

2014-2019 Behavioral Health Legislation

By: Nicole Dube, Principal Analyst
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Issue

Provide a brief summary of behavioral health legislation enacted by the Connecticut General Assembly from 2014 through 2019. For the purposes of this report, “behavioral health” includes mental health and substance use disorders. This report updates OLR Report [2018-R-0165](#).

Summary

Over the last five years, the General Assembly enacted a number of laws that affect behavioral health, including:

1. increasing access to behavioral health services;
2. improving children’s behavioral health service delivery;
3. preventing and treating opioid use disorders;
4. regulating health care facilities and professions;
5. increasing health insurance coverage for behavioral health services;
6. expanding the training and mental health care of first responders;
7. establishing requirements and procedures for courts and correction facilities; and
8. creating taskforces and working groups, and other bodies to study and evaluate specific behavioral health-related issues.

Below we briefly summarize relevant provisions of these acts. Not all provisions of the acts are included; complete summaries are available on the General Assembly’s [website](#). Additionally, the report does not include budgetary, minor, or technical provisions.

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Access to Services

DMHAS Acute Care and Emergency Behavioral Services Grant Program

A 2015 law established a Department of Mental Health and Addiction Services (DMHAS) grant program that awards funds to organizations providing acute care and emergency behavioral health services. The grants are used to provide community-based behavioral health services, including (1) care coordination and (2) access to information on and referrals to available health care and social service programs ([PA 15-5](#), June Special Session (JSS)).

Legislation enacted in 2016 modified the program by, among other things, (1) requiring DMHAS to administer it within available appropriations and (2) allowing, rather than requiring, the grants to be used to provide specified community-based behavioral health services ([PA 16-3](#), May Special Session).

Information and Referral Service

A 2014 law required 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.

Additionally, the law requires the office to annually report to the Children's, Human Services, Insurance, and Public Health committees. The report must identify service gaps and the resources needed to improve behavioral health care options for Connecticut residents ([PA 14-115](#)).

Off-Site Services by Multi-Care Institutions

A 2014 law allows a multi-care institution (e.g., hospital or psychiatric outpatient clinic) 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 ([PA 14-211](#)).

A 2019 law modifies the definition of these institutions to include hospitals that provide behavioral and other health care services (e.g., walk-in clinics). It also requires these hospitals to provide the Department of Public Health (DPH) with a list of their satellite units when completing an initial or renewal license application ([PA 19-118](#), §§ 5 & 6, effective July 1, 2019).

Children's Behavioral Health

Animal Assisted Therapy

Legislation enacted in 2013 required the Department of Children and Families (DCF), by July 1, 2014, and within available appropriations, to consult with the Governor's Prevention Partnership and the animal-assisted therapy community to develop a crisis response program using a coordinated volunteer canine response team developed under the act to provide animal-assisted therapy to children.

The 2013 act also required DCF to (1) develop and implement training for certain department staff and mental health care providers on the value of animal-assisted therapy and (2) consult with the Department of Agriculture commissioner to identify a coordinated canine crisis response team ([PA 13-114](#)).

[PA 15-208](#) modified the law, primarily by (1) delaying by two years the identification of the crisis response team and DCF training development and (2) requiring DCF to develop a protocol to identify animal-assisted activity organizations and therapy providers, instead of a crisis response program.

Advanced Practice Registered Nurses

A new law adds advanced practice registered nurses (APRNs) to various statutes (including some specifically related to children) that previously only referenced physicians. For example, it allows APRNs certified as psychiatric mental health providers to authorize emergency treatment for a child hospitalized for psychiatric disabilities if (1) parental consent is withheld or immediately unavailable and (2) the APRN determines that treatment is necessary to prevent serious harm ([PA 19-98](#), effective October 1, 2019).

Behavioral Health Partnership Oversight Council

Legislation passed in 2015 added two nonvoting, ex-officio members to the Behavioral Health Partnership Oversight Council: one each appointed by the DPH commissioner and health care advocate, to represent their department or office respectively.

The council advises the DCF, social services, and DMHAS commissioners on planning and implementing the Behavioral Health Partnership, an integrated behavioral health system for Medicaid patients ([PA 15-242](#)).

Children's Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board

Legislation passed in 2015 established a Children's Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board to advise various individuals and entities on:

1. executing DCF's comprehensive behavioral health plan developed in 2014;
2. cataloging the mental, emotional, and behavioral services available to Connecticut families with children to reflect the services' capacities and uses; and
3. fostering collaboration among agencies, providers, advocates, and others interested in child and family well-being to prevent or reduce the long-term negative impact of children's mental, emotional, and behavioral health issues.

The act requires the board to annually report on its activities to the Children's Committee ([PA 15-27](#)).

Safe Care of Substance Exposed Newborns

A 2018 law requires DCF to develop guidelines for the safe care of high-risk newborns born with signs indicating prenatal substance exposure or fetal alcohol syndrome. The guidelines must instruct health care providers on their participation in the discharge planning process, including creating written safe care plans between the provider and the newborn's mother.

Under the law, a provider involved in delivering or caring for a substance exposed newborn must notify DCF of the newborn's condition. The law applies to the following licensed health care providers: physicians, surgeons, homeopathic physicians, physician assistants, nurse-midwives, practical nurses, registered nurses, and advanced practice registered nurses ([PA 18-111](#)).

School-Based Primary Mental Health Programs

A 2015 law requires school-based primary mental health programs administered by boards of education to include a component for systematic early detection and screening to identify children experiencing behavioral or disciplinary problems. (Prior law required only the identification of children experiencing early school adjustment problems.)

It also requires the (1) programs to include services to address those problems and (2) education commissioner to consider, as an additional factor when awarding school-based primary mental health program grants to boards of education, the number of children enrolled in grades kindergarten to two who experience behavioral, disciplinary, or early school adjustment problems

[\(PA 15-96\)](#).

School-Based Trauma-Informed Practice Training

Legislation passed in 2015 requires the State Board of Education to assist and encourage school boards to provide in-service training on trauma-informed practices for the school setting, so that school employees can more adequately respond to students with mental, emotional, or behavioral health needs ([PA 15-232](#)).

Youth Suicide Advisory Board

A 2015 law requires DCF's Youth Suicide Advisory Board to periodically offer, within available appropriations, youth suicide prevention training for health care providers, school employees, and other people who provide services to children, young adults, and families ([PA 15-232](#)).

Courts, Judicial Procedures, and Correctional Facilities

APRN Emergency Certificates at Correctional Facilities

A new law allows APRNs, under certain conditions, to issue emergency certificates to require up to 72 hours of hospitalization for prison inmates with psychiatric disabilities. It applies to all APRNs employed by the Department of Correction (DOC) to provide mental health care at correctional facilities. The APRN must reasonably believe, based on a direct evaluation, that the person has a psychiatric disability, is dangerous to himself or herself or others or gravely disabled, and needs immediate care and treatment ([PA 19-117](#), § 96, effective July 1, 2019).

Under existing law, APRNs who have received specified training can issue emergency certificates authorizing people with a psychiatric disability to be taken to a general hospital for examination ([CGS § 17a-503\(d\)](#)).

Medicating Criminal Defendants with Psychiatric Disabilities

A new law codifies existing practice by allowing DMHAS, without going to court, to involuntarily medicate certain criminal defendants in department custody who were found incompetent to stand trial and are unable or unwilling to consent to medication to treat their psychiatric disabilities. The act applies only if obtaining consent would cause a medically harmful delay to such a patient with a condition of an extremely critical nature, as determined by personal observation of a physician or the senior clinician on duty ([PA 19-99](#), effective upon passage).

Sexual Assault Criminal Penalty

A new law increases the penalty for subjecting someone to sexual contact if the victim cannot consent due to mental incapacity or impairment because of a mental disability ([PA 19-16](#), §§ 15, 16 & 18, as amended by [PA 19-93](#), §§ 9 & 10, effective October 1, 2019).

DOC and Court Support Services Division (CSSD) Requirements

A new law requires the DOC commissioner and the CSSD executive director, by July 1, 2020, and in consultation with the DCF commissioner, to develop a best practices policy in juvenile detention centers and correctional facilities where individuals aged 17 and under are detained. The policy must address, among other things, suicidal and self-harming behaviors.

The new law requires these officials to also annually report to the Juvenile Justice Policy and Oversight Committee specified information on facilities they oversee that detain individuals aged 17 and younger, including any (1) mental health concerns for detainees and (2) suicidal and self-harming behaviors they exhibit ([PA 19-187](#), §§ 3 & 4, effective upon passage, except the monthly reporting requirement takes effect July 1, 2020).

First Responders and Parole Officers

EMS Personnel Certifications

A new law makes various changes to the credentialing of certain EMS personnel. Starting January 1, 2020, it requires, among other things, applicants for a paramedic license or an emergency medical responder, emergency medical technician (EMT), or advanced EMT certificate to complete specific mental health first aid training ([PA 19-191](#), § 10, effective October 1, 2019).

Mental Health Care and Wellness for Police and Parole Officers and Firefighters

This session, the legislature passed a new law requiring the Police Officer Standards and Training (POST) Council, DOC, and the Commission on Fire Prevention and Control to develop and promulgate a model critical incident and peer support policy to support the mental health care and wellness of police officers, parole officers, and firefighters. The act also requires resilience and self-care technique training for new police officers, parole officers, and firefighters ([PA 19-17](#), §§ 7-10, effective July 1, 2019).

Police Mental Health Treatment and Surrendered Work Weapons

A new law generally prohibits a law enforcement unit from disciplining police officers solely because they seek or receive mental health care services or surrender their work weapons or ammunition. It also requires a unit to request that officers seek a mental health examination before returning work weapons or ammunition to them.

By law, it is generally a crime for a person to possess a firearm, ammunition, or electronic defense weapon within six months of voluntary admission to a psychiatric hospital for psychiatric treatment. The new law creates an exception to this prohibition for police officers who surrendered their work weapons or ammunition and allows them to have these items returned during this time period without penalty ([PA 19-17](#), §§ 4-6, effective October 1, 2019).

Protection of Confidential Communications between a First Responder and a Peer Support Team Member

A new law makes communications between a first responder and a peer support team member confidential with certain exceptions. The confidentiality applies only to certain communications and records made in the course of a first responder's participation in a peer support program established by his or her employer. The act generally prohibits a peer support team member from disclosing any confidential communications or records unless the first responder waives the privilege ([PA 19-188](#), effective October 1, 2019).

Workers' Compensation Benefits for Police and Parole Officers and Firefighters for Post-Traumatic Stress Disorder

Under a new law, police officers, parole officers, and firefighters are allowed to receive certain workers' compensation benefits for post-traumatic stress disorder (PTSD) caused by certain "qualifying events," such as seeing, while in the line of duty, a deceased minor, someone's death, or a traumatic physical injury that results in the loss of a vital body part.

More specifically, the new law (1) establishes the eligibility requirements for these officers and firefighters to receive PTSD benefits; (2) limits the benefits' (a) duration to 52 weeks and (b) availability to within four years after the qualifying event; (3) caps an officer's or firefighter's weekly PTSD benefits, when combined with the amount of other benefits he or she receives (e.g., from Social Security), at his or her average weekly wage; and (4) establishes a process for employers to contest PTSD claims ([PA 19-17](#), §§ 1-3 & 11-12, most provisions take effect July 1, 2019).

Health Care Facilities

Review of Acquittee Images and Recordings

A new law establishes conditions under which DMHAS must provide the attorney for an acquittee (i.e., a person found not guilty of a crime by reason of mental disease or defect) the right to review certain images or recordings of the acquittee that were taken at a DMHAS inpatient facility in any matter before the Psychiatric Security Review Board or Superior Court related to the board's jurisdiction.

Among other conditions, (1) the acquittee, and any other identifiable patient in the image or recording, must consent to the disclosure and (2) the image or recording must not be the subject of a pending criminal investigation ([PA 19-151](#), § 2, effective upon passage).

Behavioral Health Facility Reportable Events

Existing law requires DPH to develop a system for nursing homes to electronically report "reportable events" (i.e., those that require immediate department notification) to the department, and nursing homes to report these events using that system ([CGS § 19a-521e](#)). A new law extends these provisions to behavioral health facilities ([PA 19-118](#), § 41, effective July 1, 2019).

Community Residences for Mental Illness

A new law repeals a requirement that DMHAS evaluate community residences for individuals with mental illness twice a year and send the review to DPH upon request. These facilities remain subject to DPH licensure requirements ([PA 19-118](#), § 78, effective July 1, 2019).

Patient Abuse at DMHAS Behavioral Health Facilities

A 2018 law created a new category of mandated reporter for abuse of patients at DMHAS-operated behavioral health facilities that provide services to adults. Under the law, a mandatory reporter for this purpose is (1) anyone paid to provide direct care to patients at such a facility or (2) any licensed health care provider who is an employee, contractor, or consultant of such a facility. It also set procedural requirements for the mandatory reporting and penalties for noncompliance ([PA 18-86](#)).

Regulation of Whiting Forensic Hospital

In December 2017, the governor issued Executive Order 63, which designated the Whiting Forensic Hospital as an independent division within DMHAS, instead of a division of Connecticut Valley Hospital.

A 2018 law made various changes affecting Whiting Forensic Hospital, such as (1) subjecting the hospital to DPH licensure and regulation; (2) requiring DPH, by January 1, 2019, to conduct an onsite inspection and records review of the hospital; and (3) establishing the mandatory reporting and investigation of suspected patient abuse at DMHAS-operated behavioral health facilities ([PA 18-86](#)).

Transferring Patients Under Psychiatric Security Review Board Jurisdiction for Medical Treatment

A 2017 law codified existing practice by allowing DMHAS to transfer an acquittee from maximum security confinement to another facility (e.g., hospital or emergency department) for medical treatment ([PA 17-179](#)).

Health Care Professions

Alcohol and Drug Counselors

Legislation enacted in 2017 specified that a licensed alcohol and drug counselor may provide counseling services to a person diagnosed with a co-occurring mental health condition other than alcohol and drug dependency if such counseling is within the licensee's scope of practice ([PA 17-146](#), § 22).

A 2018 law updated statutory definitions and licensure requirements for alcohol and drug counselors. Among other things, it:

1. distinguished between the scope of practice of alcohol and drug counselors who are
2. licensed and those who are certified and
3. specified that the practical training and paid work experience required for licensure or
4. certification must be supervised by a licensed alcohol and drug counselor or other licensed mental health professional whose scope of practice includes screening, assessing, diagnosing, and treating substance use disorders and co-occurring disorders ([PA 18-168](#)).

Certified Behavioral Analysts

Legislation passed in 2015 required the education commissioner, in consultation with the DPH commissioner, to study the (1) potential advantages of licensing board certified behavior analysts and assistant behavior analysts credentialed by the Behavior Analyst Certification Board and (2) inclusion of board certified behavior analysts and assistant behavior analysts in school special

education planning and placement teams. The education commissioner reported to the Public Health and Education committees on these studies in 2016 ([PA 15-242](#)).

Based on the report's recommendations, the legislature enacted legislation in 2017 requiring behavior analysts to obtain a license from DPH by proving they are either (1) certified by the Behavior Analyst Certification Board or (2) eligible for licensure by endorsement. The act did not create a new regulatory board for behavior analysts and requires that assistant behavior analysts work under a licensed behavior analyst's supervision ([PA 17-2](#), JSS).

Continuing Education Requirements for Physicians and APRNs

A new law modifies continuing education requirements for physicians and APRNs concerning mental health conditions. Generally, it allows their continuing education to include a specified number of hours in diagnosing and treating cognitive conditions, including Alzheimer's disease, dementia, delirium, related cognitive impairments, and geriatric depression ([PA 19-115](#), effective January 1, 2020).

Continuing Education on Veterans' Mental Health Conditions

A 2015 law requires certain health care professionals to take at least two contact hours of training or education on mental health conditions common to veterans and their family members, during the first renewal period in which continuing education is required and once every six years thereafter. This includes (1) determining whether a patient is a veteran or a veteran's family member; (2) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression, and grief; and (3) suicide prevention training.

The requirement applies to APRNs, alcohol and drug counselors, chiropractors, marital and family therapists, professional counselors, psychologists, and social workers ([PA 15-242](#)).

Conversion Therapy Prohibition

A 2017 law prohibits health care providers, or anyone else while conducting trade or commerce, from practicing or administering "conversion therapy" (i.e., any practice or treatment that seeks to change a minor's sexual orientation or gender identity). It identifies certain types of counseling that are not considered conversion therapy, such as counseling intended to assist a person undergoing gender transition or facilitate a person's identity exploration. It also prohibits the use of public funds for conversion therapy or related actions ([PA 17-5](#)).

Marriage and Family Therapy, Professional Counseling, and Psychology Students

A new law modifies the length of time during which marriage and family therapy, professional counseling, and psychology students may practice without a license in order to complete the supervised work experience required for licensure. It allows these graduates to practice in this unlicensed capacity for up to two years after completing the supervised work experience, if they failed the respective licensing exam.

Under prior law, professional counseling and psychology students could practice in this manner until they were notified that they failed the respective licensing examination, or one year after completing the supervised work experience, whichever occurred first. For marital and family therapy students, prior law did not specify that the licensure exemption ended on the earlier of these two dates ([PA 18-168](#)).

Professional Counselors

A 2017 law established new qualifications for professional counselor licensure, starting in 2019. For example, it requires applicants to have graduated from a (1) program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or (2) regionally accredited program and meet other requirements similar to existing CACREP standards. In some circumstances, the act allows applicants who were enrolled in a graduate program on or before July 1, 2017, to apply for licensure under the prior requirements after the new ones took effect on January 1, 2019. It also requires professional counselors' continuing education to include three contact hours in professional ethics annually ([PA 17-94](#)).

Psychology Technicians

A 2016 law allows psychology technicians with specified education and training to provide certain psychological testing services, if acting under a psychologist's supervision and direction ([PA 16-66](#)). Legislation passed in 2017 established certain requirements for the supervising psychologist, such as verifying the technician's credentials and remaining on-site while the technician is providing services ([PA 17-128](#)).

Reporting of Impaired Health Care Professionals

By law, physicians, physician assistants (PAs), and hospitals must notify DPH if a physician or PA is or may be unable to practice with skill and safety due to impairment. The law also establishes procedures for DPH to follow when it receives such notice. A 2015 law expanded the reporting

requirement to cover all licensed or permitted health care professionals and established similar procedures for DPH to follow when it receives such notice ([PA 15-5](#), JSS).

Legislation passed in 2017 eliminated the requirement that health professionals notify DPH if they were diagnosed with a mental illness or behavioral or emotional disorder. Previously, professionals had to provide the notice within 30 days of the diagnosis and could satisfy the requirement by seeking intervention with the professional assistance program for DPH-regulated health professionals ([PA 17-178](#)).

Insurance

Advanced Practice Registered Nurses

A new law adds APRNs to various insurance statutes, generally requiring health insurers to cover mental health services provided by APRNs, including residential treatment, in the same manner as those provided by physicians ([PA 19-98](#), effective October 1, 2019).

Behavioral Health and Autism Spectrum Disorder Services (ASD)

Legislation passed in 2015 expanded certain individual and group health insurance policies' required coverage of ASD services and treatment. For example, it required individual policies to conform to several coverage and limitation provisions that existing law requires of group policies. It also eliminated maximum coverage limits on the Birth-To-Three program ([PA 15-5](#), JSS).

Elimination of Medicaid Case Management Requirements

A 2015 law eliminated specific requirements related to providing intensive case management (ICM) services to certain Medicaid recipients. For example, it eliminated provisions requiring Medicaid administrative service organizations (ASOs), beginning July 1, 2016, to provide ICM services that include (1) identifying hospital emergency departments with high numbers of frequent users and (2) creating regional ICM teams to work with emergency department doctors.

The act instead allowed the Department of Social Services (DSS) to contract with the behavioral health ASO to provide intensive care management ([PA 15-5](#), JSS).

Health Insurance Coverage for Mental and Nervous Conditions

Legislation passed in 2015 expanded the services certain health insurance policies must cover for mental and nervous conditions. By law, a policy must cover the diagnosis and treatment of such conditions on the same basis as medical, surgical, or other physical conditions. The 2015 act required policies to cover, among other things:

1. medically necessary acute treatment and clinical stabilization services;
2. general inpatient hospitalization, including at state-operated facilities; and
3. programs to improve health outcomes for mothers, children, and families.

Under the act, a policy may not prohibit an insured from receiving, or a provider from being reimbursed for, multiple screening services as part of a single-day visit to a provider or multi-care institution ([PA 15-226](#), as amended by [PA 15-5](#), JSS).

Insurance Department Data Collection Working Group

A 2015 law required the insurance commissioner to convene a working group to develop recommendations for uniformly collecting behavioral health utilization and quality measures data from various entities, such as (1) insurers and (2) state agencies that pay health care claims ([PA 15-5](#), JSS). The commissioner submitted the recommendations to the governor and the Children's, Human Services, Insurance and Real Estate, and Public Health committees in 2016.

Medicaid Rate Increase for Private Psychiatric Residential Treatment Facilities

Legislation passed in 2014 required the DSS commissioner to submit to the federal Centers for Medicare and Medicaid Services a state plan amendment to increase the Medicaid rate for private psychiatric residential treatment facilities. The increase must be within available state appropriations.

The law defines a "private psychiatric residential treatment facility" as a nonhospital facility with an agreement with a state Medicaid agency to provide inpatient services to Medicaid-eligible people who are younger than age 21 ([PA 14-217](#)).

Medicaid State Plan Provider Expansion

A 2014 law required the DSS commissioner, by October 1, 2014, to amend the Medicaid state plan to include services provided to Medicaid recipients age 21 or older by licensed (1) psychologists, (2) clinical social workers, (3) alcohol and drug counselors, (4) professional counselors, and (5) marriage and family therapists. The commissioner was required to (1) include the clinicians' services as optional services under the Medicaid plan and (2) provide direct reimbursement to Medicaid-enrolled providers who treat Medicaid recipients in independent practice settings ([PA 14-217](#)).

Mental Health and Substance Use Disorder Benefits

In the 2019 session, the legislature passed a new law prohibiting certain health insurance policies from applying non-quantitative treatment limitations (e.g., preauthorization requirements) to mental health and substance use disorder benefits in a way that is substantially different from how they apply these limitations to medical and surgical benefits.

The new law also generally prohibits health insurance policies from denying coverage for substance abuse services solely because the services were court ordered ([PA 19-159](#), effective January 1, 2020, except that certain reporting provisions are effective October 1, 2019).

Miscellaneous

Materials for Employers on Veterans' Mental Health Conditions

A new law requires the southwest workforce development board to, among other things, identify appropriate written materials on mental health conditions common to veterans to distribute to employers. Such conditions include post-traumatic stress disorder, suicide risk, depression, and grief.

Under the new law, the written materials must provide guidance on (1) identifying the signs and symptoms of the mental health conditions and (2) assisting employees who are veterans and who exhibit such signs and symptoms in the workplace. The board (1) must distribute such materials to employers participating in, or who may participate in, the employment-related pilot programs created under the new law and (2) may distribute the materials to other employers that may hire veterans ([PA 19-129](#), effective July 1, 2019).

Substance Use Disorders

DPH Substance Abuse Regulations

A new law permits, rather than requires, DPH, in consultation with the DMHAS, to (1) amend its substance abuse treatment regulations, (2) implement a dual licensure program for behavioral health providers who provide mental health and substance abuse services, or (3) permit the use of saliva and urine drug screens at DPH-licensed facilities ([PA 19-118](#), § 17, effective July 1, 2019).

Higher Education Policies on Opioid Antagonists

A new law requires higher education institutions to (1) develop and implement a policy by January 1, 2020, on the availability and use of opioid antagonists (e.g., Narcan) by students and employees

and (2) generally notify emergency medical providers when an opioid antagonist is used ([PA 19-191](#), § 7, effective July 1, 2019).

Home-Based Treatment

A new law requires DHMAS to review and report on literature about the efficacy of providing home-based treatment and recovery services for opioid use disorder to certain Medicaid beneficiaries ([PA 19-191](#), § 8, effective July 1, 2019).

Inmates with Opioid Use Disorder

A new law requires the DOC commissioner to provide inmates who self-identify as suffering from or relapsing into an opioid use disorder with information on opioid use disorder treatment options. The information must (1) be provided at least 45 days before the inmate is released from DOC custody, including release subject to parole or to a supervised community setting (e.g., a halfway house), and (2) include ways to access treatment options after being released into the community ([PA 19-167](#), § 1, effective October 1, 2019).

Multicare Institutions

A new law specifies that a multicare institution's complex patient health care services may include methadone delivery and related substance use treatment to individuals in a nursing home. Multicare institutions include, among others, hospitals that provide outpatient behavioral health care services at multiple facilities owned by a single licensee ([PA 19-118](#), §§ 5 & 6, effective July 1, 2019).

Opioid Antagonist Education

A new law generally requires DMHAS-operated or –approved treatment programs to educate patients with opioid use disorder, and their relatives and significant others, on opioid antagonists and how to administer them. It also requires a prescribing practitioner affiliated with a treatment program to deliver or issue a prescription for at least one dose of an opioid antagonist to a patient the prescriber determines would benefit from it ([PA 19-191](#), § 9, effective October 1, 2019).

Opioid Antagonists in AED Cabinet

Under certain conditions, a new law generally grants civil immunity to individuals or entities that provide or maintain an automatic external defibrillator (AED) in a cabinet which also contains an opioid antagonist (e.g., Narcan) used for drug overdoses. Under this new law, they are not liable for ordinary negligence for their acts or omissions in making the opioid antagonist available ([PA 19-169](#), effective October 1, 2019).

Opioid Antagonist Prescriptions and Life Insurance and Annuity Policies

A provision in a new law prohibits life insurance or annuity policies or contracts delivered, issued, renewed, or continued in the state from excluding coverage solely based on an individual having received a prescription for naloxone (i.e., an opioid antagonist) or for a naloxone biosimilar or generic ([PA 19-191](#), § 5, effective October 1, 2019).

Opioid Drug Abuse

In recent years, the legislature has enacted various laws to reduce and prevent opioid drug abuse, such as (1) increasing access to opioid antagonists (i.e., medication to treat a drug overdose); (2) providing immunity for people who (a) seek emergency medical assistance for themselves or another person experiencing a drug overdose or (b) prescribe and administer opioid antagonists to a person experiencing a drug overdose (“Good Samaritan” laws); (3) establishing a statewide prescription drug monitoring program; and (4) limiting the amount of certain opioid drugs that may be prescribed to adults and minors. For more detailed information on these laws, see OLR Report 2019-R-0288.

Prescribing Controlled Substances Using Telehealth

A 2018 law allows telehealth providers to prescribe non-opioid Schedule II or III controlled substances using telehealth to treat a psychiatric disability or substance use disorder, including medication-assisted treatment.

Providers may only do this (1) in a manner consistent with the federal Ryan Haight Online Pharmacy Consumer Protection Act; (2) if it is allowed under their current scope of practice; and (3) if they submit the prescription electronically, in accordance with existing law. Prior law prohibited telehealth providers from prescribing any Schedule I, II, or III controlled substances using telehealth.

The law also modified requirements for telehealth providers to obtain and document patient consent to provide telehealth services and disclose related records ([PA 18-148](#)).

Prescription Consultations

As part of a new law aimed at addressing opioid use disorder, pharmacists are now generally required to offer consultations to all patients when dispensing a prescription, not just Medicaid patients as under prior law ([PA 19-191](#), effective October 1, 2019).

Sober Living Homes

A 2018 law contains several provisions on the oversight of sober living homes. Among other things, it (1) allows a certified sober living home's owner to report the home's certified status to DMHAS, (2) requires DMHAS to post on its website a list of these certified homes as well as the number of available beds at each home and update the information weekly, and (3) establishes certain advertising requirements and restrictions for operators.

The law also requires operators who report their home's certified status to maintain at least two doses of an opioid antagonist (i.e., Narcan) on the premises and train all residents in how to administer it. The operator must do this when the home is occupied by at least one resident diagnosed with an opioid use disorder ([PA 18-171](#)).

Studies, Task Forces, and Working Groups

DMHAS Facility Task Force

A 2018 law established an eight-member task force to, among other things, (1) review and evaluate DMHAS facility operations and conditions, including those of the Connecticut Valley Hospital and Whiting Forensic Hospital; (2) evaluate the feasibility of creating an Office of Inspector General to receive and investigate complaints about DMHAS hospitals; and (3) examine certain complaints and other reports of discriminatory employment practices at these hospitals.

The task force must submit to the Public Health Committee a (1) preliminary report on its findings and recommendations by January 1, 2019, and (2) final report by January 1, 2021. The task force terminates on the date it submits the final report or January 1, 2021, whichever is later ([PA 18-86](#)).

Police Detention Study

Under a new law, DMHAS, in collaboration with DPH and any other relevant entity the agencies designate, must study and report to the Public Health Committee on the (1) protocol for police detention of someone suspected of overdosing on an opioid drug and (2) implications of involuntarily transporting such a person to an emergency department and referring him or her to a recovery coach ([PA 19-191](#), effective upon passage).

Psychiatric Services Study

A 2015 law required the DMHAS commissioner, in consultation with certain officials and groups, to study the current adequacy of psychiatric services (e.g., how many psychiatric beds are needed in each region of the state). The commissioner reported on the study to the Appropriations, Human Services, and Public Health committees in 2017 ([PA 15-5](#), JSS).

Student Mental Health Services Task Force

The legislature created a 10-member task force to (1) study each Connecticut higher education institution's policies and procedures for the prevention and treatment of student mental illness and (2) recommend a statewide policy for student mental health services at these institutions. Among other topics, the task force must examine the manner in which mental health services are delivered to students and the types of providers available to them. The task force report is due to the Higher Education and Public Health committees by January 1, 2020 ([SA 19-14](#), effective upon passage).

Working Group on Alzheimer's Disease and Dementia

A new law requires the Commission on Women, Children, Seniors, Equity and Opportunity executive director to establish a nine-member working group to (1) review the recommendations of the Task Force on Alzheimer's Disease and Dementia established by [SA 13-11](#); (2) determine gaps in implementing these recommendations; and (3) make recommendations on best practices for Alzheimer's disease and dementia care to the legislature by January 30, 2020 ([PA 19-115](#), effective upon passage).

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