Bill No.: HB-5866
Title: AN ACT CONCERNING THE PROVISION OF NECESSARY MEDICAL TREATMENT FOR DRUG-DEPENDENT PERSONS.
Vote Date: 4/9/2019
Vote Action: Joint Favorable
PH Date: 4/3/2019
File No.: 774

Disclaimer: The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.

SPONSORS OF BILL:

Themis Klarides, House Republican Minority Leader

REASONS FOR BILL:

H.B. 5866 was drafted to help combat the state’s growing opioid crisis by: Requiring the distribution of additional state resources to assist drug-addicted persons; allocating funds remaining in the drug assets forfeiture revolving account to the Department of Mental Health and Addiction Services (DMHAS); requiring the probate court administrator to develop and distribute material that informs the public on probate court procedures that can assist in acquiring medical treatment for drug-dependent persons; and requiring the probate court administrator to review existing probate court procedures that help to secure medical treatment for drug-dependent individuals.

RESPONSE FROM ADMINISTRATION/AGENCY:

House Republican Caucus
The caucus stated that while penalties and punishment for those who manufacture and distribute opioids is crucial, treatment for drug-dependent persons is equally important. The caucus believes that H.B. 5866 would help to combat the addiction itself and is one more solution to use in the state’s battle against opioids.

NATURE AND SOURCES OF SUPPORT:

None stated

NATURE AND SOURCES OF OPPOSITION:
CT Legal Rights Project Inc. Kathleen Flaherty, Executive Director
Opposes H.B. 5866 because she believes it reflects a profound misunderstanding of the concept of recovery regarding substance abuse disorders. Ms. Flaherty states Connecticut has statutes that allow involuntary commitment for those struggling with substance abuse disorders and argues that those statutes are rarely used because forced treatment does not work. Furthermore, Ms. Flaherty suggests that involuntary commitment would only result in a short-term stay in a facility, followed by relapse, a higher risk of suicidal behavior and lower likelihood of engaging with services.

Reported by: Omena McCoy Date: 5/22/2019