF DRUG POLICY OFFICER

The bill establishes an Office of the Chief Drug Policy Officer within OGA and overseen by the CDP officer. This officer is appointed by the governor subject to the legislature’s approval, serves a four-year term or until the next successor is appointed and has qualified, and may be reappointed.

The bill requires that this officer be knowledgeable about substance use disorders and the services provided to people with substance use disorders and their families. The officer must act independently of other state agencies in doing his or her duties, regardless of conflicting laws.

Duties

Within available appropriations, the officer must:

1. appoint and direct necessary staff to fulfill the office’s mission;

2. ensure that the office serves as (a) the central point of contact for the state-wide peer navigator program (see above) and (b) a centralized location for collecting information concerning services provided to people with substance use disorders and their families;
3. advise the public concerning the office's purpose, contact information, and services;
4. evaluate the services that state agencies and other entities provide to people with substance use disorders and their families and how they are provided, as well as receive and investigate complaints as deemed prudent about their actions;
5. encourage coordination between state agencies in providing services to people and families in order to prevent and eliminate duplicated efforts and save the state money;
6. recommend changes to state policies on substance use disorders, including changes in systems used to provide services to people and families; and
7. conduct public education programs, undertake legislative advocacy, and make proposals for systemic reform concerning substance use disorders and services provided to people and families.

Annual Report

The bill requires the CDP officer to submit a report annually by January 31 to the governor and General Law, Public Health, and Judiciary committees detailing and analyzing his or her work during the preceding calendar year.

BACKGROUND

Related Bills

SB 1163, reported favorably by the Public Safety Committee, authorizes the Opioid Settlement Fund's monies to be used to equip police officers with opioid antagonists.

sHB 6696, reported favorably by the General Law Committee, (1) requires Connecticut-licensed pharmacists, when dispensing an opioid drug, to provide patients a free personal opioid drug deactivation and disposal product and (2) authorizes pharmacists to seek reimbursement from the Opioid Settlement Fund for these costs.

sHB 6718, reported favorably by the Children’s Committee, appropriates \$400,000 from the Opioid Settlement Fund in FY 24 for costs of distributing pharmacy warning stickers and labels for opioid drugs.

Office of Governmental Accountability

By law, OGA consists of independent divisions for which it provides consolidated personnel, payroll, affirmative action, and administrative and business office functions, including information technology associated with these functions. (In practice, the Department of Administrative Services performs these functions for OGA.) These divisions have independent decision-making authority, including the ability to make decisions on budgetary issues and employing necessary staff.

Opioid Settlement Fund (CGS § 17a-674b et seq.)

PA 22-48 established the Opioid Settlement Fund as a separate non-lapsing fund administered by a 37-member Opioid Settlement Advisory Committee with assistance from DMHAS. The fund must contain moneys the state receives from opioid-related judgements, consent decrees, and settlements and can only be used following their provisions, as confirmed by the attorney general and after the Opioid Settlement Advisory Committee’s and the Office of Policy and Management secretary’s approval.

COMMITTEE ACTION

General Law Committee

Joint Favorable Substitute
Yea 22 Nay 0 (03/07/2023)