

PA12-158

HB5037

House	3629-3637	9
Public Health	35-41, 43, 57-58, 644-650	17
<u>Senate</u>	<u>4495, 4497-4499</u>	<u>4</u>
		30

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
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will take a tally.

And, the Clerk will announce the tally.

THE CLERK:

House Bill 5447 as amended by House "A".

Total number voting	145
Necessary for adoption	73
Those voting Yea	145
Those voting Nay	0
Those absent and not voting	6

DEPUTY SPEAKER GODFREY:

The Bill as amended is passed.

Mr. Clerk, kindly call Calendar 245.

THE CLERK:

On Page 11, Calendar 245, Substitute for House
Bill Number 5037, AN ACT IMPLEMENTING THE GOVERNOR'S
BUDGET RECOMMENDATIONS CONCERNING PUBLIC HEALTH.
Favorable report by the Committee on Public Health.

DEPUTY SPEAKER GODFREY:

The distinguished Chair of the Public Health
Committee, Representative Betsy Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. I move for acceptance of
the joint committee's favorable report and passage of
the Bill.

DEPUTY SPEAKER GODFREY:

Question is on acceptance and passage. Will you explain the Bill, please ma'am?

REP. RITTER (38th):

Yes. Mr. Speaker, this Bill essentially allows for the recovery of the cost for care of individuals found not guilty because of mental illness to be recovered by the state. Mr. Speaker, the Clerk is in possession of an amendment, LCO Number 4207. I would ask the Clerk to please call the amendment and that I be granted leave of the chamber to summarize.

DEPUTY SPEAKER GODFREY:

The Clerk is in possession of LCO Number 4207, which shall be designated House Amendment Schedule "A". Mr. Clerk, please call the amendment.

THE CLERK:

LCO 4207, House "A", offered by Representative Ritter and Senator Gerratana.

DEPUTY SPEAKER GODFREY:

The gentle woman has asked to leave the chamber to summarize. Is there objection? Hearing none, Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, this

amendment essentially deletes from the statutes, section 17A-249 which was the section in the statute that allowed persons found not guilty because of mental illness and for reasons of mental illness to be committed to a state institution for those expenses to be charged to the state rather than allowing the state the ability to potentially collect on those expenses as it does under any other state program and I urge it's adoption.

DEPUTY SPEAKER GODFREY:

Question is on adoption of House Amendment Schedule "A". Will you remark further?

Representative Perillo, Ranking Member of the Public Health Committee.

REP. PERILLO (113th):

Mr. Speaker, thank you very much. If I may, sir, through you, a few questions to the proponent of the amendment.

DEPUTY SPEAKER GODFREY:

Proceed, sir.

REP. PERILLO (113th):

Through you, sir, I understand that ht amendment will essentially remove the requirement that the state be responsible for these charges, but just to clarify,

to whom would the state levy these charges otherwise. I know it could be specifically to the resident of the facility, but what about family members, things of that sort. Who else could possibly be responsible for these charges?

DEPUTY SPEAKER GODFREY:

Representative Ritter, do you care to respond?

REP. RITTER (38th):

Through you, Mr. Speaker, yes, Mr. Speaker, as I had indicated currently under statute these people are not liable and indeed every other person, recipient of state services is liable and essentially they would fall under that same section in the statutes which is found in 17B-223. Representative Perillo asked exactly who would be liable. It would be either the patient, husband or wife of such patient and the father and mother of a patient if under 18 years old. And, I would refer Representative Perillo to section C of that statute that I reference.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much and I thank the Chair for her answers to the question. Would the state of the

individual who was currently a resident and then subsequently released, would that estate potentially be liable if the patient were to pass on, sir?
Through you.

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Mr. Speaker, under that same area in the statutes, the answer would be yes.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much and just a follow up to that. Currently, under our Medicaid program, an individual is able to transfer their assets over to a family member or someone else -- there's a five year look back. Would that apply in this case? Could the resident transfer their assets over to someone else and then would the state indeed be able to go after those assets in order to ensure that payment was made for the services provided at a state facility or is that transfer not allowed? Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker. Mr. Speaker this change in the statutes does not prohibit that in any way. Beyond that, I am not able to answer the Representative's question.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker and obviously the reason why I ask, it is conceivable that, you know, as a resident of the facility grows older or less healthy and perhaps death is around the corner, that individual or the individual's family would be able to transfer that asset, perhaps even days within the individual's passing, hence the state would not have access to the patient's estate and therefore not be able to collect through that estate and it does not seem that the legislation would -- the intent is for such an act to prohibit collection, but I did just want to clarify because it is silent on that and I do, as I said, know that the Medicaid regulations do provide for a five year look back, but someone who transferred assets prior to that or within that five year period, would indeed be -- those assets would be

available to the State of Connecticut. So, it does not seem though -- and given the lady's answer, if she could just clarify for me that that would be the case, that if assets were indeed transferred to someone else, that as I understand it, the state would still be able to obtain those assets? I was just unclear. Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker, and that is my understanding.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker and I thank the Chair for her answers to the questions. I do think this makes sense. An original version -- an earlier version of this Bill was quite convoluted. The amendment does clear up a lot of the questions and does make it much more concrete and simply removing 17B-249 from statute and I would urge adoption. Thank you, sir.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Will you remark further on House Amendment Schedule "A"? Will you remark further on House Amendment Schedule "A"?

If not, let me try your minds. All those in favor signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed Nay.

The Ayes have it. The amendment is adopted.

Will you remark further on the Bill as amended?
Will you remark further on the Bill as amended?

If not, staff and guests please come to the well of the House. Members take your seats. The machine will be open.

The House of Representatives is voting by roll call. Members to the chamber. The House is taking a roll call vote. Members to the chamber, please.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted? If so, the machine will be locked. The Clerk will take a tally.

Mr. Clerk please announce the tally.

THE CLERK:

House Bill 5037 as amended by House "A".

Total number voting	145
Necessary for adoption	73
Those voting Yea	145
Those voting Nay	0
Those absent and not voting	6

DEPUTY SPEAKER GODFREY:

The Bill as amended is passed.

Mr. Clerk, kindly call Calendar 317.

THE CLERK:

On Page 18, Calendar 317, Senate Bill Number 71,

AN ACT EXPANDING THE ONE FREE ITEM RETAIL SALES LAW.

Favorable report on the Committee on General Law.

DEPUTY SPEAKER GODFREY:

The distinguished Chairman of the General Law
Committee, Representative Taborsak of Danbury.

REP. TABORSAK (109th):

Thank you, Mr. Speaker. Mr. Speaker I move
acceptance of the joint committee's favorable report
and passage of the Bill.

DEPUTY SPEAKER GODFREY:

Question is on acceptance and passage.

REP. TABORSAK (109th):

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COMMISSIONER JEWEL MULLEN: Not that I'm aware of.

REP. LYDDY: Okay.

COMMISSIONER JEWEL MULLEN: It could go to our oral health office and I just haven't seen it.

REP. LYDDY: All right. Thank you so much.

SENATOR GERRATANA: Thank you, Representative. Any other questions? If none, thank you so much for coming today. We appreciate it very, very much.

COMMISSIONER JEWEL MULLEN: You're welcome.

SENATOR GERRATANA: Good to see you. Thank you for your testimony.

Next is Ellen LaChance.

ELLEN LACHANCE: Good morning.

SENATOR GERRATANA: Welcome.

ELLEN LACHANCE: Thank you.

SENATOR GERRATANA: Thank you.

ELLEN LACHANCE: Good morning, Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee. I'm Ellen LaChance and I'm the Executive Director of the Psychiatric Security Review Board. And I'm here before you today in support of House Bill 5037, AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING PUBLIC HEALTH.

The Psychiatric Security Review Board was established in 1985 after an examination of Connecticut's insanity defense statutes and supervision procedures revealed that in the

oversight of those individuals acquitted of a crime by reason of mental disease or defect. The Connecticut Legislature determined that the public would best be served by an independent board that could monitor acquittees more closely than Superior Court. Thus the board was established to perform specific functions in the adjudication and supervision of insanity acquittees previously carried out by Superior Court.

The board is comprised of a small staff and six board members appointed by the Governor and confirmed by the Legislature. The board orders the confinement and treatment of acquittees to the Department of Mental Health and Addiction Services or the Department of Developmental Services. The board closely monitors the treatment and supervision of those acquittees residing in the inpatient hospital settings or released to the community. For 26 years, the board has functioned as an independent agency within the Department of Mental Health and Addiction Services for administrative purposes.

The goal of the proposal before you, merging the board with DMHAS, is to streamline state government while maintaining the board's independent decision making and monitoring functions. The board's request for substitute language, which is attached to the testimony, serves to safeguard the board's statutory mission in performing its functions which is the protection of society. The board further requests your support to modify the state's liability statute regarding acquittees confined in a state hospital.

The board has a significant role in safeguarding Connecticut's citizens while at the same time ensuring appropriate treatment services for those under its jurisdiction. The committee's

favorable action on this bill and proposed substitute language will ensure the board's public safety mandate remains intact. I'm happy to respond to any questions.

SENATOR GERRATANA: Thank you so much for your testimony. Are there any questions?

Representative Ritter.

REP. RITTER: Thanks, Senator Gerratana. Good morning, thank you for being here. I know that there will be conversations regarding the efforts to maintain and secure the independence of the board under this proposal. And I know you addressed that a bit in your testimony, but you also have suggested substitute language and I wondered if you could elaborate on how that substitute language operates to do that.

ELLEN LACHANCE: I think it's important to understand that the -- that the board -- the board's primary function is the protection of society. It's a mission that is solely its own. And when you're placing an independent board -- when you're placing an entity with a distinct mission within an -- another department which has a separate mission, and they may crossover, that it's important to make sure that the mission of each is -- is retained and respected.

So the goal of this substitute language is to further clarify that so that those missions are not in any way watered down, for both the Department of Mental Health and Addiction Services and for the board. And also to make sure that the board's adjudicative function continues so that the public has no concern about impartiality. Think about it in -- here's an analogous situation for -- for those who may not understand how the board works, think about Probate Court, for example, that might rule on

involuntary medications for patients in a hospital setting.

If Probate Court were moved within that, say under DMHAS, that you'd want to make sure that whoever is watching those decisions and the decision making process knows it has confidence that that probate court, or in this case the board, decisions are made with objective information and evidence and that they're not in any way influenced. Because the board's function -- part of the board's function is to issue orders within -- to Department of Mental Health and Addiction Services. So there can be a concern about competing interests. Is that clearer for you?

REP. RITTER: Yes, and that is a concern.

ELLEN LACHANCE: Okay.

REP. RITTER: So when I look at the substitute language, and I will be honest, I did not review the substitute language last night in depth, so -

ELLEN LACHANCE: So then, well, let me, if it can be helpful --

REP. RITTER: Please.

ELLEN LACHANCE: -- and we've had a few. And they're -- they're really -- they're meant again to clarify. So what we've added is, as a division with the Department of Mental Health and Addiction Services, the term independent to further clarify that this is an agency whose function is distinct, but who gets -- who needs support. Because we are a very small agency, we need the support of a larger agency for our HR functions, our business functions, and that type of thing. So the term independent is there. And

also references the board's statutory and regulatory language which is different than DMHAS's statutes and regulations so that -- that references its own government statutes in carrying out its mission.

The other two pieces, well, actually one more -- the one that's, I think, important in relation to your question really refers to the regulations. The board derived much of its authority or all of its authority to order confinement and treatment through statutes and regulations. And this substitute language, I talked about -- it refers to the regulations so that changes in regulations can only occur with both the board and DMHAS's -- DMHAS agreement so that one doesn't have more authority than the other in changing regulations.

REP. RITTER: Thank you. That's helpful, but I might relay one or two concerns and you can feel free to correct me if I'm --

ELLEN LACHANCE: Sure.

REP. RITTER: -- not correctly understanding this.

ELLEN LACHANCE: Yep.

REP. RITTER: You used the example of the regulations and that they would require -- implementation of those regulations would require approval from both the board and DMHAS. But sometimes those regulations, in the interest of protecting the -- the authority and the population and the mission of the board, aren't necessarily helpful -- helpful might not be the right word, but don't always run particularly with the interests of the agency. Most often this can occur in budgetary issues, issues that have a fiscal impact, and I think those are the things that perhaps are concerning to many of us. Am I --

ELLEN LACHANCE: I hear, yes, I hear -- I hear your concerns. Let me say that the board has had a long and positive criminal recidivism rate. We have a very, I think, good track record and that is due in no short order to the support and collaborative relationship that the board enjoys with DMHAS. And I know that -- I know that DMHAS shares the same public safety interests and concerns. And it's also important to understand that, in addition to the public safety mandate, the element of treatment is critical to public safety.

Treatment is public safety. And so DMHAS has a best admission in ensuring that the board's order are both helpful for acquittees, patients at the hospital setting or in a community we call them acquittees, the legal -- the legal term, so they have a vested interest in making sure that treatment is appropriate and safe for them, because it will translate into public safety.

And -- and those missions are not completely in -
- in -- separate. I -- I do see them -- I do see them as compatible and I -- and I think our, again our track record with DMHAS has been very positive. DMHAS has evolved and developed some very effective (inaudible) programs. And in that sense while our missions may be separate, there is a crossover that is -- is I think certainly appropriate.

REP. RITTER: Thank you. And I appreciate your efforts to help us along on this. So I guess maybe I'll just say that I still remain nervous when I see instances that would require joint sort of approval without perhaps an override mechanism or something like that that could guarantee the element of protection for your acquittees that were at least the original mission of -- of the board. And -- and that -- that continues to concern me, and I want to make

sure that that's on the record.

ELLEN LACHANCE: I -- I hear that. The only other comment I would just say is to reiterate that the board's statutory mission will not be changed in this merger. But I hear you --

REP. RITTER: For which I am grateful. Thank you. And I might add that some of my nervousness is that we've all seen statutory missions and we've all seen actuality, and -- and I think that's just a concern maybe that's shared. And I appreciate, as I said, your efforts to help me. I might appreciate further conversation.

ELLEN LACHANCE: Understood.

REP. RITTER: Thank you.

SENATOR GERRATANA: Thank you. Are there any other questions? If not, thank you so much for coming and providing us with testimony today on the bill.

Next on our list is Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services. Welcome, Commissioner.

COMMISSIONER PATRICIA REHMER: Distinguished members of the Public Health Committee. I'm Commissioner Patricia Rehmer, from the Department of Mental Health and Addiction Services, and I'm here this morning to speak in favor of House Bill 5063, AN ACT CONCERNING TREATMENT FOR DRUG OVERDOSE, and House Bill 5064, AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES REPORTING REQUIREMENTS. And I want to thank the committee for your assistance in raising these proposals.

House Bill 5063 would allow a broader group of individuals to be prescribed a drug called Narcan or Naloxone, which is used to counteract drug

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and eliminate some reporting requirements for our department. Retirements and hiring freezes, as you've heard, have made it difficult to attend to many of the tasks before us. We have to prioritize our resources, and in doing so looked at the multiple reporting requirements that we have. And we are asking that you combine three separate reports on substance abuse treatment and that you eliminate a general hospital reporting requirement to DMHAS that no longer has any value.

So, again, I appreciate your time and attention to these matters. I also just want to go on record; again, you have my written testimony, in terms of the government's -- the Governor's bill which you just heard in terms of changing the reporting relationship of the PSRB and merging the Psychiatric Security Review Board into the department. And, again, just to restate that the PSRB has functioned within DMHAS for administrative purposes since 1985, budgetarily they've already been involved with the department.

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And so we -- we support this bill, and -- and, again, with the changes that have been suggested to you in terms of the way the Psychiatric Security Board will continue to maintain a separate autonomy in terms of their public safety role. We think that this bill is very manageable for the department.

Lastly, I just want to reference House Bill 5243, AN ACT CONCERNING THE USE OF MERCURY IN DENTISTRY, but our dentist from CDH is going to actually provide the testimony for this and he'll be able to answer any questions that you have.

SENATOR GERRATANA: Thank you so much, Commissioner Rehmer. I do have a question on House Bill 5063, AN ACT CONCERNING TREATMENT FOR A DRUG OVERDOSE.

COMMISSIONER PATRICIA REHMER: Good morning.

REP. RITTER: You may have heard some of my HB 5037 conversation earlier regarding the PSRB and so rather than repeat it, I think I would seek some of the same input in discussion from the DMHAS side of the equation. So I guess I offer you the opportunity to ask me any questions if there's something you don't understand that's along the line of inquiry I want to pursue.

COMMISSIONER PATRICIA REHMER: I -- I think that we -- I understand the concern that you have. I think again the changes to the language, and we've worked on those collaboratively, really focuses on trying to maintain the independence of the board, and at the same time, affording us an opportunity to get some economies. For example, the PSRB has lost significant -- not insignificant administrative support and clerical support over the last several years. It's something that we were already talking about providing more of to them anyway. This gives us another opportunity to do that.

But I think as Ellen LaChance stated, clearly the mission of the Psychiatric Security Review Board is public safety. The mission of the department is treatment, however, within that context, we certainly are concerned about public safety. We collaborate on many of the -- not the decisions, but we certainly have conversations about individuals who are under the review board. We provide all of the clinical information to the Security Review Board, but ultimately, again, it's their decision about, for example, whether to release someone from the hospital. We don't see this bill changing that process.

I think we're invested in keeping that process very separate. The bill does not allow me as the

commissioner to overturn or in -- intercede on any of the decision that the board makes. I think that, again, as Ellen said, the independence is going to be maintained, and we changed the language to very specifically address that.

REP. RITTER: Thank you. And I -- I really appreciate those efforts to work on the language, and I think you rightly suspected that that might be a concern for many particularly when you speak to the, at least inability as you understand it, of the agency to actually overturn any decisions made on the part of the board.

And my concern, as I said, was that while I understand that that indeed may be the situation, I'm still not comfortable that this language is strong enough in addressing that. So I guess I might suggest that if there is a way to more clearly state that in this language as you just did, that might be something I'd be very interested in seeing.

COMMISSIONER PATRICIA REHMER: I think we'd be more than willing to work on that with you.

REP. RITTER: That would be helpful. Thank you.

SENATOR GERRATANA: Thank you, Representative. And thank you Commissioner Rehmer. I think we have asked you many questions, and we thank you for your testimony and coming here today.

COMMISSIONER PATRICIA REHMER: Thank you.

SENATOR GERRATANA: You're welcome.

Next to testify is Senator Michael McLachlan. Welcome, Senator. Good morning.

SENATOR MCLACHLAN: I also would like to thank Senator

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STATE OF CONNECTICUT
PSYCHIATRIC SECURITY REVIEW BOARD

PSYCHIATRIC SECURITY REVIEW BOARD
 Ellen Lachance, Executive Director

Public Health Committee Testimony
 March 7, 2012

Good morning Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee. I am Ellen Lachance, the Executive Director of the Psychiatric Security Review Board and I appear before you today in support of **HB 5037 An Act Implementing the Governor's Budget Recommendations Concerning Public Health**.

The Psychiatric Security Review Board was established in 1985 after an examination of Connecticut's insanity defense statutes and supervision procedures revealed gaps in the oversight of those individuals acquitted of a crime by mental disease or defect. The Connecticut Legislature determined the public would best be served by an independent Board that could monitor acquirtees more closely than Superior Court. Thus, the Board was established to perform specific functions in the adjudication and supervision of insanity acquirtees previously carried out by Superior Court.

The Board is comprised of a small staff and six Board members, appointed by the Governor and confirmed by the legislature. The Board orders the confinement and treatment of acquirtees to the Department of Mental Health and Addiction Services (DMHAS) or to the Department of Developmental Services. The Board closely monitors the treatment and supervision of those acquirtees residing in an inpatient hospital setting or released to the community.

For twenty-six years, the Board has functioned as an independent agency, within the Department of Mental Health and Addiction Services for administrative purposes. The goal of the proposal before you, merging the Board with DMHAS, is to streamline state government while maintaining the Board's independent decision making and monitoring functions. The Board's request for substitute language which is attached to this testimony, serves to safeguard the Board's statutory mission in performing its functions, which is the protection of society. The Board further requests your support to modify the state's liability statutes regarding acquirtees confined in a state hospital.

The Board has a significant role in safeguarding Connecticut's citizens, while at the same time, ensuring appropriate treatment services for those under its jurisdiction. The Committee's favorable action on this bill and the proposed substitute language, will ensure the Board's public safety mandate remains intact. I am happy to respond to any questions



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SUBSTITUTE LANGUAGE – HB 5037

***AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET
RECOMMENDATIONS CONCERNING PUBLIC HEALTH***

Section 1. Section 17a-581 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2012*):

(a) There is hereby established, [a] within the Department of Mental Health and Addiction Services, an independent division to be known as the Psychiatric Security Review Board, [which shall be an autonomous body within the Department of Mental Health and Addiction Services for administrative purposes only] "Independent division" means a division within the Department of Mental Health and Addiction Services which shall maintain its own policies and procedures consistent with its statutory mission and governing statutes and regulations. The Commissioner of Mental Health and Addiction Services shall oversee said division. Nothing in this section shall be construed to affect or limit the independent decision-making of the board. [Members appointed pursuant to this section shall exercise independent decision-making authority over all matters relating to acquittees committed to the board's jurisdiction pursuant to section 17a-582] The board shall constitute a successor to the former Psychiatric Security Review Board, in accordance with the provisions of sections 4-38d and 4-39. Any order, decision, agreed settlement or regulation of the Psychiatric Security Review Board which is in force on June 30, 2012, shall continue in force and effect as an order or regulation of the Department of Mental Health and Addiction Services until amended, repealed or superseded pursuant to law. If the words "Psychiatric Security Review Board" are used or referred to in any public or special act of 2012 or in any section of the general statutes which is amended in 2012, such words shall be deemed to mean or refer to the Psychiatric Security Review Board division within the Department of Mental Health and Addiction Services.

(b) The board shall consist of six members who shall serve for a term of four years and shall be appointed by the Governor with the advice and consent of either house of the General Assembly, except that of the members first appointed to the board: (1) One shall serve for a term ending June 30, 1987; (2) two shall serve for terms ending June 30, 1988; (3) two shall serve for terms ending June 30, 1989; and (4) one appointed pursuant



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to subdivision (6) of subsection (b) of this section shall serve for a term ending June 30, 99.

[(b)] (c) The membership shall be composed of: (1) A psychiatrist experienced with the criminal justice system and not otherwise employed on a permanent basis by the state, except that a psychiatrist employed by The University of Connecticut Health Center who is not responsible for the administration of or treatment decisions for persons under the jurisdiction of the Psychiatric Security Review Board shall be eligible for membership under this subdivision; (2) a psychologist experienced with the criminal justice system and not otherwise employed on a permanent basis by the state, except that a psychologist employed by The University of Connecticut Health Center who is not responsible for the administration of or treatment decisions for persons under the jurisdiction of the Psychiatric Security Review Board shall be eligible for membership under this subdivision; (3) a person with substantial experience in the process of probation; (4) a member of the general public; (5) an attorney who is a member of the bar of this state; and (6) a member of the general public with substantial experience in victim advocacy.

[(c)] (d) No employee of the Division of Criminal Justice or the Public Defender Services Commission shall be a member of the board.

[(d)] (e) The Governor at any time may remove any member for inefficiency, neglect of duty or malfeasance in office.

[(e)] (f) A member of the board not otherwise employed full-time by the state shall be paid seventy-five dollars for each day during which the member is engaged in the performance of official duties. In addition, subject to sections 4-15 and 5-141c regulating travel and other expenses of state officers and employees, the member shall be reimbursed for actual and necessary travel and other expenses incurred in the performance of official duties.

[(f)] (g) Subject to any applicable provision of sections 5-193 to 5-268, inclusive, the board may [hire employees] make a request to the Commissioner of Mental Health and Addiction Services for the commissioner to assign such department employees as are necessary to assist the board in the performance of its duties under sections 17a-580 to [17a-602] 17a-603, inclusive. The commissioner's assignment of such personnel shall be made in consultation with the board.



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[(g)] (h) A majority of the members of the board constitutes a quorum for the transaction of business. Hearings shall be held before members of the board.

[(h)] (i) The board shall meet at least twice every month, unless the chairman determines that there is not sufficient business before the board to warrant a meeting at the scheduled time. The board shall also meet at other times and places specified by the call of the chairman or of a majority of the members of the board.

[(i)] (j) No member of the board shall be personally liable for damage or injury caused in the discharge of his duties. Any person having a complaint for such damage or injury shall present it as a claim against the state under the provisions of chapter 53.

[(j)] (k) The [board] Department of Mental Health and Addiction Services, in concurrence with the board, may adopt, in accordance with chapter 54, such regulations as may be necessary to carry out the purposes of sections 17a-580 to 17a-602, inclusive.

Sec. 2. Section 17b-249 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2012*):

When any person, charged with any offense punishable by fine or imprisonment or both, has been found not guilty because of mental illness and, by reason of such mental illness, has been committed for confinement or treatment to any institution supported in whole or in part by the state, the expense for the support and treatment of such person while so committed shall be [charged to the state.] paid to the state. The state may recover for the cost of such support and treatment in the manner provided in sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, 17b-256, 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

Dannel P. Malloy
Governor

Patricia A. Rehmer, MSN
Commissioner

**Testimony by Patricia Rehmer, MSN, Commissioner
Department of Mental Health and Addiction Services
Before the Public Health Committee
March 7, 2012**

Good morning Sen. Gerratana, Rep. Ritter, and distinguished members of the Public Health Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services, and I am here this morning to speak in favor of HB 5037 An Act Implementing the Governor's Budget Recommendations Concerning Public Health.

The bill before you would put the Psychiatric Security Review Board (PSRB) under DMHAS as a separate division, and would change the liability statutes to allow for the state to recoup dollars from acquttees who fall under the jurisdiction of the Board and who were treated or confined in a state hospital. We are recommending a few changes to the liability language. We ask that you remove the language in the bill that gives an exemption to the spouses of acquttees and remove section 3 from the bill in its entirety. This language for recoupment of dollars is similar to provisions that are currently in place for individuals who serve time in corrections and for individuals who are served in our state hospitals.

The PSRB has functioned in DMHAS for administrative purposes only since 1985. The statutory change before you would allow DMHAS to realize administrative savings in the long-term but would do nothing to change the mission or function of the Board. They would continue to have members appointed by the Governor with specific roles and expertise, and would continue to hold public safety as their primary mission.

The Board is also asking for language changes that further clarify its independent decision making and that the staff assigned to the Board must be allowed to follow Board mandates. We are in support of their suggested changes. The PSRB has attached to its testimony a copy of the bill with all the proposed changes.

Thank you for your time and attention to this matter and I would be happy to answer any questions you may have at this time.



State of Connecticut
DIVISION OF CRIMINAL JUSTICE

Testimony of the Division of Criminal Justice
Joint Committee on Public Health
March 7, 2012

H.B. No. 5037: An Act Implementing the Governor's Budget Recommendations
Concerning Public Health

The Division of Criminal Justice respectfully recommends the Committee's JOINT FAVORABLE SUBSTITUTE Report for H.B. No. 5037, An Act Implementing the Governor's Budget Recommendations Concerning Public Health, to incorporate substitute language that is being submitted by the Psychiatric Security Review Board (PSRB).

The Division's concerns with regard to H B No. 5037 are limited solely to those sections concerning the PSRB. Since its establishment, the board has been an independent agency in the executive branch of state government. The Division firmly believes the PSRB as an independent agency has served the criminal justice system - and by extension and most important, the interests of justice -- with great distinction. The Division of Criminal Justice fully understands the need for and supports efforts to achieve greater efficiency in the delivery of services to maximize the utilization of limited resources. At the same time we cannot understate the importance of maintaining the independence of the PSRB in terms of its decision-making authority.

The PSRB was established to assume monitoring and oversight functions for acquittees in criminal cases whose status previously was monitored and overseen by the Judicial Branch through the Superior Court. As was the case with the court, the PSRB reviews and scrutinizes the treatment programs and recommendations of the Department of Mental Health and Addiction Services. Clearly this decision-making role must remain independent of DMHAS. The challenge raised by the concept of H.B. No. 5037 is how to achieve efficiencies by having strictly clerical and administrative functions of the board into DMHAS without compromising the independent decision-making authority of PSRB. While the effective sharing of administrative and support services between PSRB and DMHAS may make for greater efficiency, it must be accomplished in a fashion that protects against the potential for conflict and maintains the independence of PSRB decision-making.

As such, the Division respectfully recommends that the Committee amend H.B. No. 5037 to clearly protect the integrity and independence of the PSRB decision-making process. The PSRB has submitted substitute language to accomplish this goal. The Division supports the position of the board. We would, however, further suggest that the Committee consider some mechanism to monitor the consolidation of PSRB into DMHAS to assure that the independence

of PSRB decision-making remains intact. One way to achieve this would be to require the PSRB itself to examine its operations annually and report to the General Assembly with any findings and recommendations to assure its continued independence in this most critical area

In conclusion, the Division wishes to thank the Committee for this opportunity to provide input on this important issue. We would be happy to provide any additional information the Committee might desire and to answer any questions the Committee might have

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**CONNECTICUT
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SENATE**

**PROCEEDINGS
2012**

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rgd/tmj/gdm/gbr
SENATE

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May 9, 2012

We'll do that in a second, sir.

Mr. Clerk.

THE CLERK:

House Bill 535 --

THE CHAIR:

Hold on a minute, Mr. Clerk, sorry.

SENATOR LOONEY:

Madam President, if we might --

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes, Madam President, we may have one item to verify and correct.

THE CHAIR:

Absolutely, sir.

SENATOR LOONEY:

Yes, Madam President, an item on calendar page 13, Calendar 444, House Bill 5037, if that item might also be placed on the consent calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Good. Thank you, Madam President, and --

THE CHAIR:

Senator -- Senator Looney.

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May 9, 2012

(HB 5283)

On page 3, Calendar 240, House Bill 3283; page 3, Calendar 299, House Bill 5437; page 5, Calendar 349, Senate Bill 374; page 6, Calendar 375, House Bill 5440; page 6, 362, House Bill 5011.

On page 7, Calendar 376, House Bill 5279; on page 7, 387, House Bill 5290; on page 8, 394, House Bill 5032; on page 8, 396, House Bill 5230.

Also on page 8, Calendar 398, House Bill 5241; on page 8, Calendar 393, House Bill 5307; on page 9, Calendar 403, House Bill 5087; on page 9, Calendar 406, House Bill 5276; on page 9, 407, House Bill 5484; on page 11, Calendar 424, House Bill 5495; on page 12, Calendar 435, House Bill 5232; on page 13, Calendar 5 -- excuse me Calendar 450, House Bill 5447; on page 14, Calendar 455, House Bill 3 -- I'm sorry -- House Bill 5353.

On page 14, Calendar 453, House Bill 5543; on page 14, Calendar 459, House Bill 5271; on page 15, Calendar 464, House Bill 5344; on page 15, Calendar 465, House Bill 5034; on page 16, Calendar 469, House Bill 5038; on page 17, Calendar 475, House Bill 5550; on page 17, Calendar 474, House Bill 5233; on page 17, Calendar 477, House Bill 5421.

Page 18, 480, House Bill 5258; on page 18, Calendar 479, House Bill 5500; page 18, Calendar 482, House Bill 5106; on page 18, Calendar 483, House Bill 5355; on page 19, Calendar 489, House Bill 5248; on page 19, Calendar 488, House Bill 5321; on page 20, Calendar 496, House Bill 5412.

On page 21, Calendar 504, House Bill 5319; page 21, Calendar 505, House Bill 5328; on page 22, Calendar 508, House Bill 5365; on page 22, Calendar 510, House Bill 5170; on page 23, Calendar 514, House Bill 5540; on page 23, Calendar 517, House Bill 5521.

Page 24, Calendar 521, House Bill 5343; page 24, Calendar 518, House Bill 5298; page 24, Calendar 523, House Bill 5504; page 29, Calendar 355, Senate Bill 418; on page 13, Calendar 444, 5037; and Calendar 507, House Bill 5467.

THE CHAIR:

Senator -- Senator Suzio.

SENATOR SUZIO:



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ERNEST J. COTNOIR
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TIMOTHY B. KEHOE
PERMANENT ASSISTANT
CLERK OF THE SENATE

Bills placed on the Consent Calendar on May 9, 2012

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Bills from Senate Agenda Number 3 from the May 9th Senate Session that were placed on the Consent Calendar

HB5304
HB 5342

rgd/tmj/gdm/gbr
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May 9, 2012

Good evening, Madam President.

I just want to clarify. I thought I heard the Clerk call House Bill 5034? Is that on the consent calendar?

THE CHAIR:

Do you know what page that is, sir?

SENATOR SUZIO:

No I -- he was reading so fast, Madam, I couldn't get it.

THE CHAIR:

It's -- yes it's 53 -- I don't know.

SENATOR SUZIO:

5034.

THE CHAIR:

5034, yes sir.

SENATOR SUZIO:

I object to that being put on the consent calendar, Madam President.

THE CHAIR:

Okay, that will be removed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Yes, just seeing that -- ask to remove that item from the consent calendar.

THE CHAIR:

So ordered.

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At this time we'll call a roll call vote on the consent calendar.

Mr. Clerk.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Senator Coleman, we need your vote, sir.

Senator Kissel, Senator Kissel. Senator Kissel, will you vote on the consent calendar please?

All members have voted?

If all members have voted, the machine will be closed.

Mr. Clerk, will you call the amendment -- I meant the tally.

THE CLERK:

On today's consent calendar.

Total Number Voting	36
Necessary for Adoption	19
Those Voting Yea	36
Those Voting Nay	0
Those Absent and Not Voting	0

THE CHAIR:

The consent calendar has passed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, I believe the Clerk is in possession of Senate Agenda Number 6 for today's session.