



General Assembly

Substitute Bill No. 6461

January Session, 2021



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 have been developed with consideration
36 given to the students' race, cultural background, sexual orientation or
37 gender identity or status as a veteran or service member of the armed
38 forces of the United States.

39 (d) Each campus mental health coalition shall (1) conduct an
40 evaluation every four years of the effectiveness of the mental health
41 services and programs offered by the institution of higher education in
42 accordance with section 2 of this act, (2) review the results of such
43 evaluation and develop a plan to address any weaknesses in such
44 services and programs offered by the institution, and (3) review and
45 recommend improvements to (A) institutional polices regarding
46 student mental health, (B) the variety of mental health services available
47 to students at the institution, including on-campus services, telehealth
48 services provided in accordance with section 19a-906 of the general

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

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

72 (b) Not later than October 1, 2022, and every four years thereafter,
73 each campus mental health coalition established at each institution of
74 higher education pursuant to section 1 of this act shall (1) conduct an
75 evaluation of the effectiveness of the mental health services and
76 programs offered at each campus by such institution using the
77 assessment tool developed or approved pursuant to subsection (a) of
78 this section, in accordance with the guidelines and training provided by
79 the executive director of the Office of Higher Education and the
80 Commissioner of Mental Health and Addiction Services, and (2) submit
81 the results of such evaluation to the Office of Higher Education.

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

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

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

108 (b) Not later than January 1, 2022, the governing board of each
109 institution of higher education shall adopt, and update as necessary, a
110 policy regarding student mental health. Such policy shall include, but
111 not be limited to, (1) the types of mental health services and mental
112 health programming provided to students each academic year, and (2)
113 the availability of and eligibility requirements for mental health leave
114 available to students.

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

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

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

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

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

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

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

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

142 [(C) a] (iii) A specific description of how prescription drugs are
143 included or excluded from any applicable deductible, including a

144 description of other out-of-pocket expenses that apply to such drugs;

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

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

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

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

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

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

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

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

171 (B) [the] The coinsurance, copayment, deductible or other out-of-

172 pocket expense applicable to such drug;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

264 communications, explanations of benefits and Internet web sites that are
265 maintained by such insurer, center, corporation, society, entity or third-
266 party administrator and accessible to consumers in this state.

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

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

277 (a) For the purposes of this section, "outpatient mental health
278 treatment" means the treatment of mental disorders, emotional
279 problems or maladjustments with the object of (1) removing, modifying
280 or retarding existing symptoms; (2) improving disturbed patterns of
281 behavior; and (3) promoting positive personality growth and
282 development. Treatment shall not include prescribing or otherwise
283 dispensing any medication which is a legend drug as defined in section
284 20-571.

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

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

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

328 (2) A provider may notify a parent or guardian of treatment provided

329 pursuant to this section or disclose certain information concerning such
 330 treatment without the consent of the minor who receives such treatment
 331 provided (A) such provider determines such notification or disclosure
 332 is necessary to the minor's well-being, (B) the treatment provided to the
 333 minor is solely for mental health and not for a substance use disorder,
 334 and (C) the minor is provided an opportunity to express any objection
 335 to such notification or disclosure. The provider shall document his or
 336 her determination concerning such notification or disclosure and any
 337 objections expressed by the minor in the minor's clinical record. A
 338 provider may disclose to a minor's parent or guardian the following
 339 information concerning such minor's outpatient mental health
 340 treatment: (i) Diagnosis; (ii) treatment plan and progress in treatment;
 341 (iii) recommended medications, including risks, benefits, side effects,
 342 typical efficacy, dose and schedule; (iv) psychoeducation about the
 343 minor's mental health; (v) referrals to community resources; (vi)
 344 coaching on parenting or behavioral management strategies; and (vii)
 345 crisis prevention planning and safety planning. A provider shall release
 346 a minor's entire clinical record to another provider upon the request of
 347 the minor or such minor's parent or guardian.

348 (d) A parent or guardian who is not informed of the provision of
 349 outpatient mental health treatment for his or her minor child pursuant
 350 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

HED Joint Favorable Subst.

