



CONNECTICUT  
LEGAL  
RIGHTS  
PROJECT, INC.

**JUDICIARY COMMITTEE**

**Testimony of Karyl Lee Hall, Esq.**

**IN OPPOSITION TO H.B. 5531**

**An Act Concerning the Care and Treatment of Persons with a Mental Illness or  
Substance Abuse Disorder.**

**March 18, 2016**

Senator Coleman, Representative Tong and members of the Judiciary Committee:

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I am a staff attorney with the Connecticut Legal Rights Project ("CLRP"), which is a legal services organization that represents low-income individuals in institutions and in the community who have, or are perceived to have, psychiatric disabilities. Part of our work is to advise and assist clients in matters regarding their rights to treatment and to refuse treatments and their rights under the Patients Bill of Rights. This bill adversely affects those rights by

1. Expanding involuntary medication of persons with psychiatric disabilities to nursing homes and the community;
2. Permitting involuntary medication without any due process protections.

*Expansion of involuntary medication to the community is a step backward.*

It has long been recognized that all people have a constitutional right to bodily integrity which includes the right to refuse medical treatment including psychiatric medications. "An individual has a constitutionally protected liberty interest in avoiding involuntary administration of antipsychotic drugs. . ." *Sell v. United States*, 539 U.S. 166, 178-79 (1992). When forced medication is used "to alter the will and the mind of the subject, it constitutes a deprivation of liberty in the most literal fundamental sense." *Washington v. Harper*, 494 U.S. 210, 237-38 (1990). Presently, the law allows for involuntary medication in a psychiatric hospital under certain limited circumstances and

with strict due process protections. It mandates procedures that protect vulnerable patients including notice to the patient of available advocacy services, notice of any proceeding not less than forty-eight hours in advance, notice of the right to representation and the right to question witnesses. The proposed bill does not include any such requirements and would apply to persons who do not require hospitalization but who are instead exercising their protected liberty interest even when that exercise is inconvenient or troublesome to society at large.

Expansion of involuntary medication into the community is not only a limitation of constitutional rights, it is unnecessary. Connecticut is in the forefront of mental health treatment. Our recovery-oriented system of community treatment is a model for other states. We have options available that include peer support, advance directives and Housing First. Forced medication in a community setting would be counter to the patient centered approach that is the hallmark of most current social service programs in our state. To reverse this progress by inviting courts to track down uncooperative patients who might not comply with a conservator's decision to forcibly medicate, will in the end require an endless cycle of re-hospitalization to enforce this ill-advised proposal. Forced medication as set out in this proposed statute would, therefore, be very expensive. Especially in these dire days of fiscal emergency, our resources would be much better spent increasing access to supportive housing and other community treatment and support options.

### *No Magic Pills*

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It is important to note that while psychotropic medications help some people, there are others for whom they are not helpful. The diagnosis and treatment of psychiatric conditions is not an exact science. It may take trial and error over time to discover an effective regimen. As with any medical condition, sometimes something that was working stops working. Sometimes people are accused of not taking their medication when in fact their medication just isn't working. Sometimes people develop adverse effects that require changes in medications. These medications are powerful and can cause severe and irreversible side effects. It is not necessarily irrational or a psychiatric symptom to refuse such medication; when an individual refuses to take medication, there are often good reasons. Trusting and respectful relationships encourage sharing of these concerns and discussions of options. Forcing treatment encourages avoiding treatment providers.

### *Discrimination*

Finally, we cannot imagine that you would ever be considering a bill that required cancer patients who are capable of giving informed consent to undergo chemotherapy or surgery, or obese patients with diabetes to undergo bariatric surgery. We would not legislate the forcible injection of medication to lower their blood pressure or cholesterol into people who have high blood pressure or high cholesterol. Yet, both

those groups of people, left untreated, have high risk of stroke and heart attack and are dangerous to themselves and others when driving cars. This bill singles out people with psychiatric disabilities for loss of self-determination with no proven benefits to them or to the public. I understand that there are some people whose conditions are difficult to treat and whose situations frustrate and worry their family members, treatment providers and judges. However, sacrificing the rights of many people to deal with a few complex situations, using an ineffective methodology, is wrong.