



## 2013 AND 2014 LEGISLATION AFFECTING ACCESS TO MENTAL HEALTH SERVICES

By: James Orlando, Associate Attorney

### QUESTION

What significant legislation was enacted this year and last year concerning access to mental health services?

### SUMMARY

The legislature passed several bills during the 2013 and 2014 sessions affecting access to mental health services. Below we briefly summarize relevant provisions of some of them. Please note that not all provisions of the acts are included. Complete summaries of 2013 Public Acts are available on OLR's [webpage](#). Complete summaries of 2014 acts will be available in the coming weeks.

### REGIONAL BEHAVIORAL HEALTH CONSULTATION SYSTEM FOR PEDIATRICIANS

[PA 13-3 \(§ 69\)](#) requires the Department of Children and Families (DCF) commissioner, by January 1, 2014, to establish and implement a regional behavioral health consultation and care coordination program for primary care providers who serve children. The program must provide these providers with:

1. timely access to a consultation team that includes a child psychiatrist, social worker, and care coordinator;
2. patient care coordination and transitional services for behavioral health care; and
3. training and education on patient access to behavioral health services.

EFFECTIVE DATE: Upon passage

## **ADVERSE DETERMINATIONS AND MENTAL HEALTH INSURANCE COVERAGE**

[PA 13-3 \(§§ 70-79\)](#) makes various changes to the process for grieving adverse determinations (e.g., claims denials) by health insurers. Among other things, it reduces the time health insurers have to (1) make initial determinations on requests for treatments for certain mental or substance use disorders and (2) review claim denials and other adverse determinations of such requests.

EFFECTIVE DATE: Most provisions effective October 1, 2013

([PA 14-40](#) makes certain changes affecting these provisions of PA 13-3, such as changes to the qualifications for psychologists acting as clinical peers to evaluate certain adverse determinations.)

## **ASSERTIVE COMMUNITY TREATMENT (ACT)**

[PA 13-3 \(§ 67\)](#) requires the Department of Mental Health and Addiction Services commissioner to implement an ACT program in three cities that, on June 30, 2013, did not have such a program. The program must use a person-centered, recovery-based approach that provides people diagnosed with a severe and persistent mental illness with specified services in community settings.

EFFECTIVE DATE: July 1, 2013

## **COMPREHENSIVE PLAN FOR CHILDREN'S SERVICES**

[PA 13-178](#) requires DCF and the Office of Early Childhood (OEC), in consultation and collaboration with various individuals and agencies, to take several steps to address Connecticut children's mental, emotional, and behavioral health needs. For example, it requires DCF to develop a comprehensive plan to (1) meet these needs and (2) prevent or reduce the long-term negative impact of mental, emotional, and behavioral health issues on children.

EFFECTIVE DATE: July 1, 2013, except for the OEC provisions, which take effect October 1, 2013.

## **INFORMATION AND REFERRAL SERVICE**

[PA 14-115](#) requires the Office of the Healthcare Advocate, by January 1, 2015, to establish an information and referral service to help residents and providers get information, timely referrals, and access to behavioral health care providers.

The act requires the office, by February 1, 2016, and annually thereafter, to report to the Committee on Children and the Human Services, Insurance, and Public Health committees. The report must identify gaps in services and the resources needed to improve behavioral health care options for state residents.

EFFECTIVE DATE: July 1, 2014

### **ADVANCED PRACTICE REGISTERED NURSE (APRN) INDEPENDENT PRACTICE**

[PA 14-12](#), as amended by [sHB 5537](#) and [HB 5597](#), allows APRNs to practice independently if they have been licensed and practicing in collaboration with a physician for at least three years and 2,000 hours. This may increase access to mental health services offered by APRNs.

Under prior law, APRNs had to work in collaboration with a physician, and had to have a written agreement regarding their prescriptive authority.

EFFECTIVE DATE: July 1, 2014

### **OFF-SITE SERVICES BY MULTI-CARE INSTITUTIONS**

[PA 14-211](#) allows a multi-care institution to provide behavioral health services or substance use disorder treatment services on the premises of more than one facility, at a satellite unit, or at another location outside of its facilities or satellite units that is acceptable to the patient and consistent with his or her treatment plan.

EFFECTIVE DATE: October 1, 2014

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