



General Assembly

January Session, 2021

***Raised Bill No. 6461***

LCO No. 2848



Referred to Committee on HIGHER EDUCATION AND  
EMPLOYMENT ADVANCEMENT

Introduced by:  
(HED)

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

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

1 Section 1. (NEW) (*Effective July 1, 2021*) (a) As used in this section and  
2 sections 2 to 5, inclusive, of this act:

3 (1) "Services" or "mental health services" means counseling, therapy,  
4 rehabilitation, crisis intervention or emergency services for the  
5 screening, diagnosis or treatment of mental illness;

6 (2) "Programs" or "mental health programming" means education,  
7 outreach, research or training initiatives aimed at students for the  
8 prevention of mental illness, including, but not limited to, poster and  
9 flyer campaigns, electronic communications, films, guest speakers,  
10 conferences or other campus events;

11 (3) "Institution of higher education" means any institution of higher  
12 education in the state, but does not include Charter Oak State College

13 or any institution of higher education that solely provides programs of  
14 higher learning through its Internet web site; and

15 (4) "Mental health crisis" means a condition in which a person  
16 requires immediate intervention or medical attention without which  
17 such person would present a danger to himself or herself or to others or  
18 which renders such person incapable of controlling, knowing or  
19 understanding the consequences of his or her actions.

20 (b) Not later than January 1, 2022, each institution of higher education  
21 shall establish a campus mental health coalition with representatives  
22 from each of its campuses. The campus mental health coalition shall  
23 consist of individuals appointed by the president of each institution of  
24 higher education who are reflective of the demographics of the student  
25 body at such institution, including, but not limited to, at least one  
26 member from such institution's (1) administration, (2) counseling  
27 services office, if any, (3) health services office, if any, (4) senior and mid-  
28 level staff, (5) student body, (6) residential life office, if any, (7) faculty,  
29 and (8) any other individuals designated by the president.

30 (c) Each institution of higher education shall ensure that every  
31 member of the campus mental health coalition is educated about the (1)  
32 mental health services and programs offered at each campus by such  
33 institution, (2) role and function of the campus mental health coalition  
34 at such institution, and (3) protocols and techniques to respond to  
35 student mental illness that are receptive to students of diverse race,  
36 cultural backgrounds, sexual orientation or gender identity or status as  
37 a veteran or service member of the armed forces of the United States.

38 (d) Each campus mental health coalition shall (1) conduct an  
39 evaluation every four years of the effectiveness of the mental health  
40 services and programs offered by the institution of higher education in  
41 accordance with section 2 of this act, (2) review the results of such  
42 evaluation and develop a plan to address any weaknesses in such  
43 services and programs offered by the institution, and (3) review and  
44 recommend improvements to (A) institutional polices regarding

45 student mental health, (B) the variety of mental health services available  
46 to students at the institution, including on-campus services, telehealth  
47 services provided in accordance with section 19a-906 of the general  
48 statutes or services offered through community-based mental health  
49 care providers or emergency mobile psychiatric service providers in  
50 accordance with any memorandum of understanding entered into  
51 pursuant to section 3 of this act, (C) the quality of mental health services  
52 available to students, including recommendations for obtaining  
53 accreditation from the International Accreditation of Counseling  
54 Services or another nationally or regionally recognized accrediting body  
55 for mental health services, and (D) the crisis intervention and  
56 management plan established pursuant to section 4 of this act.

57       Sec. 2. (NEW) (*Effective July 1, 2021*) (a) Not later than January 1, 2022,  
58 and every four years thereafter, the executive director of the Office of  
59 Higher Education and the Commissioner of Mental Health and  
60 Addiction Services, in consultation with an epidemiologist or other  
61 specialist with expertise in the study of student mental health, shall  
62 jointly (1) develop or approve, and update as necessary, an assessment  
63 tool for use by each institution of higher education in evaluating the  
64 effectiveness of the mental health services and programs offered at each  
65 of the institution's campuses, (2) develop, and update as necessary,  
66 guidelines for the implementation of the assessment tool, including a  
67 timeline for its completion, and (3) conduct training workshops for the  
68 campus mental health coalitions established pursuant to section 1 of this  
69 act regarding best practices for the use and completion of the assessment  
70 tool.

71       (b) Not later than October 1, 2022, and every four years thereafter,  
72 each campus mental health coalition established at each institution of  
73 higher education pursuant to section 1 of this act shall (1) conduct an  
74 evaluation of the effectiveness of the mental health services and  
75 programs offered at each campus by such institution using the  
76 assessment tool developed or approved pursuant to subsection (a) of  
77 this section, in accordance with the guidelines and training provided by  
78 the executive director of the Office of Higher Education and the

79 Commissioner of Mental Health and Addiction Services, and (2) submit  
80 the results of such evaluation to the Office of Higher Education.

81 (c) Not later than thirty days after the receipt of the results of the  
82 evaluation conducted pursuant to subsection (b) of this section from  
83 each campus mental health coalition, the executive director of the Office  
84 of Higher Education shall post such results on the Internet web site of  
85 said office and submit a report, in accordance with the provisions of  
86 section 11-4a of the general statutes, to the joint standing committee of  
87 the General Assembly having cognizance of matters relating to higher  
88 education on such results from each institution of higher education.

89 Sec. 3. (NEW) (*Effective July 1, 2021*) Not later than January 1, 2022,  
90 any institution of higher education that lacks resources on campus for  
91 the provision of mental health services to students shall enter into and  
92 maintain a memorandum of understanding with at least one  
93 community-based mental health care provider or, in consultation with  
94 the Department of Mental Health and Addiction Services, with an  
95 emergency mobile psychiatric service provider for the purpose of  
96 providing students access to mental health services on or off campus  
97 and assistance to institutions in developing mental health  
98 programming.

99 Sec. 4. (NEW) (*Effective July 1, 2021*) (a) Not later than January 1, 2022,  
100 and annually thereafter, each institution of higher education shall  
101 establish and update a crisis intervention and management plan for each  
102 campus of such institution. Such plan shall include, but not be limited  
103 to, (1) a detailed description of the campus-wide response to a mental  
104 health crisis, (2) an environmental review of each campus to identify  
105 areas that may be improved for the benefit of student mental health, and  
106 (3) protocols to ensure campus safety.

107 (b) Not later than January 1, 2022, the governing board of each  
108 institution of higher education shall adopt, and update as necessary, a  
109 policy regarding student mental health. Such policy shall include, but  
110 not be limited to, (1) the types of mental health services and mental

111 health programming provided to students each academic year, and (2)  
112 the availability of and eligibility requirements for mental health leave  
113 available to students.

114 (c) Not later than February 1, 2022, and not more than thirty days  
115 after the adoption of an updated policy, the governing board of each  
116 institution of higher education shall submit, in accordance with the  
117 provisions of section 11-4a of the general statutes, to the joint standing  
118 committee of the General Assembly having cognizance of matters  
119 relating to higher education, the policy adopted pursuant to subsection  
120 (b) of this section.

121 Sec. 5. (*Effective July 1, 2021*) Not later than January 1, 2022, the Board  
122 of Regents for Higher Education shall employ a grant writer to identify  
123 and apply for available grant funding to implement or improve mental  
124 health services and programs offered by the regional community-  
125 technical colleges to address student mental illness.

126 Sec. 6. Section 38a-477d of the general statutes is repealed and the  
127 following is substituted in lieu thereof (*Effective January 1, 2023*):

128 (a) Each insurer, health care center, hospital service corporation,  
129 medical service corporation, fraternal benefit society or other entity that  
130 delivers, issues for delivery, renews, amends or continues a health  
131 insurance policy providing coverage of the type specified in  
132 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 in this state,  
133 shall:

134 (1) Make available to consumers, in an easily readable, accessible and  
135 understandable format: [, the]

136 (A) The following information for each such policy:

137 [(A)] (i) Any coverage exclusions;

138 [(B) any] (ii) Any restrictions on the use or quantity of a covered  
139 benefit, including on prescription drugs or drugs administered in a  
140 physician's office or a clinic;

141 [(C) a] (iii) A specific description of how prescription drugs are  
142 included or excluded from any applicable deductible, including a  
143 description of other out-of-pocket expenses that apply to such drugs;

144 [(D) the] (iv) The specific dollar amount of any copayment and the  
145 percentage of any coinsurance imposed on each covered benefit,  
146 including each covered prescription drug; and

147 [(E) information] (v) Information regarding any process available to  
148 consumers, and all documents necessary, to seek coverage of a  
149 noncovered outpatient prescription drug; and

150 (B) With respect to explanations of benefits issued pursuant to  
151 subsection (d) of this section, a statement disclosing that each consumer  
152 who is a covered individual and legally capable of consenting to the  
153 provision of covered benefits under such policy may specify that such  
154 insurer, center, corporation, society or entity, and each third-party  
155 administrator, as defined in section 38a-720, providing services to such  
156 insurer, center, corporation, society or entity, shall:

157 (i) Not issue explanations of benefits concerning covered benefits  
158 provided to such consumer; or

159 (ii) (I) Issue explanations of benefits concerning covered benefits  
160 provided to such consumer solely to such consumer; and

161 (II) Use a method specified by such consumer to issue such  
162 explanations of benefits solely to such consumer, and provide sufficient  
163 space in the statement for such consumer to specify a mailing address  
164 or an electronic mail address for such insurer, center, corporation,  
165 society, entity or third-party administrator to use to contact such  
166 consumer concerning covered benefits provided to such consumer.

167 (2) Make available to consumers a way to determine accurately;

168 (A) [whether] Whether a specific prescription drug is available under  
169 such policy's drug formulary;

170 (B) [the] The coinsurance, copayment, deductible or other out-of-  
171 pocket expense applicable to such drug;

172 (C) [whether] Whether such drug is covered when dispensed by a  
173 physician or a clinic;

174 (D) [whether] Whether such drug requires prior authorization or the  
175 use of step therapy;

176 (E) [whether] Whether specific types of health care specialists are in-  
177 network; and

178 (F) [whether] Whether a specific health care provider or hospital is  
179 in-network.

180 (b) (1) Each insurer, health care center, hospital service corporation,  
181 medical service corporation, fraternal benefit society or other entity  
182 shall make the information and statement required under subsection (a)  
183 of this section available to consumers at the time of enrollment and shall  
184 post such information and statement on its Internet web site.

185 (2) The Connecticut Health Insurance Exchange, established  
186 pursuant to section 38a-1081, shall post links on its Internet web site to  
187 such information and statement for each qualified health plan that is  
188 offered or sold through the exchange.

189 (c) The Insurance Commissioner shall post links on the Insurance  
190 Department's Internet web site to any on-line tools or calculators to help  
191 consumers compare and evaluate health insurance policies and plans.

192 (d) (1) Except as provided in subdivision (2) of this subsection, each  
193 insurer, health care center, hospital service corporation, medical service  
194 corporation, fraternal benefit society or other entity that delivers, issues  
195 for delivery, renews, amends or continues a health insurance policy  
196 described in subsection (a) of this section, and each third-party  
197 administrator, as defined in section 38a-720, providing services to such  
198 an insurer, center, corporation, society or entity, shall:

199 (A) Issue explanations of benefits to consumers who are covered  
200 individuals under the policy; and

201 (B) (i) Permit each consumer who is a covered individual under the  
202 policy and legally capable of consenting to the provision of covered  
203 benefits to specify, in writing, that such insurer, center, corporation,  
204 society, entity or third-party administrator issue explanations of  
205 benefits concerning covered benefits provided to such consumer solely  
206 to such consumer, and specify, in writing, which of the following  
207 methods such insurer, center, corporation, society, entity or third-party  
208 administrator shall use to issue such explanations of benefits solely to  
209 such consumer:

210 (I) Mailing such explanations of benefits to such consumer's mailing  
211 address or another mailing address specified by such consumer;

212 (II) Sending such explanations of benefits to such consumer by  
213 electronic means, including, but not limited to, electronic mail; or

214 (III) Making such explanations of benefits available to such consumer  
215 by electronic means, provided making such explanations of benefits  
216 available solely to such consumer by electronic means complies with all  
217 applicable federal and state laws and regulations concerning data  
218 security, including, but not limited to, 45 CFR Part 160, as amended from  
219 time to time, and 45 CFR Part 164, Subparts A and C, as amended from  
220 time to time.

221 (ii) Each method specified by a consumer, in writing, pursuant to  
222 subparagraph (B)(i) of this subdivision shall be valid until the consumer  
223 submits a written specification to the insurer, center, corporation,  
224 society, entity or third-party administrator for a different method. Such  
225 insurer, center, corporation, society, entity or third-party administrator  
226 shall comply with a written specification under this clause or  
227 subparagraph (B)(i) of this subdivision, as applicable, not later than  
228 three business days after such insurer, center, corporation, society,  
229 entity or third-party administrator receives such specification.



230       (iii) Each insurer, center, corporation, society, entity or third-party  
231 administrator that receives a written specification from a consumer  
232 pursuant to subparagraph (B)(i) or (B)(ii) of this subdivision, as  
233 applicable, shall provide the consumer who made such specification  
234 with written confirmation that such insurer, center, corporation, society,  
235 entity or third-party administrator received such specification, and  
236 advise such consumer, in writing, regarding the status of such  
237 specification if such consumer contacts such insurer, center,  
238 corporation, society, entity or third-party administrator, in writing,  
239 regarding such specification.

240       (2) Each consumer who is a covered individual under a policy  
241 described in subsection (a) of this section and is legally capable of  
242 consenting to the provision of covered benefits may specify, in writing,  
243 that the insurer, center, corporation, society or entity that delivered,  
244 issued for delivery, renewed, amended or continued the policy, or a  
245 third-party administrator providing services to such insurer, center,  
246 corporation, society or entity, not issue explanations of benefits  
247 pursuant to subdivision (1) of this subsection if such explanations of  
248 benefits concern covered benefits that were provided to such consumer.  
249 Such insurer, center, corporation, society, entity or third-party  
250 administrator shall not require such consumer to provide any  
251 explanation regarding the basis for such consumer's specification,  
252 unless such explanation is required by applicable law or pursuant to an  
253 order issued by a court of competent jurisdiction.

254       (3) Each insurer, center, corporation, society or entity that delivers,  
255 issues for delivery, renews, amends or continues a policy described in  
256 subsection (a) of this section, and each third-party administrator  
257 providing services to such insurer, center, corporation, society or entity,  
258 shall disclose to each consumer who is a covered individual under the  
259 policy such consumer's ability to submit specifications pursuant to  
260 subdivisions (1) and (2) of this subsection. Such disclosure shall be in  
261 plain language and displayed or printed, as applicable, clearly and  
262 conspicuously in all evidence of coverage documents, privacy  
263 communications, explanations of benefits and Internet web sites that are

264 maintained by such insurer, center, corporation, society, entity or third-  
265 party administrator and accessible to consumers in this state.

266 (4) No insurer, center, corporation, society or entity that is subject to  
267 this subsection shall require a consumer or policyholder to waive any  
268 right to limit disclosure under this subsection as a precondition to  
269 delivering, issuing for delivery, renewing, amending or continuing a  
270 policy described in subsection (a) of this section to the consumer or  
271 policyholder. Nothing in this subsection shall be construed to limit a  
272 consumer's or policyholder's ability to request review of an adverse  
273 determination.

274 Sec. 7. Section 19a-14c of the general statutes is repealed and the  
275 following is substituted in lieu thereof (*Effective July 1, 2021*):

276 (a) For the purposes of this section, "outpatient mental health  
277 treatment" means the treatment of mental disorders, emotional  
278 problems or maladjustments with the object of (1) removing, modifying  
279 or retarding existing symptoms; (2) improving disturbed patterns of  
280 behavior; and (3) promoting positive personality growth and  
281 development. Treatment shall not include prescribing or otherwise  
282 dispensing any medication which is a legend drug as defined in section  
283 20-571.

284 (b) A psychiatrist licensed pursuant to chapter 370, a psychologist  
285 licensed pursuant to chapter 383, an independent social worker certified  
286 pursuant to chapter 383b or a marital and family therapist licensed  
287 pursuant to chapter 383a may provide outpatient mental health  
288 treatment to a minor without the consent or notification of a parent or  
289 guardian at the request of the minor if (1) requiring the consent or  
290 notification of a parent or guardian would cause the minor to reject such  
291 treatment; (2) the provision of such treatment is clinically indicated; (3)  
292 the failure to provide such treatment would be seriously detrimental to  
293 the minor's well-being; (4) the minor has knowingly and voluntarily  
294 sought such treatment; and (5) in the opinion of the provider of  
295 treatment, the minor is mature enough to participate in treatment

296 productively. The provider of such treatment shall document the  
297 reasons for any determination made to treat a minor without the consent  
298 or notification of a parent or guardian and shall include such  
299 documentation in the minor's clinical record, along with a written  
300 statement signed by the minor stating that (A) [he] the minor is  
301 voluntarily seeking such treatment; (B) [he] the minor has discussed  
302 with the provider the possibility of involving his or her parent or  
303 guardian in the decision to pursue such treatment; (C) [he] the minor  
304 has determined it is not in his or her best interest to involve his or her  
305 parent or guardian in such decision; and (D) [he] the minor has been  
306 given adequate opportunity to ask the provider questions about the  
307 course of his or her treatment.

308 (c) [After the sixth session of outpatient mental health treatment  
309 provided to a minor pursuant to this section, the provider of such  
310 treatment shall notify the minor that the consent, notification or  
311 involvement of a parent or guardian is required to continue treatment,  
312 unless such a requirement would be seriously detrimental to the minor's  
313 well-being. If the provider determines such a requirement would be  
314 seriously detrimental to the minor's well-being, he shall document such  
315 determination in the minor's clinical record, review such determination  
316 every sixth session thereafter and document each such review. If the  
317 provider determines such a requirement would no longer be seriously  
318 detrimental to the minor's well-being, he shall require the consent,  
319 notification or involvement of a parent or guardian as a condition of  
320 continuing treatment.] (1) Except as otherwise provided in subdivision  
321 (2) of this subsection, a minor may request and receive as many  
322 outpatient mental health treatment sessions as necessary without the  
323 consent or notification of a parent or guardian. No provider shall notify  
324 a parent or guardian of treatment provided pursuant to this section or  
325 disclose any information concerning such treatment to a parent or  
326 guardian without the consent of the minor.

327 (2) A provider may notify a parent or guardian of treatment provided  
328 pursuant to this section or disclose certain information concerning such  
329 treatment without the consent of the minor who receives such treatment

330 provided (A) such provider determines such notification or disclosure  
 331 is necessary to the minor's well-being, -(B) the treatment provided to the  
 332 minor is solely for mental health and not for a substance use disorder,  
 333 and (C) the minor is provided an opportunity to express any objection  
 334 to such notification or disclosure. The provider shall document his or  
 335 her determination concerning such notification or disclosure and any  
 336 objections expressed by the minor in the minor's clinical record. A  
 337 provider may disclose to a minor's parent or guardian the following  
 338 information concerning such minor's outpatient mental health  
 339 treatment: (i) Diagnosis; (ii) treatment plan and progress in treatment;  
 340 (iii) recommended medications, including risks, benefits, side effects,  
 341 typical efficacy, dose and schedule; (iv) psychoeducation about the  
 342 minor's mental health; (v) referrals to community resources; (vi)  
 343 coaching on parenting or behavioral management strategies; and (vii)  
 344 crisis prevention planning and safety planning. A provider shall release  
 345 a minor's entire clinical record to another provider upon the request of  
 346 the minor or such minor's parent or guardian.

347 (d) A parent or guardian who is not informed of the provision of  
 348 outpatient mental health treatment for his or her minor child pursuant  
 349 to this section shall not be liable for the costs of the treatment provided.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2021	New section
Sec. 2	July 1, 2021	New section
Sec. 3	July 1, 2021	New section
Sec. 4	July 1, 2021	New section
Sec. 5	July 1, 2021	New section
Sec. 6	January 1, 2023	38a-477d
Sec. 7	July 1, 2021	19a-14c

**Statement of Purpose:**

To (1) implement the recommendations of the task force regarding the prevention and treatment of mental illness at institutions of higher education, (2) require health insurers to maintain explanations of benefits as confidential in certain circumstances, and (3) allow minors to

receive more than six outpatient mental health treatment sessions without the consent of a parent or guardian.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*