
OLR Bill Analysis

sSB 1086

AN ACT CONCERNING MENTAL AND BEHAVIORAL HEALTH SERVICES.

SUMMARY

This bill makes various unrelated changes in the laws relating to the provision of mental and behavioral health services. Specifically, it:

1. eliminates the requirement that specified health professionals who provide outpatient mental health treatment to a minor without parental consent or notification reassess, every sixth session, whether continuing the treatment without such consent or notification is still warranted (§ 1);
2. requires physicians, physician assistants, and advanced practice registered nurses, starting October 1, 2021, to perform a “mental health exam” (undefined by the bill) on a patient during the patient’s annual physical exam (§ 2);
3. establishes a nine-member task force to study the health benefits of psilocybin and requires the task force to submit its findings and recommendations to the Public Health Committee by January 1, 2022 (§ 3); and
4. prohibits individual and group health insurance policies from requiring the use of step therapy (see BACKGROUND) for a drug prescribed to treat a behavioral health condition, provided it was prescribed in compliance with FDA indications (§§ 4 & 5).

The latter applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut by an insurer, hospital service corporation, medical service corporation, health care center (i.e., HMO), or other entity that provides coverage for prescription drugs.

EFFECTIVE DATE: Upon passage, except the provisions on (1) step therapy take effect January 1, 2022, and (2) outpatient mental health treatment for minors take effect July 1, 2021.

§ 1 — OUTPATIENT MENTAL HEALTH TREATMENT FOR MINORS

The bill eliminates the requirement that psychiatrists, psychologists, social workers, and marital and family therapists who provide outpatient mental health treatment to a minor without parental consent or notification do the following after the sixth session:

1. notify the minor that parental or guardian consent, notification, or involvement is required to continue treatment unless it would be seriously detrimental to the minor's well-being;
2. document in the minor's clinical record if the provider determines that continuing the treatment without parental or guardian notification is warranted;
3. review the determination every six sessions and document the review;
4. require parental or guardian consent, notification, or involvement if the provider determines it is no longer seriously detrimental to the minor's well-being; and
5. obtain the minor's consent before notifying a parent or guardian that such treatment has been provided or disclose any related information.

By law, these health professionals may provide outpatient mental health services to a minor without the consent or notification of the minor's parent or guardian if under the following circumstances:

1. requiring the consent or notification would cause the minor to reject the treatment,
2. the treatment is clinically indicated and failing to provide it would be seriously determinantal to the minor's well-being,

3. the minor knowingly and voluntarily sought the treatment, and
4. the provider believes the minor is mature enough to productively participate in the treatment.

§ 3 — PSILOCYBIN TASK FORCE

Duties

The bill establishes a task force to study the health benefits of psilocybin, which is the chemical compound obtained from certain types of hallucinogenic mushrooms that grow naturally in regions of Europe, South America, Mexico, and the United States.

Under the bill, the study must examine whether using psilocybin under the direction of a health care provider may benefit a person's physical or mental well-being.

Membership and Meetings

Under the bill, the task force consists of nine members: (1) two appointees each by the House speaker and Senate president pro tempore, (2) one appointee each by the House and Senate majority and minority leaders, and (3) the Department of Mental Health and Addiction Services commissioner or her designee. Appointing authorities must make their initial appointments within 30 days after the bill's passage and fill any vacancies. Members appointed by legislative leaders may be legislators.

The bill requires the House speaker and Senate president pro tempore to select the task force's chairpersons from among its members. The chairpersons must schedule the task force's first meeting, which must be held within 60 days after the bill's passage. The Public Health Committee's administrative staff must serve as the task force's administrative staff.

Report

The task force must report its findings and recommendations to the Public Health Committee by January 1, 2022. It terminates on this date or the date it submits its report, whichever is later.

BACKGROUND

Related Bills

sSB 2, favorably reported by the Children's Committee, allows minors to receive more than six outpatient mental health treatment sessions without their parent's or guardian's consent.

sHB 6461, favorably reported by the Higher Education and Employment Advancement Committee, allows minors to receive more than six outpatient mental health treatment sessions without their parent's or guardian's consent.

Step Therapy

Step therapy is a protocol establishing the sequence for prescribing drugs for specific medical conditions that generally requires patients to try less expensive drugs before higher cost drugs.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 23 Nay 10 (03/31/2021)