



Donald A. Neel  
Board Chair

Luis B. Perez, LCSW  
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## 2016 Legislative Priorities

The four pillars of recovery – (1) home, (2) health, (3) purpose, and (4) community – are fundamental to activating and sustaining long-lasting health and wellbeing. When supporting or opposing legislation, Mental Health Connecticut (MHC) focused advocacy efforts on increasing access to care that allows individuals the pathways they need to live, work, and engage in communities across the state.

In 2016, MHC focused advocacy efforts on legislation related to the following:

**Increase affordable housing options.** Support an increase in safe, decent and affordable housing options for people with mental health conditions through vouchers, flexible funding, and continued investment in deeply affordable housing.

**Oppose involuntary outpatient commitment.** We continue to oppose legislation that would force people with mental health conditions into involuntary treatments and revoke an individual's rights to make health care decisions based solely on a mental health diagnosis.

**Minimize the coverage gap between private and public health insurance.** Expansion and access of coverage with private insurance and minimizing the coverage gap between private and public health insurance will increase access to care for all Connecticut residents.

**Expand evidence-based and community programs and services.** Evidence-based programs, such as peer supports, supported employment and supported education, are instrumental in engaging people with mental health conditions in services and promoting recovery.

**Provide funding to cover the true cost of services for health and human Purchase of Service (POS) Contracts and Medicaid fee-for-service accounts.** Rates must cover the true cost of service delivery, including fair and equitable wages for direct service staff.

***Before the 2016 session began, we . . .***

Explored the idea of proposing "Mental Health Community Investment Fund" legislation:

We worked with Rep. Matt Lesser to research the idea of amending CGS 12-743 of the general statutes to allow tax payers to contribute a portion of their tax refund to community-focused services for people diagnosed with mental health conditions. We rallied support and also began to work with Rep. John Shaban who was introducing similar legislation. However, when the state's extreme fiscal crisis soon began to reveal itself (and dominated the time and attention of most of our legislators), Rep. Lesser and Rep. Shaban decided to table their proposals for this session.



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***The beginning of the session started off intense as . . .***

MHC joined forces with many other organizations and residents to fight to retain budget allocations for mental health and substance use disorder services (via **HB 5044**). We proposed that a well-rounded system of care requires the existence and support of all our sister organizations in behavioral, physical, and intellectual health. Ultimately, cuts in one area affect the same population in other ways. In the end, DMHAS and other state departments were left with no choice but to make cuts.

Did we make a difference? We were told by legislators that, across the board, advocacy efforts allowed legislators to fight harder to minimize the damage to human services.

***The other areas we supported and opposed in 2016 were as follows:***

- We opposed and testified against **HB 5176**, AN ACT CONCERNING COMMUNITY RESIDENCES. **Reason:** Violates fair housing and privacy. The bill would add layers of government (liaison for municipalities) and a study to identify potential/current sites for community residences. **Result: Win! The bill died.**
- We opposed and testified against **SB 157**, AN ACT CONCERNING ADEQUATE AND SAFE HOUSING FOR THE ELDERLY AND YOUNGER PERSONS WITH DISABILITIES. **Reason:** Opens the door for discrimination and detracts from one of our state's most pressing issues, a lack of affordable housing. **Result: Win! The bill died.**
- We opposed and testified against sections 27 and 28 in **HB 5049**, AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR GENERAL GOVERNMENT. **Reason:** This bill repeals legislation enacted last year (intended to take effect this year) that denies access to mental health care for pregnant women, mothers and their children. **Result: Win! The bill passed out of committees but later died.**
- We testified in support for **HB 5265**, AN ACT CONCERNING MENTAL HEALTH FIRST AID TRAINING AND MEDWATCH PROGRAM INFORMATION. **Reason:** FDA's MedWatch provides safety information and allows anyone to report adverse drug effects. **Result: Win! Language was added in to the existing bill.**
- We opposed **SB 277 (RAISED)**, AN ACT REQUIRING ABLE-BODIED ADULTS WITHOUT DEPENDENTS TO MEET WORK REQUIREMENTS TO RECEIVE BENEFITS FROM SNAP. **Reason:** SNAP is a critical program for those unemployed. **Result: Win. The bill didn't make it past the Human Services Committee.**



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- We supported with suggestions **HB 5271**, AN ACT CONCERNING MENTAL HEALTH TRAINING IN STATE AND LOCAL POLICE TRAINING PROGRAMS. **Reason:** This bill requires MHFA training for police officers/EMTs is needed but 2 hours is too low and the creation of a 24-hour hotline duplicates efforts when we could just expand the DMHAS hotline. **Result: Semi-win. The hotline was removed. The bill states "a minimum of 2 hours" and requires training for working with individuals who are developmentally disabled.**
- We supported **SB 279 (RAISED)**, AN ACT WAIVING ASSET LIMITS FOR WORKING PERSONS WITH DISABILITIES TO RECEIVE MEDICAL ASSISTANCE and **HB 5439**, AN ACT CONCERNING THE ELIMINATION OF ASSET LIMITS IN CERTAIN PUBLIC ASSISTANCE PROGRAMS **Reason:** The first bill provides incentives for working persons with disabilities to retain assets and still remain eligible for Medicaid; the second bill eliminates asset limits in three public assistance programs. **Result: Lose. Each bill died.**
- We supported **SB 373**, AN ACT LIMITING CHANGES TO HEALTH INSURERS' PRESCRIPTION DRUG FORMULARIES. **Reason:** This would prohibit a removal of a prescription drug, reclassification, or placement of such drug in a higher cost-sharing tier for the duration of a health plan year. **Result: Lose. The bill made it out of the Insurance Committee but died later.**
- We opposed and testified against **HB 5531**, AN ACT CONCERNING THE CARE AND TREATMENT OF PERSONS WITH A MENTAL ILLNESS OR SUBSTANCE USE DISORDER. **Reason:** This is the infamous "Involuntary outpatient commitment" legislation that continues to rear its head nearly every session. **Result: Win! The bill died.**
- We opposed and testified against **HB 5499**, AN ACT CONCERNING THE PRESERVATION OF HISTORICAL RECORDS AND ACCESS TO RESTRICTED RECORDS IN THE STATE ARCHIVES. **Reason:** Violates privacy and, while it appears to mirror HIPAA, it doesn't archive medical records of residents who receive private insurance. **Result: Win! The bill died.**