Bill No.: SB-967
Title: AN ACT CONCERNING THE RECOMMENDATIONS OF THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES REGARDING EMERGENCY MEDICATION.
Vote Date: 3/22/2019
Vote Action: Joint Favorable Substitute
PH Date: 3/13/2019

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SPONSORS OF BILL:
Public Health Committee.

REASONS FOR BILL:
This legislation would enable hospitals to order psychiatric medication for a defendant in the custody of the Commissioner of the Department of Mental Health and Addiction Services (DMHAS) without consent, if waiting to receive consent would inflict harm on the patient. This bill would codify existing practice of DMHAS.

RESPONSE FROM ADMINISTRATION/AGENCY:
Miriam Delphin-Rittmon, Commissioner, Department of Mental Health and Addiction Services (DMHAS): CGS already outlines the procedure for administering psychiatric medication in facilities. This legislation offers similar language to the statutes, yet explicitly codifies the exact aspects of pre-existing procedure. DMHAS declares that critical measures are taken before it is determined that an individual will be administered medication. This includes working with the patients to see if cooperation can be forged. DMHAS also notes that once the “emergency” period has passed, the attempt to administer is ceased. The Department respectfully requested one change, in that the word “administer” is replaced with the word “order.” This is to comply with clinical practice.

NATURE AND SOURCES OF SUPPORT:
None submitted.

NATURE AND SOURCES OF OPPOSITION:
David McGuire, Executive Director, American Civil Liberties Union of Connecticut (ACLU-CT): The ACLU-CT opposes this legislation because it would threaten the privacy rights of individuals with mental health conditions. The Constitution protects the rights of all people. In addition, individuals have the freedom to make decisions regarding their health and wellbeing. This legislation threatens that, as it would increase the amount of people who could administer medication to a patient, without the individual’s consent. Currently, state law mandates that only the “head of the hospital” can administer medication without consent. By limiting the ability to one individual, patients with mental health conditions are protected. This bill expands the capability to a physician or senior clinician, thereby creating a “slippery slope” regarding a patient’s privacy and physical autonomy. Experts have stated that forcibly medicating an individual may actually stunt mental health recovery and furthermore, is used disproportionately against minority groups. Connecticut has greater issues within the field of mental health and residents’ rights should be respected.

Susan Kelley, Director of Advocacy and Policy, National Alliance on Mental Illness Connecticut (NAMI): This legislation would enable a hospital to order emergency medication to a defendant under the custody of the Department of Mental Health and Addiction Services (DMHAS) without consent, in the event that awaiting consent would cause a harmful medical delay. NAMI Connecticut opposes the legislation because the law currently does not permit “involuntary, emergency psychiatric medication” to be administered. Individuals held in psychiatric facilities before trial have the right to refuse medication. Commissioner’s Policy 6.15, as established by DMHAS, allows the administration of “intramuscular medication.” This policy should not be expanded to include the standards outlined in SB 967. The bill does not provide a set time limit for what constitutes a harmful delay and it does not outline factors such as level of risk or threat to the patient or others. DMHAS should not be given this authority when there are alternate methods that work better. In addition, this bill implies that medication is the answer to psychiatric issues, which is not always true.

Kirk Lowry, Legal Director, CT Legal Rights Project, Inc. (CLRP): CLRP represents patients in state psychiatric hospitals. Individuals held in psychiatric facilities prior to trial have the right to refuse psychiatric medication. That is because the involuntary administration of medication violates a person’s right to control their own body. At the same time, the government’s ability to medicate a person to ensure that they can stand competent for trial may be constitutionally permitted. The challenge with this bill is the right to forcibly medicate an individual who has not yet been convicted and whose competency has been questioned, but not definitely confirmed. The General Statues already outline the procedure for administering involuntary psychiatric medication; however, those guidelines explicitly mention informed consent. The concept of “emergency exception” also does not apply. As highlighted in other testimony, DMHAS currently has Commissioner’s Policy 6.15 that enables the administration of “intramuscular medication.” Yet, that policy does not set time guidelines or what constitutes a threat to a person or to others. Psychiatric medication is part of a complicated discussion. Individuals often have reactions; medication is not a “magic pill.” CLRP opposes the proposed expansion.

Reported by: Meagan Schantz Date: 3/26/19