



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

DANNEL P. MALLOY  
GOVERNOR

PATRICIA A. REHMER, MSN  
COMMISSIONER

## **Memorandum:**

TO: Paul Mounds, Governor' Office  
Liz Donohue, Governor's Office  
Gian-Carl Casa, Office of Policy and Management  
Anne Foley, Office of Policy and Management  
Michael Lawlor, Office of Policy and Management  
Judy Dowd, Office of Policy and Management  
Jessica Cabanillas, Office of Policy and Management

FROM: Doreen Del Bianco, Legislative Program Manager

DATE: November 1, 2013

SUBJECT: DMHAS 2014 Legislative Package

The attached package contains four (4) legislative proposals from DMHAS for the 2014 Legislative session.

We are submitting a proposal that makes various changes to the current DMHAS statutes, a tobacco package that targets the sale of cigarettes to minors, an anti-discrimination proposal for persons with mental disabilities and a change to the Good Samaritan Law to protect individuals that render suicide prevention or intervention.

We look forward to meeting with you to discuss our legislative proposals in greater detail, and to working with you toward achieving a productive 2014 legislative session.

Attachments: as stated

## DMHAS 2014 LEGISLATIVE PACKAGE

<b>Number</b>	<b>Title of Proposal</b>	<b>Priority</b>
DMHAS 2014	An Act Concerning Various Revisions to the Mental Health and Addiction Statutes	# 1
DMHAS 2014	An Act Concerning Tobacco Purchases by Minors	# 2
DMHAS 2014	An Act Concerning Discrimination Protection for Person with Mental Disabilities	# 3
DMHAS 2014	An Act Concerning The Good Samaritan Law and Suicide Prevention and Intervention	# 1

## Agency Legislative Proposal - 2014 Session

**Document Name** (e.g. OPM1015Budget.doc; OTG1015Policy.doc): 11-01-13 DMHAS  
**AN ACT CONCERNING VARIOUS REVISIONS TO THE MENTAL HEALTH AND ADDICTION STATUTES**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611\_SDE\_TechRevisions)

State Agency: DMHAS

Liaison: Doreen Del Bianco  
Phone: 860 418-6967  
E-mail: doreen.delbianco@ct.gov

Lead agency division requesting this proposal: **Commissioner's Office, Forensic Division, Addiction Services, Prevention Unit, Fiscal Unit**

Agency Analyst/Drafter of Proposal: **Doreen Del Bianco in collaboration with fiscal, legal, prevention, and auditing services.**

### Title of Proposal

**An Act Concerning Various Revisions to the Mental Health and Addiction Statutes**

Statutory Reference **17a-468a, 17a-479, 17a-486, 17a-677, 17a-694, 17a-714a**

### Proposal Summary : This proposal would:

- 1) allow DMHAS clinicians and DMHAS funded clinicians to have access to DMHAS treatment records for the purposes of presenting jail diversion or substance use treatment plans to the Courts;
- 2) allow DMHAS providers to keep certain funds from one fiscal year to pay for housing subsidies in subsequent fiscal years;
- 3) make changes to the membership and staffing of the Alcohol and Drug Policy Council
- 4) Designate DMHAS as the lead state agency for mental health services;
- 5) Expand the civil and criminal protections to individuals that administer NARCAN to individuals experiencing an overdose;
- 6) Allow individuals served by DMHAS to go outside of their region to receive services.

*Please attach a copy of fully drafted bill (required for review)*

## PROPOSAL BACKGROUND

### • Reason for Proposal

*Please consider the following, if applicable:*

- (1) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary?*
- (2) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?*
- (3) *Have certain constituencies called for this action?*
- (4) *What would happen if this was not enacted in law this session?*

**This proposal allows for better treatment continuity for individuals served in our jail diversion programs, makes changes to the housing subsidy statute that was suggested by the auditors which will allow us to continue to provide housing subsidies to individuals served in our system who are waiting for a RAP or Section 8 housing certificate, updates the makeup of the ADPC and allows for participation from advocates in the community, institutes a current practice that allows for DMHAS clients to be served outside of the region in which they live giving them more choices for care, creates a more conducive environment for the administration of NARCAN (as does NY and MASS.) and recognizes DMHAS as the lead mental health agency for the purposes of obtaining treatment information.**

- **Origin of Proposal**      **New Proposal**      **Resubmission**

*If this is a resubmission, please share:*

- (1) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?*
- (2) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*
- (3) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*
- (4) *What was the last action taken during the past legislative session?*

## PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: N/A

Agency Contact (name, title, phone):

Date Contacted:

Approve of Proposal     YES     NO     Talks Ongoing

### Summary of Affected Agency's Comments

Will there need to be further negotiation?     YES     NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

**Municipal** (please include any municipal mandate that can be found within legislation)  
**No impact**

**State**  
**No impact**

**Federal**  
**No Impact**

Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

This proposal modernizes our current statutes to reflect changes in health care law related to the ACA and HIPAA. It would also allow for more opportunities to provide housing subsidies to individuals waiting to be discharged from a more expensive inpatient setting which can save resources and allow individuals to live fuller lives in their communities. The changes to the ADPC will allow it to more readily address current substance use issues such as the use of oxycodone among CT's youth. The NARCAN language follows the lead of other states and municipalities giving protections to first responders and others who may use this to treat a suspected drug overdose

## Insert fully drafted bill here

### An Act Concerning Various Revisions to the Mental Health and Addiction Statutes

**Sec. 17a-453. (Formerly Sec. 17-219). Administration of Mental Health Act authorized by Congress. Funds.** The Department of Mental Health and Addiction Services is designated as the lead state agency for mental health treatment and prevention in this state, and as such is designated the lead state agency to administer the Mental Health Act as authorized under Public Law 487 of the 79th Congress, as from time to time amended, and shall receive and distribute federal and state funds which become available for mental health services under said act.

**Sec. 17a-468a. Provision of subsidies to persons [requiring supervised living arrangements] who qualify for supportive housing.** The Commissioner of Mental Health and Addiction Services may, within available appropriations, provide housing subsidies to persons receiving services from the Department of Mental Health and Addiction Services who [require supervised living arrangements] qualify for supportive housing. The Commissioner may within the current fiscal year, award unexpended appropriations to contractors for the provision of such housing subsidies in subsequent fiscal years. **Effective Upon Passage**

**Sec. 17a-479. (Formerly Sec. 17-226f). Purposes of mental health regions.** The purpose of the mental health regions shall be to establish a system of regionalized services for care and treatment of persons with psychiatric disabilities; to provide other community mental health services for the maintenance of mental health and the prevention of psychiatric disabilities in addition to those services already available, to recommend contracts to be made by the Commissioner of Mental Health and Addiction Services for services from providers of mental health services, including private agencies and other state or municipal agencies; and to provide or arrange for grants for demonstration and pilot programs, research, education and training. Persons receiving services from the Department of Mental Health and Addiction Services shall not be limited to receiving services within their region.

**Sec. 17a-486. (Formerly Sec. 17a-681a). Clinical assessment of certain persons charged with misdemeanor or felony. Recommended treatment plan for consideration by court.** Prior to the arraignment of a person charged [solely] with the commission of a misdemeanor or felony, the Department of Mental Health and Addiction Services shall, to the maximum extent possible within the limits of available appropriations, with the consent of the arrested person, cause a clinical assessment to be performed of any person who has previously received mental health services or treatment for substance abuse from the department or who would reasonably benefit from such services to determine whether such person should be referred for community-based mental health services. If the person is determined to be in need of such services and is willing to accept the services offered, the court shall be informed of the result of the assessment and the recommended treatment plan for consideration by the court in the disposition of the criminal case.

Notwithstanding the provisions of 52-146e of the Connecticut General Statutes, for the purposes of this section, the clinician performing the assessment shall have access to information on treatment dates and locations in the arrested person's treatment history contained in the Department of Mental Health and Addiction Services' database of treatment episodes.

**Sec. 17a-667. Connecticut Alcohol and Drug Policy Council.** (a) There is established a Connecticut Alcohol and Drug Policy Council which shall be within the [Office of Policy and Management for administrative purposes only] Department of Mental Health and Addiction Services

(b) The council shall consist of the following members: (1) The Secretary of the Office of Policy and Management, or the secretary's designee; (2) the Commissioners of Aging, Children and Families, Consumer Protection, Correction, Education, Higher Education, Housing, Mental Health and Addiction Services, Motor Vehicles, Public Health, Emergency Services and Public Protection, Social Services and Transportation and the Insurance Commissioner, or their designees; (3) the Chief Court Administrator, or the Chief Court Administrator's designee; (4) the chairperson of the Board of Pardons and Paroles, or the chairperson's designee; (5) the Chief State's Attorney, or the Chief State's Attorney's designee; (6) the Chief Public Defender, or the Chief Public Defender's designee; **(7) an employee of the Court Support Services Division of the Judicial Branch, appointed by the Chief Court Administrator;** and [(7)] **(8)** the cochairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, criminal justice and appropriations, or their designees. The Commissioner of Mental Health and Addiction Services and the Commissioner of Children and Families shall be cochairpersons of the council. **The cochairpersons shall each appoint 3 representatives of the advocacy and provider community to serve as non voting members of the council.** The [Office of Policy and Management] **Department of Mental Health and Addiction Services** shall, within available appropriations, provide staff for the council.

(c) The council shall review policies and practices of state agencies and the Judicial Department concerning substance abuse treatment programs, substance abuse prevention services, the referral of persons to such programs and services, and criminal justice sanctions and programs and shall develop and coordinate a state-wide, interagency, integrated plan for such programs and services and criminal sanctions.

**Sec. 17a-694. (Formerly Sec. 19a-127c). Examination for alcohol or drug dependency. Report.** (a) The Commissioner of Mental Health and Addiction Services or his designee shall appoint one or more clinical examiners to conduct examinations for alcohol or drug dependency ordered pursuant to the provisions of section 17a-693. Each examiner shall be authorized by the department to conduct independent evaluations.

(b) The examiner shall determine whether the person being examined was an alcohol-dependent or drug-dependent person at the time of the crime. If such person is determined to have been dependent on alcohol or drugs, the examiner shall further determine (1) the history and pattern of the dependency, and (2) whether the person presently needs and is likely to benefit from treatment for the dependency. If the examiner determines that the person presently needs and is likely to benefit from treatment, he shall recommend treatment and state the date when space will be available in an appropriate treatment program, provided such date shall not be more than forty-five days from the date of the examination report. A recommendation for treatment shall include provisions for appropriate placement and the type and length of treatment and may include provisions for outpatient treatment. **When performing an examination under this section, the examiners shall have access to information on treatment dates and locations in the defendant's treatment history contained in the Department of Mental Health and Addiction Services' database of treatment episodes for the purpose of requesting a release of treatment information from the defendant.**

(c) The examiner shall prepare and sign, without notarization, a written examination report and deliver it to the court, the Court Support Services Division, the state's attorney and defense counsel no later than thirty days after the examination was ordered. An examination report ordered pursuant to this section and section 17a-693 shall otherwise be confidential and not open to public inspection or subject to disclosure.

(d) No statement made by the person in the course of an examination under the provisions of this section may be admitted in evidence on the issue of guilt in a criminal proceeding concerning the person.

**Section 17a-714a Treatment of drug overdose with opioid antagonist. Immunity.** (a) A licensed health care professional who is permitted by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe, dispense or administer an opioid antagonist to treat or prevent a drug overdose

without being liable for damages in a civil action or subject to criminal prosecution. For purposes of this section, "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.

[ Not later than January 15, 2013, the Commissioner of Mental Health and Addiction Services shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning the number of opioid antagonist prescriptions issued under programs administered by the Department of Mental Health and Addiction Services to persons other than drug users for self-administration of the opioid antagonist, in accordance with section 17a-714a of the general statutes, as amended by this act. ]

**(b) Any person who possesses an opioid antagonist in accordance with subsection (a) of this section and administers an opioid antagonist to an individual believed to be experiencing an opioid-related overdose to treat or prevent an overdose shall not be liable for damages in a civil action or subject to criminal prosecution.**

## Agency Legislative Proposal - 2014 Session

**Document Name** (e.g. OPM1015Budget.doc; OTG1015Policy.doc): DMHAS 11-01-13 DMHAS  
**AN ACT CONCERNING TOBACCO PURCHASES BY MINORS**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611\_SDE\_TechRevisions)

State Agency: DMHAS

Liaison: Doreen Del Bianco  
Phone: 860-418-6967  
E-mail: doreen.delbianco@ct.gov

Lead agency division requesting this proposal: DMHAS Office of the Commissioner Legislative Unit and DMHAS Prevention Unit

Agency Analyst/Drafter of Proposal: Doreen Del Bianco and Carol Meredith

**Title of Proposal AN ACT CONCERNING TOBACCO PURCHASES BY MINORS**

**Statutory Reference 12-287, 12-295a and 53-344**

### **Proposal Summary**

We are proposing to: increase the cost of cigarette dealers licenses from \$50 to \$150; add an on-line training for tobacco retail employees who violate CGS §12-295a which prohibits the sale of tobacco products to minors in addition to the first time fine; and, impose an infraction or violation on tobacco retail employees who sell loose cigarettes to adults and minors. Virtually all new users of tobacco products are under 18 the minimum legal age to purchase these products in Connecticut. Many new users are more likely to be addicted faster and longer and experience overall diminished physical health more often than their non-smoking peers. The proposed legislation provides an opportunity to enhance the state's efforts to prevent tobacco use among minors across the state by decreasing the number of merchants that sell tobacco products to them. We are also proposing to expand the time period for violations from 18 months to 24 months .

*Please note that the fee increase will be submitted in the DMHAS budget option package*

*Please attach a copy of fully drafted bill (required for review)*

## **PROPOSAL BACKGROUND**

- Reason for Proposal



Please consider the following, if applicable:

- (5) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
- (6) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
- (7) Have certain constituencies called for this action?
- (8) What would happen if this was not enacted in law this session?

Tobacco use is the leading cause of death and disease in the United States, with 443,000 deaths annually attributed to smoking or exposure to secondhand smoke (CDC, 2008). Nearly all tobacco use begins during youth and young adulthood. The younger a person starts smoking, the stronger the addiction. In fact, 80 percent of adult smokers who are nicotine dependent reported that they started smoking before they were 18 years old.

According to the 2009 CT School Health Survey: 7.3 million packs of cigarettes are bought or smoked by youth each year; CT students smoke their first whole cigarette by age 11; and, almost 43,000 of CT middle and high school students use tobacco products. Lastly, the Food and Drug Administration (FDA) said in 2009 that nationally, approximately 4,000 youngsters under 18 try their first cigarette, and 1,000 of them become daily smokers. Many of these youngsters will become addicted before they are old enough to understand the risks and will ultimately die too young of tobacco related disease.

To combat this stark reality, the 1992 federal Alcohol, Drug Abuse and Mental Health Administration reorganization Act (P.L. 102-321) which includes the Synar Amendment (section 1926), requires states to conduct annual, unannounced inspections of retail tobacco outlets and report the findings to the Secretary of the US Department of Health & Human Services (DHHS). The rate at which these outlets violate state laws prohibiting tobacco sales to minors must be at 20% or less and if a state exceeds the 20% "buy rate" then the state's federal block grant dollars are in jeopardy. Connecticut has enacted and continues to enforce laws that prohibit the sale and distribution of tobacco products to individuals under 18 years old and has seen an initial retailer violation rate fall from 70% in 1997 to 13.3 in 2011. This legislative proposal seeks to catalyze our efforts to reduce tobacco sales to minors, increase retailer awareness of, and compliance with existing laws and move Connecticut from its 42<sup>nd</sup> position (out of 50 states) in reducing the percentage of tobacco retailers who sell to minors.

Lack of awareness of the state's tobacco access laws is a barrier that leads to violations and costly fines for tobacco merchants. The proposed amendment to **Sec. 12-295a** is aimed at reducing repeated violations of the law by adding best practice strategies to help merchants stay in compliance. In turn, reducing youth access to tobacco products leads to a decrease in tobacco use and nicotine addiction.

Because of limited manpower and the need to coordinate inspections with local law enforcement, we are unable to conduct follow up inspections on all previous violators within the 18 month timeframe. Changing the fine structure in **Sec 12-295a** to a 24-months period will allow for the completion of all return inspections and bring the state more in line with the FDA's 48 month fine structure.

It is illegal to sell, give, or deliver tobacco products including cigarettes to anyone under 18 and CGS Sec 53-344(b) and CGS Sec.12-295a outlines a fine structure based on 18 month period. We are proposing to amend the statutes to expand the period to 24 months.

The current application and renewal fees for a tobacco dealer/retailer license are fifty dollars. This is a very minimal amount compared to other commodities. Tripling the fees as proposed in **Sec. 12-287** would generate an additional \$469,000.00 (based on the 2011 figure of 4,690 tobacco retailers). This change would increase cognizance of the tobacco access laws among merchants, and increase their compliance.

Health officials are concerned that the availability of individual cigarettes removed from the pack, may increase smoking initiation for young people and continue addiction for older individuals. Single cigarette sales pose a health threat because they are usually easier and cheaper to purchase. There are already civil penalties that prohibit the sale of single cigarettes (CGS Sec. 12-314) but law enforcement officials are powerless to take action because of the lack of an infraction or violation in statute that provides that authority. The proposed legislation **Sec.53-344(b)** would increase the capacity of local law enforcement to take action on sellers of loose cigarettes and reduce access to tobacco products by minors and adults thereby reducing smoking prevalence.

- **Origin of Proposal**       **New Proposal**       **Resubmission**

If this is a resubmission, please share:

- (5) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
- (6) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
- (7) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
- (8) What was the last action taken during the past legislative session?

## PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Department of Revenue Services

Agency Contact (name, title, phone): Susan Sherman, Legislative Program Manager 860-297-5693

Date Contacted: August 12, 2012

Approve of Proposal     YES     NO     Talks Ongoing

### Summary of Affected Agency's Comments

Support with caveats. They will not take a position on raising fees and will support the education program if they are not saddled with additional administrative requirements

Will there need to be further negotiation?     YES     NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

### Municipal (please include any municipal mandate that can be found within legislation)

Fining sellers of loose cigarettes from an open package originating from the manufacturer as proposed in **Sec. 53-344(b)**, will generate new dollars for municipalities via the collection of the fines.

**State** Tripling the application and renewal tobacco license fees as proposed in **Sec. 12-287** would generate an additional \$469,000.00 (based on the 2011 figure of 4,690 tobacco retailers) in general revenues.

### Federal- \$100 thousand dollars

Additional notes on fiscal impact

DMHAS currently has \$100 thousand dollars of a federal prevention grant that could be made available to pay the costs of the development and maintenance of a website that merchants can access to receive training. Currently DMHAS has contracted to pilot an on-line tobacco merchant and community education training. If this amendment is passed, the on-line program will be available for statewide diffusion. There may be some minor yearly administrative costs to maintain the website and DMHAS is exploring that option. DMHAS and DRS have an MOU in place for the enforcement piece of 12-295a and we would seek to amend that MOU to implement this change.

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

**Sec. 12-287. Dealer's license.**

The proposal would generate an additional \$469,000.00. This change could increase cognizance of the tobacco access laws among merchants and increase their compliance. Ultimately, these changes will reduce the tobacco retailer violation rate and increase the state's national ranking for reducing the percentage of state merchants who sell tobacco products to minors.

**Sec. 12-295a. Purchase by, or sale to, minors. Penalties. Suspension of licenses. Appeals.**

The proposed legislation offers training in lieu of a fine for first time offenders, thereby reducing the monetary burden for the violation. It will increase the number of merchants and employees cognizant of tobacco laws and increase their rate of compliance with tobacco access laws. The change will decrease access to tobacco products by minors which will ultimately decrease youth smoking. It will also give us additional time to do follow up inspections.

**53-344 (b) Sale of individual cigarettes**

Passage of the legislation would increase the capacity of local law enforcement to take action on sellers of loose cigarettes and reduce access to tobacco products by minors and adults thereby reducing smoking prevalence. This legislation would also strengthen the trust and working relationship between DMHAS and local police who have requested and are supportive of it, and will feel that their concerns are being heard and acted upon.

The cost of implementing this legislation would be negligible. Police departments would increase their enforcement and the courts may experience some increase in cases that dispute police action. Based on our experience, we feel that these cases will be minimal.

**Insert fully drafted bill here**

**Effective date for tobacco package 10-1-14**

**Sec. 12-287. Dealer's license.** Each person engaging in, or intending to engage in, the business of selling cigarettes in this state as a dealer, and each person engaging in or intending to engage in, the business of selling taxed tobacco products at retail, shall secure a dealer's license from the Commissioner of Revenue Services before engaging in such business or continuing to engage therein. Subject to the provisions of section 12-286, such license shall be renewable annually. The annual fee for a dealer's license shall be [fifty dollars] **one hundred and fifty dollars**. Such license shall be valid for a period beginning with the date of license to the thirtieth day of September next succeeding the date of license unless sooner revoked as provided in section 12-295, or unless the person to whom it was issued discontinues business, in either of which cases the holder of the license shall immediately return it to the commissioner. In the event of mutilation or destruction of such license, a duplicate copy, marked as such, shall be issued by said commissioner upon application accompanied by a fee of fifteen dollars.

**Sec. 12-295a. Purchase by, or sale to, minors. Penalties. Suspension of licenses. Appeals.** (a) If the Commissioner of Revenue Services finds, after a hearing, that a minor has purchased cigarettes or tobacco products, said commissioner shall assess such minor a civil penalty of not more than one hundred dollars for the first violation and not more than one hundred fifty dollars for any second or subsequent offense.

(b) If said commissioner finds, after a hearing, that any person employed by a dealer or distributor, as defined in section 12-285, has sold, given or delivered cigarettes or tobacco products to a minor other than a minor who is delivering or accepting delivery in his capacity as an employee, said commissioner shall assess such person a civil penalty of two hundred dollars **and require such employee to successfully complete a tobacco prevention education program administered by the Department of Mental Health and Addiction Services** for the first violation and two hundred fifty dollars for a second or subsequent violation within [eighteen] **twenty four** months.

(c) If said commissioner finds, after a hearing, that any dealer or distributor has sold, given or delivered cigarettes or tobacco products to a minor other than a minor who is delivering or accepting delivery in his

capacity as an employee, or such dealer or distributor's employee has sold, given or delivered cigarettes or tobacco products to such minor, said commissioner shall assess such dealer or distributor a civil penalty of three hundred dollars **and require such dealer or distributor to successfully complete a tobacco prevention education program administered by the Department of Mental Health and Addiction Services** for the first violation and seven hundred fifty dollars for a second violation within eighteen months. For a third violation within [eighteen] **twenty four** months, such dealer or distributor shall be assessed a civil penalty of seven hundred fifty dollars and any license held by such dealer or distributor under this chapter shall be suspended for not less than thirty days.

(d) If said commissioner finds, after a hearing, that any owner of an establishment in which a cigarette vending machine or restricted cigarette vending machine is located has sold, given or delivered cigarettes or tobacco products from any such machine to a minor other than a minor who is delivering or accepting delivery in his capacity as an employee, or has allowed cigarettes or tobacco products to be sold, given or delivered to such minor from any such machine, said commissioner shall assess such owner a civil penalty of five hundred dollars **and require such owner to successfully complete a tobacco prevention education program administered by the Department of Mental Health and Addiction Services** for the first violation and seven hundred fifty dollars for a second violation within eighteen months. For a third violation within [eighteen] **twenty four** months, such owner shall be assessed a civil penalty of seven hundred fifty dollars and any such machine shall be immediately removed from such establishment and no such machine may be placed in such establishment for a period of one year following such removal.

(e) Any person aggrieved by any action of the commissioner pursuant to this section may take any appeal of such action as provided in sections 12-311 and 12-312.

**(f) The tobacco prevention education program administered by the Department of Mental Health and Addiction Services shall be offered on-line. Participation in such program shall be within 30 days of said finding of the first violation of subsections (b) , (c) and (d) of this section and shall be reported to the Department of Revenue Services. Failure to comply shall result in an assessment of a civil penalty of two hundred dollars for subsection (b), three hundred dollars for subsection (c) and five hundred dollars for subsection (d).**

#### **53-344 (b) Sale of individual cigarettes**

**NEW** The sale of cigarettes other than in an unopened package containing twenty or more cigarettes originating with the manufacturer which bears the health warning required by law is prohibited. Any person who sells a single or individual cigarette or a number of loose cigarettes from an opened package originating with the manufacturer which bears the health warning required by law shall be fined not more than two hundred dollars for the first offense, not more than three hundred fifty dollars for a second offense within an eighteen-month period and not more than five hundred dollars for each subsequent offense within an eighteen-month period.

## Agency Legislative Proposal - 2014 Session

**Document Name** (e.g. OPM1015Budget.doc; OTG1015Policy.doc): 11-01-13 DMHAS Leg. Proposal  
An Act Concerning Discrimination Protection for Person with Mental Disabilities

(If submitting an electronically, please label with date, agency, and title of proposal – 092611\_SDE\_TechRevisions)

State Agency: DMHAS

Liaison: Doreen Del Bianco  
Phone: 860 418-6967  
E-mail: Doreen.delbianco@yahoo.com

Lead agency division requesting this proposal: Commissioner's office

Agency Analyst/Drafter of Proposal: Doreen Del Bianco

**Title of Proposal AN ACT CONCERNING DICRIMINATION PROTECTION FOR PERSONS WITH MENTAL DISABILITES**

**Statutory Reference: Sec. 46a-58. (Formerly Sec. 53-34). Deprivation of rights. Desecration of property. Placing of burning cross or noose on property. Penalty**

**Proposal Summary This would add persons with mental disabilities to the other protected classes in state statute.**

*Please attach a copy of fully drafted bill (required for review)*

### PROPOSAL BACKGROUND

- **Reason for Proposal**

*Please consider the following, if applicable:*

- (9) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary?*
  - (10) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?*
  - (11) *Have certain constituencies called for this action?*
  - (12) *What would happen if this was not enacted in law this session?*
- Individuals with mental disabilities should be a protected class as are persons with physical disabilities.

- **Origin of Proposal**        X   **New Proposal**           **Resubmission**

*If this is a resubmission, please share:*

- (9) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?*
- (10) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*
- (11) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*
- (12) *What was the last action taken during the past legislative session?*

### PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Agency Contact (name, title, phone): Date Contacted:  Approve of Proposal    ___ YES    ___NO    ___Talks Ongoing
<b>Summary of Affected Agency's Comments</b>  
Will there need to be further negotiation? ___ YES    ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

<b>Municipal</b> (please include any municipal mandate that can be found within legislation) <b>No Impact</b>
<b>State</b> <b>No Impact</b>
<b>Federal</b> <b>No Impact</b>
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

DMHAS believes that individuals with mental disabilities should be included in the human rights statute          
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**Insert fully drafted bill here**

**Sec. 46a-58. (Formerly Sec. 53-34). Deprivation of rights. Desecration of property. Placing of burning cross or noose on property. Penalty.** (a) It shall be a discriminatory practice in violation of this section for any person to subject, or cause to be subjected, any other person to the deprivation of any rights, privileges or immunities, secured or protected by the Constitution or laws of this state or of the United States, on account of religion, national origin, alienage, color, race, sex, gender identity or expression, sexual orientation, blindness or physical or mental disability.

## Agency Legislative Proposal - 2014 Session

**Document Name** (e.g. OPM1015Budget.doc; OTG1015Policy.doc): 11-01-13 DMHAS Leg. Proposal  
An Act Concerning The Good Samaritan Law and Suicide Prevention and Intervention

(If submitting an electronically, please label with date, agency, and title of proposal – 092611\_SDE\_TechRevisions)

State Agency: Department of Mental Health and Addiction Services (DMHAS)

Liaison: Doreen Del Bianco  
Phone: 860-418-6967  
E-mail: Doreen.delbianco@ct.gov

Lead agency division requesting this proposal: DMHAS

Agency Analyst/Drafter of Proposal: Doreen Del Bianco and Atty. Mike Nemec

**Title of Proposal AN ACT CONCERNING THE GOOD SAMARITAN LAW AND SUICIDE PREVENTION AND INTERVENTION**

**Statutory Reference 52-557b**

**Proposal Summary : The proposal would add good Samaritan protection language to individuals engaged in suicide prevention and intervention.**

*Please attach a copy of fully drafted bill (required for review)*

### PROPOSAL BACKGROUND

- **Reason for Proposal**

*Please consider the following, if applicable:*

- (13) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary?*
- (14) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?*
- (15) *Have certain constituencies called for this action?*
- (16) *What would happen if this was not enacted in law this session?*

Our Prevention Unit has encountered many concerns from mental health professionals regarding their liability in providing suicide prevention and intervention. This protection would help to alleviate those fears. A similar law has been adopted in Missouri.

- **Origin of Proposal**       **New Proposal**       **Resubmission**

*If this is a resubmission, please share:*

- (13) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?*
- (14) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*
- (15) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*
- (16) *What was the last action taken during the past legislative session?*

### PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Agency Contact (name, title, phone): Date Contacted:  Approve of Proposal    ___ YES    ___NO    ___Talks Ongoing
<b>Summary of Affected Agency's Comments</b>  
Will there need to be further negotiation? ___ YES    ___NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

<b>Municipal</b> (please include any municipal mandate that can be found within legislation) <b>No Impact</b>
<b>State</b> <b>No Impact</b>
<b>Federal</b> <b>No Impact</b>
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

<ul style="list-style-type: none"> <li>• We are looking to encourage Good Samaritan efforts that support individuals in mental distress getting to the help they need, just as when we help someone in need of medical treatment for a physical injury. At the most basic level, we see someone who's just fallen; we go over to them and ask them if they need help. We then help them get the care they need. This is what we are encouraging people to do with individuals exhibiting warning signs of mental distress as well. We see warning signs, we start a conversation with them, and get them to help.</li> <li>• The state suicide prevention efforts use evidence-based, best practice strategies to educate laypersons up through mental and physical health professionals how to recognize and respond to someone in mental distress and who may be at risk of suicide. Efforts may be a conversation up through a full screening as part of a physical assessment. In the past year the efforts under our federal grant alone have trained over 4000 people statewide, and there are many others who've been trained but are not part of our grant evaluation.</li> <li>• These efforts have resulted in a tighter safety net for those needing help. There have been many</li> </ul>
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reports of assisting individuals at trainings, and training participants reporting interventions with others following training. Unfortunately, there is still a lot of fear related to myths around suicide and legal risk of intervention. As a result, some communities are afraid of performing prevention activities or hosting training, or attending as individuals. I've heard this reported especially from campuses. Some people are fearful, so they say it's not their job or that they don't want to be sued if something goes wrong when they attempt an intervention. But, preventing suicide is not about "jobs." Preventing suicide doesn't only happen when you're on the job. It happens with friends and family members too.

Insert fully drafted bill here

**Sec. 52-557b. "Good samaritan law". Immunity from liability for mental and physical emergency medical assistance, suicide prevention and intervention, first aid or medication by injection . School personnel not required to administer or render. Immunity from liability re automatic external defibrillators.** (a) A person licensed to practice medicine and surgery under the provisions of chapter 370 or dentistry under the provisions of section 20-106 or members of the same professions licensed to practice in any other state of the United States, a person licensed as a registered nurse under section 20-93 or 20-94 or certified as a licensed practical nurse under section 20-96 or 20-97, a medical technician or any person operating a cardiopulmonary resuscitator or a person trained in cardiopulmonary resuscitation in accordance with the guidelines set forth by the American Red Cross or American Heart Association, or a person operating an automatic external defibrillator, who, voluntarily and gratuitously and other than in the ordinary course of such person's employment or practice, renders emergency medical or professional assistance to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency care, which may constitute ordinary negligence. A person or entity that provides or maintains an automatic external defibrillator shall not be liable for the acts or omissions of the person or entity in providing or maintaining the automatic external defibrillator, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence. With respect to the use of an automatic external defibrillator, the immunity provided in this subsection shall only apply to acts or omissions involving the use of an automatic external defibrillator in the rendering of emergency care. Nothing in this subsection shall be construed to exempt paid or volunteer firefighters, police officers or emergency medical services personnel from completing training in cardiopulmonary resuscitation or in the use of an automatic external defibrillator in accordance with the guidelines set forth by the American Red Cross or American Heart Association. For the purposes of this subsection, "automatic external defibrillator" means a device that: (1) Is used to administer an electric shock through the chest wall to the heart; (2) contains internal decision-making electronics, microcomputers or special software that allows it to interpret physiologic signals, make medical diagnosis and, if necessary, apply therapy; (3) guides the user through the process of using the device by audible or visual prompts; and (4) does not require the user to employ any discretion or judgment in its use.

(b) A paid or volunteer firefighter or police officer, a teacher or other school personnel on the school grounds or in the school building or at a school function, a member of a ski patrol, a lifeguard, a conservation officer, patrol officer or special police officer of the Department of Energy and Environmental Protection, or emergency medical service personnel, who has completed a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, and who renders emergency first aid to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency first aid, which may constitute ordinary negligence. No paid or

volunteer firefighter, police officer or emergency medical service personnel who forcibly enters the residence of any person in order to render emergency first aid to a person whom such firefighter, police officer or emergency medical service personnel reasonably believes to be in need thereof shall be liable to such person for civil damages incurred as a result of such entry. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence.

(c) An employee of a railroad company, including any company operating a commuter rail line, who has successfully completed a course in first aid, offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, and who renders emergency first aid or cardiopulmonary resuscitation to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injury or death which results from acts or omissions by such employee in rendering the emergency first aid or cardiopulmonary resuscitation which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence.

(d) A railroad company, including any commuter rail line, which provides emergency medical training or equipment to any employee granted immunity pursuant to subsection (c) of this section shall not be liable for civil damages for any injury sustained by a person or for the death of a person which results from the company's acts or omissions in providing such training or equipment or which results from acts or omissions by such employee in rendering emergency first aid or cardiopulmonary resuscitation, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence.

(e) (1) For purposes of this subsection, "cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

(2) Any volunteer worker associated with, or any person employed to work for, a program offered to children sixteen years of age or younger by a corporation, other than a licensed health care provider, that is exempt from federal income taxation under Section 501 of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, who (A) has been trained in the use of a cartridge injector by a licensed physician, physician assistant, advanced practice registered nurse or registered nurse, (B) has obtained the consent of a parent or legal guardian to use a cartridge injector on his or her child, and (C) uses a cartridge injector on such child in apparent need thereof participating in such program, shall not be liable to such child assisted or to such child's parent or guardian for civil damages for any personal injury or death which results from acts or omissions by such worker in using a cartridge injector which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence.

(3) A corporation, other than a licensed health care provider, that is exempt from federal income taxation under Section 501 of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, which provides training in the use of cartridge injectors to any volunteer worker granted immunity pursuant to subdivision (2) of this subsection shall not be liable for civil damages for any injury sustained by, or for the death of, a child sixteen years of age or younger who is participating in a program offered by such corporation, which injury or death results from acts or omissions by such worker in using a cartridge injector, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence.

(f) A teacher or other school personnel, on the school grounds or in the school building or at a school function, who has completed both a course in first aid in accordance with subsection (b) of this section and a course given by the medical advisor of the school or by a licensed physician in the administration of

medication by injection, who renders emergency care by administration of medication by injection to a person in need thereof, shall not be liable to the person assisted for civil damages for any injuries which result from acts or omissions by the person in rendering the emergency care of administration of medication by injection, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence.

(g) The provisions of this section shall not be construed to require any teacher or other school personnel to render emergency first aid or administer medication by injection.

(h) Any person who has completed a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, or has been trained in the use of a cartridge injector by a licensed physician, physician assistant, advanced practice registered nurse or registered nurse, and who, voluntarily and gratuitously and other than in the ordinary course of such person's employment or practice, renders emergency assistance by using a cartridge injector on another person in need thereof, or any person who is an identified staff member of a before or after school program, day camp or day care facility, as provided in section 19a-900, and who renders emergency assistance by using a cartridge injector on another person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in using a cartridge injector, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence. For the purposes of this subsection, "cartridge injector" has the same meaning as provided in subdivision (1) of subsection (e) of this section.

**(i) Any person, who in good faith renders suicide prevention interventions at the scene of a threatened suicide shall not be liable to such person assisted for civil damages resulting from acts or omissions by such person in rendering the emergency care, which may constitute ordinary negligence. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence.**