



# House of Representatives

General Assembly

**File No. 289**

February Session, 2022

Substitute House Bill No. 5191

*House of Representatives, April 5, 2022*

The Committee on Public Safety and Security reported through REP. HORN of the 64th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***AN ACT CONCERNING EMERGENCY INTERVENTION BY A POLICE OFFICER WHEN A PERSON IS INCAPACITATED BY DRUGS OR DUE TO A MEDICAL EMERGENCY.***

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

1 Section 1. Section 17a-683 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2022*):

3 (a) Any police officer finding a person who appears to be intoxicated  
4 in a public place and in need of help may, with such person's consent,  
5 assist such person to [his] such person's home, a treatment facility, or a  
6 hospital or other facility able to accept such person.

7 (b) Any police officer finding a person who appears to be  
8 incapacitated by alcohol, by drugs or due to a medical emergency shall  
9 take [him] such person into protective custody and have [him] such  
10 person brought forthwith (1) to a treatment facility which provides  
11 medical triage in accordance with regulations adopted pursuant to  
12 section 19a-495, or (2) to a hospital. The police, in detaining the person

13 and in having [him] such person brought forthwith to such a treatment  
14 facility or a hospital, shall be taking [him] such person into protective  
15 custody and shall make every reasonable effort to protect [his] such  
16 person's health and safety. In taking the person into protective custody,  
17 the detaining officer may take reasonable steps to protect himself or  
18 herself. A taking into protective custody under this section is not an  
19 arrest. No entry or other record shall be made to indicate that the person  
20 has been arrested or charged with a crime. For purposes of this section  
21 "medical triage" means a service which provides immediate assessment  
22 of medical emergencies and symptoms of substance abuse, the  
23 immediate care and treatment of [these] medical emergencies and such  
24 symptoms as necessary, a determination of need for treatment [,] and  
25 assistance in attaining appropriate continued treatment.

26 (c) A person who is brought to a treatment facility which provides  
27 medical triage in accordance with regulations adopted pursuant to  
28 section 19a-495 or to a hospital shall be examined by a medical officer or  
29 [his] such medical officer's designee as soon as possible. The medical  
30 officer shall determine whether the person requires inpatient treatment  
31 based upon the medical examination of the person and upon a finding  
32 that the person is incapacitated by alcohol, by drugs or due to a medical  
33 emergency.

34 (d) If the medical officer determines that the person requires inpatient  
35 treatment, the person shall be (1) admitted to, referred to or detained at  
36 a treatment facility that provides medical treatment for detoxification or  
37 a hospital, or (2) committed to a treatment facility operated by the  
38 Department of Mental Health and Addiction Services for emergency  
39 treatment pursuant to the provisions of section 17a-684. A person  
40 treated under subdivision (1) of this subsection shall be admitted as a  
41 voluntary patient, or, if necessary, detained for necessary treatment. If  
42 such person is referred to another treatment facility or another hospital,  
43 the referring facility or hospital shall arrange for [his] such person's  
44 transportation.

45 (e) Any person admitted or detained as a patient under subdivision

46 (1) of subsection (d) of this section shall be released once [he] such  
47 person is no longer incapacitated [by alcohol] or within forty-eight  
48 hours, whichever is shorter, unless [he] such person consents to further  
49 medical evaluation or treatment.

50 (f) If a patient is admitted to a treatment facility or hospital, [his] such  
51 patient's family or next of kin shall, unless prohibited by federal law, be  
52 notified as promptly as possible. If a patient who is not incapacitated  
53 [by alcohol] requests that there be no notification, [his] such request  
54 shall be respected.

55 (g) A person who is not admitted to a treatment facility or a hospital,  
56 is not referred to another treatment facility or hospital and has no funds  
57 may be taken to [his] such person's home, if any. If [he] such person has  
58 no home, the facility shall assist [him] such person in obtaining shelter.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2022	17a-683

**PS**            *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 23 \$	FY 24 \$
Mental Health & Addiction Serv., Dept.	GF - Cost	Potential	Potential

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill results in a cost to the Department of Mental Health and Addiction Services (DMHAS) to the extent an individual receives treatment at a DMHAS facility who otherwise would not have been admitted. For context, the inpatient per capita rate at Connecticut Valley Hospital is \$2,079 per day.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

**OLR Bill Analysis****sHB 5191*****AN ACT CONCERNING EMERGENCY INTERVENTION BY A POLICE OFFICER WHEN A PERSON IS INCAPACITATED BY DRUGS OR DUE TO A MEDICAL EMERGENCY.*****SUMMARY**

This bill expands a police officer's duty to take certain incapacitated individuals into protective custody. As under current law for those incapacitated by alcohol, the bill requires police officers, upon finding someone who appears to be incapacitated by drugs or due to a medical emergency, to take the person into protective custody and bring the person to a (1) treatment facility that provides medical triage or (2) hospital.

The bill similarly expands current requirements on treatment facilities, hospitals, and their medical officers regarding those brought to them who appear to be incapacitated by alcohol to also cover those who may be incapacitated by drugs or due to a medical emergency. This includes determining whether the person requires inpatient treatment.

The bill also makes technical changes.

EFFECTIVE DATE: October 1, 2022

**POLICE ACTIONS**

Under existing law for someone incapacitated by alcohol and the bill, for someone incapacitated by drugs or due to a medical emergency, taking someone into protective custody is not an arrest and no record may be made to indicate that a person has been arrested or charged with a crime. Police must make every reasonable effort to protect the health and safety of someone they take into this custody and may take reasonable steps to protect themselves.

**MEDICAL ACTIONS**

Similarly, under existing law and the bill, a medical officer must examine a person the police bring to his or her treatment facility or hospital as soon as possible and determine whether the person requires inpatient treatment. If a medical officer determines that the person requires inpatient treatment, the person must be (1) admitted to, referred to, or detained at a treatment facility that provides medical treatment for detoxification or a hospital or (2) committed to a treatment facility operated by the Department of Mental Health and Addiction Services for emergency treatment. If the person is referred to another treatment facility or hospital, the referring facility or hospital must arrange for the person's transportation.

Anyone who is not committed for emergency treatment must be released once he or she is no longer incapacitated or within 48 hours, whichever is shorter, unless he or she consents to further evaluation or treatment. If someone is admitted, his or her family or next of kin must be notified as promptly as possible unless (1) prohibited by federal law or (2) the person is not incapacitated and requests that there be no notification.

Existing law and the bill allows a person to be taken to his or her home, if any, if he or she is not admitted or referred to a treatment facility or hospital and has no money. But if the person does not have a home, the facility must assist him or her in obtaining shelter.

**DEFINITIONS**

By law, and under the bill, "drugs" are those containing any quantity of a substance designated:

1. as subject to the federal Controlled Substances Act;
2. as a depressant or stimulant drug under federal food and drug laws; or
3. by the consumer protection commissioner in regulations as having a stimulant, depressant, or hallucinogenic effect upon the

higher functions of the central nervous system and tending to promote abuse or psychological or physiological dependence, or both.

These drugs are classifiable as amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type, and other stimulant and depressant drugs. They specifically do not include alcohol, nicotine, and caffeine (CGS §§ 17a-680(6) & 21a-240(8)).

Under current law, “medical triage” is a service that provides (1) immediate assessment of substance abuse, (2) immediate care and treatment of those symptoms as necessary, (3) a determination of need for treatment, and (4) assistance in attaining appropriate continued treatment. The bill expands this definition to include the immediate assessment, care, and treatment of medical emergencies.

Under existing law, “incapacitated by alcohol” is a condition in which a person’s judgment is so impaired because of alcohol that he or she is incapable of realizing and making a rational decision concerning his or her need for treatment (CGS § 17a-680(11)).

**COMMITTEE ACTION**

Public Safety and Security Committee

Joint Favorable Substitute

Yea 20 Nay 3 (03/22/2022)