



STATE OF CONNECTICUT Department of Mental Health & Addiction Services



Legislative Update # 22

June 4, 2015

The 2015 regular session has ended, they called themselves into Special Session last evening to take up unfinished business, but the budget was passed and a number of bills of interest to the behavioral health community are on their way to the Governor's office for his signature. **In addition, DMHAS working with the advocacy community was able to defeat all anti-group home measures, there were no outpatient commitment bills, and the "access to senior disabled housing" study also died on the House Calendar.** The Special Session call is limited to:

- (1) Bills needed to implement provisions of the state budget for the biennium beginning July 1, 2015, concerning (A) general government and education, and (B) public health and human services as provided in House Bill 7062 of the January Session, 2015;
- (2) Bills concerning (A) state bond authorizations and their underlying programs and projects, and (B) school construction;
- (3) A bill replicating the provisions of Substitute Senate Bill 1109 of the January Session, 2015, "An Act Concerning Excessive Use of Force", as passed by the Senate; and
- (4) A bill conveying certain parcels of state land.

This update will focus on some of the legislation that passed. We will send out a more detailed update next week as we unpack budget details and review the myriad of legislation that was acted upon in the final days.

Bills that passed

HB 6987 AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES (as amended)

Section 9 requires a mandated reporter who has reasonable cause to suspect or believe that any elderly person has been abused, neglected, exploited or abandoned, or is in a condition that is the result of such abuse, neglect, exploitation or abandonment, or is in need of protective services, shall, not later than seventy-two hours after such suspicion or belief arose, report such information or cause a report to be made in any reasonable manner to the Commissioner of Social Services or to the person or persons designated by the commissioner to receive such reports

Section 32 adds the Department of Public health to the Behavioral Health Partnership Oversight Council

Section 50 changes the date the Commissioner of DMHAS can delegate signatory authority from October 1 of this year to “effective upon passage”

Section 52 requires the Department of Children and Families to conduct periodic trainings on youth suicide prevention at no cost to the trainee, within available appropriations.

Sections 60, 61, 62, 63, 64, 65, and 66 add continuing education units for medical professions regarding the topic of mental health conditions common to veterans and family members of veterans, including (1) determining whether a patient is a veteran or family member of a veteran, (2) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (3) suicide prevention training.

Sec. 69 requires, the Department of Housing, in collaboration with the Department of Mental Health and Addiction Services and the State Department of Education, to make available information on trauma-informed care and related services for homeless children and youths to homeless shelter providers in the state that receive financial assistance from the Department of Housing. It also requires such homeless shelter providers to the extent feasible, (1) refer homeless children or youth to such services as necessary, and (2) make efforts to ensure that such homeless children or youths have access to such services

HB 6283 AN ACT REGULATING ELECTRONIC NICOTINE DELIVERY SYSTEMS AND VAPOR PRODUCTS (as amended).

This bill imposes restrictions on the use of “electronic nicotine delivery systems” and “vapor products” (collectively called e-cigarettes in this analysis) in certain establishments and public areas that are similar to existing restrictions on smoking in such areas. In doing so, it:

1. prohibits the use of e-cigarettes in state buildings, restaurants, places serving alcohol, schools, child care facilities, and health care facilities, among other areas;
2. makes exceptions for e-cigarette use in certain areas and facilities, including designated smoking areas, tobacco bars, and outdoor areas in establishments serving alcohol;
3. permits hotel and motel operators to allow e-cigarette use in up to 25% of rooms;
4. requires signs in areas where e-cigarette use is prohibited;
5. establishes penalties for violations of the bill; and
6. specifies that nothing in the bill requires the designation of an area in a building for e-cigarette use.

***House Amendment “A”** removes the provisions in the original bill (File 673) requiring (1) DPH to adopt implementing regulations, (2) liquid nicotine containers sold in the state to meet child resistant standards, and (3) the Public Health Committee to determine legislative recommendations on liquid nicotine containers following implementation of the final FDA rule.

HB 6708 AN ACT CONCERNING VARIOUS REVISIONS TO THE MENTAL HEALTH AND ADDICTION STATUTES.

This bill makes several changes in the Department of Mental Health and Addiction Services (DMHAS) statutes. It:

1. specifies that all private agencies treating psychiatric disabilities or substance abuse, regardless of whether they are state-funded, must comply with the commissioner's data collection requirements
2. authorizes the DMHAS commissioner to designate any employee, instead of only a deputy commissioner, to sign a contract, agreement, or settlement on the department's behalf and
3. repeals the commissioner's ability to appoint two deputy commissioners and a medical director but retains the provision allowing the commissioner to appoint any personnel necessary to carry out her duties.

HB 6856 AN ACT CONCERNING SUBSTANCE ABUSE AND OPIOID OVERDOSE PREVENTION (as amended).

This bill makes various changes affecting prescription drugs, drug abuse prevention, and related topics. Among other things, it:

1. requires practitioners, before prescribing more than a 72-hour supply of any controlled substance, to check the patient's record in the prescription drug monitoring program;
2. requires practitioners to review the patient's record at least every 90 days if prescribing for prolonged treatment;
3. makes other changes to the prescription drug monitoring program, including exempting opioid agonists in certain situations;
4. allows pharmacists to prescribe opioid antagonists, used to treat drug overdoses, if they receive special training and certification to do so, and expands the existing immunity for all prescribers when prescribing, dispensing, or administering opioid antagonists;
5. requires physicians, advanced practice registered nurses (APRNs), dentists, and physician assistants (PAs) to take continuing education in prescribing controlled substances and pain management;
6. makes changes to membership and other matters concerning the Connecticut Alcohol and Drug Policy Council; and
7. adds pharmacists to the definition of "healing arts" in the health care center (HMO) statutes.

The bill also makes technical and conforming changes.

***House Amendment "A"** (1) removes a provision from the underlying bill that would require pharmacists to immediately report to the monitoring program, rather than at least weekly, on controlled substance prescriptions they fill; (2) adds a provision on prescribing more than a 72-hour supply of a

controlled substance while the monitoring program is not operational; (3) adds an emergency medicine physician to the possible new members of the Alcohol and Drug Policy Council; and (4) makes a technical change to the APRN continuing education requirement.

SB 1105 AN ACT CONCERNING REVISIONS TO THE CRIMINAL JUSTICE STATUTES (as amended).

This bill makes a number of changes in criminal laws. Among other things, it:

- excludes from participation in accelerated rehabilitation (AR) health care providers or vendors participating in the state's Medicaid program who are charged with (a) 1st degree larceny or (b) 2nd degree larceny involving defrauding a public community of \$2,000 or less;
- excludes from participation in the pretrial alcohol education program people charged with 2nd degree manslaughter with a vessel or 1st degree reckless vessel operation while under the influence and makes other changes to eligibility based on prior convictions and program usage;
- requires the drug education program portion of the pretrial drug education and community service program be a 15-session, rather than a 15-week, program;
- allows people who would otherwise participate in the family violence education program to participate in the supervised diversionary program when the court finds it is appropriate;
- no longer requires the Psychiatric Security Review Board (PSRB), when conditionally releasing someone under its jurisdiction, to require that the person have outpatient treatment (although treatment is still required);
- creates a 16-member Domestic Violence Offender Program Standards Advisory Council to promulgate, review, update, and amend the domestic violence offender program standards;

***House Amendment "A"** eliminates provisions expanding the crimes of tampering with or intimidating a witness and vacating bond forfeiture orders under certain circumstances and adds the provisions on (1) the extradition task force, (2) intentionally causing physical injury to someone by striking or kicking someone in the head, (3) diversionary programs, (4) PSRB conditional release, (5) assaulting animal control officers and security guards, (6) sexual assault sentencing (7) U.S. marshals, (8) the domestic violence council, (9) family violence intervention units, (10) family violence victim confidentiality, (11) common interest communities, (12) drivers failing to stop at accident scenes, (13) subpoenas from out-of-state actions, and (14) adverse possession

SB 1085 AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR MENTAL OR NERVOUS CONDITIONS (as amended).

This bill expands the services certain health insurance policies must cover for mental and nervous conditions. By law, a policy must cover the diagnosis and treatment of mental or nervous conditions on the same basis as medical, surgical, or other physical conditions (i.e., parity).

The bill requires policies to cover, among other things:

1. medically necessary acute treatment and clinical stabilization services (see below);
2. general inpatient hospitalization, including at state-operated facilities;

3. services provided by advanced practice registered nurses (APRNs) for mental or nervous conditions;
and
4. programs to improve health outcomes for mothers, children, and families.

***Senate Amendment “A”:** replaces the original bill (File 449), which included similar provisions. It (1) requires policies to cover inpatient hospitalization and medically necessary acute treatment and clinical stabilization services for at least 14 days and (2) removes provisions requiring policies to cover certain services, including emergency mobile psychiatric services and certain case management services.

***Senate Amendment “B”:** replaces the bill (File 449, as amended by Senate “A”). It (1) removes provisions requiring policies to cover certain acute treatment and clinical stabilization services for at least 14 days without prior authorization and (2) adds provisions creating the mental health and substance use disorder services working group.

SB 1090 AN ACT CONCERNING GAMING (as amended).

This bill creates a process for the possible establishment of an off-reservation casino in the state. It allows the Mohegans and Mashantucket Pequots, through a business entity owned exclusively by them, to issue a request for proposals (RFP) to possibly establish an off-reservation casino. Each tribe currently operates a casino on its reservation pursuant to federal law (see BACKGROUND).

The bill allows the tribal business entity to enter into a development agreement with a municipality to possibly establish the casino. Any such agreement, as well as the establishment of the casino, is contingent upon state law being changed to allow the tribes to operate an off-reservation casino.

If a final judgment of any court holds any provision of the bill invalid, unlawful, or unconstitutional, the remaining provisions are inoperative and have no legal effect.

***Senate Amendment “A”** replaces the underlying file, which authorized up to three off-reservation casinos under a memorandum of understanding executed between the attorney general and the tribes and subject to Department of Consumer Protection (DCP) regulation.

Accessing Information via the Connecticut General Assembly Web Page:

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The CGA schedule of events can be accessed on that same page by scrolling down and clicking on the appropriate item.