



House of Representatives

General Assembly

File No. 187

January Session, 2023

Substitute House Bill No. 6698

House of Representatives, March 23, 2023

The Committee on General Law reported through REP. D'AGOSTINO of the 91st Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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

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

- 1 Section 1. (NEW) (*Effective July 1, 2023*) (a) As used in this section:
- 2 (1) "Chief Drug Policy Officer" and "officer" mean the individual
3 appointed pursuant to subsection (b) of this section;
- 4 (2) "Office of Governmental Accountability" means the office
5 established in section 1-300 of the general statutes, as amended by this
6 act;
- 7 (3) "Office of the Chief Drug Policy Officer" and "office" mean the
8 office established in subsection (b) of this section;
- 9 (4) "Opioid use disorder" has the same meaning as provided in
10 section 17a-673b of the general statutes, as amended by this act;
- 11 (5) "State agency" means any department, board, council,

12 commission, institution or other executive branch agency of state
13 government;

14 (6) "State-wide peer navigator program" means the state-wide
15 program established pursuant to subdivision (2) of subsection (b) of
16 section 17a-673b of the general statutes, as amended by this act; and

17 (7) "Substance use disorder" means a pattern of alcohol or other
18 substance use that meets the applicable diagnostic criteria delineated in
19 the most recent edition of the American Psychiatric Association's
20 Diagnostic and Statistical Manual of Mental Disorders and includes, but
21 is not limited to, opioid use disorder.

22 (b) There is established, within the Office of Governmental
23 Accountability, an Office of the Chief Drug Policy Officer. The Office of
24 the Chief Drug Policy Officer shall be administered by a Chief Drug
25 Policy Officer, who shall:

26 (1) Have knowledge of substance use disorders and services
27 provided to individuals with substance use disorders and their families;

28 (2) Be appointed by the Governor with the approval of the General
29 Assembly;

30 (3) Serve for a term of four years and may be reappointed or shall
31 continue to hold office until a successor is appointed and qualified; and

32 (4) Notwithstanding any other provision of the general statutes, act
33 independently of any state agency in performing the officer's duties.

34 (c) The Chief Drug Policy Officer, within available appropriations,
35 shall:

36 (1) Appoint such staff as the officer deems necessary, which staff may
37 perform the officer's duties set forth in this subsection under the officer's
38 direction;

39 (2) Ensure that the office serves as the central point of contact for the
40 state-wide peer navigator program;

41 (3) Ensure that the office serves as a centralized location for collecting
42 information concerning services provided to individuals with substance
43 use disorders and their families;

44 (4) Evaluate the services that other state agencies and other entities
45 provide to individuals with substance use disorders and their families,
46 and the manner in which such agencies and entities provide such
47 services;

48 (5) Encourage coordination between state agencies in providing
49 services to individuals with substance use disorders and their families
50 for the purpose of preventing and eliminating duplication of efforts and
51 decreasing costs incurred by state agencies in providing such services;

52 (6) Receive and review complaints submitted by persons concerning
53 the actions of state agencies and other entities that provide services to
54 individuals with substance use disorders and their families, and
55 investigate any such complaint that the officer believes indicates that an
56 individual with a substance use disorder, or the family of any such
57 individual, requires the officer's assistance;

58 (7) Recommend changes in state policies concerning substance use
59 disorders, including, but not limited to, changes in systems used to
60 provide services to individuals with substance use disorders and their
61 families;

62 (8) Conduct programs of public education, undertake legislative
63 advocacy and make proposals for systemic reform concerning substance
64 use disorders and services provided to individuals with substance use
65 disorders and their families; and

66 (9) Advise the public concerning the purpose of the office, the
67 services provided by the office and contact information for the office.

68 (d) Not later than January 31, 2024, and annually thereafter, the Chief
69 Drug Policy Officer shall submit a report to the Governor, and to the
70 joint standing committees of the General Assembly having cognizance
71 of matters relating to consumer protection, public health and the

72 judiciary in accordance with the provisions of section 11-4a of the
73 general statutes, detailing and analyzing the Office of the Chief Drug
74 Policy Officer's work during the preceding calendar year.

75 Sec. 2. Section 1-300 of the general statutes is repealed and the
76 following is substituted in lieu thereof (*Effective July 1, 2023*):

77 (a) There is established the Office of Governmental Accountability.
78 The executive administrator of the office shall serve as the
79 administrative head of the office, who shall be appointed in accordance
80 with the provisions of section 1-301, as amended by this act.

81 (b) The Office of Governmental Accountability shall provide
82 personnel, payroll, affirmative action and administrative and business
83 office functions and information technology associated with such
84 functions for the following: The Judicial Review Council established
85 under section 51-51k, Judicial Selection Commission established under
86 section 51-44a, Board of Firearms Permit Examiners established under
87 section 29-32b, Office of the Child Advocate established under section
88 46a-13k, Office of the Victim Advocate established under section 46a-
89 13b, State Contracting Standards Board established under section 4e-2,
90 [and] Office of the Correction Ombuds [,] established under section 18-
91 81qq, and Office of the Chief Drug Policy Officer established under
92 subsection (b) of section 1 of this act. The personnel, payroll, affirmative
93 action and administrative and business office functions of said offices,
94 commission, council and boards shall be merged and consolidated
95 within the Office of Governmental Accountability.

96 (c) The executive administrator may employ necessary staff to carry
97 out the administrative functions of the Office of Governmental
98 Accountability, within available appropriations. Such necessary staff of
99 the Office of Governmental Accountability shall be in classified service.

100 (d) Nothing in this section shall be construed to affect or limit the
101 independent decision-making authority of the Judicial Review Council,
102 Judicial Selection Commission, Board of Firearms Permit Examiners,
103 Office of the Child Advocate, Office of the Victim Advocate, State

104 Contracting Standards Board, [or] Office of the Correction Ombuds or
105 Office of the Chief Drug Policy Officer. Such decision-making authority
106 includes, but is not limited to, decisions concerning budgetary issues
107 and concerning the employment of necessary staff to carry out the
108 statutory duties of each such office, commission, council or board.

109 Sec. 3. Subsection (a) of section 1-301 of the general statutes is
110 repealed and the following is substituted in lieu thereof (*Effective July 1,*
111 *2023*):

112 (a) (1) There shall be a Governmental Accountability Commission,
113 within the Office of Governmental Accountability established under
114 section 1-300, as amended by this act, that shall consist of [seven] eight
115 members as follows: (A) The executive director of the Judicial Review
116 Council established under section 51-51k, or the executive director's
117 designee; (B) the chairperson of the Judicial Selection Commission
118 established under section 51-44a, or the chairperson's designee; (C) the
119 chairperson of the Board of Firearms Permit Examiners established
120 under section 29-32b, or the chairperson's designee; (D) the Child
121 Advocate appointed under section 46a-13k, or the advocate's designee;
122 (E) the Victim Advocate appointed under section 46a-13b, or the
123 advocate's designee; (F) the chairperson of the State Contracting
124 Standards Board established under section 4e-2, or the chairperson's
125 designee; [and] (G) the Correction Ombuds appointed under section 18-
126 81jj, or the Correction Ombuds' designee; and (H) the Chief Drug Policy
127 Officer appointed under subsection (b) of section 1 of this act, or the
128 Chief Drug Policy Officer's designee, provided no person serving as a
129 designee under this subsection may be a state employee. The
130 Governmental Accountability Commission shall select a chairperson
131 who shall preside at meetings of the commission. Said commission shall
132 meet for the purpose of making recommendations to the Governor for
133 candidates for the executive administrator of the Office of
134 Governmental Accountability pursuant to the provisions of subsection
135 (b) of this section, or for the purpose of terminating the employment of
136 the executive administrator.

137 (2) The commission established under subdivision (1) of this
138 subsection shall not be construed to be a board or commission within
139 the meaning of section 4-9a.

140 Sec. 4. Section 17a-673b of the general statutes is repealed and the
141 following is substituted in lieu thereof (*Effective July 1, 2023*):

142 (a) As used in this section:

143 (1) "Chief Drug Policy Officer" means the individual appointed
144 pursuant to subsection (b) of section 1 of this act;

145 ~~[(1)]~~ (2) "Commissioner" means the Commissioner of Mental Health
146 and Addiction Services;

147 ~~[(2)]~~ (3) "Department" means the Department of Mental Health and
148 Addiction Services;

149 (4) "Office of the Chief Drug Policy Officer" means the office
150 established in subsection (b) of section 1 of this act;

151 (5) "Opioid Settlement Fund" means the fund established in section
152 17a-674c, as amended by this act;

153 ~~[(3)]~~ (6) "Opioid use disorder" means a medical condition
154 characterized by a problematic pattern of opioid use and misuse leading
155 to clinically significant impairment or distress; and

156 ~~[(4)]~~ (7) "Peer navigator" means a person who (A) has experience
157 working with persons with substance use disorder, as defined in section
158 ~~[20-74]~~ 20-74s, (B) provides nonmedical mental health care and
159 substance use services to such persons, and (C) has a collaborative
160 relationship with a health care professional authorized to prescribe
161 medications to treat opioid use disorder.

162 (b) (1) On or before January 1, 2023, the department shall establish,
163 within available appropriations, a pilot program in urban, suburban
164 and rural communities to serve persons with opioid use disorder in such
165 communities. The department shall establish the pilot program in up to

166 five such communities in accordance with such terms and conditions as
167 the commissioner may prescribe.

168 (2) On or before January 1, 2024, the department shall replace, within
169 the funds available in the Opioid Settlement Fund, the pilot program
170 established pursuant to subdivision (1) of this subsection with a state-
171 wide peer navigator program to serve persons with opioid use disorder
172 in all communities in this state that elect to participate in such program.
173 The department shall establish such state-wide program in accordance
174 with such terms and conditions as the commissioner, in consultation
175 with the Chief Drug Policy Officer, may prescribe. The Office of the
176 Chief Drug Policy Officer shall serve as the central point of contact for
177 such state-wide program.

178 (c) Each community in which the pilot or state-wide program is
179 established under subdivision (1) or (2) of subsection (b) of this section,
180 as applicable, shall form a team of at least two peer navigators. The team
181 shall work in the community to (1) increase engagement between
182 providers of treatment services, health care and social services and
183 persons with opioid use disorder, (2) improve the retention of such
184 persons in treatment for opioid use disorder by addressing social
185 determinants of health of such persons and emerging local conditions
186 that affect such social determinants of health, and (3) increase the
187 capacity of the community to support such persons by identifying and
188 addressing systemic barriers to treatment services, health care, social
189 services and social support of such persons. The team shall (A) travel
190 throughout the community to address, in person, the health care and
191 social needs of persons with opioid use disorder, and (B) be accessible
192 to such persons through (i) a telephone number that has texting
193 capabilities, and (ii) social media. Each peer navigator that participates
194 in the pilot or state-wide program shall receive regularly updated
195 training, as determined by the commissioner for the pilot program, or
196 by the commissioner in consultation with the Chief Drug Policy Officer
197 for the state-wide program, on noncoercive and nonstigmatizing
198 methods for engaging [those] persons with opioid use disorder.

199 (d) (1) On or before January 1, 2024, the commissioner shall report, in
200 accordance with the provisions of section 11-4a, to the joint standing
201 committee of the General Assembly having cognizance of matters
202 relating to public health regarding the success of the pilot program in
203 serving persons with opioid use disorder, [and any recommendations
204 for continuing the pilot program or expanding the pilot program into
205 other communities in the state.]

206 (2) On or before January 1, 2025, and annually thereafter, the
207 commissioner shall report, in consultation with the Chief Drug Policy
208 Officer and in accordance with the provisions of section 11-4a, to the
209 joint standing committees of the General Assembly having cognizance
210 of matters relating to consumer protection and public health regarding
211 the success of the state-wide program in serving persons with opioid
212 use disorder.

213 Sec. 5. Subsection (e) of section 17a-674c of the general statutes is
214 repealed and the following is substituted in lieu thereof (*Effective July 1,*
215 *2023*):

216 (e) Moneys in the fund shall be spent only for the following substance
217 use disorder abatement purposes, in accordance with the controlling
218 judgment, consent decree or settlement, as confirmed by the Attorney
219 General's review of such judgment, consent decree or settlement and
220 upon the approval of the committee and the Secretary of the Office of
221 Policy and Management:

222 (1) State-wide, regional or community substance use disorder needs
223 assessments to identify structural gaps and needs to inform
224 expenditures from the fund;

225 (2) Infrastructure required for evidence-based substance use disorder
226 prevention, treatment, recovery or harm reduction programs, services
227 and supports;

228 (3) Programs, services, supports and resources for evidence-based
229 substance use disorder prevention, treatment, recovery or harm

230 reduction;

231 (4) Evidence-informed substance use disorder prevention, treatment,
232 recovery or harm reduction pilot programs or demonstration studies
233 that are not evidence-based, but are approved by the committee as an
234 appropriate use of moneys for a limited period of time as specified by
235 the committee, provided the committee shall assess whether the
236 evidence supports funding such programs or studies or whether it
237 provides a basis for funding such programs or studies with an
238 expectation of creating an evidence base for such programs and studies;

239 (5) Evaluation of effectiveness and outcomes reporting for substance
240 use disorder abatement infrastructure, programs, services, supports and
241 resources for which moneys from the fund have been disbursed,
242 including, but not limited to, impact on access to harm reduction
243 services or treatment for substance use disorders or reduction in drug-
244 related mortality;

245 (6) One or more publicly available data interfaces managed by the
246 commissioner to aggregate, track and report data on (A) substance use
247 disorders, overdoses and drug-related harms, (B) spending
248 recommendations, plans and reports, and (C) outcomes of programs,
249 services, supports and resources for which moneys from the fund were
250 disbursed;

251 (7) Research on opioid abatement, including, but not limited to,
252 development of evidence-based treatment, barriers to treatment,
253 nonopioid treatment of chronic pain and harm reduction, supply-side
254 enforcement;

255 (8) Documented expenses incurred in administering and staffing the
256 fund and the committee, and expenses, including, but not limited to,
257 legal fees, incurred by the state or any municipality in securing
258 settlement proceeds, deposited in the fund as permitted by the
259 controlling judgment, consent decree or settlement;

260 (9) Documented expenses associated with managing, investing and

261 disbursing moneys in the fund; [and]

262 (10) Documented expenses, including legal fees, incurred by the state
263 or any municipality in securing settlement proceeds deposited in the
264 fund to the extent such expenses are not otherwise reimbursed pursuant
265 to a fee agreement provided for by the controlling judgment, consent
266 decree or settlement; and

267 (11) Documented expenses incurred in administering the state-wide
268 peer navigator program established pursuant to subdivision (2) of
269 subsection (b) of section 17a-673b, as amended by this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2023	New section
Sec. 2	July 1, 2023	1-300
Sec. 3	July 1, 2023	1-301(a)
Sec. 4	July 1, 2023	17a-673b
Sec. 5	July 1, 2023	17a-674c(e)

Statement of Legislative Commissioners:

In Section 1(c)(5), "use" was added after "substance" for internal consistency; Section 1(d) was rewritten for clarity; in Section 3(a)(1), Subpara. (H) was moved to clarify the applicability of the provision concerning the employment status of persons serving as designees; in Section 4(a)(7), "20-74" was bracketed and "20-74s" was inserted after the closing bracket for accuracy; in Section 4(c), "subsection (b) of this section" was changed to "subdivision (1) or (2) of subsection (b) of this section, as applicable," and the last sentence was rewritten, for clarity.

GL *Joint Favorable Subst.*

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 24 \$	FY 25 \$
State Comptroller - Fringe Benefits ¹	GF - Cost	Approximately \$225,000	Approximately \$225,000
Governmental Accountability, Off.	GF - Cost	Approximately \$500,000	Approximately \$500,000
Resource of the Opioid Settlement Fund	Opioid Settlement Fund-Potential Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

This bill has a significant and indeterminate cost by creating a new state office within the Office of Government Accountability (OGA). Comparing salaries and costs for similar executive specialized positions such as the Office of the Child Advocate, the Office of the Victim Advocate and the Contracting Standards Board Chair it is estimated that this position would cost the state \$216,471 in salary and benefits annually. The bill also charges the Drug Policy Officer with hiring staff to fulfill their duties. The staff of this office is likely to be a small, specialized staff similar to several offices within OGA. To staff this position similarly would require 2 Assistant Drug Policy Officers, 1 Office Manager and 1 Research Analyst. Similar positions and salary

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 42.82% of payroll in FY 24.

and benefit costs are estimated to be around \$540,000 annually. This estimate may also be impacted by the staff sought by the person hired to fill this position and may adjust in line with workload and need. There may be other one-time or ongoing costs for technology, supplies, travel and materials.

Sections 4 and 5 could result in a cost to the Opioid Settlement Fund associated with expanding the peer navigator program. The cost to support at least two peer navigators per community and meet the requirements of the program is anticipated to be approximately \$150,000 to \$175,000 per community. The extent of the cost to implement the program statewide is dependent on the terms and conditions established by the Department of Mental Health and Addiction Services (DMHAS) and the Chief Drug Policy Officer.

The Opioid Settlement Fund is a separate, nonlapsing fund administered by a 37-member Opioid Settlement Advisory Committee with assistance from DMHAS. Expenditures must be approved by the Committee and used only in accordance with the controlling judgment, consent decree, or settlement.

The Out Years

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

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)