



Senate

General Assembly

File No. 567

January Session, 2021

Substitute Senate Bill No. 1086

Senate, April 21, 2021

The Committee on Public Health reported through SEN. DAUGHERTY ABRAMS of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING MENTAL AND BEHAVIORAL HEALTH SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-14c of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2021*):

3 (a) For the purposes of this section, "outpatient mental health
4 treatment" means the treatment of mental disorders, emotional
5 problems or maladjustments with the object of (1) removing, modifying
6 or retarding existing symptoms; (2) improving disturbed patterns of
7 behavior; and (3) promoting positive personality growth and
8 development. Treatment shall not include prescribing or otherwise
9 dispensing any medication which is a legend drug as defined in section
10 20-571.

11 (b) A psychiatrist licensed pursuant to chapter 370, a psychologist
12 licensed pursuant to chapter 383, an independent social worker certified

13 pursuant to chapter 383b or a marital and family therapist licensed
14 pursuant to chapter 383a may provide outpatient mental health
15 treatment to a minor without the consent or notification of a parent or
16 guardian at the request of the minor if (1) requiring the consent or
17 notification of a parent or guardian would cause the minor to reject such
18 treatment; (2) the provision of such treatment is clinically indicated; (3)
19 the failure to provide such treatment would be seriously detrimental to
20 the minor's well-being; (4) the minor has knowingly and voluntarily
21 sought such treatment; and (5) in the opinion of the provider of
22 treatment, the minor is mature enough to participate in treatment
23 productively. The provider of such treatment shall document the
24 reasons for any determination made to treat a minor without the consent
25 or notification of a parent or guardian and shall include such
26 documentation in the minor's clinical record, along with a written
27 statement signed by the minor stating that (A) he is voluntarily seeking
28 such treatment; (B) he has discussed with the provider the possibility of
29 involving his parent or guardian in the decision to pursue such
30 treatment; (C) he has determined it is not in his best interest to involve
31 his parent or guardian in such decision; and (D) he has been given
32 adequate opportunity to ask the provider questions about the course of
33 his treatment.

34 [(c) After the sixth session of outpatient mental health treatment
35 provided to a minor pursuant to this section, the provider of such
36 treatment shall notify the minor that the consent, notification or
37 involvement of a parent or guardian is required to continue treatment,
38 unless such a requirement would be seriously detrimental to the minor's
39 well-being. If the provider determines such a requirement would be
40 seriously detrimental to the minor's well-being, he shall document such
41 determination in the minor's clinical record, review such determination
42 every sixth session thereafter and document each such review. If the
43 provider determines such a requirement would no longer be seriously
44 detrimental to the minor's well-being, he shall require the consent,
45 notification or involvement of a parent or guardian as a condition of
46 continuing treatment. No provider shall notify a parent or guardian of
47 treatment provided pursuant to this section or disclose any information

48 concerning such treatment to a parent or guardian without the consent
49 of the minor.]

50 [(d)] (c) A parent or guardian who is not informed of the provision of
51 outpatient mental health treatment for his minor child pursuant to this
52 section shall not be liable for the costs of the treatment provided.

53 Sec. 2. (NEW) (*Effective from passage*) On and after October 1, 2021,
54 each physician licensed pursuant to chapter 370 of the general statutes,
55 physician assistant licensed pursuant to chapter 370 of the general
56 statutes and advanced practice registered nurse licensed pursuant to
57 chapter 378 of the general statutes shall conduct a mental health
58 examination of a patient during the physician's, physician assistant's or
59 advanced practice registered nurse's annual physical examination of the
60 patient.

61 Sec. 3. (*Effective from passage*) (a) There is established a task force to
62 study the health benefits of psilocybin. Such study shall include, but
63 need not be limited to, an examination of whether the use of psilocybin
64 by a person under the direction of a health care provider may be
65 beneficial to the person's physical or mental well-being. As used in this
66 subsection, "psilocybin" means the chemical compound obtained from
67 certain types of hallucinogenic mushrooms that grow naturally in
68 regions of Europe, South America, Mexico and the United States.

69 (b) The task force shall consist of the following members:

70 (1) Two appointed by the speaker of the House of Representatives;

71 (2) Two appointed by the president pro tempore of the Senate;

72 (3) One appointed by the majority leader of the House of
73 Representatives;

74 (4) One appointed by the majority leader of the Senate;

75 (5) One appointed by the minority leader of the House of
76 Representatives;

77 (6) One appointed by the minority leader of the Senate;

78 (7) The Commissioner of Mental Health and Addiction Services, or
79 the commissioner's designee; and

80 (8) The Commissioner of Public Health, or the commissioner's
81 designee.

82 (c) Any member of the task force appointed under subdivision (1),
83 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
84 of the General Assembly.

85 (d) All initial appointments to the task force shall be made not later
86 than thirty days after the effective date of this section. Any vacancy shall
87 be filled by the appointing authority.

88 (e) The speaker of the House of Representatives and the president pro
89 tempore of the Senate shall select the chairpersons of the task force from
90 among the members of the task force. Such chairpersons shall schedule
91 the first meeting of the task force, which shall be held not later than sixty
92 days after the effective date of this section.

93 (f) The administrative staff of the joint standing committee of the
94 General Assembly having cognizance of matters relating to public
95 health shall serve as administrative staff of the task force.

96 (g) Not later than January 1, 2022, the task force shall submit a report
97 on its findings and recommendations to the joint standing committee of
98 the General Assembly having cognizance of matters relating to public
99 health, in accordance with the provisions of section 11-4a of the general
100 statutes. The task force shall terminate on the date that it submits such
101 report or January 1, 2022, whichever is later.

102 Sec. 4. Subsection (a) of section 38a-510 of the general statutes is
103 repealed and the following is substituted in lieu thereof (*Effective January*
104 *1, 2022*):

105 (a) No insurance company, hospital service corporation, medical

106 service corporation, health care center or other entity delivering, issuing
107 for delivery, renewing, amending or continuing an individual health
108 insurance policy or contract that provides coverage for prescription
109 drugs may:

110 (1) Require any person covered under such policy or contract to
111 obtain prescription drugs from a mail order pharmacy as a condition of
112 obtaining benefits for such drugs; or

113 (2) Require, if such insurance company, hospital service corporation,
114 medical service corporation, health care center or other entity uses step
115 therapy for such drugs, the use of step therapy for:

116 (A) [any] Any prescribed drug for longer than sixty days; [,] or

117 (B) [a] A prescribed drug for [cancer] treatment of a behavioral health
118 condition or for an insured who has been diagnosed with stage IV
119 metastatic cancer, provided such prescribed drug is in compliance with
120 approved federal Food and Drug Administration indications.

121 (3) At the expiration of the time period specified in subparagraph (A)
122 of subdivision (2) of this subsection, [or for a prescribed drug described
123 in subparagraph (B) of subdivision (2) of this subsection,] an insured's
124 treating health care provider may deem such step therapy drug regimen
125 clinically ineffective for the insured, at which time the insurance
126 company, hospital service corporation, medical service corporation,
127 health care center or other entity shall authorize dispensation of and
128 coverage for the drug prescribed by the insured's treating health care
129 provider, provided such drug is a covered drug under such policy or
130 contract. If such provider does not deem such step therapy drug
131 regimen clinically ineffective or has not requested an override pursuant
132 to subdivision (1) of subsection (b) of this section, such drug regimen
133 may be continued. For purposes of this section, "step therapy" means a
134 protocol or program that establishes the specific sequence in which
135 prescription drugs for a specified medical condition are to be prescribed.

136 Sec. 5. Subsection (a) of section 38a-544 of the general statutes is

137 repealed and the following is substituted in lieu thereof (*Effective January*
138 *1, 2022*):

139 (a) No insurance company, hospital service corporation, medical
140 service corporation, health care center or other entity delivering, issuing
141 for delivery, renewing, amending or continuing a group health
142 insurance policy or contract that provides coverage for prescription
143 drugs may:

144 (1) Require any person covered under such policy or contract to
145 obtain prescription drugs from a mail order pharmacy as a condition of
146 obtaining benefits for such drugs; or

147 (2) Require, if such insurance company, hospital service corporation,
148 medical service corporation, health care center or other entity uses step
149 therapy for such drugs, the use of step therapy for:

150 (A) [any] Any prescribed drug for longer than sixty days; [,] or

151 (B) [a] A prescribed drug for [cancer] treatment of a behavioral health
152 condition or for an insured who has been diagnosed with stage IV
153 metastatic cancer, provided such prescribed drug is in compliance with
154 approved federal Food and Drug Administration indications.

155 (3) At the expiration of the time period specified in subparagraph (A)
156 of subdivision (2) of this subsection, [or for a prescribed drug described
157 in subparagraph (B) of subdivision (2) of this subsection,] an insured's
158 treating health care provider may deem such step therapy drug regimen
159 clinically ineffective for the insured, at which time the insurance
160 company, hospital service corporation, medical service corporation,
161 health care center or other entity shall authorize dispensation of and
162 coverage for the drug prescribed by the insured's treating health care
163 provider, provided such drug is a covered drug under such policy or
164 contract. If such provider does not deem such step therapy drug
165 regimen clinically ineffective or has not requested an override pursuant
166 to subdivision (1) of subsection (b) of this section, such drug regimen
167 may be continued. For purposes of this section, "step therapy" means a

168 protocol or program that establishes the specific sequence in which
169 prescription drugs for a specified medical condition are to be prescribed.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2021</i>	19a-14c
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>January 1, 2022</i>	38a-510(a)
Sec. 5	<i>January 1, 2022</i>	38a-544(a)

Statement of Legislative Commissioners:

In Section 2, "perform a mental health examination on a patient" was changed to "conduct a mental health examination of a patient", and physician assistant's or advanced practice registered nurse's" was inserted after "physician's" for clarity and consistency.

PH *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

This bill, which makes various changes to the laws relating to the provision of mental and behavioral health services, has no fiscal impact on the state or municipalities.

The bill also 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. This provision has no fiscal impact as PA 17-236 prohibits transportation allowances for task force members.

The Out Years

State Impact: None

Municipal Impact: None

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)