
OLR Bill Analysis

sHB 6461

AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE TASK FORCE REGARDING THE PREVENTION AND TREATMENT OF MENTAL ILLNESS AT INSTITUTIONS OF HIGHER EDUCATION.

SUMMARY

This bill requires the Office of Higher Education (OHE) and higher education institutions to evaluate and improve mental health services. It must do so by requiring:

1. higher education institutions, excluding Charter Oak State College or any institution that solely provides online programming, to establish, by January 1, 2022, (a) a campus mental health coalition to evaluate the effectiveness of their mental health services (§ 1) and (b) a crisis intervention and management plan for each campus (§ 4);
2. OHE and the Department of Mental Health and Addiction Services (DMHAS) to consult with a mental health specialist for students to develop or approve, by January 1, 2022, an assessment tool to evaluate institutions' mental health services and programs (§ 2); and
3. the Board of Regents for Higher Education to employ a grant writer to identify and apply for available grant funding to implement or improve mental health services and programs offered by the regional community-technical colleges to address student mental illness (§ 5).

The bill requires certain health insurance carriers and their third-party administrators (TPAs) to (1) provide explanation of benefits (EOBs) to covered individuals for benefits they receive and (2) allow covered individuals, who can legally consent to receive covered medical services, to make a specific written selection about whether

and how to receive these EOBs. The bill requires health insurance carriers and TPAs to disclose EOB delivery options to covered individuals (§ 6).

The bill applies to insurers, health care centers (i.e., HMOs), hospital and medical service corporations, fraternal benefit societies, and any other entity that delivers, issues, renews, amends, or continues a health insurance policy in Connecticut (i.e., “health insurance carriers”) that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. It also applies to TPAs providing services to these health insurance carriers.

Additionally, the bill eliminates a provision requiring a mental health provider to notify a minor that the consent, notification, or involvement of a parent or guardian is required to provide more than six outpatient mental health sessions. It instead allows minors to request and receive as many sessions as necessary without this consent or notification. Under the bill, the provider may inform the parent or guardian under certain circumstances (§ 7).

EFFECTIVE DATE: July 1, 2021, except the provision on EOBs is effective on January 1, 2023.

§ 1 — MENTAL HEALTH COALITION

Membership

The bill requires each higher education institution, excluding Charter Oak State College or online institutions, by January 1, 2022, to establish a mental health coalition to evaluate the effectiveness of their mental health services and programs.

Under the bill, the president of each institution must appoint individuals to the coalition that reflect their institution’s student body demographics, including, at least one member from their institution’s (1) administration; (2) counseling services office, if any; (3) health services office, if any; (4) senior and mid-level staff; (5) student body; (6) residential life office, if any; (7) faculty; and (8) any other

individuals the president designates.

Duties

The bill requires each higher education institution to ensure that coalition members are educated on the (1) mental health services and programs offered at each institution's campus; (2) the coalition's role and function at the institution; and (3) protocols and techniques to respond to student mental illness that have been developed with consideration given to the students' race, cultural background, sexual orientation or gender identity, or status as a veteran or service member of the U.S. armed forces.

The bill requires each mental health coalition to do the following:

1. evaluate the effectiveness of the institution's mental health services and programs every four years using the assessment tool required by the bill (see § 2);
2. review the evaluation results and develop a plan to address weaknesses in the institution's services and programs; and
3. review and recommend improvements to (a) institutional student mental health policies; (b) the variety of mental health services available to the institution's students, including on-campus services, telehealth services, or a community-based provider arranged through an agreement (see § 3); (c) the quality of mental health services available to students, including recommendations for obtaining accreditation from a nationally or regionally recognized accrediting body for mental health services; and (d) the crisis intervention and management plan established under this bill (see § 4).

The bill defines (1) mental health services as counseling, therapy, rehabilitation, crisis intervention, or emergency services for the screening, diagnosis, or treatment of mental illness and (2) mental health programs such as education, outreach, research or training initiatives aimed at students for the prevention of mental illness. Examples of programs include poster and flyer campaigns, electronic

communications, films, guest speakers, conferences, or other campus events.

§ 2 — EVALUATION OF THE EFFECTIVENESS OF HIGHER EDUCATION INSTITUTION MENTAL HEALTH SERVICES AND PROGRAMS

Assessment Tool Development and Implementation

The bill requires, by January 1, 2022, and every four years thereafter, the OHE executive director and DMHAS commissioner, in consultation with an epidemiologist or other specialist with expertise in the study of student mental health, to jointly develop or approve, and update as necessary, an assessment tool for each higher education institution to evaluate the effectiveness of mental health services and programs offered at each of its campuses.

The bill requires OHE and DMHAS to (1) develop, and update as necessary, guidelines for assessment tool implementation, including a timeline for completion, and (2) conduct training workshops for the established mental health coalitions regarding best practices for assessment tool use and completion.

Under the bill, by October 1, 2022, and every four years thereafter, each established campus mental health coalition must evaluate the effectiveness of the mental health services and programs offered at each institution's campus using the developed assessment tool in accordance with the guidelines and training provided by OHE and the DMHAS executive directors. Each coalition must submit the evaluation results to OHE.

Reporting Requirements

The bill requires the OHE director, within 30 days after receiving the evaluation results, to post them on the OHE website and submit a report to the Higher Education and Employment Advancement committee.

§ 3 — PROVIDER PARTNERSHIPS

The bill requires, by January 1, 2022, a higher education institution that lacks campus resources for providing mental health services to

students to enter into and maintain a memorandum of understanding with at least one community-based mental health care provider or, in consultation with DMHAS, with an emergency mobile psychiatric service provider to (1) provide students access to mental health services on or off campus and (2) assist institutions in developing mental health programming.

§ 4 — CRISIS INTERVENTION AND MANAGEMENT PLAN

The bill requires each higher education institution to establish or update a crisis intervention and management plan for its campus by January 1, 2022. The plan must include (1) a detailed description of the campus-wide response to a mental health crisis, (2) an environmental review of each campus to identify areas that may be improved to benefit student mental health, and (3) protocols to ensure campus safety. The bill defines “mental health crisis” as a condition (1) in which a person requires immediate intervention or medical attention without which the person would present a danger to himself or herself or to others or (2) that renders a person incapable of controlling, knowing, or understanding the consequences of their actions.

Student Mental Health Policies

The bill requires each higher education institution’s governing board to adopt, and update as necessary, a student mental health policy by January 1, 2021. The policy must include (1) the mental health services and programming provided to students each academic year and (2) the availability of, and eligibility requirements for, student mental health leave.

Under the bill, by February 1, 2022, and within 30 days after adopting an updated student mental health policy, the governing board of each institution must submit the policy to the Higher Education and Employment Advancement Committee.

§ 6 — EXPLANATION OF BENEFITS (EOBs)

Delivery Method

The bill requires health insurance carriers and TPAs to issue EOBs to consumers, but also allows covered individuals who can legally

consent to receiving covered services to (1) specify how EOBs are delivered or (2) opt out of receiving them entirely.

Health insurance carriers and TPAs must allow legally consenting consumers who are covered individuals to specify in writing that EOBs must be delivered solely to him or her by:

1. mail to his or her address or any other specified address;
2. e-mail or other electronic means; or
3. making the EOB available solely to him or her electronically, in compliance with certain federal privacy laws (e.g., through a patient portal).

Under the bill, the consumer's choice remains valid until he or she specifies another method in writing to the carrier. The health insurance carrier or TPA must comply with a consumer's written request for a specific delivery method within three business days after receiving it. Additionally, they must provide written confirmation of receipt and, if contacted by the consumer, advise them on the status of his or her selection.

Opting Out

Covered individuals who can legally consent to benefits may specify, in writing, that the health insurance carrier or TPA not issue an EOB. In such a case, the carrier or TPA cannot require the covered individual to explain this decision unless required by law or pursuant to a court order.

Disclosures

Additionally, the bill requires health insurance carriers and TPAs to make available to consumers a statement disclosing that any covered individual who can legally consent to receiving covered benefits may specify that the carrier:

1. not issue EOBs concerning him or her or
2. issue them only to the consumer using the method he or she

chooses.

The statement must (1) be in an easily readable, accessible, and understandable format and (2) include a space for the consumer to provide a mailing or email address.

Under the bill, the disclosure statement described above must be included in the benefits information that carriers must provide upon enrollment, and that both carriers and the Connecticut Health Insurance Exchange (Access Health CT) must make available on their websites.

The bill also requires health carriers and TPAs to disclose to insureds that they may (1) submit EOB delivery method requests or (2) request that EOBs not be delivered at all. This disclosure must be in plain language and displayed or printed clearly and conspicuously in all coverage documents, privacy communications, EOBs, and Internet websites the health carrier makes available to Connecticut consumers.

The bill prohibits a health insurance carrier from requiring a covered individual to waive his or her right to limit disclosure under the bill as a precondition to issuing, delivering, renewing, amending, or continuing a policy. The bill specifies that it does not limit a covered individual's or policy holder's ability to request an adverse determination review.

§ 7 — OUTPATIENT MENTAL HEALTH TREATMENT FOR MINORS

By law, a psychiatrist, psychologist, independent social worker, or marital and family therapist may provide outpatient mental health treatment to a minor without the consent or notification of a parent or guardian at the minor's request under certain conditions. Current law requires a mental health provider to notify the minor that the consent, notification, or involvement of a parent or guardian is required to continue treatment after the sixth session, unless it would be seriously detrimental to the minor's well-being. The bill eliminates this requirement and instead allows minors to request and receive as many outpatient mental health treatment sessions as necessary without the

consent or notification of a parent or guardian. However, the bill also creates an option where the provider may inform the parent or guardian.

Under the bill, a provider may notify a parent or guardian about treatment provided without the parent or guardian's consent or notification, if (1) the provider determines that notification or disclosure is necessary for the minor's well-being, (2) the treatment provided to the minor is solely for mental health and not for a substance use disorder, and (3) the minor is provided an opportunity to express any objection to the notification or disclosure.

The bill requires the provider to document his or her determination regarding the notification or disclosure and any objections expressed by the minor in the minor's clinical record. The provider may disclose to a minor's parent or guardian the following information regarding the minor's outpatient mental health treatment:

1. diagnosis;
2. treatment plan and progress;
3. recommended medications, including risks, benefits, side effects, typical efficacy, dose, and schedule;
4. psychoeducation about the minor's mental health;
5. referrals to community resources;
6. coaching on parenting or behavioral management strategies;
and
7. crisis prevention planning and safety planning.

It also requires a provider to release a minor's entire clinical record to another provider upon the request of the minor or the minor's parent or guardian.

Existing law, unchanged by the bill, shields a parent or guardian from liability for treatment costs if he or she is not informed of the

minor child's outpatient mental health treatment.

BACKGROUND

Related Bills

SB 1086, reported favorably by the Public Health Committee, allows minors to request and receive as many outpatient mental health treatment sessions as necessary without the consent or notification of a parent or guardian.

HB 6389, reported favorably by the Insurance and Real Estate Committee, requires certain health insurance entities to (1) provide an EOB to covered individuals for benefits they receive and (2) allow certain individuals who can legally consent to receive services to select how and if they receive EOBs.

COMMITTEE ACTION

Higher Education and Employment Advancement Committee

Joint Favorable Substitute

Yea 20 Nay 2 (03/18/2021)