

**CONNECTICUT LEGAL RIGHTS PROJECT**

---

**P.O. Box 351, Silver Street, Middletown, CT 06457  
Telephone (860) 262-5045 · Fax (860) 262-5035**

**Testimony of Susan Aranoff, J.D. Staff Attorney  
Connecticut Legal Rights Project, Inc.  
Before the Judiciary Committee  
February 5, 2007**

Good afternoon, Senator McDonald, Representative Lawlor, and distinguished members of the Judiciary Committee. I am Susan Aranoff, Staff Attorney at Connecticut Legal Rights Project and I am here today to speak on **H.B. 6391, An Act Concerning Involuntary Administration of Psychiatric Medication for Purposes of Competency to Stand Trial.**

Connecticut Legal Rights Project, Inc. is a non-profit legal services agency that provides individual and systemic legal services to indigent adults who have, or are perceived as having, psychiatric disabilities and who receive, or are eligible to receive, services from the Department of Mental Health and Addiction Services.

Connecticut Legal Rights Project maintains offices at all DMHAS operated in-patient and out-patient facilities in the state. Our offices are staffed by attorneys and advocates. I provide legal services to individual clients and I supervise four paralegal advocates. My testimony today is informed by my expertise in the area of patients rights, in general, and my direct experiences in Connecticut.

**Connecticut Legal Rights Project Opposes H.B. 6391 as drafted but would not oppose the bill if it is amended as proposed in Dr. Michael Norko's testimony, language is attached to this testimony.**

H.B. 6391 proposes to change the conditions that govern the involuntary medication of defendants who are either unwilling or unable to consent to psychiatric medications and who meet the criteria set out in CGS § 54-56d, Subsection (k), paragraph (2). CLRP opposes the bill as introduced because it allows for the indefinite and unsupervised involuntary medication of persons who are both competent to stand trial and competent to give or withhold informed consent to medication.

The United States Supreme Court has repeatedly held that in the absence of adequate due process protections, the forcible administration of psychiatric medication violates several constitutional rights. As introduced, H.B. 6391 fails to provide adequate due process protections. Its primary deficiency is that it allows doctors to forcibly medicate patients indefinitely without either a substitute decision-maker- such as a conservator- and without any judicial oversight subsequent to the superior court's initial order. As introduced, H.B. 6391 allows for the indefinite forced medication of a pre-trial detainee who is presumed to be innocent, even if that person is competent to stand trial and competent to give or withhold informed consent. CLRP believes that, in its current form, H.B. 6391 would be unconstitutional.

The above notwithstanding, Dr. Norko negotiated in good faith with CLRP and Advocacy Unlimited. As a result of these negotiations, Dr. Norko agreed to propose several amendments. The proposed amendments would require six month reviews of the involuntary medication orders and would eliminate the forcible medication of pre-trial detainees who are both competent to stand trial and competent to give or withhold informed consent to treatment.

While CLRP cannot support the forcible medication of anyone, we do not oppose the bill as amended. Thank you for the opportunity to address the committee today on this important bill. I would be happy to answer any questions you may have at this time.

## PROPOSED AMENDMENTS TO H.B. 6391

The amendments are set out below and are the same as proposed by Dr. Michael Norko.

1. In line [n] change the language to **require** a supplemental report of the Health Care Guardian by changing the word “may” to “shall.” In line [n] the word “any” would be changed to “the” also referring to this change from a permissive to a required Health Care Guardian report.

2. In line [n] we would propose to delete the words “unwilling or” in order to eliminate the possibility of a defendant capable of providing informed consent being forced to receive unwanted medication under this mechanism.

3. Add a new section (5) detailing a periodic review every 180 days of such an order. The periodic review would be conducted in the same manner as the original review. The language of this newly suggested section is:

(5) An order for continued involuntary medication to maintain competency to stand trial entered under subsection (4) shall be reviewed by the court every 180 days while it remains in effect. At each review, the court will receive a supplemental report of the health care guardian and must find each of the enumerated criteria in subsection (4) by clear and convincing evidence in order to continue the order for involuntary medication.