

**HB 6834, AAC the Department of Mental Health and Addiction Services
Recommendations Regarding Various Revisions to the Mental Health and
Addiction Services**

Quick Overview:

Sections 1 and 2 specify that DMHAS will not pay waived costs for the Pre-Trial Intervention Program (PTIP) when an individual has private or public insurance that will pay for such treatment. It clarifies that DMHAS will wrap-around any out-of-pocket costs to ensure no cost to the individual found indigent.

Sections 3 through 11 includes a number of updates to DMHAS statutes to promote person-centered, recovery-friendly language.

Section 12 proposes a technical fix to the Opioid Settlement Advisory Committee membership statute to ensure the number of municipal seats is expanded by the same number of state appointed seats added under Public Act 24-150 (which is required per the Opioid Settlement Agreements).

Sections 13 through 17 correct an outdated federal statutory reference with an updated citation to define “opioid drug”.

Of note, **Section 13** makes clarifying changes to the telehealth provider prescribing authority language for controlled substances. It maintains the intent of the current law that schedule II or III controlled substances used for medication-assisted treatment or certain behavioral health treatment can be prescribed through telehealth, subject to federal law. In particular, it ensures that the current access individuals have to buprenorphine, a vital medicine that reduces withdrawal symptoms for individuals with opioid use disorder, will be preserved.

FACT SHEET

PRE-TRIAL INTERVENTION PROGRAM SUSTAINABILITY.

Sections 1 and 2 specify that DMHAS will not pay waived costs for the Pre-Trial Intervention Program (PTIP) when an individual has private or public insurance that will pay for such treatment. It clarifies that DMHAS will wrap-around any out-of-pocket costs to ensure no cost to the individual found indigent.

Key Facts:

- The Pre-Trial Intervention Program (PTIP) is comprised of the Drug Intervention and Community Service Program (DISCP) (section 1) and the Impaired Driving Intervention Program (IDIP) (section 2).
- PTIP is a diversionary program available to certain individuals arrested for operating a motor vehicle under the influence of alcohol or drugs or possession of a controlled substance. It is funded through fees collected from the court for participants.
- Currently, DMHAS is required to pay for court-ordered substance use treatment for all program participants who have been declared indigent by the court. These waivers now constitute about 75% of referrals. This has resulted in the PTIP account running an annual deficit. While the department has been able to supplement funds from other areas to assist in bridging the annual deficit this division has, that is a short-term fix.
- This proposal seeks to mitigate the fiscal impact by having any available private or public insurance applied to cost of substance use treatment under PTIP before DMHAS is responsible for payment. This will help the department provide services to individuals with serious mental illness and/or substance use disorders who become involved in the criminal justice system who truly have no other means for obtaining services.

REDUCING STIGMA THROUGH RECOVERY-FRIENDLY LANGUAGE.

Sections 3 through 11 include a number of updates to DMHAS statutes to promote person-centered, recovery-friendly language, specifically changing references to “substance abuse” to “substance use”.

Key Facts:

- Recovery-friendly language is a way of speaking that prioritizes respect, compassion, and understanding when discussing substance use and addiction. It avoids stigmatizing terms and focuses on supporting individuals on their journey to recovery. One key example is using “substance use” instead of “substance abuse.”
- “Substance use” is a neutral term that doesn’t carry judgment, allowing individuals to seek help without fear of shame or labeling. It reflects a spectrum of behaviors, including both occasional use and problematic use, and focuses on the health and well-being of the person. In contrast, “substance abuse” can perpetuate negative stereotypes, reducing the person to their behavior and often discouraging them from seeking the support they need.
- By using recovery-friendly language, we create a more inclusive and supportive environment that encourages healing and growth for individuals facing substance use challenges.

TECHNICAL FIX REQUIRED FOR COMPLIANCE WITH FEDERAL SETTLEMENT AGREEMENT

Section 12 proposes a technical fix to the Opioid Settlement Advisory Committee (OSAC) membership statute to ensure the number of municipal seats is expanded by the same number of state appointed seats added under Public Act 24-150 (which is required per the Opioid Settlement Agreements).

Key Facts:

- The Opioid Settlement Agreements require each state to have an advisory committee to provide input and recommendations regarding remediation spending and specifies that the composition of the committee includes “at least an equal number of local representatives as state representatives”.
- Public Act 24-150 added the ranking member of Appropriations and Public Health Committees (4 seats) to OSAC but was inadvertently drafted to only add 2 additional municipal seats. This section proposes to equalize the membership as required by the settlements by adding two more municipal seats.

CORRECTING OUTDATED FEDERAL REFERENCE TO “OPIOID DRUG”

Sections 13 through 17 corrected an outdated federal citation related to the definition of “opioid drug” and clarify language relating to telehealth prescriptive authority for MAT and other behavioral health disorders.

Key Facts:

- DMHAS worked with the Department of Consumer Protection and the Department of Public Health to review all sections of statute where “opioid drug” was used to discern whether an alternative federal citation to the same definition would be appropriate.
- From this comprehensive analysis, it was determined that the definition of opioid used in 21 USC 802¹, which is exactly the same as the previously definition in 42 CFR 8.2, would continue to be best practice.
- While conducting this review, agencies found that the telehealth prescription authority for controlled substances contained the definition “opioid drug” and had several provisions in one sentence that could be easily clarified. This bill removes the unneeded reference to opioid drug and reorders the sentence as a clarifying and technical change. This maintains current practice and will not make any policy changes.

¹ (18) The term “opiate” or “opioid” means any drug or other substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.