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## **OLR Bill Analysis**

### **sHB 6913**

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

#### **SUMMARY**

This bill makes various changes related to opioid use disorder prevention and treatment. Principally, it:

1. requires licensed substance abuse treatment facilities to comply with specified requirements for patient record retention, post-treatment contact, and referrals for additional treatment services (§ 1);
2. requires the president of each higher education institution, by January 1, 2024, to report to the Public Health and Higher Education and Employment Advancement committees on the implementation of its required policy on opioid antagonist availability and use on campus (see BACKGROUND) (§ 2);
3. requires the Department of Mental Health and Addiction Services (DMHAS), by January 1, 2024, to create a pilot program where licensed health care providers give prescription digital therapeutics to patients with opioid or other substance use disorders to manage or treat it (§ 3);
4. prohibits practitioners authorized to dispense controlled substances (e.g., methadone) from a mobile unit from doing so within 500 feet of an elementary or secondary school, child care center, playground, or public park, except within a private residence (§ 4);
5. requires DMHAS and certain other state agencies, such as the Department of Children and Families (DCF), to develop plans or conduct evaluations related to various supports for parents, other child caregivers, or pregnant individuals with substance

use disorder (§§ 5-9);

6. requires DCF to evaluate the quality of practice, safety planning, and service delivery to families with open department cases involving substance use disorder and report to the Public Health and Children's committees on the evaluation by January 1, 2024 (§ 10); and
7. increases, from 37 to 39, the membership of the Opioid Settlement Fund Advisory Committee, by adding two members with experience supporting infants and children affected by the opioid crisis, appointed by the DMHAS commissioner (see BACKGROUND) (§ 11).

EFFECTIVE DATE: Upon passage except that the provisions on (1) mobile units for dispensing controlled substances take effect October 1, 2023, and (2) the Opioid Settlement Advisory Committee take effect July 1, 2023.

### **§ 1 — SUBSTANCE ABUSE TREATMENT FACILITIES**

The bill requires licensed substance abuse treatment facilities to do the following:

1. retain patient records post-treatment according to standard record-keeping practices for these facilities and include the patient's address, phone number, and any additional contact information they share;
2. contact, or attempt to contact, the patient for a status update on his or her mental and physical health at least once every four months for at least one year after the patient last received treatment; and
3. offer to refer patients to additional substance use disorder treatment services if they express a need or desire for the services.

### **§ 3 — DIGITAL THERAPEUTICS PILOT PROGRAM**

By January 1, 2024, the bill requires DMHAS to collaborate with the Department of Public Health (DPH) to create a pilot program where

licensed health care providers prescribe prescription digital therapeutics to patients with an opioid or other substance use disorder to manage and treat it.

Under the bill, “prescription digital therapeutics” are software-based medical devices that (1) are cleared or approved by the federal Food and Drug Administration, (2) are intended to prevent, manage, or treat a substance use disorder, (3) are prescribed to patients by licensed health care providers, and (4) patients can access through a mobile device application.

The bill requires the DMHAS and DPH commissioners to jointly develop the pilot program’s eligibility criteria and guidelines. The guidelines must include authorizing prescription digital therapeutics to be provided to up to 1,000 patients for at least three months.

Under the bill, the DMHAS commissioner must report to the Public Health Committee by January 1, 2025, on the pilot program’s implementation and any recommendations to continue or expand it.

**§ 4 — MOBILE UNITS FOR DISPENSING CONTROLLED SUBSTANCES**

The bill generally prohibits practitioners from dispensing controlled substances (e.g., methadone) from a mobile unit for patient treatment within 500 feet of an elementary or secondary school property, child care center, playground, or public park. It exempts from the prohibition a private residence if the controlled substance is dispensed inside of it.

By law, practitioners authorized to distribute, administer, or prescribe controlled substances may dispense them from a mobile unit at a different location than the one they used for Department of Consumer Protection (DCP) controlled substances registration if they meet specified notification, reporting, and medication storage requirements.

**§ 5 — CHILD CAREGIVER SUBSTANCE USE DISORDER PROGRAM PLAN**

The bill requires DMHAS, DCF, and the Department of Social Services (DSS) to evaluate substance use disorder programs for people

who are child caregivers and related treatment barriers. In conducting the evaluation, the departments must consult with direct service providers and people with lived experience.

The departments must also develop a plan to establish and implement programs to treat these people and their children, that include the following:

1. in all geographic areas, same-day access to family-centered medication-assisted treatment, including prenatal and perinatal care, and access to supports that provide a bridge to the treatment;
2. intensive in-home treatment supports;
3. gender-specific programming;
4. expanded access to residential programs for pregnant and parenting people, including residential programs for parents who have more than one child or who have children over age seven; and
5. access to recovery support specialists and peer support to provide care coordination.

The bill requires the commissioners, by January 1, 2024, to jointly report to the Children’s, Human Services, and Public Health committees on the plan and legislative recommendations needed to implement the programs.

## **§ 6 — CHILD CARE SUPPORTS AND SUBSIDIES PLAN**

The bill requires DMHAS and DSS to collaborate with the Office of Early Childhood and create a plan to allow parents in substance use disorder treatment to qualify for child care supports and subsidies. The DMHAS and DSS commissioners must jointly report on the plan to the Human Services and Public Health committees by January 1, 2024.

## **§ 7 — HOUSING SUPPORTS PLAN**

The bill requires DMHAS, DSS, and the Department of Housing to develop a plan ensuring that pregnant and parenting persons in

treatment for substance use disorder have access to supportive housing. The commissioners must jointly report on the plan to the Housing, Public Health, and Human Services committees by January 1, 2024.

**§ 8 — PLAN ON SUBSTANCE USE DISORDER TREATMENT FOR PARENTS INVOLVED WITH DCF**

The bill requires DCF, DMHAS, and DSS to develop a plan to ensure parents involved with DCF have appropriate substance use disorder treatment to prevent children’s removal from their parents, when possible, and to support reunification when removal is necessary. The plan must consider in-home parenting and child care services to help with safety planning during initial stages of treatment and recovery.

The bill requires the commissioners to jointly report to the Children’s, Human Services, and Public Health committees on the plan by January 1, 2024.

**§ 9 — EVALUATION OF SERVICES FOR PREGNANT AND PARENTING INDIVIDUALS**

The bill requires DCF, DMHAS, and DSS to evaluate existing substance use disorder treatment services for pregnant and parenting people, their use, and any areas where additional services are necessary. The commissioners must jointly report on the evaluation to the Public Health Committee by January 1, 2024, and then semiannually after that until January 1, 2025.

**§ 10 — DCF EVALUATION ON SUBSTANCE USE DISORDER TREATMENT SERVICES FOR PREGNANT AND PARENTING PERSONS**

The bill requires DCF to evaluate the quality of practice, safety planning, and service delivery to families with open department cases, including (1) the timely availability and use of services necessary to mitigate child safety concerns in the home when the child’s caregiver has a substance use disorder and (2) tracking treatment outcomes for child caregivers.

The bill requires the DCF commissioner to report to the Children’s and Public Health committees on the evaluation by January 1, 2024.

## **BACKGROUND**

### ***Higher Education Institution Opioid Antagonist Policies***

Existing law required each higher education institution, by January 1, 2020, to (1) develop and implement a policy on opioid antagonist availability and use by students and employees, (2) submit it to the Department of Consumer Protection for approval, and (3) post it on the institution's website once approved.

Among other things, the policy must (1) designate a medical or public safety professional to oversee purchasing, storing, and distributing opioid antagonists on each campus; (2) identify where on each campus opioid antagonists are stored and make the locations known and accessible to students and employees; and (3) require an institution representative to call 9-1-1 or a local emergency medical services provider after each observed or reported use unless the person already received medical treatment for the opioid-related drug overdose.

### ***Opioid Settlement Advisory Committee***

By law, the Opioid Settlement Advisory Committee ensures (1) Opioid Settlement Fund moneys are allocated and spent on specified substance use disorder abatement purposes and (2) robust public involvement, accountability, and transparency in allocating and accounting for the fund's moneys.

Currently, the committee consists of 31 state and local government officials and six public members and is chaired by the DMHAS commissioner and a municipal representative. The committee must meet quarterly and annually report to the Appropriations and Public Health committees on the fund's activities.

## **COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 37    Nay 0    (03/27/2023)