

Opioid Settlement Advisory Committee
Legislative Update
Tuesday, July 11, 2023

Changes to Opioid Settlement Advisory Committee (OSAC)

Public Act 23-92 (HB 6914)

An Act Concerning the Use of Funds in the Opioid and Tobacco Settlement Funds Received by the State as Part of Any Settlement Agreement with a Manufacturer of Electronic Nicotine Delivery Systems and Vapor Products

- On or before October 1, 2023, requires towns that receive opioid settlement funds directly from a settlement administrator to annually report preceding fiscal year expenditures to the Opioid Settlement Advisory Committee until all funds are spent
- Requires the Department of Mental Health and Addiction Services (DMHAS) to post the reports received on the Committee's website

Changes to Opioid Settlement Advisory Committee (OSAC)

Public Act 23-97 (SB 9) §35

An Act Concerning Health and Wellness for Connecticut Residents

- Adds 8 members to OSAC (increasing from 37 to 45 members):
 - 4 municipal representatives appointed by the Governor
 - 2 members with experience supporting infants and children affected by the opioid crisis appointed by the DMHAS commissioner
 - the Public Health Committee chairs or designees (designees must have experience living with a substance use disorder or have a family member with such disorder)

Changes to Opioid Settlement Advisory Committee (OSAC)

Public Act 23-204 (HB 6941) §193

An Act Concerning the State Budget for the Biennium Ending June 30, 2025, and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget

- Expands the purposes of the Opioid Settlement Fund to include providing funds to municipal police departments to equip officers with opioid antagonists.
 - Priority must be given to departments that do not currently have a supply.

Pilot Program for Drug Use Harm Reduction Centers

Public Act 23-97 (SB 9) §3-4

An Act Concerning Health and Wellness for Connecticut Residents

- Requires DMHAS by July 1, 2027 to create a pilot program consisting of harm reductions centers to prevent drug overdoses
 - “Harm Reduction Centers” – medical facilities where a person with a substance use disorder may receive counseling, treatment referrals, and basic support services, as well as utilize test strips to test a substance for fentanyl or certain other substances
- Requires the new centers to be established in three municipalities that the DMHAS commissioner chooses, subject to the municipality’s chief elected official’s approval

Increasing Access to Opioid Antagonists

Public Act 23-97 (SB 9) §5

An Act Concerning Health and Wellness for Connecticut Residents

- Creates an Opioid Antagonist Bulk Purchase Fund, which DMHAS must use, beginning January 1, 2024, to give opioid antagonists to municipalities, other eligible entities, and emergency medical services personnel
- Relating to the new Fund, requires DMHAS to include in the existing triennial report:
 - Funds used to buy and distribute opioid antagonists;
 - Number of eligible entities receiving opioid antagonists;
 - Amount of opioid antagonists purchases and, if known by DMHAS, how the entities used them; and
 - Any recommendations for the Fund, including legislation to facilitate the bill's purposes

Increasing Access to Opioid Antagonists

Public Act 23-97 (SB 9) §5

An Act Concerning Health and Wellness for Connecticut Residents

- Requires EMS personnel to provide kits with opioid antagonists and an opioid-related fact sheet to certain patients, such as those showing symptoms of opioid use disorder
- Requires, beginning January 1, 2025, the Department of Public Health's Office of Emergency Medical Services to annually report to DMHAS on implementation on the new EMS provisions

Increasing Access to Opioid Antagonists

Public Act 23-97 (SB 9) §6

An Act Concerning Health and Wellness for Connecticut Residents

- Requires prescribing practitioners, when prescribing an opioid – either to an adult or minor patient – to encourage the patient (and parents and guardians as applicable) to obtain an opioid antagonist

New Evaluations and Reports Related to Substance Use Disorder

Public Act 23-97 (SB 9) §29

An Act Concerning Health and Wellness for Connecticut Residents

- Requires DMHAS, the Department of Children and Families (DCF), and the Department of Social Services (DSS), in consultation with direct service providers and people with lived experience, to evaluate substance use disorder programs for people who are child caregivers and related treatment barriers and make a plan to establish and implement programs that include:
 - 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;
 - intensive in-home treatment supports;
 - gender-specific programming;
 - 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
 - access to recovery support specialists and peer support to provide care coordination
- Requires reporting by January 1, 2024 to the Children, Human Services, and Public Health Committees

New Evaluations and Reports Related to Substance Use Disorder

Public Act 23-97 (SB 9) §30-31

An Act Concerning Health and Wellness for Connecticut Residents

- Requires DMHAS and DSS to collaborate with the Office of Early Childhood (OEC) to create a plan to allow parents in substance use disorder treatment to qualify for child care supports and subsidies and report to the Human Services and Public Health Committees by January 1, 2024
- Requires DMHAS to report to the Housing, Human Services, and Public Health committees by January 1, 2025 on access in the state to supportive housing for pregnancy and parenting people with a substance use disorder

New Evaluations and Reports Related to Substance Use Disorder

Public Act 23-97 (SB 9) §32-33

An Act Concerning Health and Wellness for Connecticut Residents

- Requires DCF, DMHAS, and DSS to report to the Children, Human Services, and Public Health Committees by January 1, 2024 on access to substance use disorder treatment for parents involved with DCF to prevent children's removal from parents, when possible, and support reunification when removal is necessary
- Requires DCF, DMHAS, and DSS to the Public Health Committee by January 1, 2024 on existing substance use disorder treatment services for pregnant and parenting people, their use, and any areas where more services are necessary

Questions?

Please contact:

Kelly Ramsey Fuhlbrigge

Director of Legislation, Regulation and Communications

Kelly.Ramsey-Fuhlbrigge@ct.gov