

General Assembly

January Session, 2023

## Substitute Bill No. 6698

## 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:

(1) "Chief Drug Policy Officer" and "officer" mean the individual
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;

(3) "Office of the Chief Drug Policy Officer" and "office" mean theoffice 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;

(5) "State agency" means any department, board, council,
commission, institution or other executive branch agency of state
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

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

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

26 (1) Have knowledge of substance use disorders and services27 provided to individuals with substance use disorders and their families;

(2) Be appointed by the Governor with the approval of the GeneralAssembly;

30 (3) Serve for a term of four years and may be reappointed or shall31 continue to hold office until a successor is appointed and qualified; and

32 (4) Notwithstanding any other provision of the general statutes, act33 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 the40 state-wide peer navigator program;

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

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

(5) Encourage coordination between state agencies in providing
services to individuals with substance use disorders and their families
for the purpose of preventing and eliminating duplication of efforts and
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;

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

(8) Conduct programs of public education, undertake legislative
advocacy and make proposals for systemic reform concerning substance
use disorders and services provided to individuals with substance use
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.

(d) Not later than January 31, 2024, and annually thereafter, the Chief
Drug Policy Officer shall submit a report to the Governor, and to the
joint standing committees of the General Assembly having cognizance
of matters relating to consumer protection, public health and the
judiciary in accordance with the provisions of section 11-4a of the
general statutes, detailing and analyzing the Office of the Chief Drug
Policy Officer's work during the preceding calendar year.

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

(a) There is established the Office of Governmental Accountability.
The executive administrator of the office shall serve as the
administrative head of the office, who shall be appointed in accordance
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, [and] Office of the Correction Ombuds [,] established under section 18-90 91 81qq, and Office of the Chief Drug Policy Officer established under subsection (b) of section 1 of this act. The personnel, payroll, affirmative 92 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.

(d) Nothing in this section shall be construed to affect or limit the
independent decision-making authority of the Judicial Review Council,
Judicial Selection Commission, Board of Firearms Permit Examiners,
Office of the Child Advocate, Office of the Victim Advocate, State
Contracting Standards Board, [or] Office of the Correction Ombuds or
<u>Office of the Chief Drug Policy Officer</u>. Such decision-making authority
includes, but is not limited to, decisions concerning budgetary issues

and concerning the employment of necessary staff to carry out thestatutory duties of each such office, commission, council or board.

Sec. 3. Subsection (a) of section 1-301 of the general statutes is
repealed and the following is substituted in lieu thereof (*Effective July 1*,
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 Standards Board established under section 4e-2, or the chairperson's 124 125 designee; [and] (G) the Correction Ombuds appointed under section 18-126 81jj, or the Correction Ombuds' designee; and (H) the Chief Drug Policy Officer appointed under subsection (b) of section 1 of this act, or the 127 128 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 this138 subsection shall not be construed to be a board or commission within139 the meaning of section 4-9a.

140 141	Sec. 4. Section 17a-673b of the general statutes is repealed and the following is substituted in lieu thereof ( <i>Effective July 1, 2023</i> ):	
142	(a) As used in this section:	
143 144	(1) "Chief Drug Policy Officer" means the individual appointed pursuant to subsection (b) of section 1 of this act;	
145 146	[(1)] (2) "Commissioner" means the Commissioner of Mental Health and Addiction Services;	
147 148	[(2)] (3) "Department" means the Department of Mental Health and Addiction Services;	
149 150	(4) "Office of the Chief Drug Policy Officer" means the office established in subsection (b) of section 1 of this act;	
151 152	(5) "Opioid Settlement Fund" means the fund established in section 17a-674c, as amended by this act;	
153 154 155	[(3)] (6) "Opioid use disorder" means a medical condition characterized by a problematic pattern of opioid use and misuse leading to clinically significant impairment or distress; and	
156 157 158 159 160 161	[(4)] (7) "Peer navigator" means a person who (A) has experience working with persons with substance use disorder, as defined in section [20-74] <u>20-74s</u> , (B) provides nonmedical mental health care and substance use services to such persons, and (C) has a collaborative relationship with a health care professional authorized to prescribe medications to treat opioid use disorder.	
162 163 164 165	(b) (1) On or before January 1, 2023, the department shall establish, within available appropriations, a pilot program in urban, suburban and rural communities to serve persons with opioid use disorder in such 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.

(d) (1) On or before January 1, 2024, the commissioner shall report, in
accordance with the provisions of section 11-4a, to the joint standing
committee of the General Assembly having cognizance of matters

relating to public health regarding the success of the pilot program in
serving persons with opioid use disorder. [and any recommendations
for continuing the pilot program or expanding the pilot program into
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.

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

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

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

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

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

231 (4) Evidence-informed substance use disorder prevention, treatment,

recovery or harm reduction pilot programs or demonstration studies that are not evidence-based, but are approved by the committee as an appropriate use of moneys for a limited period of time as specified by the committee, provided the committee shall assess whether the evidence supports funding such programs or studies or whether it provides a basis for funding such programs or studies with an expectation of creating an evidence base for such programs and studies;

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

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

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

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

260 (9) Documented expenses associated with managing, investing and261 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
- 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 <u>subsection (b) of section 17a-673b, as amended by this act</u>.

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)

- GL Joint Favorable Subst.
- APP Joint Favorable