



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

**NED LAMONT**  
**GOVERNOR**

**NANCY NAVARRETTA, MA, LPC, NCC**  
**COMMISSIONER**

**Legislative Session Wrap Up # 2**

**May 17, 2022**

This wrap up memo focuses on single issue bills that impact the behavioral health community. The next memos in this series will attempt to provide pertinent information on large “aircraft carrier bills”. Stay tuned!

The Governor signs bills into law once his office receives the bill and reviews it. Most bills are in possession of the Governor’s office when the bill has a Special Act number, has been processed by the Legislative Commission Office and the Secretary of State or finalized through the Senate and House Clerk’s offices.

The bills below passed both chambers and have been signed by the Governor:

[HB 5419](#) (PA 22-69) codifies the existing Regional Behavioral Health Action Organizations (RBHAOs). It requires each RBHAO to serve as a strategic community partner responsible for behavioral health planning, education, and promotion; coordinating behavioral health issues prevention; and advocacy for community behavioral health needs and services within its mental health region. The bill makes changes to the membership of the state’s Board of Mental Health and Addiction Services that correspond to the codification of the RBHAO structure.

[HB 5044](#) (PA 22-48) establishes an Opioid Settlement Fund as a separate non-lapsing fund administered by a 37-member Opioid Settlement Advisory Committee who will meet quarterly with assistance from DMHAS. The monies must not supplant existing programs and be used for specified substance use disorder abatement purposes approved by the Advisory Committee.

[HB 5430](#) (PA 22-108) expands the list of non-opioid treatment options that must be included on a patient’s treatment care plan that prescribing practitioners must provide when prescribing opioids for more than 12 weeks. It also removes products used by licensed drug manufacturers or individuals to test a substance from the statutory definition of “drug paraphernalia” (e.g., fentanyl testing strips), as long as they are not used in unlicensed manufacturing or distribution of controlled substances. The bill allows dispensing methadone from a mobile unit and allows multi-care institutions to provide behavioral health services or substance use treatment in a mobile narcotic treatment program.

[SB 450](#) (PA 22-45) requires DMHAS to develop a plan to construct a new facility for Whiting Forensic Hospital (WFH). The bill reestablishes WFH's advisory board as an oversight board and expands the board's duties. It requires the Judicial Branch and Psychiatric Security Review Board (PSRB) consideration of an acquittee's safety and well-being, in addition to the protection of society and requires DMHAS to convene a working group to evaluate the PSRB. The bill allows WFH and Connecticut Valley Hospital to authorize an acquittee's temporary leave without having to apply to the PSRB for approval. DMHAS, in collaboration with the Department of Administrative Services, will evaluate state service classifications for physicians and senior level clinicians employed by Whiting Forensic Hospital.

If you have questions or comments please feel free to email me at [mary.mason@ct.gov](mailto:mary.mason@ct.gov) and I will be happy to provide further information.