



General Assembly

Amendment

January Session, 2021

LCO No. 8687



Offered by:

SEN. LOONEY, 11 th Dist.	SEN. KUSHNER, 24 th Dist.
SEN. DUFF, 25 th Dist.	SEN. LESSER, 9 th Dist.
SEN. DAUGHERTY ABRAMS, 13 th Dist.	SEN. LOPES, 6 th Dist.
SEN. ANWAR, 3 rd Dist.	SEN. MCCRORY, 2 nd Dist.
SEN. BRADLEY, 23 rd Dist.	SEN. MILLER P., 27 th Dist.
SEN. CABRERA, 17 th Dist.	SEN. MOORE, 22 nd Dist.
SEN. CASSANO, 4 th Dist.	SEN. NEEDLEMAN, 33 rd Dist.
SEN. COHEN, 12 th Dist.	SEN. SLAP, 5 th Dist.
SEN. FLEXER, 29 th Dist.	SEN. WINFIELD, 10 th Dist.
SEN. FONFARA, 1 st Dist.	REP. STEINBERG, 136 th Dist.
SEN. HASKELL, 26 th Dist.	REP. MCGEE, 5 th Dist.
SEN. KASSER, 36 th Dist.	

To: Subst. Senate Bill No. 1

File No. 481

Cal. No. 295

"AN ACT EQUALIZING COMPREHENSIVE ACCESS TO MENTAL, BEHAVIORAL AND PHYSICAL HEALTH CARE IN RESPONSE TO THE PANDEMIC."

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- 1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:
- 3 "Section 1. (NEW) (*Effective from passage*) It is hereby declared that

4 racism constitutes a public health crisis in this state and will continue to
5 constitute a public health crisis until the goal set forth in subsection (c)
6 of section 3 of this act is attained.

7 Sec. 2. (NEW) (*Effective from passage*) (a) There is established a
8 Commission on Racial Equity in Public Health, to document and make
9 recommendations to decrease the effect of racism on public health. The
10 commission shall be part of the Legislative Department.

11 (b) The commission shall consist of the following members:

12 (1) Two appointed by the speaker of the House of Representatives,
13 one of whom shall be a representative of a nonprofit organization that
14 focuses on racial equity issues and one of whom shall be a representative
15 of Health Equity Solutions;

16 (2) Two appointed by the president pro tempore of the Senate, one of
17 whom shall be a representative of a violence intervention program using
18 a health-based approach to examine individuals post-incarceration and
19 policies for integration and one of whom shall be a representative of the
20 Connecticut Health Foundation;

21 (3) One appointed by the majority leader of the House of
22 Representatives, who shall be a representative of the Katal Center for
23 Equity, Health, and Justice;

24 (4) One appointed by the majority leader of the Senate, who shall be
25 a representative of the Connecticut Children's Office for Community
26 Child Health;

27 (5) Two appointed by the minority leader of the House of
28 Representatives, one of whom shall be a physician educator associated
29 with The University of Connecticut who has experience and expertise in
30 infant and maternal care and who has worked on diversity and
31 inclusion policy and one of whom shall be a representative of the
32 Partnership for Strong Communities;

33 (6) Two appointed by the minority leader of the Senate, one of whom

34 shall be a medical professional with expertise in mental health and one
35 of whom is a representative of the Open Communities Alliance;

36 (7) The chairpersons of the joint standing committee of the General
37 Assembly having cognizance of matters relating to public health;

38 (8) Two members of the Black and Puerto Rican Caucus, appointed
39 by the caucus chairperson;

40 (9) One appointed by the Governor, who shall be a representative of
41 the Diversity, Equity, and Inclusion Committee of the Connecticut Bar
42 Association;

43 (10) The Commissioner of Public Health, or the commissioner's
44 designee;

45 (11) The Commissioner of Children and Families, or the
46 commissioner's designee;

47 (12) The Commissioner of Early Childhood, or the commissioner's
48 designee;

49 (13) The Commissioner of Social Services, or the commissioner's
50 designee;

51 (14) The Commissioner of Economic and Community Development,
52 or the commissioner's designee;

53 (15) The Commissioner of Education, or the commissioner's designee;

54 (16) The Commissioner of Housing, or the commissioner's designee;

55 (17) The chief executive officer of the Connecticut Health Insurance
56 Exchange, or the chief executive officer's designee;

57 (18) The executive director of the Commission on Women, Children,
58 Seniors, Equity and Opportunity, or the executive director's designee;

59 (19) The executive director of the Office of Health Strategy, or the

60 executive director's designee;

61 (20) The Secretary of the Office of Policy and Management, or the
62 secretary's designee;

63 (21) The Commissioner of Energy and Environmental Protection, or
64 the commissioner's designee; and

65 (22) The Commissioner of Correction, or the commissioner's
66 designee.

67 (c) Any member of the commission appointed under subdivisions (1)
68 to (8), inclusive, of subsection (b) of this section may be a member of the
69 General Assembly. All initial appointments to the commission made
70 under subdivisions (1) to (9), inclusive, of subsection (b) of this section
71 shall be made not later than sixty days after the effective date of this
72 section. Appointed members shall serve a term that is coterminous with
73 the appointing official and may serve more than one term.

74 (d) The Secretary of the Office of Policy and Management, or the
75 secretary's designee, and the representative appointed under
76 subdivision (1) of subsection (b) of this section as a representative of
77 Health Equity Solutions, shall serve as chairpersons of the commission.
78 Such chairpersons shall schedule the first meeting of the commission,
79 which shall be held not later than sixty days after the effective date of
80 this section. If appointments under subsection (b) of this section are not
81 made within such sixty-day period, the chairpersons may designate
82 individuals with the required qualifications stated for the applicable
83 appointment to serve on the commission until appointments are made
84 pursuant to subsection (b) of this section.

85 (e) Members shall continue to serve until their successors are
86 appointed. Any vacancy shall be filled by the appointing authority. Any
87 vacancy occurring other than by expiration of term shall be filled for the
88 balance of the unexpired term.

89 (f) A majority of the membership shall constitute a quorum for the

90 transaction of any business and any decision shall be by a majority vote
91 of those present at a meeting, except the commission may establish such
92 committees, subcommittees or other entities as it deems necessary to
93 further the purposes of the commission. The commission may adopt
94 rules of procedure.

95 (g) The members of the commission shall serve without
96 compensation, but shall, within the limits of available funds, be
97 reimbursed for expenses necessarily incurred in the performance of
98 their duties.

99 (h) The commission, by majority vote, shall hire an executive director
100 to serve as administrative staff of the commission, who shall serve at the
101 pleasure of the commission. The commission may request the assistance
102 of the Joint Committee on Legislative Management in hiring the
103 executive director. The executive director may hire not more than two
104 executive assistants to assist in carrying out the duties of the
105 commission.

106 (i) The commission shall have the following powers and duties: To
107 (1) support collaboration by bringing together partners from many
108 different sectors to recognize the links between health and other issues
109 and policy areas and build new partnerships to promote health and
110 equity and increase government efficiency; (2) create a comprehensive
111 strategic plan to eliminate health disparities and inequities across
112 sectors, in accordance with section 3 of this act; (3) study the impact that
113 the public health crisis of racism has on vulnerable populations within
114 diverse groups of the state population, including on the basis of race,
115 ethnicity, sexual orientation, gender identity and disability, including,
116 but not limited to, Black American descendants of slavery; (4) obtain
117 from any legislative or executive department, board, commission or
118 other agency of the state or any organization or other entity such
119 assistance as necessary and available to carry out the purposes of this
120 section; (5) accept any gift, donation or bequest for the purpose of
121 performing the duties described in this section; (6) establish bylaws to
122 govern its procedures; and (7) perform such other acts as may be

123 necessary and appropriate to carry out the duties described in this
124 section, including, but not limited to, the creation of subcommittees.

125 (j) The commission shall engage with a diverse range of community
126 members, including people of color who identify as members of diverse
127 groups of the state population, including on the basis of race, ethnicity,
128 sexual orientation, gender identity and disability, who experience
129 inequities in health, to make recommendations to the relevant state
130 agencies or other entities on an ongoing basis concerning the following:
131 (1) Structural racism in the state's laws and regulations impacting public
132 health, where, as used in this subdivision, "structural racism" means a
133 system that structures opportunity and assigns value in a way that
134 disproportionately and negatively impacts Black, Indigenous, Latino or
135 Asian people or other people of color; (2) racial disparities in the state's
136 criminal justice system and its impact on the health and well-being of
137 individuals and families, including overall health outcomes and rates of
138 depression, suicide, substance use disorder and chronic disease; (3)
139 racial disparities in access to the resources necessary for healthy living,
140 including, but not limited to, access to adequate fresh food and physical
141 activity, public safety and the decrease of pollution in communities; (4)
142 racial disparities in health outcomes; (5) the impact of zoning
143 restrictions on the creation of housing disparities and such disparities'
144 impact on public health; (6) racial disparities in state hiring and
145 contracting processes; and (7) any suggestions to reduce the impact of
146 the public health crisis of racism within the vulnerable populations
147 studied under subdivision (3) of subsection (i) of this section.

148 (k) Not later than January 1, 2022, and every six months thereafter,
149 the commission shall submit a report to the Secretary of the Office of
150 Policy and Management and the joint standing committees of the
151 General Assembly having cognizance of matters relating to public
152 health and appropriations and the budgets of state agencies, in
153 accordance with the provisions of section 11-4a of the general statutes,
154 concerning (1) the activities of the commission during the prior six-
155 month period; (2) any progress made in attaining the goal described in
156 subsection (c) of section 3 of this act; (3) any recommended changes to

157 such goal based on the research conducted by the commission, any
158 disparity study performed by any state agency or entity, or any
159 community input received; (4) the status of the comprehensive strategic
160 plan required under section 3 of this act; and (5) any recommendations
161 for policy changes or amendments to state law.

162 Sec. 3. (NEW) (*Effective from passage*) (a) The Commission on Racial
163 Equity in Public Health, established under section 2 of this act, shall
164 develop and periodically update a comprehensive strategic plan to
165 eliminate health disparities and inequities across sectors, including
166 consideration of the following: Air and water quality, natural resources
167 and agricultural land, affordable housing, infrastructure systems, public
168 health, access to quality health care, social services, sustainable
169 communities and the impact of climate change.

170 (b) Such plan shall address the incorporation of health and equity into
171 specific policies, programs and government decision-making processes
172 including, but not limited to, the following: (1) Disparities in laws and
173 regulations impacting public health; (2) disparities in the criminal justice
174 system; (3) disparities in access to resources, including, but not limited
175 to, healthy food, safe housing, public safety and environments free of
176 excess pollution; and (4) disparities in access to quality health care.

177 (c) Not later than January 1, 2022, as part of such plan, the
178 commission shall determine, using available scientifically based
179 measurements, the percentages of disparity in the state based on race,
180 in the following areas: (1) Education indicators, including kindergarten
181 readiness, third grade reading proficiency, scores on the mastery
182 examination, administered pursuant to section 10-14n of the general
183 statutes, rates of school-based discipline, high school graduation rates
184 and retention rates after the first year of study for institutions of higher
185 education in the state, as defined in section 3-22a of the general statutes;
186 (2) health care utilization and outcome indicators, including health
187 insurance coverage rates, pregnancy and infant health outcomes,
188 emergency room visits and deaths related to conditions associated with
189 exposure to environmental pollutants, including respiratory ailments,

190 quality of life, life expectancy, lead poisoning and access to adequate
191 healthy nutrition and self-reported well-being surveys; (3) criminal
192 justice indicators, including rates of involvement with the justice
193 system; and (4) economic indicators, including rates of poverty, income
194 and housing insecurity. It shall be the goal of the state to attain at least
195 a seventy per cent reduction in the racial disparities set forth in
196 subdivisions (1) to (4), inclusive, of this subsection from the percentage
197 of disparities determined by the commission on or before January 1,
198 2022.

199 (d) Upon completion of the initial comprehensive strategic plan, and
200 thereafter of any update to such plan, the commission shall submit the
201 plan to the joint standing committee of the General Assembly having
202 cognizance of matters relating to public health, in accordance with the
203 provisions of section 11-4a of the general statutes, and to any other joint
204 standing committee of the General Assembly having cognizance of
205 matters relevant to what is contained in such plan, as determined by the
206 commission.

207 Sec. 4. (*Effective from passage*) (a) As used in this section, "structural
208 racism" means a system that structures opportunity and assigns value
209 in a way that disproportionately and negatively impacts Black,
210 Indigenous, Latino or Asian people or other people of color, and "state
211 agency" has the same meaning as provided in section 1-79 of the general
212 statutes. The Commission on Racial Equity in Public Health, established
213 under section 2 of this act, shall determine best practices for state
214 agencies to (1) evaluate structural racism within their own policies,
215 practices, and operations, and (2) create and implement a plan, which
216 includes the establishment of benchmarks for improvement, to
217 ultimately eliminate any such structural racism within the agency.

218 (b) Not later than January 1, 2023, the commission shall submit a
219 report, in accordance with the provisions of section 11-4a of the general
220 statutes, to the joint standing committee of the General Assembly
221 having cognizance of matters relating to government administration.
222 Such report shall include the best practices established by the

223 commission under this section and a recommendation on any legislation
224 to implement such practices within state agencies.

225 Sec. 5. (*Effective from passage*) The Commissioner of Public Health shall
226 study the development and implementation of a recruitment and
227 retention program for health care workers in the state who are people of
228 color. Not later than February 1, 2022, the commissioner shall report the
229 results of such study, in accordance with the provisions of section 11-4a
230 of the general statutes, to the joint standing committee of the General
231 Assembly having cognizance of matters relating to public health. Such
232 report shall include any legislative recommendations to improve the
233 recruitment and retention of people of color in the health care sector,
234 including, but not limited to, recommendations for the implementation
235 of such recruitment and retention program.

236 Sec. 6. (*Effective from passage*) The Department of Energy and
237 Environmental Protection shall perform an assessment of racial equity
238 within environmental health quality programs administered by said
239 department. Not later than January 1, 2022, the department shall submit
240 a report, in accordance with the provisions of section 11-4a of the general
241 statutes, to the joint standing committee of the General Assembly
242 having cognizance of matters relating to the environment. Such report
243 shall include the results of such assessment and any legislative
244 recommendations to improve racial equity within such programs.

245 Sec. 7. (*Effective from passage*) (a) As used in this section, "cultural
246 humility" means a continuing commitment to (1) self-evaluation and
247 critique of one's own worldview with regard to differences in cultural
248 traditions and belief systems, and (2) awareness of, and active
249 mitigation of, power imbalances between cultures.

250 (b) The Office of Higher Education, in collaboration with the Board
251 of Regents for Higher Education and the Board of Trustees of The
252 University of Connecticut, shall evaluate the recruitment and retention
253 of people of color in health care preparation programs offered by the
254 constituent units of the state system of higher education and the

255 inclusion of cultural humility education in such programs. Not later
256 than January 1, 2022, the office shall submit a report, in accordance with
257 the provisions of section 11-4a of the general statutes, to the joint
258 standing committee of the General Assembly having cognizance of
259 matters relating to higher education. Such report shall include the
260 results of such evaluation and any legislative recommendations to
261 improve the recruitment and retention of people of color in such
262 programs and include additional cultural humility education in such
263 programs.

264 Sec. 8. Subsection (b) of section 2-128 of the general statutes is
265 repealed and the following is substituted in lieu thereof (*Effective from*
266 *passage*):

267 (b) Not later than January first, annually, the executive director of the
268 commission shall submit a status report, organized by subcommission,
269 concerning its efforts in promoting the desired results listed in
270 subdivision (1) of subsection (a) of this section to the joint standing
271 committee of the General Assembly having cognizance of matters
272 relating to appropriations and the budgets of state agencies in
273 accordance with the provisions of section 11-4a. On and after January 1,
274 2022, such report shall include the status of amendments to the joint
275 rules of the House of Representatives and the Senate concerning the
276 preparation of racial and ethnic impact statements pursuant to section
277 2-24b.

278 Sec. 9. (*Effective from passage*) (a) There is established a gun violence
279 intervention and prevention advisory committee for the purpose of
280 advising the joint standing committees of the General Assembly having
281 cognizance of matters relating to public health and human services on
282 the establishment of a Commission on Gun Violence Intervention and
283 Prevention to coordinate the funding and implementation of evidence-
284 based, community-centric programs and strategies to reduce street-level
285 gun violence in the state. The committee shall: (1) Consult with
286 community outreach organizations, victim service providers, victims of
287 community violence and gun violence, community violence and gun

288 violence researchers and public safety and law enforcement
289 representatives regarding strategies to reduce community violence and
290 gun violence; (2) identify effective, evidence-based community violence
291 and gun violence reduction strategies; (3) identify strategies to align the
292 resources of state agencies to reduce community violence and gun
293 violence; (4) identify state, federal and private funding opportunities for
294 community violence and gun violence reduction initiatives; and (5)
295 develop a public health and community engagement strategy for the
296 Commission on Gun Violence Intervention and Prevention.

297 (b) The committee shall be composed of the following members:

298 (1) Two appointed by the speaker of the House of Representatives,
299 one of whom shall be a representative of the Connecticut Hospital
300 Association and one of whom shall be a representative of Compass
301 Youth Collaborative;

302 (2) Two appointed by the president pro tempore of the Senate, one of
303 whom shall be a representative of the Connecticut Violence Intervention
304 Program and one of whom shall be a representative of Regional Youth
305 Adult Social Action Partnership;

306 (3) Two appointed by the majority leader of the House of
307 Representatives, one of whom shall be a representative of Hartford
308 Communities That Care, Inc. and one of whom shall be a representative
309 of CT Against Gun Violence;

310 (4) Two appointed by the majority leader of the Senate, one of whom
311 shall be a representative of Project Longevity and one of whom shall be
312 a representative of Saint Francis Hospital and Medical Center;

313 (5) One appointed by the minority leader of the House of
314 Representatives, who shall be a representative of Yale New Haven
315 Hospital;

316 (6) One appointed by the minority leader of the Senate, who shall be
317 a representative of Hartford Hospital;

318 (7) One appointed by the House chairperson of the joint standing
319 committee of the General Assembly having cognizance of matters
320 relating to public health, who shall be a representative of You Are Not
321 Alone (YANA);

322 (8) One appointed by the Senate chairperson of the joint standing
323 committee of the General Assembly having cognizance of matters
324 relating to public health, who shall be a representative of Mothers
325 United Against Violence;

326 (9) One appointed by the executive director of the Commission on
327 Women, Children, Seniors, Equity and Opportunity, who shall be a
328 representative of the Health Alliance for Violence Intervention; and

329 (10) Two appointed by the Commissioner of Public Health, who shall
330 be representatives of the Department of Public Health's Injury and
331 Violence Surveillance Unit.

332 (c) All initial appointments to the committee shall be made not later
333 than thirty days after the effective date of this section. Any vacancy shall
334 be filled by the appointing authority.

335 (d) The president pro tempore of the Senate shall select the
336 chairperson of the committee from among the members of the
337 committee. Such chairperson shall schedule the first meeting of the
338 committee, which shall be held not later than sixty days after the
339 effective date of this section. The committee shall meet not less than
340 bimonthly.

341 (e) The administrative staff of the Commission on Women, Children,
342 Seniors, Equity and Opportunity shall serve as administrative staff of
343 the committee.

344 (f) Not later than January 1, 2022, the committee shall submit a report
345 on its findings and recommendations to the joint standing committees
346 of the General Assembly having cognizance of matters relating to public
347 health and human services, in accordance with the provisions of section

348 11-4a of the general statutes. The committee shall terminate on the date
349 that it submits such report or January 1, 2022, whichever is later.

350 Sec. 10. (*Effective from passage*) The Department of Public Health shall
351 conduct a study on the state's COVID-19 response. Not later than
352 February 1, 2022, the Commissioner of Public Health shall submit a
353 preliminary report, in accordance with the provisions of section 11-4a of
354 the general statutes, to the joint standing committee of the General
355 Assembly having cognizance of matters relating to public health
356 regarding the findings of such study. Such report may include the
357 commissioner's recommendations for (1) any policy changes and
358 amendments to the general statutes necessary to improve the state's
359 response to future pandemics, including, but not limited to,
360 recommendations regarding provisions of the general statutes or the
361 regulations of Connecticut state agencies that should automatically be
362 waived in the event of an occurrence or imminent threat of an
363 occurrence of a communicable disease, except a sexually transmitted
364 disease, or a public health emergency declared by the Governor
365 pursuant to section 19a-131a of the general statutes in response to an
366 epidemic or pandemic, and (2) how to improve administration of mass
367 vaccinations, reporting and utilization of personal protective equipment
368 supply during a public health emergency, cluster outbreak investigation
369 and health care facilities' care for patients. As used in this section,
370 "COVID-19" means the respiratory disease designated by the World
371 Health Organization on February 11, 2020, as coronavirus 2019, and any
372 related mutation thereof recognized by said organization as a
373 communicable respiratory disease.

374 Sec. 11. (NEW) (*Effective from passage*) (a) On and after January 1, 2022,
375 any state agency, board or commission that directly, or by contract with
376 another entity, collects demographic data concerning the ancestry or
377 ethnic origin, ethnicity, race or primary language of residents of the state
378 in the context of health care or for the provision or receipt of health care
379 services or for any public health purpose shall:

380 (1) Collect such data in a manner that allows for aggregation and

381 disaggregation of data;

382 (2) Expand race and ethnicity categories to include subgroup
383 identities as specified by the Community and Clinical Integration
384 Program of the Office of Health Strategy and follow the hierarchical
385 mapping to align with United States Office of Management and Budget
386 standards;

387 (3) Provide the option to individuals of selecting one or more ethnic
388 or racial designations and include an "other" designation with the ability
389 to write in identities not represented by other codes;

390 (4) Provide the option to individuals to refuse to identify with any
391 ethnic or racial designations;

392 (5) Collect primary language data employing language codes set by
393 the International Organization for Standardization; and

394 (6) Ensure, in cases where data concerning an individual's ethnic
395 origin, ethnicity or race is reported to any other state agency, board or
396 commission, that such data is neither tabulated nor reported without all
397 of the following information: (A) The number or percentage of
398 individuals who identify with each ethnic or racial designation as their
399 sole ethnic or racial designation and not in combination with any other
400 ethnic or racial designation; (B) the number or percentage of individuals
401 who identify with each ethnic or racial designation, whether as their sole
402 ethnic or racial designation or in combination with other ethnic or racial
403 designations; (C) the number or percentage of individuals who identify
404 with multiple ethnic or racial designations; and (D) the number or
405 percentage of individuals who do not identify or refuse to identify with
406 any ethnic or racial designations.

407 (b) Each health care provider with an electronic health record system
408 capable of connecting to and participating in the State-wide Health
409 Information Exchange as specified in section 17b-59e of the general
410 statutes shall, collect and include in its electronic health record system
411 self-reported patient demographic data including, but not limited to,

412 race, ethnicity, primary language, insurance status and disability status
413 based upon the implementation plan developed under subsection (c) of
414 this section. Race and ethnicity data shall adhere to standard categories
415 as determined in subsection (a) of this section.

416 (c) Not later than August 1, 2021, the Office of Health Strategy shall
417 consult with consumer advocates, health equity experts, state agencies
418 and health care providers, to create an implementation plan for the
419 changes required by this section.

420 (d) The Office of Health Strategy shall (1) review (A) demographic
421 changes in race and ethnicity, as determined by the U.S. Census Bureau,
422 and (B) health data collected by the state, and (2) reevaluate the standard
423 race and ethnicity categories from time to time, in consultation with
424 health care providers, consumers and the joint standing committee of
425 the General Assembly having cognizance of matters relating to public
426 health.

427 Sec. 12. Section 19a-59i of the general statutes is repealed and the
428 following is substituted in lieu thereof (*Effective from passage*):

429 (a) There is established a maternal mortality review committee within
430 the department to conduct a comprehensive, multidisciplinary review
431 of maternal deaths for purposes of identifying factors associated with
432 maternal death and making recommendations to reduce maternal
433 deaths.

434 (b) The cochairpersons of the maternal mortality review committee
435 shall be the Commissioner of Public Health, or the commissioner's
436 designee, and a representative designated by the Connecticut State
437 Medical Society. The cochairpersons shall convene a meeting of the
438 maternal mortality review committee upon the request of the
439 Commissioner of Public Health.

440 (c) The maternal mortality review committee may include, but need
441 not be limited to, any of the following members, as needed, depending
442 on the maternal death case being reviewed:

- 443 (1) A physician licensed pursuant to chapter 370 who specializes in
444 obstetrics and gynecology, appointed by the Connecticut State Medical
445 Society;
- 446 (2) A physician licensed pursuant to chapter 370 who is a
447 pediatrician, appointed by the Connecticut State Medical Society;
- 448 (3) A community health worker, appointed by the Commission on
449 Women, Children, Seniors, Equity and Opportunity;
- 450 (4) A nurse-midwife licensed pursuant to chapter 377, appointed by
451 the Connecticut Nurses Association;
- 452 (5) A clinical social worker licensed pursuant to chapter 383b,
453 appointed by the Connecticut Chapter of the National Association of
454 Social Workers;
- 455 (6) A psychiatrist licensed pursuant to chapter 370, appointed by the
456 Connecticut Psychiatric Society;
- 457 (7) A psychologist licensed pursuant to chapter 20-136, appointed by
458 the Connecticut Psychological Association;
- 459 (8) The Chief Medical Examiner, or the Chief Medical Examiner's
460 designee;
- 461 (9) A member of the Connecticut Hospital Association;
- 462 (10) A representative of a community or regional program or facility
463 providing services for persons with psychiatric disabilities or persons
464 with substance use disorders, appointed by the Commissioner of Public
465 Health;
- 466 (11) A representative of The University of Connecticut-sponsored
467 health disparities institute; or
- 468 (12) Any additional member the cochairpersons determine would be
469 beneficial to serve as a member of the committee.

470 (d) Whenever a meeting of the maternal mortality review committee
471 takes place, the committee shall consult with relevant experts to
472 evaluate the information and findings obtained from the department
473 pursuant to section 19a-59h and make recommendations regarding the
474 prevention of maternal deaths. Not later than ninety days after such
475 meeting, the committee shall report, to the Commissioner of Public
476 Health, any recommendations and findings of the committee in a
477 manner that complies with section 19a-25.

478 (e) Not later than January 1, 2022, and annually thereafter, the
479 maternal mortality review committee shall submit a report of
480 disaggregated data, in accordance with the provisions of section 19a-25,
481 regarding the information and findings obtained through the
482 committee's investigation process to the joint standing committee of the
483 General Assembly having cognizance of matters relating to public
484 health, in accordance with the provisions of section 11-4a. Such report
485 may include recommendations to reduce or eliminate racial inequities
486 and other public health concerns regarding maternal mortality and
487 severe maternal morbidity in the state.

488 [(e)] (f) All information provided by the department to the maternal
489 mortality review committee shall be subject to the provisions of section
490 19a-25.

491 Sec. 13. Section 19a-490u of the general statutes is repealed and the
492 following is substituted in lieu thereof (*Effective from passage*):

493 [On or after October 1, 2015, each] (a) Each hospital, as defined in
494 section 19a-490, shall [be required to] include training in the symptoms
495 of dementia as part of such hospital's regularly provided training to staff
496 members who provide direct care to patients.

497 (b) On and after October 1, 2021, each hospital shall include training
498 in implicit bias as part of such hospital's regularly provided training to
499 staff members who provide direct care to women who are pregnant or
500 in the postpartum period. As used in this subsection, "implicit bias"
501 means an attitude or internalized stereotype that affects a person's

502 perceptions, actions and decisions in an unconscious manner and often
503 contributes to unequal treatment of a person based on such person's
504 race, ethnicity, gender identity, sexual orientation, age, disability or
505 other characteristic.

506 Sec. 14. (*Effective from passage*) The chairpersons of the joint standing
507 committee of the General Assembly having cognizance of matters
508 relating to public health shall convene a working group to advance
509 breast health and breast cancer awareness and promote greater
510 understanding of the importance of early breast cancer detection in the
511 state. The working group shall (1) identify organizations that provide
512 outreach to individuals, including, but not limited to, young women of
513 color and high school students, regarding the importance of breast
514 health and early breast cancer detection; and (2) examine payment
515 options for early breast cancer detection services available to such
516 individuals. Not later than February 1, 2022, the working group shall
517 submit, in accordance with the provisions of section 11-4a of the general
518 statutes, recommendations to the joint standing committee of the
519 General Assembly having cognizance of matters relating to public
520 health, regarding appropriations or legislative proposals that will
521 improve breast cancer awareness and early detection of breast cancer.

522 Sec. 15. (*Effective from passage*) (a) As used in this section, "doula"
523 means a trained, nonmedical professional who provides physical,
524 emotional and informational support, virtually or in person, to a
525 pregnant person before, during and after birth.

526 (b) The Commissioner of Public Health shall conduct a scope of
527 practice review pursuant to sections 19a-16d to 19a-16f, inclusive, of the
528 general statutes to determine whether the Department of Public Health
529 should establish a state certification process by which a person can be
530 certified as a doula. The commissioner shall report, in accordance with
531 the provisions of section 11-4a of the general statutes, the findings of
532 such committee and any recommendations to the joint standing
533 committee of the General Assembly having cognizance of matters
534 relating to public health on or before February 1, 2022.

535 Sec. 16. (*Effective from passage*) (a) There is established a working
536 group to develop recommendations for the strategic expansion of
537 school-based health center services in the state. The working group shall
538 consider, but need not be limited to, the following: (1) Specific
539 geographical regions of the state where additional school-based health
540 centers may be needed, (2) options to expand or add services at existing
541 school-based health centers, (3) methods for providing additional
542 support for school-based health centers to expand telehealth services,
543 (4) options for expanding insurance reimbursement for school-based
544 health centers, and (5) options to expand access to school-based health
545 centers or expand school-based health center sites, which may include
546 establishing school-based mental health clinics. As used in this
547 subsection, "school-based mental health clinic" means a clinic that (A) is
548 located in or on the grounds of a school facility of a school district or
549 school board or of an Indian tribe or tribal organization, (B) is organized
550 through school, community and health provider relationships, (C) is
551 administered by a sponsoring facility, and (D) provides on-site mental,
552 emotional or behavioral health services to children and adolescents in
553 accordance with state and local law, including laws relating to licensure
554 and certification.

555 (b) The working group shall consist of the following members:

556 (1) The Commissioner of Public Health, or the commissioner's
557 designee;

558 (2) The Commissioner of Social Services, or the commissioner's
559 designee;

560 (3) The Commissioner of Children and Families, or the
561 commissioner's designee;

562 (4) The Commissioner of Education, or the commissioner's designee;

563 (5) The Insurance Commissioner, or the commissioner's designee;

564 (6) The chairpersons of the joint standing committee of the General

565 Assembly having cognizance of matters relating to public health, or the
566 chairpersons' designees;

567 (7) The ranking members of the joint standing committee of the
568 General Assembly having cognizance of matters relating to public
569 health, or the ranking members' designees;

570 (8) The chairpersons of the joint standing committee of the General
571 Assembly having cognizance of matters relating to appropriations, or
572 the chairpersons' designees;

573 (9) The ranking members of the joint standing committee of the
574 General Assembly having cognizance of matters relating to
575 appropriations, or the ranking members' designees;

576 (10) Two persons designated by the Connecticut Association of
577 School Based Health Centers;

578 (11) One person designated by the Community Health Center
579 Association of Connecticut;

580 (12) One person designated by the Connecticut Association of
581 Healthcare Plans;

582 (13) One person designated by Connecticut Health Center, Inc.; and

583 (14) One person who is a children's mental health service provider,
584 appointed by the Commissioner of Children and Families.

585 (c) The cochairpersons of the working group shall be the
586 Commissioner of Public Health, or the commissioner's designee, and a
587 member of the working group appointed pursuant to subdivisions (6)
588 to (9), inclusive, of subsection (b) of this section, elected by the members
589 of the working group. The cochairpersons shall schedule the first
590 meeting of the working group, which shall be held not later than sixty
591 days after the effective date of this section.

592 (d) Not later than February 1, 2022, the working group shall submit a

593 report on its findings and any recommendations for the strategic
594 expansion of school-based health center services, in accordance with
595 section 11-4a of the general statutes, to the joint standing committees of
596 the General Assembly having cognizance of matters relating to public
597 health and appropriations. The working group shall terminate on the
598 date that it submits such report or February 1, 2022, whichever is later.

599 Sec. 17. (*Effective from passage*) (a) For the fiscal years ending June 30,
600 2022, and June 30, 2023, the Department of Mental Health and Addiction
601 Services shall, within available appropriations, increase access to mobile
602 crisis services throughout the state by expanding such services' hours of
603 operation to include nights and weekends.

604 (b) The Department of Mental Health and Addiction Services shall
605 develop a plan to increase access to mobile crisis services throughout
606 the state by making such services available twenty-four hours per day
607 and seven days per week. Not later than January 1, 2022, the
608 Commissioner of Mental Health and Addiction Services shall submit a
609 report, in accordance with the provisions of section 11-4a of the general
610 statutes, to the joint standing committees of the General Assembly
611 having cognizance of matters relating to public health and
612 appropriations, regarding such plan. Such report shall include any
613 legislative recommendations necessary to implement such plan.

614 Sec. 18. (*Effective from passage*) (a) As used in this section:

615 (1) "Peer support services" means all nonmedical mental health care
616 services and substance use services provided by peer support
617 specialists; and

618 (2) "Peer support specialist" means an individual providing peer
619 support services to another individual in the state.

620 (b) There is established a task force to study peer support services and
621 to encourage health care providers to use such peer support services
622 when providing care to patients. Such study shall include, but need not
623 be limited to, an examination of methods available for the delivery and

624 certification of peer support services and payment mechanisms for such
625 services.

626 (c) The task force shall consist of the following members:

627 (1) Two appointed by the speaker of the House of Representatives,
628 one of whom has personal experience with psychiatric or substance use
629 disorders;

630 (2) Two appointed by the president pro tempore of the Senate, one of
631 whom has personal experience with psychiatric or substance use
632 disorders;

633 (3) One appointed by the majority leader of the House of
634 Representatives;

635 (4) One appointed by the majority leader of the Senate;

636 (5) One appointed by the minority leader of the House of
637 Representatives, who has personal experience with psychiatric or
638 substance use disorders;

639 (6) One appointed by the minority leader of the Senate, who has
640 personal experience with psychiatric or substance use disorders;

641 (7) The Commissioner of Mental Health and Addiction Services, or
642 the commissioner's designee; and

643 (8) Two persons appointed by the Governor, one of whom has
644 personal experience with psychiatric or substance use disorders.

645 (d) Any member of the task force appointed under subdivision (1),
646 (2), (3), (4), (5) or (6) of subsection (c) of this section may be a member of
647 the General Assembly.

648 (e) All initial appointments to the task force shall be made not later
649 than thirty days after the effective date of this section. Any vacancy shall
650 be filled by the appointing authority.

651 (f) The speaker of the House of Representatives and the president pro
652 tempore of the Senate shall select the chairpersons of the task force from
653 among the members of the task force. Such chairpersons shall schedule
654 the first meeting of the task force, which shall be held not later than sixty
655 days after the effective date of this section.

656 (g) The administrative staff of the joint standing committee of the
657 General Assembly having cognizance of matters relating to public
658 health shall serve as administrative staff of the task force.

659 (h) Not later than January 1, 2022, the task force shall submit a report
660 on its findings and recommendations to the joint standing committee of
661 the General Assembly having cognizance of matters relating to public
662 health, in accordance with the provisions of section 11-4a of the general
663 statutes. The task force shall terminate on the date that it submits such
664 report or January 1, 2022, whichever is later.

665 Sec. 19. (NEW) (*Effective from passage*) The Department of Mental
666 Health and Addiction Services shall develop a mental health toolkit to
667 help employers in the state address employee mental health needs that
668 arise as a result of COVID-19. Such toolkit shall (1) identify common
669 mental health issues that employees experience as a result of COVID-19,
670 (2) identify symptoms of such mental health issues, and (3) provide
671 information and other resources regarding actions that employers may
672 take to help employees address such mental health issues. Not later than
673 October 1, 2021, the Department of Mental Health and Addiction
674 Services shall post such mental health toolkit on its Internet web site. As
675 used in this section, "COVID-19" means the respiratory disease
676 designated by the World Health Organization on February 11, 2020, as
677 coronavirus 2019, and any related mutation thereof recognized by said
678 organization as a communicable respiratory disease.

679 Sec. 20. Section 19a-200 of the general statutes is repealed and the
680 following is substituted in lieu thereof (*Effective July 1, 2021*):

681 (a) The mayor of each city, the chief executive officer of each town
682 and the warden of each borough shall, unless the charter of such city,

683 town or borough otherwise provides, nominate some person to be
684 director of health for such city, town or borough. [, which] Such person
685 shall possess the qualifications specified in subsection (b) of this section.
686 Upon approval of the Commissioner of Public Health, such nomination
687 shall be confirmed or rejected by the board of selectmen, if there be such
688 a board, otherwise by the legislative body of such city or town or by the
689 burgesses of such borough within thirty days thereafter.

690 (b) Notwithstanding the charter provisions of any city, town or
691 borough with respect to the qualifications of the director of health, on
692 and after October 1, 2010, any person nominated to be a director of
693 health shall (1) be a licensed physician and hold a degree in public health
694 from an accredited school, college, university or institution, or (2) hold
695 a graduate degree in public health from an accredited institution of
696 higher education. The educational requirements of this section shall not
697 apply to any director of health nominated or otherwise appointed as
698 director of health prior to October 1, 2010.

699 (c) In cities, towns or boroughs with a population of forty thousand
700 or more for five consecutive years, according to the estimated
701 population figures authorized pursuant to subsection (b) of section
702 8-159a, such director of health shall serve in a full-time capacity, except
703 where a town has designated such director as the chief medical advisor
704 for its public schools under section 10-205. [, and]

705 (d) No director shall, [not,] during such director's term of office, have
706 any financial interest in or engage in any employment, transaction or
707 professional activity that is in substantial conflict with the proper
708 discharge of the duties required of directors of health by the general
709 statutes or the regulations of Connecticut state agencies or specified by
710 the appointing authority of the city, town or borough in its written
711 agreement with such director. A written agreement with such director
712 shall be submitted to the Commissioner of Public Health by such
713 appointing authority upon such director's appointment or
714 reappointment.

715 (e) Such director of health shall have and exercise within the limits of
716 the city, town or borough for which such director is appointed all
717 powers necessary for enforcing the general statutes, provisions of the
718 regulations of Connecticut state agencies relating to the preservation
719 and improvement of the public health and preventing the spread of
720 diseases therein.

721 (f) In case of the absence or inability to act of a city, town or borough
722 director of health or if a vacancy exists in the office of such director, the
723 appointing authority of such city, town or borough may, with the
724 approval of the Commissioner of Public Health, designate in writing a
725 suitable person to serve as acting director of health during the period of
726 such absence or inability or vacancy and such person's start date. [
727 provided the] The commissioner may appoint such acting director if the
728 city, town or borough fails to do so. The person so designated, when
729 sworn, shall have all the powers and be subject to all the duties of such
730 director.

731 (g) In case of vacancy in the office of such director, if such vacancy
732 exists for [thirty] sixty days, said commissioner may appoint a director
733 of health for such city, town or borough. The person so designated,
734 when sworn, shall (1) be considered an employee of the city, town or
735 borough, and (2) have all the powers and be subject to all the duties of
736 such director.

737 (h) In case of the absence or inability to act of a city, town or borough
738 director of health during a public health emergency declared pursuant
739 to section 19a-131a, the appointing authority of such city, town or
740 borough shall, with the approval of the Commissioner of Public Health,
741 designate in writing a suitable person to serve as acting director of
742 health during the period of such absence or inability or vacancy and
743 such person's start date. If the city, town or borough fails to appoint such
744 acting director of health, or fails to notify the commissioner of such
745 appointment within thirty days, the commissioner shall appoint an
746 acting director who meets the qualifications specified in subsection (b)
747 of this section. The person designated as acting director of health

748 pursuant to this subsection, when sworn, shall (1) be considered an
749 employee of the city, town or borough, and (2) have all the powers and
750 be subject to all the duties of such director.

751 (i) Said commissioner, may, for cause, remove an officer the
752 commissioner or any predecessor in said office has appointed, and the
753 common council of such city, town or the burgesses of such borough
754 may, respectively, for cause, remove a director whose nomination has
755 been confirmed by them, provided such removal shall be approved by
756 said commissioner; and, within two days thereafter, notice in writing of
757 such action shall be given by the clerk of such city, town or borough, as
758 the case may be, to said commissioner, who shall, within ten days after
759 receipt, file with the clerk from whom the notice was received, approval
760 or disapproval.

761 (j) Each such director of health shall hold office for the term of four
762 years from the date of appointment and until a successor is nominated
763 and confirmed in accordance with this section.

764 (k) Each director of health shall, annually, at the end of the fiscal year,
765 [of the city, town or borough, file with the Department of Public Health
766 a report of the doings as such director for the year preceding] submit a
767 report to the Department of Public Health detailing the activities of such
768 director during the preceding fiscal year.

769 [(b)] (l) On and after July 1, 1988, each city, town and borough shall
770 provide for the services of a sanitarian licensed under chapter 395 to
771 work under the direction of the local director of health. Where practical,
772 the local director of health may act as the sanitarian.

773 [(c)] (m) As used in this chapter, "authorized agent" means a
774 sanitarian licensed under chapter 395 and any individual certified for a
775 specific program of environmental health by the Commissioner of
776 Public Health in accordance with the general statutes and regulations of
777 Connecticut state agencies.

778 Sec. 21. (*Effective from passage*) For the fiscal year ending June 30, 2022,

779 the Department of Public Health shall, within available appropriations,
 780 implement the state loan repayment program for community-based
 781 health care providers in primary care settings."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>from passage</i>	2-128(b)
Sec. 9	<i>from passage</i>	New section
Sec. 10	<i>from passage</i>	New section
Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>from passage</i>	19a-59i
Sec. 13	<i>from passage</i>	19a-490u
Sec. 14	<i>from passage</i>	New section
Sec. 15	<i>from passage</i>	New section
Sec. 16	<i>from passage</i>	New section
Sec. 17	<i>from passage</i>	New section
Sec. 18	<i>from passage</i>	New section
Sec. 19	<i>from passage</i>	New section
Sec. 20	<i>July 1, 2021</i>	19a-200
Sec. 21	<i>from passage</i>	New section