
OLR Bill Analysis

SB 274

AN ACT CONCERNING OPIOIDS.

SUMMARY

This bill requires the Connecticut Alcohol and Drug Policy Council (ADPC) to create a standing subcommittee to periodically review and make recommendations on certain services and supports for families impacted by substance use disorder (e.g., safety planning supports for children and targeted Narcan distribution). By law, the council's co-chairpersons may establish subcommittees and working groups and appoint people who are not council members to serve on them (see BACKGROUND).

Under the bill, the standing subcommittee must, by January 1, 2025, and then every three years after, submit their recommendations to the ADPC, the Department of Mental Health and Addiction Services (DMHAS), and the Opioid Settlement Advisory Committee, and report on them to the Appropriations, Children's and Public Health committees.

The bill also requires the social services and insurance commissioners, in consultation with the public health and DMHAS commissioners, to develop a plan to require Medicaid and private insurance coverage for opioid antagonists (e.g., Narcan) for patients prescribed an opioid when discharged from a hospital. The commissioners must report on the plan to the General Law, Human Services, Insurance, and Public Health committees by January 1, 2025.

EFFECTIVE DATE: Upon passage

ADPC STANDING SUBCOMMITTEE

Duties

Under the bill, the standing subcommittee must periodically review (1) publicly funded services for parents and caregivers impacted by substance use disorder, and their children, and (2) state agency programs that support these children's safety and wellbeing.

The subcommittee must also periodically make recommendations to strengthen (1) the delivery of substance abuse treatment programs and prevention services to families, (2) safety planning supports for children, and (3) targeted distribution of naloxone (e.g., Narcan) to parents and caregivers of people with substance use disorders. It must consult substance abuse treatment program representatives, family advocates, and people with lived experience of substance use disorders when developing the recommendations.

Reporting

The bill requires the standing subcommittee, every three years starting by January 1, 2025, to submit their recommendations to the:

1. ADPC, to consider for its statewide, integrated plan on substance abuse prevention and treatment (see BACKGROUND);
2. DMHAS commissioner, when the ADPC consults with her on the department's triennial state substance use disorder plan; and
3. Opioid Settlement Advisory Committee, which oversees opioid settlement funds to ensure they are allocated and spent on specified substance use disorder abatement purposes (see BACKGROUND).

Additionally, the subcommittee must report on the recommendations to the Appropriations, Children's, and Public Health committees within the same timeframe.

BACKGROUND

ADPC Duties

By law, among other things, the ADPC must (1) review policies and practices of state agencies and the Judicial Department on substance abuse treatment programs and prevention services, referral of people to

these programs and services, and criminal justice sanctions and programs; and (2) develop and coordinate a state-wide, interagency, integrated plan for these programs and services and sanctions.

ADPC Subcommittees

By law, the ADPC’s co-chairpersons (the DMHAS and Department of Children and Families commissioners) may establish subcommittees and working groups and appoint people who are not council members to serve on them. These may include, among others, licensed alcohol and drug counselors; pharmacists; municipal police chiefs; emergency medical services personnel; and representatives of organizations that provide education, prevention, intervention, referrals, rehabilitation, or support services to individuals with substance use disorder or chemical dependency.

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) public involvement, accountability, and transparency in allocating and accounting for the fund’s moneys.

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. It meets quarterly and reports annually to the Appropriations and Public Health committees on the fund’s activities.

COMMITTEE ACTION

Public Health Committee

Joint Favorable
Yea 35 Nay 2 (03/11/2024)