

Legislative History for Connecticut Act

PA 16-130

HB5456

Senate 3074-3075, 3078-3079 4

Public Health 1262-1263, 2035 3

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2016**

**VOL. 59
PART 9
2751 – 3097**

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SENATE

324
May 4, 2016

Seeing no objection, so ordered. The Senate will stand at ease for a moment. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. If I could add some items to our Consent Calendar please.

THE CHAIR:

Please do sir.

SENATOR DUFF (25TH):

Thank you. On Calendar page 8, Calendar 418, House Bill 5364, I'd like to place that item on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

On Calendar page 30, Calendar 590, House Bill 5407, I'd like to place that item on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

On Calendar page 6, Calendar 391, House Bill 5456, I'd like to place that item on the Consent Calendar.

THE CHAIR:

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SENATE

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May 4, 2016

Seeing no objection, so ordered, sir.

SENATOR DUFF (25TH):

The Senate could stand at ease?

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. On Agenda 4, House Bill 5189, I'd like to place that item -- oh, we already did, thank you.

THE CHAIR:

Yes, you did.

SENATOR DUFF (25TH):

The Senate will stand at ease.

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

Senator Duff.

SENATOR DUFF (25TH):

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SENATE

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May 4, 2016

Mr. Clerk. Will you please call the numbers on the Consent Calendar Number 2.

THE CLERK:

House Bill 5612; House Bill 5189; House Bill 5138;
on page 5, Calendar 377, House bill 5467; page 6,
Calendar 391, House Bill 5456; on page 8, Calendar
418, House Bill 5364; page 10, Calendar 442, House
Bill 5468; on page 14, Calendar 478, House Bill
5366; on page 15, Calendar 47, House Bill 5317; page
19, Calendar 513, House Bill 5553; page 21, Calendar
528, House Bill 5420; page 26, Calendar 560, House
Bill 5069; page 29, Calendar 581, House Bill 5547;
page 30, Calendar 590, House Bill 5407.

THE CHAIR:

The machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Immediate roll call on Consent Calendar Number 2 has
been ordered in the Senate.

THE CHAIR:

Senator Fasano, would you like to vote on this
Consent Calendar please? Thank you.

All members have voted? All members have voted?
The machine will be closed. Mr. Clerk, will you
please call the tally on Consent Calendar 2.

THE CLERK:

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SENATE

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May 4, 2016

Consent Calendar Number 2,

Total Number Voting	36
Those voting Yea	36
Those voting Nay	0
Absent and not voting	0

THE CHAIR:

The Consent Calendar passes. Senator Duff. Senator Duff.

SENATOR DUFF (25TH):

Can the Clerk please call Calendar page 13, Calendar 472, House Bill 5311.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 13, Calendar 472, Substitute for House Bill Number 5311, AN ACT CONCERNING TELECOMMUNICATIONS PROVIDER TARIFFS FOR SERVICES OFFERED TO BUSINESS RETAIL END USERS AND CERTAIN TELECOMMUNICATIONS SERVICE-RELATED EFFORTS. It's amended by House A.

THE CHAIR:

I'm sorry, is that, Senate, not yours --

SENATOR DUFF (25TH):

The Senate will stand at ease.

THE CHAIR:

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 3
1084 – 1636**

2016

COMMISSIONER DELPHIN-RITTMON: Hi, good morning.

SENATOR GERRATANA (6TH): Good morning.

COMMISSIONER DELPHIN-RITTMON: Good morning Senator Gerratana, Representative Ritter and distinguished members of the Public Health Committee. I'm Commissioner Miriam Delphin-Rittmon of the Department of Mental health and Addiction Services. And I'm here today to respectfully request your support of (Raised) Bill No. 5456, AN ACT CONCERNING THE RECOMMENDATION OF THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES FOR REVISIONS OF THE MENTAL HEALTH ADDICTION AND ADDICTION SERVICES STATUTES. The Diagnostic and Statistical Manual of Mental Disorders fifth edition in 2013, updated by the American Psychiatric Association is a classification and diagnostic tool. The DSM serves as a universal authority for psychiatric disorders and diseases of the United States. Behavioral health disorders including those related to substance use, are identified in this diagnostic and statistical manual. The language change in this bill reflects the current terminology used in the DSM classification manual and we're interested in changing the language to substance use disorders as opposed to substance abuse disorders.

This change in language is important not only as it relates to the consistency with the most recent changes in the DSM5, but the language we know also helps to frame an issue. The use of appropriate language can positively impact self-perception of an individual with substances use disorder as well as influence culture of recovery and environment.

Over the years DMAS and the people we serve have been working hard to change stigma and discrimination of individuals with mental health and substances use disorders. Stigma and discrimination

can often be barriers to accessing treatment and recovery supports, and full citizenship.

Using intentional language we know, or first person language that respects the worth and dignity of all persons promotes recovery and reducing discrimination.

Thank you for your time and attention to this matter. I'm happy to answer any questions at this time.

SENATOR GERRATANA (6TH): Thank you commissioner. Does anyone have any questions? Representative McCarty.

REP. MCCARTY (38TH): Thank you Madam Chair and just a very quick comment. I would just like to commend you on your sensitivity to looking at language. I think it means a lot and we want to do all that we possibly can to de-stigmatize and not be discriminatory in our language, so I thank you very much. Thank you Madam Chair.

SENATOR GERRATANA (6TH): Thank you, and thank you for your testimony.

COMMISSIONER DELPHIN-RITTMON: You're welcome. We do appreciate it.

SENATOR GERRATANA (6TH): Next is Commissioner Murray, followed by Deputy Commissioner Brancifort.

COMMISSIONER MURRAY: Good morning Senator Gerratana, Representative Ritter, Senator Markley, Representative Srinivasan and members of the Public Health Committee. I appreciate the opportunity to come before you this morning to discuss Senate Bill No. 294, AN ACT CONCERNING SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITY.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 4
1637 – 2074**

2016



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

DANNEL P. MALLOY
GOVERNOR

MIRIAM DELPHIN-RITTMON, PH.D.
COMMISSIONER

Testimony by Miriam Delphin-Rittmon
Commissioner
Department of Mental Health and Addiction Services
Before the Public Health Committee

Good afternoon Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee. I am Commissioner Miriam Delphin-Rittmon of the Department of Mental Health and Addiction Services (DMHAS), and I am here today to respectfully request your support of Raised Bill 5456, AN ACT CONCERNING THE RECOMMENDATIONS OF THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES FOR REVISIONS TO THE MENTAL HEALTH AND ADDICTION SERVICES STATUTES.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is the 2013 update to the American Psychiatric Association (APA) classification and diagnostic tool. The DSM serves as a universal authority for psychiatric diagnosis in the United States. Behavioral health disorders, including those related to substance use, are defined in the Diagnostic Statistical Manual. The language change in this bill reflects the current terminology used to classify substance use disorders (vs. substance *abuse* disorders).

This change in language is important, not only as it relates to consistency with the most recent changes made in the DSM-5. Language can frame an issue. The use of appropriate language can positively impact the self-perception of an individual with a substance use disorder as well as influence the culture of recovery in the environment.

Over the years DMHAS and the people we serve have been working to change the stigma and discrimination individuals with mental health and substance use disorders face. Stigma and discrimination can often be barriers to accessing treatment, recovery supports and full citizenship. Using intentional language, or person first language, that respects the worth and dignity of all persons promotes recovery by reducing discrimination.

Thank you for your time and attention to this matter. Favorable action on this bill will impact stigma and discrimination faced by individuals grappling with substance use disorders for years to come. I would be happy to answer any questions you may have regarding this proposal.