



General Assembly

January Session, 2021

Committee Bill No. 2

LCO No. 4232



Referred to Committee on COMMITTEE ON CHILDREN

Introduced by:
(KID)

**AN ACT CONCERNING SOCIAL EQUITY AND THE HEALTH, SAFETY
AND EDUCATION OF CHILDREN.**

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,
2 "Question, Persuade and Refer (QPR) Institute Gatekeeper Training"
3 means an educational program designed to teach lay and professional
4 persons who work with youth the warning signs of a suicide crisis and
5 how to respond. The Youth Suicide Advisory Board, established
6 pursuant to section 17a-52 of the general statutes, and the Office of the
7 Child Advocate, shall jointly administer an evidence-based youth
8 suicide prevention training program in each district department of
9 health formed pursuant to section 19a-241 of the general statutes. The
10 training program shall provide certification in QPR Institute Gatekeeper
11 Training, utilizing a training model that will enable participants to
12 provide QPR Institute Gatekeeper Training to other individuals upon
13 completion of the training program. Such training program shall be
14 offered not later than July 1, 2022, and at least once every three years
15 thereafter.

16 (b) The director of health for each district department of health shall

17 determine the eligibility criteria for participation in the youth suicide
18 prevention training program. Participants shall be members of the
19 following groups within such district: (1) Employees of such health
20 department, (2) employees of youth service bureaus, (3) school
21 employees, as defined in section 10-222d of the general statutes, (4)
22 employees and volunteers of youth-serving organizations, (5)
23 employees and volunteers of operators of youth athletic activities, as
24 defined in section 21a-432 of the general statutes, (6) employees of
25 municipal social service agencies, (7) members of paid municipal or
26 volunteer fire departments, and (8) members of local police
27 departments. With respect to school employees, such training program
28 may be included as part of an in-service training program provided
29 pursuant to section 10-220a of the general statutes, as amended by this
30 act.

31 (c) Any individual who has received certification in QPR Institute
32 Gatekeeper Training through the training program administered
33 pursuant to subsection (a) of this section may, during the period in
34 which such certification is valid, provide QPR Institute Gatekeeper
35 Training to any member of a group described in subdivisions (1) to (8),
36 inclusive, of subsection (b) of this section and members of the public.

37 (d) The Youth Suicide Advisory Board and the Office of the Child
38 Advocate may contract with a nongovernmental entity that provides
39 evidence-based suicide prevention training to carry out the provisions
40 of this section.

41 Sec. 2. Subsection (a) of section 20-12b of the general statutes is
42 repealed and the following is substituted in lieu thereof (*Effective July 1,*
43 *2021*):

44 (a) The department may, upon receipt of a fee of one hundred ninety
45 dollars, issue a physician assistant license to an applicant who: (1) Holds
46 a baccalaureate or higher degree in any field from a regionally
47 accredited institution of higher education; (2) has graduated from an
48 accredited physician assistant program; (3) has passed the certification

49 examination of the national commission; (4) has satisfied the mandatory
50 continuing medical education requirements of the national commission
51 for current certification by such commission, [and] which, on and after
52 January 1, 2022, shall include not less than two hours of training or
53 education, approved by the Commissioner of Public Health, on (A)
54 screening for conditions such as post-traumatic stress disorder, risk of
55 suicide, depression and grief, and (B) suicide prevention training,
56 during the first renewal period in which continuing education is
57 required and not less than once every six years thereafter, (5) has passed
58 any examination or continued competency assessment the passage of
59 which may be required by the national commission for maintenance of
60 current certification by such commission; and ~~[(5)]~~ (6) has completed not
61 less than sixty hours of didactic instruction in pharmacology for
62 physician assistant practice approved by the department.

63 Sec. 3. Subsection (a) of section 20-73b of the general statutes is
64 repealed and the following is substituted in lieu thereof (*Effective July 1,*
65 *2021*):

66 (a) Except as otherwise provided in this section, each physical
67 therapist licensed pursuant to this chapter shall complete a minimum of
68 twenty hours of continuing education during each registration period.
69 For purposes of this section, registration period means the twelve-
70 month period for which a license has been renewed in accordance with
71 section 19a-88 and is current and valid. The continuing education shall
72 be in areas related to the individual's practice, except, on and after
73 January 1, 2022, shall include not less than two hours of training or
74 education on (1) screening for conditions such as post-traumatic stress
75 disorder, risk of suicide, depression and grief, and (2) suicide prevention
76 training, during the first registration period in which continuing
77 education is required and not less than once every six years thereafter.
78 Qualifying continuing education activities include, but are not limited
79 to, courses offered or approved by the American Physical Therapy
80 Association or the Commissioner of Public Health or any component of
81 the American Physical Therapy Association, a hospital or other licensed

82 health care institution or a regionally accredited institution of higher
83 education.

84 Sec. 4. Section 20-74h of the general statutes is repealed and the
85 following is substituted in lieu thereof (*Effective July 1, 2021*):

86 Licenses for occupational therapists and occupational therapy
87 assistants issued under this chapter shall be subject to renewal once
88 every two years and shall expire unless renewed in the manner
89 prescribed by regulation upon the payment of two times the
90 professional services fee payable to the State Treasurer for class B as
91 defined in section 33-182l, plus five dollars. The department shall notify
92 any person or entity that fails to comply with the provisions of this
93 section that the person's or entity's license shall become void ninety days
94 after the time for its renewal unless it is so renewed. Any such license
95 shall become void upon the expiration of such ninety-day period. The
96 commissioner shall establish additional requirements for licensure
97 renewal which provide evidence of continued competency, which, on
98 and after January 1, 2022, shall include not less than two hours of
99 training or education, approved by the Commissioner of Public Health,
100 on (1) screening for conditions such as post-traumatic stress disorder,
101 risk of suicide, depression and grief, and (2) suicide prevention training
102 during the first renewal period and not less than once every six years
103 thereafter. The holder of an expired license may apply for and obtain a
104 valid license only upon compliance with all relevant requirements for
105 issuance of a new license. A suspended license is subject to expiration
106 and may be renewed as provided in this section, but such renewal shall
107 not entitle the licensee, while the license remains suspended and until it
108 is reinstated, to engage in the licensed activity, or in any other conduct
109 or activity in violation of the order or judgment by which the license was
110 suspended. If a license revoked on disciplinary grounds is reinstated,
111 the licensee, as a condition of reinstatement, shall pay the renewal fee.

112 Sec. 5. (NEW) (*Effective July 1, 2021*) (a) As used in this section:

113 (1) "Contact hour" means a minimum of fifty minutes of continuing

114 education and activities; and

115 (2) "Registration period" means the one-year period for which a
116 license has been renewed in accordance with section 19a-88 of the
117 general statutes and is current and valid.

118 (b) For registration periods beginning on and after January 1, 2022, a
119 registered nurse licensed pursuant to section 20-93 of the general
120 statutes and a licensed practical nurse licensed pursuant to section 20-
121 96 of the general statutes applying for license renewal shall, during the
122 first renewal period and not less than once every six years thereafter,
123 earn not less than two contact hours of training or education on (1)
124 screening for conditions such as post-traumatic stress disorder, risk of
125 suicide, depression and grief, and (2) suicide prevention training. For
126 purposes of this section, qualifying continuing education activities
127 include, but are not limited to, courses, including on-line courses,
128 offered or approved by the American Nurses Association, Connecticut
129 Hospital Association, Connecticut Nurses Association, Connecticut
130 League for Nursing, a specialty nursing society or an equivalent
131 organization in another jurisdiction, an educational offering sponsored
132 by a hospital or other health care institution or a course offered by a
133 regionally accredited academic institution or a state or local health
134 department. The Commissioner of Public Health may grant a waiver of
135 not more than ten contact hours of continuing education for a registered
136 nurse or licensed practical nurse who: (A) Engages in activities related
137 to such nurse's service as a member of the Connecticut State Board of
138 Examiners for Nursing, established pursuant to section 20-88 of the
139 general statutes; or (B) assists the Department of Health with its duties
140 to boards and commissions as described in section 19a-14 of the general
141 statutes.

142 (c) Each registered nurse and licensed practical nurse applying for
143 license renewal pursuant to section 19a-88 of the general statutes shall
144 sign a statement attesting that he or she has satisfied the continuing
145 education requirements of subsection (b) of this section on a form

146 prescribed by the Department of Health. Each licensee shall retain
147 records of attendance or certificates of completion that demonstrate
148 compliance with the continuing education requirements of subsection
149 (b) of this section for a minimum of three years following the year in
150 which the continuing education was completed and shall submit such
151 records or certificates to the department for inspection not later than
152 forty-five days after a request by the department for such records or
153 certificates.

154 Sec. 6. Subsection (a) of section 20-102ee of the general statutes is
155 repealed and the following is substituted in lieu thereof (*Effective July 1,*
156 *2021*):

157 (a) The Commissioner of Public Health shall adopt regulations, in
158 accordance with the provisions of chapter 54, concerning the regulation
159 of nurse's aides. Such regulations shall require a training program for
160 nurse's aides of not less than one hundred hours. Not less than seventy-
161 five of such hours shall include, but not be limited to, basic nursing
162 skills, personal care skills, care of cognitively impaired residents,
163 recognition of mental health and social service needs, basic restorative
164 services and residents' rights. Not less than twenty-five of such hours
165 shall include, but not be limited to, specialized training in
166 understanding and responding to challenging behaviors related to
167 physical, psychiatric, psychosocial and cognitive disorders. On and after
168 January 1, 2022, not less than two of such hours shall include screening
169 for conditions such as (1) post-traumatic stress disorder, risk of suicide,
170 depression and grief, and (2) suicide prevention training from training
171 or education providers approved by the commissioner.

172 Sec. 7. Subsection (b) of section 20-185k of the general statutes is
173 repealed and the following is substituted in lieu thereof (*Effective July 1,*
174 *2021*):

175 (b) A license issued under this section may be renewed annually. The
176 license shall be renewed in accordance with the provisions of section
177 19a-88, for a fee of one hundred seventy-five dollars. Each behavior

178 analyst applying for license renewal shall furnish evidence satisfactory
179 to the commissioner of (1) having current certification with the Behavior
180 Analyst Certification Board, and (2) on and after January 1, 2022,
181 completing not less than two hours of training or education, approved
182 by the Commissioner of Public Health, on (A) screening for conditions
183 such as post-traumatic stress disorder, risk of suicide, depression and
184 grief, and (B) suicide prevention training during the first renewal period
185 and not less than once every six years thereafter.

186 Sec. 8. Subsection (f) of section 20-195ttt of the general statutes is
187 repealed and the following is substituted in lieu thereof (*Effective July 1,*
188 *2021*):

189 (f) A certification issued under this section may be renewed every
190 three years. The license shall be renewed in accordance with the
191 provisions of section 19a-88 for a fee of one hundred dollars. Each
192 certified community health worker applying for license renewal shall
193 furnish evidence satisfactory to the commissioner of having completed
194 a minimum of thirty hours of continuing education requirements,
195 including two hours focused on cultural competency, systemic racism
196 or systemic oppression, [and] two hours focused on social determinants
197 of health and on and after January 1, 2022, two hours of training on (1)
198 screening for conditions such as post-traumatic stress disorder, risk of
199 suicide, depression and grief, and (2) suicide prevention training,
200 provided by training or education providers approved by the
201 Commissioner of Public Health.

202 Sec. 9. Subsections (d) and (e) of section 20-206mm of the general
203 statutes are repealed and the following is substituted in lieu thereof
204 (*Effective July 1, 2021*):

205 (d) On or after January 1, 2020, each person seeking certification as an
206 emergency medical responder, emergency medical technician or
207 advanced emergency medical technician shall apply to the department
208 on forms prescribed by the commissioner. Applicants for certification
209 shall comply with the following requirements: (1) For initial

210 certification, an applicant shall present evidence satisfactory to the
211 commissioner that the applicant (A) has completed an initial training
212 program consistent with the National Emergency Medical Services
213 Education Standards, as promulgated by the National Highway Traffic
214 Safety Administration for the emergency medical responder, emergency
215 medical technician or advanced emergency medical technician
216 curriculum, (B) has passed the examination administered by the
217 national organization for emergency medical certification for an
218 emergency medical responder, emergency medical technician or
219 advanced emergency medical technician as necessary for the type of
220 certification sought by the applicant or an examination approved by the
221 department, and (C) has no pending disciplinary action or unresolved
222 complaints against such applicant, (2) a certificate issued under this
223 subsection shall be renewed once every two years in accordance with
224 the provisions of section 19a-88 upon presentation of evidence
225 satisfactory to the commissioner that the applicant (A) has successfully
226 completed continuing education for an emergency medical responder,
227 emergency medical technician or advanced emergency medical
228 technician as required by the national organization for emergency
229 medical certification or as approved by the department, which, on and
230 after January 1, 2022, shall include not less than two hours of training or
231 education, approved by the Commissioner of Public Health, on (i)
232 screening for conditions such as post-traumatic stress disorder, risk of
233 suicide, depression and grief, and (ii) suicide prevention training during
234 the first renewal period and not less than once every six years thereafter,
235 or (B) presents a current certification as an emergency medical
236 responder, emergency medical technician or advanced emergency
237 medical technician from the national organization for emergency
238 medical certification, or (3) for certification by endorsement from
239 another state, an applicant shall present evidence satisfactory to the
240 commissioner that the applicant (A) is currently certified as an
241 emergency medical responder, emergency medical technician or
242 advanced emergency medical technician in good standing by a state that
243 maintains certification or licensing requirements that the commissioner

244 determines are equal to or greater than those in this state, or (B) holds a
245 current certification as an emergency medical responder, emergency
246 medical technician or advanced emergency medical technician from the
247 national organization for emergency medical certification.

248 (e) On or after January 1, 2020, each person seeking certification as an
249 emergency medical services instructor shall apply to the department on
250 forms prescribed by the commissioner. Applicants for certification shall
251 comply with the following requirements: (1) For initial certification, an
252 applicant shall present evidence satisfactory to the commissioner that
253 the applicant (A) is currently certified by the department as an
254 emergency medical technician or advanced emergency medical
255 technician or licensed by the department as a paramedic, (B) has
256 completed a program of training as an emergency medical instructor
257 based on current national education standards within the prior two
258 years, (C) has completed twenty-five hours of teaching activity under
259 the supervision of a currently certified emergency medical services
260 instructor, (D) has completed written and practical examinations as
261 prescribed by the commissioner, (E) has no pending disciplinary action
262 or unresolved complaints against the applicant, and (F) effective on a
263 date prescribed by the commissioner, presents documentation
264 satisfactory to the commissioner that the applicant is currently certified
265 as an emergency medical technician, advanced emergency medical
266 technician or paramedic by the national organization for emergency
267 medical certification, or (2) for renewal certification, an applicant shall
268 present evidence satisfactory to the commissioner that the applicant (A)
269 has successfully completed continuing education and teaching activity
270 as required by the department, which, on and after January 1, 2022, shall
271 include not less than two hours of training or education, approved by
272 the Commissioner of Public Health, on (i) screening for conditions such
273 as post-traumatic stress disorder, risk of suicide, depression and grief,
274 and (ii) suicide prevention training, during the first renewal period and
275 not less than once every six years thereafter, (B) maintains current
276 certification by the department as an emergency medical technician,
277 advanced emergency medical technician or licensure by the department

278 as a paramedic, and (C) effective on a date as prescribed by the
279 commissioner, presents documentation satisfactory to the
280 commissioner that the applicant is currently certified as an emergency
281 medical technician, advanced emergency medical technician or
282 paramedic by the national organization for emergency medical
283 certification.

284 Sec. 10. Section 19a-14c of the general statutes is repealed and the
285 following is substituted in lieu thereof (*Effective July 1, 2021*):

286 (a) For the purposes of this section, "outpatient mental health
287 treatment" means the treatment of mental disorders, emotional
288 problems or maladjustments with the object of (1) removing, modifying
289 or retarding existing symptoms; (2) improving disturbed patterns of
290 behavior; and (3) promoting positive personality growth and
291 development. Treatment shall not include prescribing or otherwise
292 dispensing any medication which is a legend drug as defined in section
293 20-571.

294 (b) A psychiatrist licensed pursuant to chapter 370, a psychologist
295 licensed pursuant to chapter 383, an independent social worker certified
296 pursuant to chapter 383b or a marital and family therapist licensed
297 pursuant to chapter 383a may provide outpatient mental health
298 treatment to a minor without the consent or notification of a parent or
299 guardian at the request of the minor if (1) requiring the consent or
300 notification of a parent or guardian would cause the minor to reject such
301 treatment; (2) the provision of such treatment is clinically indicated; (3)
302 the failure to provide such treatment would be seriously detrimental to
303 the minor's well-being; (4) the minor has knowingly and voluntarily
304 sought such treatment; and (5) in the opinion of the provider of
305 treatment, the minor is mature enough to participate in treatment
306 productively. The provider of such treatment shall document the
307 reasons for any determination made to treat a minor without the consent
308 or notification of a parent or guardian and shall include such
309 documentation in the minor's clinical record, along with a written

310 statement signed by the minor stating that (A) [he] the minor is
311 voluntarily seeking such treatment; (B) [he] the minor has discussed
312 with the provider the possibility of involving his or her parent or
313 guardian in the decision to pursue such treatment; (C) [he] the minor
314 has determined it is not in his or her best interest to involve his or her
315 parent or guardian in such decision; and (D) [he] the minor has been
316 given adequate opportunity to ask the provider questions about the
317 course of his or her treatment.

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

337 (2) A provider may notify a parent or guardian of treatment provided
338 pursuant to this section or disclose certain information concerning such
339 treatment without the consent of the minor who receives such treatment
340 provided (A) such provider determines such notification or disclosure
341 is necessary for the minor's well-being, (B) the treatment provided to the
342 minor is solely for mental health and not for a substance use disorder,

343 and (C) the minor is provided an opportunity to express any objection
344 to such notification or disclosure. The provider shall document his or
345 her determination concerning such notification or disclosure and any
346 objections expressed by the minor in the minor's clinical record. A
347 provider may disclose to a minor's parent or guardian the following
348 information concerning such minor's outpatient mental health
349 treatment: (i) Diagnosis; (ii) treatment plan and progress in treatment;
350 (iii) recommended medications, including risks, benefits, side effects,
351 typical efficacy, dose and schedule; (iv) psychoeducation about the
352 minor's mental health; (v) referrals to community resources; (vi)
353 coaching on parenting or behavioral management strategies; and (vii)
354 crisis prevention planning and safety planning. A provider shall release
355 a minor's entire clinical record to another provider upon the request of
356 the minor or such minor's parent or guardian.

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

360 Sec. 11. Subsection (a) of section 10-148a of the general statutes is
361 repealed and the following is substituted in lieu thereof (*Effective July 1,*
362 *2021*):

363 (a) For the school year commencing July 1, [2019] 2021, and each
364 school year thereafter, each certified employee shall participate in a
365 program of professional development. Each local and regional board of
366 education shall make available, annually, at no cost to its certified
367 employees, a program of professional development that is not fewer
368 than eighteen hours in length, of which a preponderance is in a small
369 group or individual instructional setting. Such program of professional
370 development shall (1) be a comprehensive, sustained and intensive
371 approach to improving teacher and administrator effectiveness in
372 increasing student knowledge achievement, (2) focus on refining and
373 improving various effective teaching methods that are shared between
374 and among educators, (3) foster collective responsibility for improved

375 student performance, (4) be comprised of professional learning that (A)
376 is aligned with rigorous state student academic achievement standards,
377 (B) is conducted among educators at the school and facilitated by
378 principals, coaches, mentors, distinguished educators, as described in
379 section 10-145s, or other appropriate teachers, (C) occurs frequently on
380 an individual basis or among groups of teachers in a job-embedded
381 process of continuous improvement, and (D) includes a repository of
382 best practices for teaching methods developed by educators within each
383 school that is continuously available to such educators for comment and
384 updating, and (5) include training in culturally responsive pedagogy
385 and practice. Each program of professional development shall include
386 professional development activities in accordance with the provisions
387 of subsection (b) of this section. The principles and practices of social-
388 emotional learning shall be integrated throughout the components of
389 such program of professional development described in subdivisions (1)
390 to (5), inclusive, of this subsection.

391 Sec. 12. Subsection (b) of section 10-220a of the general statutes is
392 repealed and the following is substituted in lieu thereof (*Effective July 1,*
393 *2021*):

394 (b) Not later than a date prescribed by the commissioner, each local
395 and regional board of education shall establish a professional
396 development and evaluation committee. Such professional
397 development and evaluation committee shall consist of (1) at least one
398 teacher, as defined in subsection (a) of section 10-144d, selected by the
399 exclusive bargaining representative for certified employees chosen
400 pursuant to section 10-153b, (2) at least one administrator, as defined in
401 subsection (a) of section 10-144e, selected by the exclusive bargaining
402 representative for certified employees chosen pursuant to section 10-
403 153b, and (3) such other school personnel as the board deems
404 appropriate. The duties of such committees shall include, but not be
405 limited to, participation in the development or adoption of a teacher
406 evaluation and support program for the district, pursuant to section 10-
407 151b, and the development, evaluation and annual updating of a

408 comprehensive local professional development plan for certified
409 employees of the district. Such plan shall: (A) Be directly related to the
410 educational goals prepared by the local or regional board of education
411 pursuant to subsection (b) of section 10-220, as amended by this act, (B)
412 on and after July 1, [2011] 2021, be developed with full consideration of
413 the priorities and needs related to student social-emotional learning, in
414 accordance with the provisions of section 10-148a, as amended by this
415 act, and student academic outcomes as determined by the State Board
416 of Education, [and] (C) provide for the ongoing and systematic
417 assessment and improvement of both teacher evaluation and
418 professional development of the professional staff members of each
419 such board, including personnel management and evaluation training
420 or experience for administrators, [shall] and (D) be related to regular
421 and special student needs and may include provisions concerning
422 career incentives and parent involvement. The State Board of Education
423 shall develop guidelines to assist local and regional boards of education
424 in determining the objectives of the plans and in coordinating staff
425 development activities with student needs and school programs.

426 Sec. 13. Subsection (b) of section 10-220 of the general statutes is
427 repealed and the following is substituted in lieu thereof (*Effective July 1,*
428 *2021*):

429 (b) The board of education of each local or regional school district
430 shall, with the participation of parents, students, school administrators,
431 teachers, citizens, local elected officials and any other individuals or
432 groups such board shall deem appropriate, prepare a statement of
433 educational goals for such local or regional school district. The
434 statement of goals shall be consistent with state-wide goals pursuant to
435 subsection (c) of section 10-4 and include goals for the integration of
436 principles and practices of social-emotional learning in the program of
437 professional development for the school district, in accordance with the
438 provisions of section 10-148a, as amended by this act, and career
439 placement for students who do not pursue an advanced degree
440 immediately after graduation. Each local or regional board of education

441 shall annually establish student objectives for the school year which
442 relate directly to the statement of educational goals prepared pursuant
443 to this subsection and which identify specific expectations for students
444 in terms of skills, knowledge and competence.

445 Sec. 14. Subsection (f) of section 10-221 of the general statutes is
446 repealed and the following is substituted in lieu thereof (*Effective July 1,*
447 *2021*):

448 (f) (1) Not later than September 1, 1998, each local and regional board
449 of education shall develop, adopt and implement written policies and
450 procedures to encourage parent-teacher communication. These policies
451 and procedures may include monthly newsletters, required regular
452 contact with all parents, flexible parent-teacher conferences, drop-in
453 hours for parents, home visits and the use of technology such as
454 homework hot lines to allow parents to check on their children's
455 assignments and students to get assistance if needed. For the school year
456 commencing July 1, 2010, and each school year thereafter, such policies
457 and procedures shall require the district to conduct two flexible parent-
458 teacher conferences for each school year.

459 (2) For the school year commencing July 1, 2021, and each school year
460 thereafter, the policies and procedures described in subdivision (1) of
461 this subsection shall require the district to (A) offer parents the option
462 of attending any parent-teacher conference by telephone, video
463 conference or on a virtual platform, (B) conduct one parent-teacher
464 conference, in addition to those required pursuant to subdivision (1) of
465 this subsection, during periods when such district conducts school
466 sessions on a virtual platform or as part of a remote learning model for
467 more than three consecutive weeks, and one additional parent-teacher
468 conference every six months thereafter if such sessions continue to be
469 conducted on such platform or as part of such model, and (C) obtain
470 from each student's parent the name and contact information of an
471 emergency contact person who may be contacted if the student's parent
472 cannot be reached to schedule a parent-teacher conference required

473 pursuant to subparagraph (B) of this subdivision.

474 (3) On and after January 1, 2022, such policies and procedures shall
475 require (A) a teacher conducting a parent-teacher conference pursuant
476 to subparagraph (B) of subdivision (2) of this subsection to make an
477 effort to assess the student's safety in the student's home and inquire
478 into any hardships the student's family may be experiencing, and if such
479 teacher determines that such family may benefit from being provided
480 the information contained in the document developed pursuant to
481 section 15 of this act, provide a copy of such document to such parent,
482 and (B) if a teacher is unable to make contact with a student's parent in
483 order to schedule a parent-teacher conference required pursuant to
484 subparagraph (B) of subdivision (2) of this subsection after making three
485 attempts, such teacher shall report such inability to the school principal,
486 school counselor or other school administrator designated by the local
487 or regional board of education. Such principal, counselor or
488 administrator shall contact the emergency contact person designated by
489 the student's parent pursuant to subparagraph (C) of subdivision (2) of
490 this subsection to ascertain such student and family's health and safety.

491 Sec. 15. (NEW) (*Effective from passage*) Not later than December 1,
492 2021, the Department of Education shall develop, and annually update,
493 a document for use by local and regional boards of education that
494 provides information concerning safety, mental health and food
495 insecurity resources and programs available for students and their
496 families. Such document shall contain, but need not be limited to, (1)
497 providers of such resources and programs, including, but not limited to,
498 the Department of Children and Families, the Department of Mental
499 Health and Addiction Services, the United Way of Connecticut and local
500 food banks, (2) descriptions of the relevant resources and programs
501 offered by each provider, including, but not limited to, the "Talk it Out"
502 program administered by the Department of Children and Families, (3)
503 contact information for each provider, resource and program, and (4)
504 relevant Internet web sites. The Department of Education shall annually
505 distribute such document electronically to each local and regional board

506 of education.

507 Sec. 16. (NEW) (*Effective from passage*) For the school year
508 commencing July 1, 2021, and each school year thereafter, a local or
509 regional board of education may authorize instruction to students in
510 grades nine to twelve, inclusive, to be provided on a virtual platform or
511 as part of a remote learning model, provided such board (1) receives
512 permission for such instruction from the Commissioner of Education,
513 and (2) specifies the requirements for what constitutes student
514 attendance during such instruction.

515 Sec. 17. Section 10-16 of the general statutes is repealed and the
516 following is substituted in lieu thereof (*Effective July 1, 2021*):

517 Each school district shall provide in each school year no less than one
518 hundred and eighty days of actual school sessions for grades
519 kindergarten to twelve, inclusive, nine hundred hours of actual school
520 work for full-day kindergarten and grades one to twelve, inclusive, and
521 four hundred and fifty hours of half-day kindergarten, provided school
522 districts shall not count more than seven hours of actual school work in
523 any school day towards the total required for the school year.
524 Instruction that is conducted on a virtual platform or as part of a remote
525 learning model shall be considered an actual school session for purposes
526 of this section, provided the Commissioner of Education has granted
527 permission for such instruction. If weather conditions result in an early
528 dismissal or a delayed opening of school, a school district which
529 maintains separate morning and afternoon half-day kindergarten
530 sessions may provide either a morning or afternoon half-day
531 kindergarten session on such day.

532 Sec. 18. Section 10-198b of the general statutes is repealed and the
533 following is substituted in lieu thereof (*Effective from passage*):

534 On or before July 1, 2012, the State Board of Education shall define
535 "excused absence" and "unexcused absence". [, and on] On or before
536 January 1, 2016, the State Board of Education shall define "disciplinary

537 absence" for use by local and regional boards of education for the
538 purposes of carrying out the provisions of section 10-198a, reporting
539 truancy, pursuant to subsection (c) of section 10-220, as amended by this
540 act, and calculating the district chronic absenteeism rate and the school
541 chronic absenteeism rate pursuant to section 10-198c. On or before July
542 1, 2021, the State Board of Education shall amend the definitions of
543 "excused absence" and "unexcused absence" to exclude (1) school
544 lessons that are conducted on a virtual platform or as part of a remote
545 learning model pursuant to section 10-16, as amended by this act, and
546 (2) a student's absence resulting from such student's taking a mental
547 health wellness day permitted pursuant to section 21 of this act.

548 Sec. 19. (NEW) (*Effective July 1, 2021*) For the school year commencing
549 July 1, 2021, and each school year thereafter, a local or regional board of
550 education shall permit any student enrolled in grades kindergarten to
551 twelve, inclusive, to take up to four mental health wellness days during
552 the school year, during which day such student shall not be required to
553 attend school.

554 Sec. 20. Section 10-10a of the general statutes is repealed and the
555 following is substituted in lieu thereof (*Effective July 1, 2021*):

556 (a) As used in this section:

557 (1) "Adverse childhood experience" means a potentially traumatic
558 event occurring in childhood, including, but not limited to, (A)
559 experiencing or witnessing violence, abuse, neglect, substance misuse, a
560 suicide attempt or death by suicide, or (B) experiencing instability due
561 to parental separation or incarceration.

562 [(1)] (2) "Teacher" means any certified professional employee below
563 the rank of superintendent employed by a board of education for at least
564 ninety days in a position requiring a certificate issued by the State Board
565 of Education; and

566 [(2)] (3) "Teacher preparation program" means a program designed

567 to qualify an individual for professional certification as an educator
568 provided by institutions of higher education or other providers
569 approved by the Department of Education, including, but not limited
570 to, an alternate route to certification program.

571 (b) The Department of Education shall develop and implement a
572 state-wide public school information system. The system shall be
573 designed for the purpose of establishing a standardized electronic data
574 collection and reporting protocol that will facilitate compliance with
575 state and federal reporting requirements, improve school-to-school and
576 district-to-district information exchanges, and maintain the
577 confidentiality of individual student and staff data. The initial design
578 shall focus on student information, provided the system shall be created
579 to allow for future compatibility with financial, facility and staff data.
580 The system shall provide for the tracking of the performance of
581 individual students on each of the state-wide mastery examinations
582 under section 10-14n in order to allow the department to compare the
583 progress of the same cohort of students who take each examination and
584 to better analyze school performance. The department shall assign a
585 unique student identifier to each student prior to tracking the
586 performance of a student in the public school information system.

587 (c) The state-wide public school information system shall:

588 (1) Track and report data relating to student, teacher and school and
589 district performance growth and make such information available to
590 local and regional boards of education for use in evaluating educational
591 performance and growth of teachers and students enrolled in public
592 schools in the state. Such information shall be collected or calculated
593 based on information received from local and regional boards of
594 education and other relevant sources. Such information shall include,
595 but not be limited to:

596 (A) In addition to performance on state-wide mastery examinations
597 pursuant to subsection (b) of this section, data relating to students shall
598 include, but not be limited to, (i) the primary language spoken at the

599 home of a student, (ii) student transcripts, (iii) student attendance and
600 student mobility, (iv) reliable, valid assessments of a student's readiness
601 to enter public school at the kindergarten level, [and] (v) data collected,
602 if any, from the preschool experience survey, described in section 10-
603 515, and (vi) data collected concerning adverse childhood experiences
604 suffered by students;

605 (B) Data relating to teachers shall include, but not be limited to, (i)
606 teacher credentials, such as master's degrees, teacher preparation
607 programs completed and certification levels and endorsement areas, (ii)
608 teacher assessments, such as whether a teacher is deemed highly
609 qualified pursuant to the No Child Left Behind Act, P.L. 107-110, or
610 deemed to meet such other designations as may be established by
611 federal law or regulations for the purposes of tracking the equitable
612 distribution of instructional staff, (iii) the presence of substitute teachers
613 in a teacher's classroom, (iv) class size, (v) numbers relating to
614 absenteeism in a teacher's classroom, and (vi) the presence of a teacher's
615 aide. The department shall assign a unique teacher identifier to each
616 teacher prior to collecting such data in the public school information
617 system;

618 (C) Data relating to schools and districts shall include, but not be
619 limited to, (i) school population, (ii) annual student graduation rates,
620 (iii) annual teacher retention rates, (iv) school disciplinary records, such
621 as data relating to suspensions, expulsions and other disciplinary
622 actions, (v) the percentage of students whose primary language is not
623 English, (vi) the number of and professional credentials of support
624 personnel, (vii) information relating to instructional technology, such as
625 access to computers, and (viii) disaggregated measures of school-based
626 arrests pursuant to section 10-233n.

627 (2) Collect data relating to student enrollment in and graduation from
628 institutions of higher education for any student who had been assigned
629 a unique student identifier pursuant to subsection (b) of this section,
630 provided such data is available.

631 (3) Develop means for access to and data sharing with the data
632 systems of public institutions of higher education in the state.

633 (d) On or before July 1, 2011, and each year thereafter until July 1,
634 2013, the Commissioner of Education shall report, in accordance with
635 the provisions of section 11-4a, to the joint standing committee of the
636 General Assembly having cognizance of matters relating to education
637 on the progress of the department's efforts to expand the state-wide
638 public school information system pursuant to subsection (c) of this
639 section. The report shall include a full statement of those data elements
640 that are currently included in the system and those data elements that
641 will be added on or before July 1, 2013.

642 (e) The system database of student information shall not be
643 considered a public record for the purposes of section 1-210. Nothing in
644 this section shall be construed to limit the ability of a full-time
645 permanent employee of a nonprofit organization that is exempt from
646 taxation under Section 501(c)(3) of the Internal Revenue Code of 1986,
647 or any subsequent corresponding internal revenue code of the United
648 States, as from time to time amended, and that is organized and
649 operated for educational purposes, to obtain information in accordance
650 with the provisions of subsection (h) of this section.

651 (f) All school districts shall participate in the system, and report all
652 necessary information required by this section, provided the
653 department provides for technical assistance and training of school staff
654 in the use of the system.

655 (g) Local and regional boards of education and preschool programs
656 which receive state or federal funding shall participate, in a manner
657 prescribed by the Commissioner of Education, in the state-wide public
658 school information system described in subsection (b) of this section.
659 Participation for purposes of this subsection shall include, but not be
660 limited to, reporting on (1) student experiences in preschool by program
661 type and by numbers of months in each such program, and (2) the
662 readiness of students entering kindergarten and student progress in

663 kindergarten. Such reporting shall be done by October 1, 2007, and
664 annually thereafter.

665 (h) On and after August 1, 2009, upon receipt of a written request to
666 access data maintained under this section by a full-time permanent
667 employee of a nonprofit organization that is exempt from taxation
668 under Section 501(c)(3) of the Internal Revenue Code of 1986, or any
669 subsequent corresponding internal revenue code of the United States,
670 as from time to time amended, and that is organized and operated for
671 educational purposes, the Department of Education shall provide such
672 data to such requesting party not later than sixty days after such request,
673 provided such requesting party shall be responsible for the reasonable
674 cost of such request. The Department of Administrative Services shall
675 monitor the calculation of such fees charged for access to or copies of
676 such records to ensure that such fees are reasonable and consistent with
677 those charged by other state agencies. The Department of Education
678 shall respond to written requests under this section in the order in which
679 they are received.

680 (i) The superintendent of schools of a school district, or his or her
681 designee, may access information in the state-wide public school
682 information system regarding the state-wide mastery examination
683 under section 10-14n. Such access shall be for the limited purpose of
684 determining examination dates, examination scores and levels of
685 student achievement on such examinations for students enrolled in or
686 transferring to the school district of such superintendent.

687 Sec. 21. Subsection (c) of section 10-220 of the general statutes is
688 repealed and the following is substituted in lieu thereof (*Effective July 1,*
689 *2021*):

690 (c) Annually, each local and regional board of education shall submit
691 to the Commissioner of Education a strategic school profile report for
692 each school and school or program of alternative education, as defined
693 in section 10-74j, under its jurisdiction and for the school district as a
694 whole. The superintendent of each local and regional school district

695 shall present the profile report at the next regularly scheduled public
696 meeting of the board of education after each November first. The profile
697 report shall provide information on measures of (1) student needs, (2)
698 school resources, including technological resources and utilization of
699 such resources and infrastructure, (3) student and school performance,
700 including in-school suspensions, out-of-school suspensions and
701 expulsions, the number of truants, as defined in section 10-198a, and
702 chronically absent children, as defined in section 10-198c, (4) the number
703 of students enrolled in an adult high school credit diploma program,
704 pursuant to section 10-69, operated by a local or regional board of
705 education or a regional educational service center, (5) equitable
706 allocation of resources among its schools, (6) reduction of racial, ethnic
707 and economic isolation, (7) special education, [and] (8) school-based
708 arrests, as defined in section 10-233n, and (9) adverse childhood
709 experiences, as defined in section 10-10a, as amended by this act,
710 suffered by students. For purposes of this subsection, measures of
711 special education include (A) special education identification rates by
712 disability, (B) rates at which special education students are exempted
713 from mastery testing pursuant to section 10-14q, (C) expenditures for
714 special education, including such expenditures as a percentage of total
715 expenditures, (D) achievement data for special education students, (E)
716 rates at which students identified as requiring special education are no
717 longer identified as requiring special education, (F) the availability of
718 supplemental educational services for students lacking basic
719 educational skills, (G) the amount of special education student
720 instructional time with nondisabled peers, (H) the number of students
721 placed out-of-district, and (I) the actions taken by the school district to
722 improve special education programs, as indicated by analyses of the
723 local data provided in subparagraphs (A) to (H), inclusive, of this
724 subdivision. The superintendent shall include in the narrative portion
725 of the report information about parental involvement and any measures
726 the district has taken to improve parental involvement, including, but
727 not limited to, employment of methods to engage parents in the
728 planning and improvement of school programs and methods to increase

729 support to parents working at home with their children on learning
730 activities. For purposes of this subsection, measures of truancy include
731 the type of data that is required to be collected by the Department of
732 Education regarding attendance and unexcused absences in order for
733 the department to comply with federal reporting requirements and the
734 actions taken by the local or regional board of education to reduce
735 truancy in the school district. Such truancy data shall be considered a
736 public record, as defined in section 1-200.

737 Sec. 22. Section 17a-10a of the general statutes is repealed and the
738 following is substituted in lieu thereof (*Effective July 1, 2021*):

739 (a) The Commissioner of Children and Families shall ensure that a
740 child placed in the care and custody of the commissioner pursuant to an
741 order of temporary custody or an order of commitment is provided
742 visitation with such child's parents and siblings, unless otherwise
743 ordered by the court. In the event of a pandemic or outbreak of a
744 communicable disease and (1) the Governor has made a declaration of
745 a public health emergency pursuant to section 19a-131a, due to such
746 pandemic or outbreak, or (2) the commissioner determines that such
747 pandemic or outbreak has rendered visitation a risk to the health of such
748 child or such child's parents or siblings, such child shall be provided
749 opportunities to communicate with such child's parents and siblings by
750 video conference or on a virtual platform in lieu of visitation, for the
751 duration of the Governor's declaration, or, if no declaration was made
752 or such declaration has been terminated, until such time as the
753 commissioner determines such risk has abated.

754 (b) The commissioner shall ensure that such child's visits with his or
755 her parents, or opportunities to communicate with such child's parents
756 and siblings by video conference or on a virtual platform, shall occur as
757 frequently as reasonably possible, based upon consideration of the best
758 interests of the child, including the age and developmental level of the
759 child, and shall be sufficient in number and duration to ensure
760 continuation of the relationship.

761 (c) If such child has an existing relationship with a sibling and is
762 separated from such sibling as a result of intervention by the
763 commissioner including, but not limited to, placement in a foster home
764 or in the home of a relative, the commissioner shall, based upon
765 consideration of the best interests of the child, ensure that such child has
766 access to and visitation rights with such sibling throughout the duration
767 of such placement. In determining the number, frequency and duration
768 of sibling visits, the commissioner shall consider the best interests of
769 each sibling, given each child's age and developmental level and the
770 continuation of the sibling relationship. If the child and his or her sibling
771 both reside within the state and within fifty miles of each other, the
772 commissioner shall, within available appropriations, ensure that such
773 child's visits with his or her sibling occur, on average, not less than once
774 per week, unless the commissioner finds that the frequency of such
775 visitation is not in the best interests of each sibling.

776 (d) Not later than January 1, 2022, the commissioner shall develop a
777 policy that requires the temporary cessation of in-person visitation
778 provided pursuant to this section, on a case-by-case basis, in the event
779 that a child or such child's parent or sibling is seriously ill due to a
780 communicable disease, and visitation could result in the contraction of
781 such disease by one or more participants in the visitation. Such policy
782 shall require that such child shall be provided an opportunity to
783 communicate with such child's parents and siblings by video conference
784 or on a virtual platform in lieu of such visitation. The commissioner shall
785 define "seriously ill" and "communicable disease" for the purposes of
786 carrying out this subsection.

787 [(d)] (e) The commissioner shall include in each child's case record
788 information relating to the factors considered in making visitation
789 determinations pursuant to this section. If the commissioner determines
790 that such visits are not in the best interests of the child, that the
791 occurrence of, on average, not less than one visit per week with his or
792 her sibling is not in the best interests of each sibling, or that the number,
793 frequency or duration of the visits requested by the child's attorney or

794 guardian ad litem is not in the best interests of the child, the
795 commissioner shall include the reasons for such determination in the
796 child's case record.

797 [(e)] (f) On or before October first of each year, the commissioner shall
798 report, in accordance with the provisions of section 11-4a, to the joint
799 standing committee of the General Assembly having cognizance of
800 matters relating to children, data sufficient to demonstrate compliance
801 with subsections (a), (c) and [(d)] (e) of this section. Such data shall
802 include the total annual number of children in out-of-home placements
803 who have siblings, the total number of child cases with documented
804 sibling visitation and the number of individual siblings involved in each
805 case.

806 Sec. 23. Section 17a-103a of the general statutes is repealed and the
807 following is substituted in lieu thereof (*Effective July 1, 2021*):

808 (a) The Commissioner of Children and Families shall establish and
809 operate the telephone Careline for child abuse and neglect that shall be
810 dedicated to receive reports of child abuse or neglect and to provide
811 information concerning child abuse or neglect. The Careline shall accept
812 all reports of child abuse or neglect regardless of the relationship of the
813 alleged perpetrator to the child who is the alleged victim and regardless
814 of the alleged perpetrator's affiliation with any organization or other
815 entity in any capacity. The commissioner shall classify and evaluate all
816 reports pursuant to the provisions of section 17a-101g.

817 (b) Not later than July 1, 2022, the Commissioner of Children and
818 Families shall expand the operation of the telephone Careline to
819 accommodate the receipt and provision of information concerning child
820 abuse or neglect by text message.

821 Sec. 24. (NEW) (*Effective July 1, 2021*) Except where the Commissioner
822 of Children and Families, or the commissioner's designee, has
823 authorized the immediate removal of a child from such child's home
824 pursuant to subsection (e) of section 17a-101g of the general statutes, the

825 commissioner shall provide written notice to the parent or guardian of
826 any child whom the commissioner is considering removing from such
827 child's home. Such notice shall be in the parent or guardian's primary
828 language, and contain (1) the date, time and location of any removal
829 meeting the commissioner has scheduled, (2) a plain language
830 explanation of the removal process, steps the commissioner intends to
831 take and legal rights of the parent or guardian, (3) a list of local
832 organizations that provide free or reduced-cost legal services and how
833 to access such services, and (4) a check box for such parent or guardian
834 to request the services of an interpreter at any such meeting. The
835 commissioner shall obtain the signature of such parent or guardian
836 acknowledging receipt of such notice and provide the services of an
837 interpreter at any such meeting for which an interpreter has been
838 requested by such parent or guardian.

839 Sec. 25. (NEW) (*Effective July 1, 2021*) Not later than July 1, 2022, the
840 Commissioner of Early Childhood shall develop and implement a plan
841 to expand the birth-to-three program, established pursuant to section
842 17a-248b of the general statutes, as amended by this act, to provide early
843 intervention services to children five years of age and under. The
844 commissioner may adopt regulations in accordance with chapter 54 of
845 the general statutes to implement the provisions of this section.

846 Sec. 26. Section 17a-248 of the general statutes is repealed and the
847 following is substituted in lieu thereof (*Effective July 1, 2022*):

848 As used in this section and sections 17a-248b to 17a-248g, inclusive,
849 as amended by this act, 38a-490a, as amended by this act, and 38a-516a,
850 as amended by this act, unless the context otherwise requires:

851 (1) "Commissioner" means the Commissioner of Early Childhood.

852 (2) "Council" means the State Interagency [Birth-to-Three] Birth-to-
853 Five Coordinating Council established pursuant to section 17a-248b, as
854 amended by this act.

855 (3) "Early intervention services" means early intervention services, as
856 defined in 34 CFR Part 303.13, as from time to time amended, and
857 similar services that are appropriate for children who are four and five
858 years of age.

859 (4) "Eligible children" means children from birth to [thirty-six
860 months] five years of age, who are not eligible for special education and
861 related services pursuant to sections 10-76a to 10-76h, inclusive, and
862 who need early intervention services because such children are:

863 (A) Experiencing a significant developmental delay as measured by
864 standardized diagnostic instruments and procedures, including
865 informed clinical opinion, in one or more of the following areas: (i)
866 Cognitive development; (ii) physical development, including vision or
867 hearing; (iii) communication development; (iv) social or emotional
868 development; or (v) adaptive skills; or

869 (B) Diagnosed as having a physical or mental condition that has a
870 high probability of resulting in developmental delay.

871 (5) "Evaluation" means a multidisciplinary professional, objective
872 assessment conducted by appropriately qualified personnel in order to
873 determine a child's eligibility for early intervention services.

874 (6) "Individualized family service plan" means a written plan for
875 providing early intervention services to an eligible child and the child's
876 family.

877 (7) "Lead agency" means the Office of Early Childhood, the public
878 agency responsible for the administration of the [birth-to-three] birth-
879 to-five system in collaboration with the participating agencies.

880 (8) "Parent" means (A) a biological, adoptive or foster parent of a
881 child; (B) a guardian, except for the Commissioner of Children and
882 Families; (C) an individual acting in the place of a biological or adoptive
883 parent, including, but not limited to, a grandparent, stepparent, or other
884 relative with whom the child lives; (D) an individual who is legally

885 responsible for the child's welfare; or (E) an individual appointed to be
886 a surrogate parent.

887 (9) "Participating agencies" includes, but is not limited to, the
888 Departments of Education, Social Services, Public Health, Children and
889 Families and Developmental Services, the Office of Early Childhood, the
890 Insurance Department and the Department of Aging and Disability
891 Services.

892 (10) "Qualified personnel" means persons who meet the standards
893 specified in 34 CFR Part 303.31, as from time to time amended, and who
894 are licensed physicians or psychologists or persons holding a state-
895 approved or recognized license, certificate or registration in one or more
896 of the following fields: (A) Special education, including teaching of the
897 blind and the deaf; (B) speech and language pathology and audiology;
898 (C) occupational therapy; (D) physical therapy; (E) social work; (F)
899 nursing; (G) dietary or nutritional counseling; and (H) other fields
900 designated by the commissioner that meet requirements that apply to
901 the area in which the person is providing early intervention services,
902 provided there is no conflict with existing professional licensing,
903 certification and registration requirements.

904 (11) "Service coordinator" means a person carrying out service
905 coordination services, as defined in 34 CFR Part 303.34, as from time to
906 time amended.

907 (12) "Primary care provider" means physicians and advanced practice
908 registered nurses, licensed by the Department of Public Health, who are
909 responsible for performing or directly supervising the primary care
910 services for children enrolled in the [birth-to-three] birth-to-five
911 program.

912 Sec. 27. Section 17a-248a of the general statutes is repealed and the
913 following is substituted in lieu thereof (*Effective July 1, 2022*):

914 The [birth-to-three] birth-to-five program established pursuant to

915 section 25 of this act and 17a-248b, as amended by this act, shall not be
916 considered a humane institution, as defined in section 17b-222.

917 Sec. 28. Section 17a-248b of the general statutes is repealed and the
918 following is substituted in lieu thereof (*Effective July 1, 2022*):

919 (a) The lead agency shall establish a State Interagency [Birth-to-
920 Three] Birth-to-Five Coordinating Council and shall provide staff
921 assistance and other resources to the council. The council shall consist
922 of the following members, appointed by the Governor: (1) Parents,
923 including minority parents, of children with disabilities twelve years of
924 age or younger, with knowledge of, or experience with, programs for
925 children with disabilities from birth to [thirty-six months] five years of
926 age, the total number of whom shall equal not less than twenty per cent
927 of the total membership of the council, and at least one of whom shall
928 be a parent of a child six years of age or younger, with a disability; (2)
929 two members of the General Assembly at the time of their appointment,
930 one of whom shall be designated by the speaker of the House of
931 Representatives and one of whom shall be designated by the president
932 pro tempore of the Senate; (3) one person involved in the training of
933 personnel who provide early intervention services; (4) one person who
934 is a member of the American Academy of Pediatrics; (5) the state
935 coordinator of education for homeless children and youth, the state
936 coordinator for early childhood special education and one person from
937 each of the participating agencies, except the Department of Education,
938 who shall be designated by the commissioner or executive director of
939 the participating agency and who have authority to engage in policy
940 planning and implementation on behalf of the participating agency; (6)
941 public or private providers of early intervention services, the total
942 number of whom shall equal not less than twenty per cent of the total
943 membership of the council; and (7) a representative of a Head Start
944 program or agency. The Governor shall designate the chairperson of the
945 council who shall not be the designee of the lead agency.

946 (b) The Governor shall appoint all members of the council for terms

947 of three years. No appointed member of the council may serve more
948 than two consecutive terms, except a member may continue to serve
949 until a successor is appointed.

950 (c) The council shall meet at least quarterly and shall provide public
951 notice of its meetings, which shall be open and accessible to the general
952 public. Special meetings may be called by the chairperson and shall be
953 called at the request of the commissioner.

954 (d) Council members who are parents of children with disabilities
955 shall be reimbursed for reasonable and necessary expenses incurred in
956 the performance of their duties under this section.

957 (e) The council shall: (1) Assist the lead agency in the effective
958 performance of the lead agency's responsibilities under section 17a-248,
959 as amended by this act, this section and sections 17a-248c to 17a-248g,
960 inclusive, as amended by this act, 38a-490a, as amended by this act, and
961 38a-516a, as amended by this act, including identifying the sources of
962 fiscal support for early intervention services and programs, assignment
963 of financial responsibility to the appropriate agency, promotion of
964 interagency agreements and preparing applications and amendments
965 required pursuant to federal law; (2) advise and assist the commissioner
966 and other participating agencies in the development of standards and
967 procedures pursuant to said sections; (3) advise and assist the
968 commissioner and the Commissioner of Education regarding the
969 transition of children with disabilities to services provided under
970 sections 10-76a to 10-76h, inclusive; (4) advise and assist the
971 commissioner in identifying barriers that impede timely and effective
972 service delivery, including advice and assistance with regard to
973 interagency disputes; and (5) prepare and submit an annual report in
974 accordance with section 11-4a to the Governor and the General
975 Assembly on the status of the [birth-to-three] birth-to-five system. At
976 least thirty days prior to the commissioner's final approval of rules and
977 regulations pursuant to section 17a-248, as amended by this act, this
978 section, sections 17a-248c to 17a-248g, inclusive, as amended by this act,

979 38a-490a, as amended by this act, and 38a-516a, as amended by this act,
980 other than emergency rules and regulations, the commissioner shall
981 submit proposed rules and regulations to the council for its review. The
982 council shall review all proposed rules and regulations and report its
983 recommendations thereon to the commissioner within thirty days. The
984 commissioner shall not act in a manner inconsistent with the
985 recommendations of the council without first providing the reasons for
986 such action. The council, upon a majority vote of its members, may
987 require that an alternative approach to the proposed rules and
988 regulations be published with a notice of the proposed rules and
989 regulations pursuant to chapter 54. When an alternative approach is
990 published pursuant to this section, the commissioner shall state the
991 reasons for not selecting such alternative approach.

992 Sec. 29. Subsection (a) of section 17a-248c of the general statutes is
993 repealed and the following is substituted in lieu thereof (*Effective July 1,*
994 *2022*):

995 (a) The commissioner may establish one local interagency
996 coordinating council in each region of the state. Each council shall
997 consist of five or more individuals interested in the welfare of children
998 ages birth to [three] five years with disabilities or developmental delays.

999 Sec. 30. Section 17a-248d of the general statutes is repealed and the
1000 following is substituted in lieu thereof (*Effective July 1, 2022*):

1001 (a) The lead agency, in coordination with the participating agencies
1002 and in consultation with the council, shall establish and maintain a state-
1003 wide birth-to-three system of early intervention services pursuant to
1004 Part C of the Individuals with Disabilities Education Act, 20 USC 1431
1005 et seq., for eligible children and families of such children, and, on and
1006 after July 1, 2022, expand the provision of such services to children who
1007 are four and five years of age in accordance with section 25 of this act.

1008 (b) The state-wide system shall include a system for compiling data
1009 on the number of eligible children in the state in need of appropriate

1010 early intervention services, the number of such eligible children and
1011 their families served, the types of services provided and other
1012 information as deemed necessary by the lead agency.

1013 (c) The state-wide system shall include a comprehensive child-find
1014 system and public awareness program to ensure that eligible children
1015 are identified, located, referred to the system and evaluated. The
1016 following persons and entities, as soon as possible but not later than
1017 seven calendar days after identifying a child from birth to ~~[three]~~ five
1018 years of age suspected of having a developmental delay or of being at
1019 risk of having a developmental delay, shall refer the parent of such child
1020 to the early intervention system unless the person knows the child has
1021 already been referred: (1) Hospitals; (2) child health care providers; (3)
1022 local school districts; (4) public health facilities; (5) early intervention
1023 service providers; (6) participating agencies; and (7) such other social
1024 service and health care agencies and providers as the commissioner
1025 specifies in regulation.

1026 (d) The commissioner, in coordination with the participating
1027 agencies and in consultation with the council, shall adopt regulations,
1028 pursuant to chapter 54, to carry out the provisions of section 17a-248, as
1029 amended by this act, and sections 17a-248b to 17a-248g, inclusive, as
1030 amended by this act, 38a-490a, as amended by this act, and 38a-516a, as
1031 amended by this act.

1032 (e) The state-wide system shall include a system for required
1033 notification to any local or regional school board of education no later
1034 than January first of each year of any child who resides in the local or
1035 regional school district, participates in the state-wide program and will
1036 attain the age of three during the next fiscal year. Such system of
1037 notification shall include provisions for preserving the confidentiality of
1038 such child and of the parent or guardian of such child.

1039 Sec. 31. Subsection (d) of section 17a-248e of the general statutes is
1040 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1041 *2022*):

1042 (d) The lead agency may provide early intervention services, arrange
1043 for the delivery of early intervention services by participating agencies
1044 or contract with providers to deliver early intervention services to
1045 eligible children and the families of such children. The lead agency in
1046 providing, arranging or contracting for early intervention services shall
1047 (1) monitor all [birth-to-three] birth-to-five service providers for quality
1048 and accountability in accordance with Section 616 of the Individuals
1049 with Disabilities Education Act, 20 USC 1416 and the plan developed
1050 pursuant to section 25 of this act, and (2) establish state-wide rates for
1051 such services.

1052 Sec. 32. Section 17a-248g of the general statutes is repealed and the
1053 following is substituted in lieu thereof (*Effective July 1, 2022*):

1054 (a) Subject to the provisions of this section, funds appropriated to the
1055 lead agency for purposes of section 17a-248, as amended by this act,
1056 sections 17a-248b to 17a-248f, inclusive, this section and sections 38a-
1057 490a, as amended by this act, and 38a-516a, as amended by this act, shall
1058 not be used to satisfy a financial commitment for services that would
1059 have been paid from another public or private source but for the
1060 enactment of said sections, except for federal funds available pursuant
1061 to Part C of the Individuals with Disabilities Education Act, 20 USC 1431
1062 et seq., except that whenever considered necessary to prevent the delay
1063 in the receipt of appropriate early intervention services by the eligible
1064 child or family in a timely fashion, funds provided under said sections
1065 may be used to pay the service provider pending reimbursement from
1066 the public or private source that has ultimate responsibility for the
1067 payment.

1068 (b) Nothing in section 17a-248, as amended by this act, sections 17a-
1069 248b to 17a-248f, inclusive, as amended by this act, this section and
1070 sections 38a-490a, as amended by this act, and 38a-516a, as amended by
1071 this act, shall be construed to permit the Department of Social Services
1072 or any other state agency to reduce medical assistance pursuant to this
1073 chapter or other assistance or services available to eligible children.

1074 Notwithstanding any provision of the general statutes, costs incurred
1075 for early intervention services that otherwise qualify as medical
1076 assistance that are furnished to an eligible child who is also eligible for
1077 benefits pursuant to this chapter shall be considered medical assistance
1078 for purposes of payments to providers and state reimbursement to the
1079 extent that federal financial participation is available for such services.

1080 (c) Providers of early intervention services shall, in the first instance
1081 and where applicable, seek payment from all third-party payers prior to
1082 claiming payment from the [birth-to-three] birth-to-five system for
1083 services rendered to eligible children, provided, for the purpose of
1084 seeking payment from the Medicaid program or from other third-party
1085 payers as agreed upon by the provider, the obligation to seek payment
1086 shall not apply to a payment from a third-party payer who is not
1087 prohibited from applying such payment, and who will apply such
1088 payment, to an annual or lifetime limit specified in the third-party
1089 payer's policy or contract.

1090 (d) The commissioner, in consultation with the Office of Policy and
1091 Management and the Insurance Commissioner, shall adopt regulations,
1092 pursuant to chapter 54, providing public reimbursement for deductibles
1093 and copayments imposed under an insurance policy or health benefit
1094 plan to the extent that such deductibles and copayments are applicable
1095 to early intervention services.

1096 (e) [The commissioner shall establish and periodically revise, in
1097 accordance with this section, a schedule of fees based on a sliding scale
1098 for early intervention services. The schedule of fees shall consider the
1099 cost of such services relative to the financial resources of the state and
1100 the parents or legal guardians of eligible children, provided that on and
1101 after October 6, 2009, the commissioner shall (1) charge fees to such
1102 parents or legal guardians that are sixty per cent greater than the
1103 amount of the fees charged on the date prior to October 6, 2009; and (2)
1104 charge fees for all services provided, including those services provided
1105 in the first two months following the enrollment of a child in the

1106 program. Fees may be charged to any such parent or guardian,
1107 regardless of income, and shall be charged to any such parent or
1108 guardian with a gross annual family income of forty-five thousand
1109 dollars or more, except that no fee may be charged to the parent or
1110 guardian of a child who is eligible for Medicaid. Notwithstanding the
1111 provisions of subdivision (8) of section 17a-248, as used in this
1112 subsection, "parent" means the biological or adoptive parent or legal
1113 guardian of any child receiving early intervention services. The lead
1114 agency may assign its right to collect fees to a designee or provider
1115 participating in the early intervention program and providing services
1116 to a recipient in order to assist the provider in obtaining payment for
1117 such services. The commissioner may implement procedures for the
1118 collection of the schedule of fees while in the process of adopting or
1119 amending such criteria in regulation, provided the commissioner posts
1120 notice of intention to adopt or amend the regulations on the
1121 eRegulations System, established pursuant to section 4-173b, within
1122 twenty days of implementing the policy. Such collection procedures and
1123 schedule of fees shall be valid until the time the final regulations or
1124 amendments are effective] The commissioner shall not charge a fee for
1125 early intervention services to the parents or legal guardians of eligible
1126 children.

1127 (f) [The] With respect to early intervention services rendered prior to
1128 July 1, 2022, the commissioner shall develop and implement procedures
1129 to hold a recipient harmless for the impact of pursuit of payment for
1130 [early intervention] such services against lifetime insurance limits.

1131 (g) Notwithstanding any provision of title 38a relating to the
1132 permissible exclusion of payments for services under governmental
1133 programs, no such exclusion shall apply with respect to payments made
1134 pursuant to section 17a-248, as amended by this act, sections 17a-248b
1135 to 17a-248f, inclusive, this section and sections 38a-490a, as amended by
1136 this act, and 38a-516a, as amended by this act. Except as provided in this
1137 subsection, nothing in this section shall increase or enhance coverages
1138 provided for within an insurance contract subject to the provisions of

1139 section 10-94f, subsection (a) of section 10-94g, subsection (a) of section
1140 17a-219b, subsection (a) of section 17a-219c, as amended by this act,
1141 sections 17a-248, as amended by this act, 17a-248b to 17a-248f, inclusive,
1142 as amended by this act, this section, and sections 38a-490a, as amended
1143 by this act, and 38a-516a, as amended by this act.

1144 Sec. 33. Section 17a-248h of the general statutes is repealed and the
1145 following is substituted in lieu thereof (*Effective July 1, 2022*):

1146 The [birth-to-three] birth-to-five program, established under section
1147 25 of this act and section 17a-248b, as amended by this act, and
1148 administered by the Office of Early Childhood, shall provide mental
1149 health services to any child eligible for early intervention services
1150 pursuant to Part C of the Individuals with Disabilities Education Act, 20
1151 USC 1431 et seq., as amended from time to time and in accordance with
1152 the plan developed pursuant to section 25 of this act. Any child not
1153 eligible for services under said act shall be referred by the program to a
1154 licensed mental health care provider for evaluation and treatment, as
1155 needed.

1156 Sec. 34. Subsection (a) of section 17a-248i of the general statutes is
1157 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1158 *2022*):

1159 (a) [Not later than October 1, 2015] On and after July 1, 2022, the
1160 Commissioner of Early Childhood shall require, as part of the [birth-to-
1161 three] birth-to-five program established under section 25 of this act and
1162 17a-248b, as amended by this act, that the parent or guardian of a child
1163 who is (1) receiving services under the [birth-to-three] birth-to-five
1164 program, and (2) exhibiting delayed speech, language or hearing
1165 development, be notified of the availability of hearing testing for such
1166 child. Such notification may include, but need not be limited to,
1167 information regarding (A) the benefits of hearing testing for children,
1168 (B) the resources available to the parent or guardian for hearing testing
1169 and treatment, and (C) any financial assistance that may be available for
1170 such testing.

1171 Sec. 35. Subsection (g) of section 10-145d of the general statutes is
1172 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1173 *2022*):

1174 (g) For the purposes of issuance of certificates, permits and
1175 authorizations by the State Board of Education under the provisions of
1176 sections 10-144o to 10-149, inclusive, teaching experience in approved
1177 nonpublic schools shall include teaching experience in [birth-to-three]
1178 birth-to-five programs approved by the Department of Developmental
1179 Services.

1180 Sec. 36. Subdivision (26) of subsection (b) of section 10-500 of the
1181 general statutes is repealed and the following is substituted in lieu
1182 thereof (*Effective July 1, 2022*):

1183 (26) Promoting the delivery of services to infants, [and] toddlers and
1184 young children to ensure optimal health, safety and learning of children
1185 from birth to [three] five years of age.

1186 Sec. 37. Subdivision (5) of subsection (b) of section 17a-22gg of the
1187 general statutes is repealed and the following is substituted in lieu
1188 thereof (*Effective July 1, 2022*):

1189 (5) One representing the [birth-to-three] birth-to-five program
1190 established under section 17a-248b, as amended by this act;

1191 Sec. 38. Subdivision (29) of subsection (g) of section 17a-28 of the
1192 general statutes is repealed and the following is substituted in lieu
1193 thereof (*Effective July 1, 2022*):

1194 (29) The [birth-to-three] birth-to-five program's referral intake office
1195 for the purpose of (A) determining eligibility of, (B) facilitating
1196 enrollment for, and (C) providing services to (i) substantiated victims of
1197 child abuse and neglect with suspected developmental delays, and (ii)
1198 newborns impacted by withdrawal symptoms resulting from prenatal
1199 drug exposure; and

1200 Sec. 39. Section 17a-106e of the general statutes is repealed and the
1201 following is substituted in lieu thereof (*Effective July 1, 2022*):

1202 (a) (1) On and after October 1, 2013, the Department of Children and
1203 Families shall, within available appropriations, ensure that each child
1204 thirty-six months of age or younger who has been substantiated as a
1205 victim of abuse or neglect is screened for both developmental and social-
1206 emotional delays using validated assessment tools such as the Ages and
1207 Stages and the Ages and Stages-Social/Emotional Questionnaires, or
1208 their equivalents. The department shall ensure that such screenings are
1209 administered to any such child twice annually, unless such child has
1210 been found to be eligible for the [birth-to-three] birth-to-five program,
1211 established under section 17a-248b, as amended by this act.

1212 (2) On and after July 1, 2015, the department shall ensure that each
1213 child thirty-six months of age or younger who is being served through
1214 the department's family assessment response program, established
1215 under section 17a-101g, is screened for both developmental and social-
1216 emotional delays using validated assessment tools such as the Ages and
1217 Stages and the Ages and Stages-Social/Emotional Questionnaires, or
1218 their equivalents, unless such child has been found to be eligible for the
1219 [birth-to-three] birth-to-five program.

1220 (b) The department shall refer any child exhibiting developmental or
1221 social-emotional delays pursuant to such screenings to the [birth-to-
1222 three] birth-to-five program. The department shall refer any child who
1223 is not found eligible for services under the [birth-to-three] birth-to-five
1224 program to the Help Me Grow prevention program under the Office of
1225 Early Childhood, pursuant to section 17b-751d, or a similar program
1226 that the department deems appropriate.

1227 (c) Not later than July 1, 2014, and annually thereafter, the
1228 department shall submit, in accordance with the provisions of section
1229 11-4a, a report to the joint standing committee of the General Assembly
1230 having cognizance of matters relating to children for inclusion in the
1231 annual report card prepared pursuant to section 2-53m on the status of

1232 the screening and referral program authorized pursuant to subsection
1233 (a) of this section. Such report shall include: (1) The number of children
1234 thirty-six months of age or younger within the state who have been
1235 substantiated as victims of abuse or neglect within the preceding twelve
1236 months; (2) the number of children thirty-six months of age or younger
1237 within the state who have been served through the department's family
1238 assessment response program within the preceding twelve months; (3)
1239 the number of children who were screened for developmental and
1240 social-emotional delays pursuant to subsection (a) of this section by the
1241 department or by a provider contracted by the department within the
1242 preceding twelve months; (4) the number of children in subdivisions (1)
1243 and (2) of this subsection referred for evaluation under the [birth-to-
1244 three] birth-to-five program within the preceding twelve months, the
1245 number of such children actually evaluated under such program, the
1246 number of such children found eligible for services under such program
1247 and the services for which such children were found eligible under such
1248 program; and (5) the number of children described in subdivisions (1)
1249 and (2) of this subsection receiving evidence-based developmental
1250 support services through the [birth-to-three] birth-to-five program or
1251 through a provider contracted by the department within the preceding
1252 twelve months.

1253 Sec. 40. Subsection (a) of section 17a-219c of the general statutes is
1254 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1255 *2022*):

1256 (a) There is established a Family Support Council to assist the
1257 Department of Developmental Services and other state agencies that
1258 administer or fund family support services to act in concert and, within
1259 available appropriations, to (1) establish a comprehensive, coordinated
1260 system of family support services, (2) use existing state and other
1261 resources efficiently and effectively as appropriate for such services, (3)
1262 identify and address services that are needed for families of children
1263 with disabilities, and (4) promote state-wide availability of such
1264 services. The council shall consist of twenty-six voting members

1265 including the Commissioners of Public Health, Developmental Services,
1266 Children and Families, Education and Social Services, or their
1267 designees, the Child Advocate or the Child Advocate's designee, the
1268 chairperson of the State Interagency [Birth-to-Three] Birth-to-Five
1269 Coordinating Council, established pursuant to section 17a-248b, or the
1270 chairperson's designee, the executive director of the Commission on
1271 Women, Children, Seniors, Equity and Opportunity, or the executive
1272 director's designee, and family members of, or individuals who
1273 advocate for, children with disabilities. The family members or
1274 individuals who advocate for children with disabilities shall comprise
1275 two-thirds of the council and shall be appointed as follows: Six by the
1276 Governor, three by the president pro tempore of the Senate, two by the
1277 majority leader of the Senate, one by the minority leader of the Senate,
1278 three by the speaker of the House of Representatives, two by the
1279 majority leader of the House of Representatives and one by the minority
1280 leader of the House of Representatives. All appointed members serving
1281 on or after October 5, 2009, including members appointed prior to
1282 October 5, 2009, shall serve in accordance with the provisions of section
1283 4-1a. Members serving on or after October 5, 2009, including members
1284 appointed prior to October 5, 2009, shall serve no more than eight
1285 consecutive years on the council. The council shall meet at least
1286 quarterly and shall select its own chairperson. Council members shall
1287 serve without compensation but shall be reimbursed for necessary
1288 expenses incurred. The costs of administering the council shall be within
1289 available appropriations in accordance with this section and sections
1290 17a-219a and 17a-219b.

1291 Sec. 41. Subsection (d) of section 19a-110 of the general statutes is
1292 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1293 *2022*):

1294 (d) The director of health of the town, city, borough or district shall
1295 provide or cause to be provided, to the parent or guardian of a child
1296 who is (1) known to have a confirmed venous blood lead level of five
1297 micrograms per deciliter of blood or more, or (2) the subject of a report

1298 by an institution or clinical laboratory, pursuant to subsection (a) of this
1299 section, with information describing the dangers of lead poisoning,
1300 precautions to reduce the risk of lead poisoning, information about
1301 potential eligibility for services for children from birth to [three] five
1302 years of age pursuant to sections 17a-248 to 17a-248g, inclusive, as
1303 amended by this act, and laws and regulations concerning lead
1304 abatement. The director of health need only provide, or cause to be
1305 provided, such information to such parent or guardian on one occasion
1306 after receipt of an initial report of an abnormal blood lead level as
1307 described in subdivisions (1) and (2) of this subsection. Such
1308 information shall be developed by the Department of Public Health and
1309 provided to each local and district director of health. With respect to the
1310 child reported, the director shall conduct an on-site inspection to
1311 identify the source of the lead causing a confirmed venous blood lead
1312 level equal to or greater than fifteen micrograms per deciliter but less
1313 than twenty micrograms per deciliter in two tests taken at least three
1314 months apart and order remediation of such sources by the appropriate
1315 persons responsible for the conditions at such source. On and after
1316 January 1, 2012, if one per cent or more of children in this state under
1317 the age of six report blood lead levels equal to or greater than ten
1318 micrograms per deciliter, the director shall conduct such on-site
1319 inspection and order such remediation for any child having a confirmed
1320 venous blood lead level equal to or greater than ten micrograms per
1321 deciliter in two tests taken at least three months apart.

1322 Sec. 42. Subsection (a) of section 38a-490a of the general statutes is
1323 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1324 *2022*):

1325 (a) Each individual health insurance policy providing coverage of the
1326 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
1327 delivered, issued for delivery, renewed, amended or continued in this
1328 state shall provide coverage for medically necessary early intervention
1329 services provided as part of an individualized family service plan
1330 pursuant to section 17a-248e, as amended by this act. Such policy shall

1331 provide coverage for such services provided by qualified personnel, as
1332 defined in section 17a-248, as amended by this act, for a child from birth
1333 until the child's [third] fifth birthday.

1334 Sec. 43. Subsection (a) of section 38a-516a of the general statutes is
1335 repealed and the following is substituted in lieu thereof (*Effective July 1,*
1336 *2022*):

1337 (a) Each group health insurance policy providing coverage of the type
1338 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
1339 delivered, issued for delivery, renewed, amended or continued in this
1340 state shall provide coverage for medically necessary early intervention
1341 services provided as part of an individualized family service plan
1342 pursuant to section 17a-248e, as amended by this act. Such policy shall
1343 provide coverage for such services provided by qualified personnel, as
1344 defined in section 17a-248, as amended by this act, for a child from birth
1345 until the child's [third] fifth birthday.

1346 Sec. 44. (NEW) (*Effective July 1, 2021*) (a) As used in this section:

1347 (1) "Broadband Internet access service" means a mass-market retail
1348 service by wire or radio that provides the capability to transmit data to
1349 and receive data from all or substantially all Internet endpoints,
1350 including any capabilities that are incidental to and enable the operation
1351 of the communications service, but excluding dial-up Internet access
1352 service; and

1353 (2) "Wi-Fi hotspot" means a wireless access point that provides the
1354 capability to transmit data to and receive data from all or substantially
1355 all Internet endpoints, including any capabilities that are incidental to
1356 and enable the operation of the communications service, but excluding
1357 dial-up Internet access service.

1358 (b) Not later than September 1, 2021, the Commissioner of Education
1359 shall establish an Internet access grant program. Such program shall
1360 award grants to local and regional boards of education to purchase

1361 broadband Internet access service or Wi-Fi hotspots for the purpose of
1362 providing students, educators and staff with reliable Internet access
1363 during school sessions that are conducted on a virtual platform or as
1364 part of a remote learning model. The commissioner shall prioritize the
1365 awarding of grants under this section to a local or regional board of
1366 education for (1) a town designated as an alliance district pursuant to
1367 section 10-262u of the general statutes, (2) a school district in which a
1368 high percentage of students are eligible for free and reduced priced
1369 lunches, and (3) a school district in which a high percentage of students
1370 lack Internet access as shown by the last official United States census.

1371 (c) A local or regional board of education that is conducting school
1372 sessions on a virtual platform or as part of a remote learning model shall
1373 submit an application to the Commissioner of Education in the manner
1374 and form prescribed by the commissioner, which shall include, but not
1375 be limited to: (1) The amount of funds requested, (2) the plan and
1376 timeline for the purchase of broadband Internet access service or Wi-Fi
1377 hotspots, (3) the number of students who lack Internet access and how
1378 the board determined such number, and (4) any other information
1379 deemed necessary by the commissioner.

1380 (d) Not later than January 1, 2023, and annually thereafter, the
1381 Commissioner of Education shall submit a report, in accordance with
1382 the provisions of section 11-4a of the general statutes, to the joint
1383 standing committees of the General Assembly having cognizance of
1384 matters relating to education and children regarding the grants
1385 awarded pursuant to the Internet access grant program.

1386 Sec. 45. (*Effective from passage*) (a) There is established a task force to
1387 study the comprehensive needs of children in the state and the extent to
1388 which such needs are being met by educators, community members and
1389 local and state agencies. The task force shall (1) assess the needs of
1390 children using the following tenets of the whole child initiative
1391 developed by the Association for Supervision and Curriculum
1392 Development: (A) Each student enters school healthy and learns about

1393 and practices a healthy lifestyle, (B) each student learns in an
1394 environment that is physically and emotionally safe for students and
1395 adults, (C) each student is actively engaged in learning and is connected
1396 to the school and broader community, (D) each student has access to
1397 personalized learning and is supported by qualified, caring adults, and
1398 (E) each student is challenged academically and prepared for success in
1399 college or further study and for employment and participation in a
1400 global environment, (2) recommend new programs or changes to
1401 existing programs operated by educators or local or state agencies to
1402 better address the needs of children in the state, and (3) recognize any
1403 exceptional efforts to meet the comprehensive needs of children by
1404 educators, community members or local or state agencies. As used in
1405 this section, "community member" means any individual or private
1406 organization that provides services or programs for children.

1407 (b) The task force shall consist of the following members:

1408 (1) Two appointed by the speaker of the House of Representatives,
1409 one of whom is an educator employed by a local or regional board of
1410 education and one of whom is a parent of a child who attends school in
1411 the state;

1412 (2) Two appointed by the president pro tempore of the Senate, one of
1413 whom has expertise in early childhood education and one of whom is a
1414 parent of a child who attends an early childhood education program in
1415 the state;

1416 (3) One appointed by the majority leader of the House of
1417 Representatives, who is a school administrator employed by a local or
1418 regional board of education;

1419 (4) One appointed by the majority leader of the Senate, who is a
1420 chairperson of a local or regional board of education;

1421 (5) One appointed by the minority leader of the House of
1422 Representatives, who is a director or employee of a private nonprofit

1423 organization in the state that provides recreational services or programs
1424 for children;

1425 (6) One appointed by the minority leader of the Senate, who is a
1426 director or employee of a private nonprofit organization in the state that
1427 provides health-related services programs for children;

1428 (7) The Commissioner of Education, or the commissioner's designee;
1429 and

1430 (8) The Commissioner of Early Childhood, or the commissioner's
1431 designee.

1432 (c) Any member of the task force appointed under subdivision (1),
1433 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
1434 of the General Assembly.

1435 (d) All initial appointments to the task force shall be made not later
1436 than thirty days after the effective date of this section. Any vacancy shall
1437 be filled by the appointing authority not later than thirty days after the
1438 vacancy occurs. If a vacancy is not filled by the appointing authority, the
1439 chairpersons of the task force may fill such vacancy.

1440 (e) The speaker of the House of Representatives and the president pro
1441 tempore of the Senate shall select the chairpersons of the task force from
1442 among the members of the task force. Such chairpersons shall schedule
1443 the first meeting of the task force, which shall be held not later than sixty
1444 days after the effective date of this section.

1445 (f) The administrative staff of the joint standing committee of the
1446 General Assembly having cognizance of matters relating to children
1447 shall serve as administrative staff of the task force.

1448 (g) Not later than January 1, 2022, the task force shall submit a report
1449 on its findings and recommendations to the joint standing committee of
1450 the General Assembly having cognizance of matters relating to children,
1451 in accordance with the provisions of section 11-4a of the general statutes.

1452 The task force shall terminate on the date that it submits such report or
 1453 January 1, 2022, whichever is later.

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	20-12b(a)
Sec. 3	July 1, 2021	20-73b(a)
Sec. 4	July 1, 2021	20-74h
Sec. 5	July 1, 2021	New section
Sec. 6	July 1, 2021	20-102ee(a)
Sec. 7	July 1, 2021	20-185k(b)
Sec. 8	July 1, 2021	20-195ttt(f)
Sec. 9	July 1, 2021	20-206mm(d) and (e)
Sec. 10	July 1, 2021	19a-14c
Sec. 11	July 1, 2021	10-148a(a)
Sec. 12	July 1, 2021	10-220a(b)
Sec. 13	July 1, 2021	10-220(b)
Sec. 14	July 1, 2021	10-221(f)
Sec. 15	<i>from passage</i>	New section
Sec. 16	<i>from passage</i>	New section
Sec. 17	July 1, 2021	10-16
Sec. 18	<i>from passage</i>	10-198b
Sec. 19	July 1, 2021	New section
Sec. 20	July 1, 2021	10-10a
Sec. 21	July 1, 2021	10-220(c)
Sec. 22	July 1, 2021	17a-10a
Sec. 23	July 1, 2021	17a-103a
Sec. 24	July 1, 2021	New section
Sec. 25	July 1, 2021	New section
Sec. 26	July 1, 2022	17a-248
Sec. 27	July 1, 2022	17a-248a
Sec. 28	July 1, 2022	17a-248b
Sec. 29	July 1, 2022	17a-248c(a)
Sec. 30	July 1, 2022	17a-248d
Sec. 31	July 1, 2022	17a-248e(d)
Sec. 32	July 1, 2022	17a-248g
Sec. 33	July 1, 2022	17a-248h
Sec. 34	July 1, 2022	17a-248i(a)

Sec. 35	<i>July 1, 2022</i>	10-145d(g)
Sec. 36	<i>July 1, 2022</i>	10-500(b)(26)
Sec. 37	<i>July 1, 2022</i>	17a-22gg(b)(5)
Sec. 38	<i>July 1, 2022</i>	17a-28(g)(29)
Sec. 39	<i>July 1, 2022</i>	17a-106e
Sec. 40	<i>July 1, 2022</i>	17a-219c(a)
Sec. 41	<i>July 1, 2022</i>	19a-110(d)
Sec. 42	<i>July 1, 2022</i>	38a-490a(a)
Sec. 43	<i>July 1, 2022</i>	38a-516a(a)
Sec. 44	<i>July 1, 2021</i>	New section
Sec. 45	<i>from passage</i>	New section

Statement of Purpose:

To (1) establish a youth suicide prevention training program, (2) require certain licensed health care professionals to complete mental health and suicide screening and prevention training, (3) permit minors to receive more than six outpatient mental health treatment sessions without the consent of a parent or guardian, (4) require local and regional boards of education to integrate the principles and practices of social-emotional learning into programs of professional development and statements of educational goals, (5) permit parents to attend parent-teacher conferences remotely, (6) require additional parent-teacher conferences during periods when a school district conducts school sessions remotely, (7) require the provision of information by teachers concerning safety, mental health and food insecurity during such conferences, (8) permit local and regional boards of education to provide instruction to high school students remotely and prohibit such boards from deeming absent a student who attends school remotely, (9) require local and regional boards of education to permit students to take up to four mental health wellness days per school year, (10) require the collection of adverse childhood experiences data by local and regional boards of education and the Department of Education, (11) require the Commissioner of Children and Families to provide children in the care and custody of the commissioner remote visitation opportunities in lieu of in-person visitation, in the event of a pandemic or outbreak of communicable disease, (12) require the Commissioner of Children and Families to develop a policy requiring the cessation of in-person visitation on a case-by-case basis in the event that such visitation could result in the contraction of a communicable disease by one or more participants, (13) expand the operation of the Department of Children and Families telephone Careline to accommodate the receipt and

provision of information concerning child abuse and neglect by text message, (14) require the Commissioner of Children and Families to provide certain notice to parents and guardians in the event that the commissioner is considering removal of a child from the home, and the services of a translator, if necessary, during any meeting to discuss such removal, (15) require the Commissioner of Early Childhood to develop and implement a plan to expand the birth-to-three program to provide early intervention services to children five years of age and under and eliminate parent fees for such services, (16) require the Commissioner of Education to establish an Internet access grant program for local and regional boards of education to provide students, educators and staff with Internet access during school sessions that are conducted remotely, and (17) establish a task force to study the comprehensive needs of children in the state.

[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.]

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SEN. CASSANO, 4th Dist.; SEN. SLAP, 5th Dist.
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