



# Senate

General Assembly

**File No. 537**

January Session, 2021

Substitute Senate Bill No. 1085

*Senate, April 20, 2021*

The Committee on Public Health reported through SEN. DAUGHERTY ABRAMS of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

## ***AN ACT CONCERNING SUICIDE PREVENTION.***

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

1 Section 1. Section 17a-52 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective July 1, 2021*):

3 (a) There is established [a Youth] an Interagency Suicide Advisory  
4 Board, within the Department of Children and Families, which shall be  
5 a state-wide, interagency coordinating source for youth and adult  
6 suicide prevention. The board shall consist of [twenty] twenty-two  
7 members, which shall include one psychiatrist licensed to practice  
8 medicine in this state, one psychologist licensed in this state, one  
9 representative of a local or regional board of education, one high school  
10 teacher, one high school student, one college or university faculty  
11 member, one college or university student and one parent, all appointed  
12 by the Commissioner of Children and Families, one representative of  
13 the Department of Public Health appointed by the Commissioner of  
14 Public Health, one representative of the state Department of Education

15 appointed by the Commissioner of Education, [and] one representative  
16 of the Board of Regents for Higher Education appointed by the  
17 president of the Connecticut State Colleges and Universities, the  
18 executive director of the Court Support Services Division of the Judicial  
19 Branch, or the executive director's designee, and the executive director  
20 of the Commission on Women, Children, Seniors, Equity and  
21 Opportunity, or the executive director's designee. The balance of the  
22 board shall be comprised of persons with expertise in the mental health  
23 of children and adults or mental health issues with a focus on suicide  
24 prevention, and shall be appointed by the Commissioner of Children  
25 and Families. Members of the board shall serve for two-year terms,  
26 without compensation. Any member who fails to attend three  
27 consecutive meetings or fifty per cent of all meetings held during any  
28 calendar year shall be deemed to have resigned from the board. [The  
29 Commissioner of Children and Families shall be a nonvoting, ex-officio  
30 member of the board.] The board shall elect a [chairman,] chairperson  
31 and a [vice-chairman] vice-chairperson to act in the [chairman's]  
32 chairperson's absence.

33 (b) The board shall: (1) Increase public awareness of the existence of  
34 youth and adult suicide and means of suicide prevention across a  
35 person's lifespan; (2) make recommendations [to the commissioner] for  
36 the development of state-wide training in the prevention of youth and  
37 adult suicide; (3) develop a strategic state-wide, interagency youth and  
38 adult suicide prevention plan; (4) recommend interagency policies and  
39 procedures for the coordination of services for youths and families in  
40 the area of suicide prevention; (5) make research-based and data-driven  
41 recommendations for the establishment and implementation of suicide  
42 prevention procedures in schools and communities; (6) establish a  
43 coordinated system for the utilization of data for the prevention of  
44 youth and adult suicide; (7) make recommendations concerning the  
45 integration of suicide prevention and intervention strategies into [other]  
46 youth-focused prevention and intervention programs; and (8)  
47 periodically offer, within available appropriations, youth and adult  
48 suicide prevention training for health care providers, school employees  
49 and other persons who provide services to children, young adults, [and]

50 families and the aging population of the state.

51 (c) On or before November 1, 2021, and annually thereafter, the  
52 chairperson of the board shall report, in accordance with the provisions  
53 of section 11-4a, to the joint standing committee of the General  
54 Assembly having cognizance of matters relating to public health  
55 regarding the operations of the board and any recommendations for  
56 legislation concerning suicide prevention.

57 Sec. 2. Subsection (b) of section 20-10b of the general statutes is  
58 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
59 *2021*):

60 (b) Except as otherwise provided in subsections (d), (e) and (f) of this  
61 section, a licensee applying for license renewal shall earn a minimum of  
62 fifty contact hours of continuing medical education within the  
63 preceding twenty-four-month period. Such continuing medical  
64 education shall (1) be in an area of the physician's practice; (2) reflect the  
65 professional needs of the licensee in order to meet the health care needs  
66 of the public; and (3) during the first renewal period in which continuing  
67 medical education is required and not less than once every six years  
68 thereafter, include at least one contact hour of training or education in  
69 each of the following topics: (A) Infectious diseases, including, but not  
70 limited to, acquired immune deficiency syndrome and human  
71 immunodeficiency virus, (B) risk management, including, but not  
72 limited to, prescribing controlled substances and pain management,  
73 and, for registration periods beginning on or after October 1, 2019, such  
74 risk management continuing medical education may also include  
75 screening for inflammatory breast cancer and gastrointestinal cancers,  
76 including colon, gastric, pancreatic and neuroendocrine cancers and  
77 other rare gastrointestinal tumors, (C) sexual assault, (D) domestic  
78 violence, (E) cultural competency, and (F) behavioral health, provided  
79 further that on and after January 1, 2016, such behavioral health  
80 continuing medical education may include, but not be limited to, at least  
81 two contact hours of training or education during the first renewal  
82 period in which continuing education is required and not less than once

83 every six years thereafter, on (i) suicide prevention, or (ii) diagnosing  
84 and treating [(i)] (I) cognitive conditions, including, but not limited to,  
85 Alzheimer's disease, dementia, delirium, related cognitive impairments  
86 and geriatric depression, or [(ii)] (II) mental health conditions,  
87 including, but not limited to, mental health conditions common to  
88 veterans and family members of veterans. Training for mental health  
89 conditions common to veterans and family members of veterans shall  
90 include best practices for [(I)] determining whether a patient is a veteran  
91 or family member of a veteran, [(II)] screening for conditions such as  
92 post-traumatic stress disorder, risk of suicide, depression and grief, and  
93 [(III)] veteran suicide prevention training. For purposes of this section,  
94 qualifying continuing medical education activities include, but are not  
95 limited to, courses offered or approved by the American Medical  
96 Association, American Osteopathic Association, Connecticut Hospital  
97 Association, Connecticut State Medical Society, Connecticut  
98 Osteopathic Medical Society, county medical societies or equivalent  
99 organizations in another jurisdiction, educational offerings sponsored  
100 by a hospital or other health care institution or courses offered by a  
101 regionally accredited academic institution or a state or local health  
102 department. The commissioner, or the commissioner's designee, may  
103 grant a waiver for not more than ten contact hours of continuing medical  
104 education for a physician who [:(I) Engages] engages in activities  
105 related to the physician's service as a member of the Connecticut  
106 Medical Examining Board, established pursuant to section 20-8a, [:(II)]  
107 engages in activities related to the physician's service as a member of a  
108 medical hearing panel, pursuant to section 20-8a [:(III)] or assists the  
109 department with its duties to boards and commissions as described in  
110 section 19a-14.

111 Sec. 3. Subdivision (6) of subsection (b) of section 10-222q of the  
112 general statutes is repealed and the following is substituted in lieu  
113 thereof (*Effective July 1, 2021*):

114 (6) Three appointed by the minority leader of the Senate, one of  
115 whom is a representative of the Connecticut Education Association; one  
116 of whom is a representative of the National Alliance on Mental Illness,

117 Connecticut; and one of whom is a representative of the [Youth]  
 118 Interagency Suicide Advisory Board established pursuant to section  
 119 17a-52, as amended by this act;

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2021	17a-52
Sec. 2	July 1, 2021	20-10b(b)
Sec. 3	July 1, 2021	10-222q(b)(6)

**Statement of Legislative Commissioners:**

In Section 1(b)(1), "and adult" was inserted after "youth" for consistency and Section 3 was added to make conforming changes to section 10-222q of the general statutes.

**PH**      *Joint Favorable Subst.*

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*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.*

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### **OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

### **Explanation**

This bill renames the Department of Children and Families' (DCF) Youth Suicide Advisory Board the "Interagency Suicide Advisory Board" and expands the board's scope to include suicide prevention initiatives for adults, in addition to children as under existing law. This has no fiscal impact on DCF.

The bill also allows a physician to meet his or her continuing medical education requirement in behavioral health by completing training on suicide prevention and veteran suicide prevention. This has no fiscal impact.

### **The Out Years**

**State Impact:** None

**Municipal Impact:** None

**OLR Bill Analysis****sSB 1085*****AN ACT CONCERNING SUICIDE PREVENTION.*****SUMMARY**

This bill renames the Department of Children and Families' (DCF) Youth Suicide Advisory Board the "Interagency Suicide Advisory Board" and expands the board's scope to include suicide prevention initiatives for adults, in addition to children as under existing law. It makes related minor and conforming changes to the board's responsibilities, including specifying its recommendations for suicide prevention in schools and communities be research-based and data-driven. It also specifies that the board is a statewide, interagency network for these initiatives.

Additionally, the bill increases the board's membership from 20 to 22. It also (1) adds the executive directors of the Commission on Women, Children, Seniors, Equity, and Opportunity and Court Support Services Division, or their designees, as members and (2) removes the DCF commissioner as a non-voting ex-officio board member. Under existing law and the bill, appointing authorities have a specified number of appointments, with one exception. The DCF commissioner appoints the balance of members, up to the board's required membership. Currently, the commissioner appoints 9 members; under the bill she appoints 10 members.

Starting by November 1, 2021, the bill requires the chairperson to annually report to the Public Health Committee on the board's operations and legislative recommendations.

Lastly, the bill allows a physician to meet his or her continuing medical education (CME) requirement in behavioral health by completing training on suicide prevention and veteran suicide

prevention. By law, physicians must take at least two contact hours (i.e., 50 minutes) of CME in behavioral health during the first renewal period for which CME is required (the second license renewal), and once every six years after that.

EFFECTIVE DATE: July 1, 2021

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 29 Nay 3 (03/31/2021)