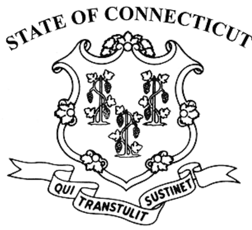

House of Representatives

General Assembly

File No. 595

January Session, 2023

Substitute House Bill No. 6913

House of Representatives, April 13, 2023

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING OPIOIDS.

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

1 Section 1. (NEW) (*Effective from passage*) A substance abuse treatment
2 facility licensed as an institution pursuant to section 19a-490 of the
3 general statutes shall (1) retain records regarding each person who
4 receives treatment from the facility, including, but not limited to, the
5 person's address, telephone number and any additional contact
6 information the person agrees to provide, for a period of time after the
7 person last receives treatment from the facility that is in accordance with
8 standard record-keeping practices for substance abuse treatment
9 facilities; (2) contact or attempt to contact the person for a status update
10 on the person's physical and mental health not less than once every four
11 months, for a period of not less than one year, after the person last
12 received treatment from such facility; and (3) offer to or refer such
13 person to additional substance use disorder treatment services if the
14 person expresses a need or desire for such services.

15 Sec. 2. Section 10a-55t of the general statutes is repealed and the
16 following is substituted in lieu thereof (*Effective from passage*):

17 (a) Not later than January 1, 2020, the president of each institution of
18 higher education in the state shall (1) develop and implement a policy
19 consistent with subsection (b) of this section concerning the availability
20 and use of opioid antagonists, as defined in section 17a-714, by students
21 and employees of the institution, (2) submit such policy to the
22 Department of Consumer Protection for approval, and (3) upon
23 approval of the department, post such policy on the institution's Internet
24 web site.

25 (b) The policy of each institution of higher education concerning the
26 availability and use of opioid antagonists shall (1) designate a medical
27 professional or public safety professional to oversee the purchase,
28 storage and distribution of opioid antagonists on each of its campuses,
29 (2) identify the location or locations on each of its campuses where the
30 opioid antagonists are stored, which location or locations shall be made
31 known and accessible to students and employees of such institution, (3)
32 require maintenance of the supply of opioid antagonists in accordance
33 with the manufacturer's guidelines, and (4) require a representative of
34 the institution to call 911 or notify a local emergency medical services
35 provider prior to, during or as soon as practicable after each use of an
36 opioid antagonist on the institution's campus that is reported to the
37 institution or observed by a medical professional or public safety
38 professional, unless the person to whom the opioid antagonist was
39 administered has already received medical treatment for his or her
40 opioid-related drug overdose.

41 (c) Not later than January 1, 2024, the president of each institution of
42 higher education shall report, in accordance with the provisions of
43 section 11-4a, to the joint standing committees of the General Assembly
44 having cognizance of matters relating to public health and higher
45 education and employment advancement regarding the
46 implementation of the policy concerning the availability and use of
47 opioid antagonists on each campus.

48 Sec. 3. (NEW) (*Effective from passage*) (a) As used in this section:

49 (1) "Prescription digital therapeutic" means a software-based medical
50 device that (A) has been cleared or approved by the federal Food and
51 Drug Administration, (B) is intended to prevent, manage or treat a
52 substance use disorder, (C) a licensed health care provider prescribes for
53 a patient, and (D) a patient may access through an application on a
54 mobile device;

55 (2) "Licensed health care provider" means a licensed health care
56 provider with experience treating patients with a substance use disorder
57 who is authorized to prescribe a prescription digital therapeutic within
58 the scope of such provider's practice;

59 (3) "Opioid use disorder" means a medical condition characterized by
60 a problematic pattern of opioid use and misuse leading to clinically
61 significant impairment or distress; and

62 (4) "Substance use disorder" means a pattern of use of alcohol or other
63 substances that meets the applicable diagnostic criteria delineated in the
64 most recent edition of the American Psychiatric Association's
65 Diagnostic and Statistical Manual of Mental Disorders.

66 (b) Not later than January 1, 2024, the Department of Mental Health
67 and Addiction Services, in collaboration with the Department of Public
68 Health, shall establish a pilot program pursuant to which licensed
69 health care providers may prescribe prescription digital therapeutics to
70 patients with opioid use disorder or another substance use disorder for
71 the management or treatment of such disorder. The Commissioners of
72 Mental Health and Addiction Services and Public Health shall jointly
73 develop eligibility criteria and guidelines for the pilot program. Such
74 guidelines shall include, but need not be limited to, authorizing the
75 provision of a prescription digital therapeutic for not less than a three-
76 month period for up to one thousand such patients.

77 (c) Not later than January 1, 2025, the Commissioner of Mental Health
78 and Addiction Services shall report, in accordance with the provisions

79 of section 11-4a of the general statutes, to the joint standing committee
80 of the General Assembly having cognizance of matters relating to public
81 health on the implementation of the pilot program and any
82 recommendations for continuing or expanding the pilot program.

83 Sec. 4. Section 21a-317 of the general statutes is repealed and the
84 following is substituted in lieu thereof (*Effective October 1, 2023*):

85 Every practitioner who distributes, administers or dispenses any
86 controlled substance or who proposes to engage in distributing,
87 prescribing, administering or dispensing any controlled substance
88 within this state shall (1) obtain a certificate of registration issued by the
89 Commissioner of Consumer Protection in accordance with the
90 provisions of this chapter, (2) if the practitioner is engaged in
91 prescribing a controlled substance, register for access to the electronic
92 prescription drug monitoring program established pursuant to
93 subsection (j) of section 21a-254 in a manner prescribed by the
94 commissioner, and (3) if the practitioner is engaged in transporting a
95 controlled substance for the purpose of treating a patient in a location
96 that is different than the address that the practitioner provided to the
97 Department of Consumer Protection as a registrant, as defined in section
98 21a-240, notify the department, in a manner prescribed by the
99 commissioner, of the intent to transport such controlled substance and,
100 after dispensing such controlled substance, return any remaining
101 amount of such controlled substance to a secure location at the address
102 provided to the department. If the practitioner cannot return any
103 remaining amount of such controlled substance to such address, the
104 commissioner may approve an alternate location, provided such
105 location is also approved by the federal Drug Enforcement Agency, or
106 any successor agency. The practitioner shall report any dispensation by
107 the practitioner of a controlled substance that occurs at a location other
108 than the address provided to the department to the prescription drug
109 monitoring program pursuant to subsection (j) of section 21a-254 upon
110 returning to such address. <u>No practitioner shall transport a controlled</u>
111 <u>substance under subdivision (3) of this section to a location that is within</u>
112 <u>five hundred feet of an elementary or secondary school ground, child</u>

113 care center, playground or public park, except a location that is a private
114 residence where the dispensation of the controlled substance occurs
115 inside such residence.

116 Sec. 5. (*Effective from passage*) (a) The Departments of Mental Health
117 and Addiction Services, Social Services and Children and Families shall,
118 in consultation with direct service providers and individuals with lived
119 experience, evaluate existing programs for persons with substance use
120 disorder who are caregivers of children and the barriers to treatment of
121 such persons and develop a plan for the establishment and
122 implementation of programs for the treatment of such persons and their
123 children. Such programs shall include, but need not be limited to, the
124 following:

125 (1) Same-day access, in all geographical areas, to family-centered
126 medication-assisted treatment that includes prenatal and perinatal care
127 and access to supports that provide a bridge to such treatment;

128 (2) Intensive in-home treatment supports;

129 (3) Gender-specific programming;

130 (4) Expanded access to residential programs for pregnant and
131 parenting persons, including residential programs for parents who have
132 more than one child or who have children over the age of seven; and

133 (5) Access to recovery support specialists and peer support to provide
134 care coordination.

135 (b) Not later than January 1, 2024, the Commissioners of Mental
136 Health and Addiction Services, Social Services and Children and
137 Families shall jointly report, in accordance with the provisions of section
138 11-4a of the general statutes, to the joint standing committees of the
139 General Assembly having cognizance of matters relating to public
140 health, human services and children regarding such plan and
141 recommendations for legislative changes necessary to implement the
142 programs described in subsection (a) of this section.

143 Sec. 6. (*Effective from passage*) The Departments of Mental Health and
144 Addiction Services and Social Services shall, in collaboration with the
145 Office of Early Childhood, establish a plan to permit parents who are in
146 treatment for substance use disorder to be eligible for child care
147 supports and subsidies. Not later than January 1, 2024, the
148 Commissioners of Mental Health and Addiction Services and Social
149 Services shall jointly report, in accordance with the provisions of section
150 11-4a of the general statutes, to the joint standing committees of the
151 General Assembly having cognizance of matters relating to public
152 health and human services regarding such plan.

153 Sec. 7. (*Effective from passage*) The Departments of Mental Health and
154 Addiction Services, Social Services and Housing shall develop a plan to
155 ensure that pregnant and parenting persons with substance use disorder
156 who are in treatment for substance use disorder have access to
157 supportive housing. Not later than January 1, 2024, the Commissioners
158 of Mental Health and Addiction Services, Social Services and Housing
159 shall jointly report, in accordance with the provisions of section 11-4a of
160 the general statutes, to the joint standing committees of the General
161 Assembly having cognizance of matters relating to public health,
162 human services and housing regarding such plan.

163 Sec. 8. (*Effective from passage*) The Departments of Mental Health and
164 Addiction Services, Social Services and Children and Families shall
165 develop a plan to ensure that parents with substance use disorder whose
166 children are receiving services from the Department of Children and
167 Families have access to appropriate treatment for substance use
168 disorder both to prevent removal of children from their parents where
169 possible and to support reunification when removal is necessary,
170 including, but not limited to, consideration of in-home parenting and
171 child care services to assist with safety planning during initial stages of
172 treatment and recovery. Not later than January 1, 2024, the
173 Commissioners of Mental Health and Addiction Services, Social
174 Services and Children and Families shall jointly report, in accordance
175 with the provisions of section 11-4a of the general statutes, to the joint
176 standing committees of the General Assembly having cognizance of

177 matters relating to public health, human services and children regarding
178 such plan.

179 Sec. 9. (*Effective from passage*) The Departments of Mental Health and
180 Addiction Services, Children and Families and Social Services shall
181 evaluate existing substance use disorder treatment services for pregnant
182 and parenting persons, utilization of such services and areas where
183 additional substance use disorder treatment services for such persons
184 are necessary. The Commissioners of Mental Health and Addiction
185 Services, Children and Families and Social Services shall jointly report,
186 not later than January 1, 2024, and semiannually thereafter until January
187 1, 2025, in accordance with the provisions of section 11-4a of the general
188 statutes, to the joint standing committees of the General Assembly
189 having cognizance of matters relating to public health regarding such
190 evaluation.

191 Sec. 10. (*Effective from passage*) The Department of Children and
192 Families shall evaluate the quality of practice, safety planning and
193 service delivery to families who are receiving services from the
194 department, including, but not limited to, the timely availability and
195 utilization of services necessary to mitigate child safety concerns in the
196 home when the child's caregiver has a substance use disorder and
197 tracking of outcomes for treatment for persons with a substance use
198 disorder who are caregivers of a child. Not later than January 1, 2024,
199 the Commissioner of Children and Families shall report, in accordance
200 with the provisions of section 11-4a of the general statutes, to the joint
201 standing committees of the General Assembly having cognizance of
202 matters relating to public health and children regarding such plan.

203 Sec. 11. Subsection (b) of section 17a-674d of the general statutes is
204 repealed and the following is substituted in lieu thereof (*Effective July 1,
205 2023*):

206 (b) The committee shall consist of the following members:

207 (1) The Secretary of the Office of Policy and Management, or the
208 secretary's designee;

(2) The Attorney General, or the Attorney General's designee;

(3) The Commissioners of Children and Families, Mental Health and Addiction Services and Public Health, or said commissioners' designees, who shall serve as ex-officio members;

(4) The president pro tempore of the Senate, the speaker of the House of Representatives, the majority leaders of the Senate and House of Representatives, the minority leaders of the Senate and House of Representatives, the Senate and House chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, or their designees, provided such persons have experience living with a substance or disorder or are the family member of a person who has experience living with a substance use disorder;

(5) Seventeen individuals representing municipalities, who shall be appointed by the Governor;

(6) The executive director of the Commission on Racial Equity in Public Health, or a representative of the commission designated by the executive director; and

(7) **[**Six**]** Eight individuals appointed by the commissioner as follows: (A) A provider of community-based substance use treatment services for adults, who shall be a nonvoting member; (B) a provider of community-based substance use treatment services for adolescents, who shall be a nonvoting member; (C) an addiction medicine licensed health care professional with prescribing ability, who shall be a nonvoting member; **[**and**]** (D) three individuals with experience living with a substance use disorder or family members of an individual with experience living with a substance use disorder; and (E) two individuals with experience supporting infants and children affected by the opioid crisis.

This act shall take effect as follows and shall amend the following sections:

Section 1	*from passage*	New section
Sec. 2	*from passage*	10a-55t
Sec. 3	*from passage*	New section
Sec. 4	*October 1, 2023*	21a-317
Sec. 5	*from passage*	New section
Sec. 6	*from passage*	New section
Sec. 7	*from passage*	New section
Sec. 8	*from passage*	New section
Sec. 9	*from passage*	New section
Sec. 10	*from passage*	New section
Sec. 11	*July 1, 2023*	17a-674d(b)

Statement of Legislative Commissioners:

Section 1(1) was rewritten for clarity and in Section 10, "whose cases are open with" was changed to "who are receiving services from" and "when the child's caregiver has a substance use disorder" was inserted after "home" for clarity.

PH *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 $
Mental Health & Addiction Serv., Dept.	GF - Cost	See Below	See Below
Children & Families, Dept.	GF - Cost	70,256	None

Note: GF=General Fund

Municipal Impact: None

Explanation

Section 1 results in a significant cost to the Department of Mental Health and Addiction Services (DMHAS) to contact or attempt to contact individuals who have received treatment from substance abuse treatment facilities, at least once every four months for at least one year, after receiving treatment. Approximately 42,500 clients were served in DMHAS funded substance use programs in FY 22. It is anticipated that DMHAS would incur significant costs to establish a call center for such purposes. This is anticipated to cost approximately $2 million to $4 million annually.

Section 3 results in a cost to DMHAS to establish a prescription digital therapeutics pilot program for patients with opioid use disorder or other substance use disorder, by January 1, 2024. The program must include the provision of a prescription digital therapeutic for at least three months for up to 1,000 patients. Assuming an average cost of approximately $1,500 for three months, this results in a cost of $1.5 million annually. The actual cost of the program depends on the scope of the pilot and cost of the prescription digital therapeutic.

Section 5 results in an anticipated cost of approximately $70,256 to the Department of Children and Families (DCF) for a consultant to conduct focus groups, review existing data, compile outcomes from current Department services that target parental/caregiver opioid use, coordinate with key stakeholders, and develop a plan for submission by 1/1/24.

Sections 5 – 9 result in a cost to DMHAS of approximately $100,000 to hire a consultant to evaluate and develop plans for various programs and report to relevant committees of the General Assembly by January 1, 2024.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation and the scope and length of the pilot program. The fiscal impact identified above for DCF and DMHAS consultants is in FY 24 only.

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)