



General Assembly

February Session, 2022

**Substitute Bill No. 5396**



**AN ACT INCREASING ACCESS TO MENTAL HEALTH MEDICATION.**

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

1 Section 1. (*Effective July 1, 2022*) (a) As used in this section and section  
2 2 of this act:

3 (1) "MDMA" means the synthetic psychoactive drug, 3,4-  
4 methylenedioxymethamphetamine, commonly known as ecstasy or  
5 molly, that acts as a serotonin receptor agonist and reuptake inhibitor of  
6 serotonin and dopamine.

7 (2) "Psilocybin" means a serotonin receptor agonist that occurs  
8 naturally in some mushroom species.

9 (3) "Qualified patient" means a resident of the state who is (A) a  
10 veteran, (B) a retired first responder, (C) a direct care health care worker,  
11 or (D) from a historically underserved community, and who has a  
12 serious or life-threatening mental or behavioral health disorder and  
13 without access to effective mental or behavioral health medication.

14 (4) "Qualified applicant" means a provider of mental or behavioral  
15 health services that has received approval from the federal Food and  
16 Drug Administration as an approved treatment site with an expanded  
17 access protocol that allows the provider access to an investigational

18 drug for treatment use, including emergency use, pursuant to 21 CFR  
19 312, as amended from time to time.

20 (5) "Approved treatment site" means the location where a qualified  
21 applicant that has been selected under subsection (e) of this section as a  
22 provider of MDMA-assisted or psilocybin-assisted therapy under the  
23 pilot program established pursuant to subsection (b) of this section will  
24 provide such therapy.

25 (b) There is established, within the Department of Mental Health and  
26 Addiction Services, a psychedelic-assisted therapy pilot program to  
27 provide qualified patients with the funding necessary to receive  
28 MDMA-assisted or psilocybin-assisted therapy as part of an expanded  
29 access program approved by the federal Food and Drug Administration  
30 pursuant to 21 CFR 312, as amended from time to time. The department  
31 shall cease to operate the pilot program when MDMA and psilocybin  
32 have been approved to have a medical use by the Drug Enforcement  
33 Administration, or any successor agency.

34 (c) There is established a Qualified Patients for Approved Treatment  
35 Sites Fund, "PAT Fund". The fund shall contain any moneys required by  
36 law to be deposited in the fund and may contain any other funds as  
37 provided in subsection (d) of this section. The Department of Mental  
38 Health and Addiction Services shall administer and use the fund for  
39 grants to qualified applicants to provide MDMA-assisted or psilocybin-  
40 assisted therapy to qualified patients under the pilot program  
41 established pursuant to subsection (b) of this section.

42 (d) For the fiscal year ending on June 30, 2023, and for each fiscal year  
43 thereafter, block grant funds allocated to the department pursuant to  
44 section 4-28b of the general statutes may be deposited in said fund, and  
45 the department may accept contributions from any source, public or  
46 private, for deposit in said fund.

47 (e) On or before November 29, 2022, a qualified applicant may apply  
48 to the Department of Mental Health and Addiction Services for selection

49 as an approved treatment site. The department shall:

50 (1) Develop an application form for qualified applicants seeking  
51 selection as an approved treatment site and, not later than October 31,  
52 2022, post such application on the department's Internet web site;

53 (2) Select up to three qualified applicants as approved treatment sites  
54 not later than December 28, 2022;

55 (3) Distribute one million five hundred thousand dollars from the  
56 PAT Fund equally amongst the approved treatment sites; and

57 (4) Distribute an additional one million five hundred thousand  
58 dollars from the PAT Fund equally amongst the approved treatment  
59 sites that, prior to March 31, 2023, provided proof of receipt of a one  
60 million five hundred thousand dollar matching grant from a private  
61 foundation to treat qualified patients. If no approved treatment site  
62 provides proof of receipt of such matching grant on or before March 31,  
63 2023, the department shall distribute an additional one million five  
64 hundred thousand dollars from the PAT Fund equally amongst the  
65 approved treatment sites not later than March 31, 2024.

66 (f) Approved treatment sites shall collect and submit data to the  
67 Department of Mental Health and Addiction Services, including, but  
68 not limited to, its protocols for the provision of MDMA-assisted and  
69 psilocybin-assisted treatment, training on the facilitation of such  
70 treatment, implementation of facility standards, strategies for patient  
71 protection and mitigation of drug diversion. Approved treatment sites  
72 shall follow all applicable patient privacy laws in the collection and  
73 submission of data to the department. As used in this subsection, "drug  
74 diversion" means the transfer of a legally prescribed drug from the  
75 individual for whom it was prescribed to another individual for any  
76 illicit use.

77 Sec. 2. (*Effective July 1, 2022*) (a) There is established the Connecticut  
78 Psychedelic Treatment Advisory Board, which shall be part of the  
79 Department of Mental Health and Addiction Services.

80 (b) The board shall consist of the following members: (1) Two  
81 appointed by the speaker of the House of Representatives; (2) two  
82 appointed by the president pro tempore of the Senate; (3) one appointed  
83 by the minority leader of the House of Representatives; (4) one  
84 appointed by the minority leader of the Senate; (5) two appointed by the  
85 Office of the Governor; (6) one appointed by the Commissioner of  
86 Mental Health and Addiction Services; (7) one appointed by the  
87 Commissioner of Public Health; and (8) one appointed by the  
88 Commissioner of Consumer Protection. The board shall include  
89 members with experience or expertise in psychedelic research,  
90 psychedelic-assisted therapy, public health, access to mental and  
91 behavioral health care in underserved communities, veteran mental and  
92 behavioral health care, harm reduction and sacramental use of  
93 psychedelic substances.

94 (c) Notwithstanding the provisions of subsection (a) of section 4-9a of  
95 the general statutes, the speaker of the House of Representatives and the  
96 president pro tempore of the Senate shall select the chairpersons of the  
97 board from among the members of the board. The chairpersons shall  
98 oversee the establishment of and make recommendations regarding the  
99 voting procedures of the board.

100 (d) The administrative staff of the joint standing committee of the  
101 General Assembly having cognizance of matters relating to consumer  
102 protection shall serve as administrative staff of the board, with  
103 assistance as needed provided by employees of the Offices of Legislative  
104 Research and Fiscal Analysis.

105 (e) The board shall advise the Department of Mental Health and  
106 Addiction Services on the design and development of the regulations  
107 and infrastructure necessary to safely allow for therapeutic access to  
108 psychedelic-assisted therapy upon the legalization of MDMA,  
109 psilocybin and any other psychedelic compounds. In advising the  
110 department under this subsection, the board shall be responsible for: (1)  
111 Reviewing and considering the data from the psychedelic-assisted  
112 therapy pilot program established under section 1 of this act to inform

113 the development of such regulations; (2) advising the department on the  
114 necessary education, training, licensing and credentialing of therapists  
115 and facilitators, patient safety, harm reduction, the establishment of  
116 equity measures in both clinical and therapeutic settings, cost and  
117 insurance reimbursement considerations and standards of treatment  
118 facilities; (3) advising the department on the use of group therapy and  
119 other therapy options to reduce cost and maximize public health  
120 benefits from psychedelic treatments; (4) monitoring updated federal  
121 regulations and guidelines for referral and consideration by the state  
122 agencies of cognizance for implementation of such regulations and  
123 guidelines; (5) developing a long-term strategic plan to improve mental  
124 health care through the use of psychedelic treatment; (6) recommending  
125 equity measures for clinical subject recruitment and facilitator training  
126 recruitment; and (7) assisting with the development of public awareness  
127 and education campaigns.

128 (f) The board may establish committees and subcommittees  
129 necessary for the operation of the board.

130 Sec. 3. Section 21a-243 of the general statutes is repealed and the  
131 following is substituted in lieu thereof (*Effective July 1, 2022*):

132 (a) The Commissioner of Consumer Protection shall adopt  
133 regulations for the efficient enforcement and operation of sections 21a-  
134 244 to 21a-282, inclusive.

135 (b) The Commissioner of Consumer Protection may, so far as may be  
136 consistent with sections 21a-244 to 21a-282, inclusive, adopt the  
137 regulations existing under the federal Controlled Substances Act and  
138 pertinent regulations existing under the federal food and drug laws and  
139 conform regulations adopted hereunder with those existing under the  
140 federal Controlled Substances Act and federal food and drug laws.

141 (c) The Commissioner of Consumer Protection, acting upon the  
142 advice of the Commission of Pharmacy, may by regulation designate,  
143 after investigation, as a controlled substance, a substance or chemical

144 composition containing any quantity of a substance which has been  
145 found to have a stimulant, depressant or hallucinogenic effect upon the  
146 higher functions of the central nervous system and having a tendency  
147 to promote abuse or physiological or psychological dependence or both.  
148 Such substances are classifiable as amphetamine-type, barbiturate-type,  
149 cannabis-type, cocaine-type, hallucinogenic, morphine-type and other  
150 stimulant and depressant substances, and specifically exclude alcohol,  
151 caffeine and nicotine. Substances which are designated as controlled  
152 substances shall be classified in schedules I to V by regulations adopted  
153 pursuant to subsection (a) of this section.

154 (d) The Commissioner of Consumer Protection may by regulation  
155 change the schedule in which a substance classified as a controlled  
156 substance in schedules I to V of the controlled substance scheduling  
157 regulations is placed. On or before December 15, 1986, and annually  
158 thereafter, the commissioner shall submit a list of all such schedule  
159 changes to the chairmen and ranking members of the joint standing  
160 committee of the General Assembly having cognizance of matters  
161 relating to public health.

162 (e) Notwithstanding the provisions of subsections (a) to (d), inclusive,  
163 of this section, not later than January 1, 2013, the Commissioner of  
164 Consumer Protection shall submit amendments to sections 21a-243-7  
165 and 21a-243-8 of the regulations of Connecticut state agencies to the  
166 standing legislative regulation review committee to reclassify marijuana  
167 as a controlled substance in schedule II under the Connecticut  
168 controlled substance scheduling regulations, except that for any  
169 marijuana product that has been approved by the federal Food and  
170 Drug Administration or successor agency to have a medical use and that  
171 is reclassified in any schedule of controlled substances or unscheduled  
172 by the federal Drug Enforcement Administration or successor agency,  
173 the commissioner shall adopt the schedule designated by the Drug  
174 Enforcement Administration or successor agency.

175 (f) Notwithstanding the provisions of subsections (a) to (d), inclusive,  
176 of this section, the Commissioner of Consumer Protection shall adopt

177 the schedule designated by the Drug Enforcement Administration or  
178 successor agency for MDMA, as defined in section 1 of this act, and  
179 psilocybin, as defined in said section, if MDMA and psilocybin have  
180 been approved by said administration, or successor agency, to have a  
181 medical use and are reclassified in any schedule of controlled substances  
182 or unscheduled by said administration or successor agency.

183     ~~[(f)]~~ (g) A new or amended regulation under this chapter shall be  
184 adopted in accordance with the provisions of chapter 54.

185     ~~[(g)]~~ (h) In the event of any inconsistency between the contents of  
186 schedules I, II, III, IV and V of the controlled substance scheduling  
187 regulations and schedules I, II, III, IV and V of the federal Controlled  
188 Substances Act, as amended, the provisions of the federal act shall  
189 prevail, except (1) when the provisions of the Connecticut controlled  
190 substance scheduling regulations place a controlled substance in a  
191 schedule with a higher numerical designation, schedule I being the  
192 highest designation, or (2) as provided in subsection (e) of this section.

193     ~~[(h)]~~ (i) When a drug that is not a controlled substance in schedule I,  
194 II, III, IV or V, as designated in the Connecticut controlled substance  
195 scheduling regulations, is designated to be a controlled substance under  
196 the federal Controlled Substances Act, such drug shall be considered to  
197 be controlled at the state level in the same numerical schedule from the  
198 effective date of the federal classification. Nothing in this section shall  
199 prevent the Commissioner of Consumer Protection from designating a  
200 controlled substance differently in the Connecticut controlled substance  
201 scheduling regulations than such controlled substance is designated in  
202 the federal Controlled Substances Act, as amended from time to time.

203     ~~[(i)]~~ (j) The Commissioner of Consumer Protection shall, by  
204 regulation adopted pursuant to this section, designate the following  
205 substances, by whatever official, common, usual, chemical or trade  
206 name designation, as controlled substances and classify each such  
207 substance in the appropriate schedule:

- 208 (1) 1-pentyl-3-(1-naphthoyl)indole (JWH-018);
- 209 (2) 1-butyl-3-(1-naphthoyl)indole (JWH-073);
- 210 (3) 1-[2-(4-morpholinyl)ethyl]-3-(1-naphthoyl)indole (JWH-200);
- 211 (4) 5-(1,1-dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol  
212 (CP-47,497);
- 213 (5) 5-(1,1-dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol  
214 (cannabicyclohexanol; CP-47,497 C8 homologue);
- 215 (6) Salvia divinorum; and
- 216 (7) Salvinorum A.

217 [(j)] (k) Notwithstanding the provisions of subsection (c) of this  
218 section, the Commissioner of Consumer Protection shall designate the  
219 following substances, by whatever official, common, usual, chemical or  
220 trade name designation, as controlled substances in schedule I of the  
221 controlled substances scheduling regulations:

- 222 (1) Mephedrone (4-methylmethcathinone); and
- 223 (2) MDPV (3,4-methylenedioxypropylvalerone).

224 Sec. 4. (NEW) (*Effective July 1, 2022*) The Department of Consumer  
225 Protection shall consider for adoption any nonbinding federal  
226 guidelines from the federal Department of Health and Human Services  
227 regarding the practice of psychedelic-assisted therapy. The Connecticut  
228 Psychedelic Treatment Advisory Board established under section 2 of  
229 this act and members of the public may submit written comments to the  
230 department during a notice and comment period established by the  
231 department regarding adoption of and any suggested changes to such  
232 guidelines that may better meet the needs of state residents. The  
233 department shall post the procedures and deadline for submission of  
234 written comments during such notice and comment period on its  
235 Internet web site.



236 Sec. 5. Subdivision (29) of section 21a-240 of the 2022 supplement to  
237 the general statutes is repealed and the following is substituted in lieu  
238 thereof (*Effective July 1, 2022*):

239 (29) "Marijuana" means all parts of any plant, or species of the genus  
240 cannabis or any infra specific taxon thereof, whether growing or not; the  
241 seeds thereof; the resin extracted from any part of the plant; every  
242 compound, manufacture, salt, derivative, mixture, or preparation of  
243 such plant, its seeds or resin, any product made using hemp, as defined  
244 in section 22-61*l*, which exceeds three-tenths per cent total THC  
245 concentration on a dry-weight basis; manufactured cannabinoids,  
246 synthetic cannabinoids, except as provided in subparagraph (E) of this  
247 subdivision; or cannabimon, cannabinol or cannabidiol and chemical  
248 compounds which are similar to cannabimon, cannabinol or cannabidiol  
249 in chemical structure or which are similar thereto in physiological effect,  
250 which are controlled substances under this chapter, except cannabidiol  
251 derived from hemp, as defined in section 22-61*l*, with a total THC  
252 concentration of not more than three-tenths per cent on a dry-weight  
253 basis. "Marijuana" does not include: (A) The mature stalks of such plant,  
254 fiber produced from such stalks, oil or cake made from the seeds of such  
255 plant, any other compound, manufacture, salt, derivative, mixture or  
256 preparation of such mature stalks, except the resin extracted from such  
257 mature stalks or fiber, oil or cake; (B) the sterilized seed of such plant  
258 which is incapable of germination; (C) hemp, as defined in section 22-  
259 61*l*, with a total THC concentration of not more than three-tenths per  
260 cent on a dry-weight basis; (D) any substance approved by the federal  
261 Food and Drug Administration or successor agency as a drug and  
262 reclassified in any schedule of controlled substances or unscheduled by  
263 the federal Drug Enforcement Administration or successor agency  
264 which is included in the same schedule designated by the federal Drug  
265 Enforcement Administration or successor agency; or (E) synthetic  
266 cannabinoids which are controlled substances that are designated by the  
267 Commissioner of Consumer Protection, by whatever official, common,  
268 usual, chemical or trade name designation, as controlled substances and  
269 are classified in the appropriate schedule in accordance with

270 subsections [(i)] (j) and [(j)] (k) of section 21a-243, as amended by this  
271 act;

272 Sec. 6. (Effective July 1, 2022) The sum of three million dollars is  
273 appropriated to the Department of Mental Health and Addiction  
274 Services from the General Fund, for the fiscal year ending June 30, 2023,  
275 for deposit in the Qualified Patients for Approved Treatment Sites Fund  
276 established under section 1 of this act.

This act shall take effect as follows and shall amend the following sections:		
Section	July 1, 2022	New section
Sec. 2	July 1, 2022	New section
Sec. 3	July 1, 2022	21a-243
Sec. 4	July 1, 2022	New section
Sec. 5	July 1, 2022	21a-240(29)
Sec. 6	July 1, 2022	New section

**Statement of Legislative Commissioners:**

In Section 2(c), the phrase "Notwithstanding the provisions of subsection (a) of section 4-9a of the general statutes, the" was added for consistency with the controlling provision of the general statutes.

**PH** Joint Favorable Subst. -LCO