



General Assembly

Amendment

January Session, 2021

LCO No. 8490



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."

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 task force 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 task force from among the members of the task force.
337 Such chairperson shall schedule the first meeting of the task force, which
338 shall be held not later than sixty days after the effective date of this
339 section. The committee shall meet no less than bimonthly.

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

343 (f) Not later than January 1, 2022, the committee shall submit a report
344 on its findings and recommendations to the joint standing committees
345 of the General Assembly having cognizance of matters relating to public
346 health and human services, in accordance with the provisions of section
347 11-4a of the general statutes. The committee shall terminate on the date
348 that it submits such report or January 1, 2022, whichever is later.

349 Sec. 10. (*Effective from passage*) The Department of Public Health shall
350 conduct a study on the state's COVID-19 response. Not later than

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

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

379 (1) Collect such data in a manner that allows for aggregation and
380 disaggregation of data;

381 (2) Expand race and ethnicity categories to include subgroup
382 identities as specified by the Community and Clinical Integration
383 Program of the Office of Health Strategy and follow the hierarchical

384 mapping to align with United States Office of Management and Budget
385 standards;

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

389 (4) Collect primary language data employing language codes set by
390 the International Organization for Standardization; and

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

404 (b) Each health care provider with an electronic health record system
405 capable of connecting to and participating in the State-wide Health
406 Information Exchange as specified in section 17b-59e of the general
407 statutes shall, collect and include in its electronic health record system
408 self-reported patient demographic data including, but not limited to,
409 race, ethnicity, primary language, insurance status and disability status
410 based upon the implementation plan developed under subsection (c) of
411 this section. Race and ethnicity data shall adhere to standard categories
412 as determined in subsection (a) of this section.

413 (c) Not later than August 1, 2021, the Office of Health Strategy shall
414 consult with consumer advocates, health equity experts, state agencies
415 and health care providers, to create an implementation plan for the

416 changes required by this section.

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

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

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

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

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

440 (1) A physician licensed pursuant to chapter 370 who specializes in
441 obstetrics and gynecology, appointed by the Connecticut State Medical
442 Society;

443 (2) A physician licensed pursuant to chapter 370 who is a
444 pediatrician, appointed by the Connecticut State Medical Society;

445 (3) A community health worker, appointed by the Commission on

446 Women, Children, Seniors, Equity and Opportunity;

447 (4) A nurse-midwife licensed pursuant to chapter 377, appointed by
448 the Connecticut Nurses Association;

449 (5) A clinical social worker licensed pursuant to chapter 383b,
450 appointed by the Connecticut Chapter of the National Association of
451 Social Workers;

452 (6) A psychiatrist licensed pursuant to chapter 370, appointed by the
453 Connecticut Psychiatric Society;

454 (7) A psychologist licensed pursuant to chapter 20-136, appointed by
455 the Connecticut Psychological Association;

456 (8) The Chief Medical Examiner, or the Chief Medical Examiner's
457 designee;

458 (9) A member of the Connecticut Hospital Association;

459 (10) A representative of a community or regional program or facility
460 providing services for persons with psychiatric disabilities or persons
461 with substance use disorders, appointed by the Commissioner of Public
462 Health;

463 (11) A representative of The University of Connecticut-sponsored
464 health disparities institute; or

465 (12) Any additional member the cochairpersons determine would be
466 beneficial to serve as a member of the committee.

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

474 manner that complies with section 19a-25.

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

485 [(e)] (f) All information provided by the department to the maternal
486 mortality review committee shall be subject to the provisions of section
487 19a-25.

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

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

494 (b) On and after October 1, 2021, each hospital shall include training
495 in implicit bias as part of such hospital's regularly provided training to
496 staff members who provide direct care to women who are pregnant or
497 in the postpartum period. As used in this subsection, "implicit bias"
498 means an attitude or internalized stereotype that affects a person's
499 perceptions, actions and decisions in an unconscious manner and often
500 contributes to unequal treatment of a person based on such person's
501 race, ethnicity, gender identity, sexual orientation, age, disability or
502 other characteristic.

503 Sec. 14. (*Effective from passage*) The chairpersons of the joint standing
504 committee of the General Assembly having cognizance of matters

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

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

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

532 Sec. 16. (*Effective from passage*) (a) There is established a working
533 group to develop recommendations for the strategic expansion of
534 school-based health center services in the state. The working group shall
535 consider, but need not be limited to, the following: (1) Specific
536 geographical regions of the state where additional school-based health
537 centers may be needed, (2) options to expand or add services at existing

538 school-based health centers, (3) methods for providing additional
539 support for school-based health centers to expand telehealth services,
540 (4) options for expanding insurance reimbursement for school-based
541 health centers, and (5) options to expand access to school-based health
542 centers or expand school-based health center sites, which may include
543 establishing school-based mental health clinics. As used in this
544 subsection, "school-based mental health clinic" means a clinic that (A) is
545 located in or on the grounds of a school facility of a school district or
546 school board or of an Indian tribe or tribal organization, (B) is organized
547 through school, community and health provider relationships, (C) is
548 administered by a sponsoring facility, and (D) provides on-site mental,
549 emotional or behavioral health services to children and adolescents in
550 accordance with state and local law, including laws relating to licensure
551 and certification.

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

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

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

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

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

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

561 (6) The chairpersons of the joint standing committee of the General
562 Assembly having cognizance of matters relating to public health, or the
563 chairpersons' designees;

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

567 (8) The chairpersons of the joint standing committee of the General
568 Assembly having cognizance of matters relating to appropriations, or
569 the chairpersons' designees;

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

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

575 (11) One person designated by the Community Health Center
576 Association of Connecticut;

577 (12) One person designated by the Connecticut Association of
578 Healthcare Plans;

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

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

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

589 (d) Not later than February 1, 2022, the working group shall submit a
590 report on its findings and any recommendations for the strategic
591 expansion of school-based health center services, in accordance with
592 section 11-4a of the general statutes, to the joint standing committees of
593 the General Assembly having cognizance of matters relating to public
594 health and appropriations. The working group shall terminate on the
595 date that it submits such report or February 1, 2022, whichever is later.

596 Sec. 17. (*Effective from passage*) For the fiscal years ending June 30,
597 2022, and June 30, 2023, the Department of Mental Health and Addiction
598 Services shall, within available appropriations, increase access to mobile
599 crisis services throughout the state by providing additional mobile crisis
600 services units and making such services available twenty-four hours per
601 day and seven days per week.

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

603 (1) "Peer support services" means all nonmedical mental health care
604 services and substance use services provided by peer support
605 specialists; and

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

608 (b) There is established a task force to study peer support services and
609 to encourage health care providers to use such peer support services
610 when providing care to patients. Such study shall include, but need not
611 be limited to, an examination of methods available for the delivery and
612 certification of peer support services and payment mechanisms for such
613 services.

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

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

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

621 (3) One appointed by the majority leader of the House of
622 Representatives;

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

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

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

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

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

633 (d) Any member of the task force appointed under subdivision (1),
634 (2), (3), (4), (5) or (6) of subsection (c) of this section may be a member of
635 the General Assembly.

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

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

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

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

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

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

669 (a) The mayor of each city, the chief executive officer of each town
670 and the warden of each borough shall, unless the charter of such city,
671 town or borough otherwise provides, nominate some person to be
672 director of health for such city, town or borough. [, which] Such person
673 shall possess the qualifications specified in subsection (b) of this section.
674 Upon approval of the Commissioner of Public Health, such nomination
675 shall be confirmed or rejected by the board of selectmen, if there be such
676 a board, otherwise by the legislative body of such city or town or by the
677 burgesses of such borough within thirty days thereafter.

678 **(b)** Notwithstanding the charter provisions of any city, town or
679 borough with respect to the qualifications of the director of health, on
680 and after October 1, 2010, any person nominated to be a director of
681 health shall (1) be a licensed physician and hold a degree in public health
682 from an accredited school, college, university or institution, or (2) hold
683 a graduate degree in public health from an accredited institution of
684 higher education. The educational requirements of this section shall not
685 apply to any director of health nominated or otherwise appointed as

686 director of health prior to October 1, 2010.

687 (c) In cities, towns or boroughs with a population of forty thousand
688 or more for five consecutive years, according to the estimated
689 population figures authorized pursuant to subsection (b) of section
690 8-159a, such director of health shall serve in a full-time capacity, except
691 where a town has designated such director as the chief medical advisor
692 for its public schools under section 10-205. [, and]

693 (d) No director shall, [not,] during such director's term of office, have
694 any financial interest in or engage in any employment, transaction or
695 professional activity that is in substantial conflict with the proper
696 discharge of the duties required of directors of health by the general
697 statutes or the regulations of Connecticut state agencies or specified by
698 the appointing authority of the city, town or borough in its written
699 agreement with such director. A written agreement with such director
700 shall be submitted to the Commissioner of Public Health by such
701 appointing authority upon such director's appointment or
702 reappointment.

703 (e) Such director of health shall have and exercise within the limits of
704 the city, town or borough for which such director is appointed all
705 powers necessary for enforcing the general statutes, provisions of the
706 regulations of Connecticut state agencies relating to the preservation
707 and improvement of the public health and preventing the spread of
708 diseases therein.

709 (f) In case of the absence or inability to act of a city, town or borough
710 director of health or if a vacancy exists in the office of such director, the
711 appointing authority of such city, town or borough may, with the
712 approval of the Commissioner of Public Health, designate in writing a
713 suitable person to serve as acting director of health during the period of
714 such absence or inability or vacancy and such person's start date. [,
715 provided the] The commissioner may appoint such acting director if the
716 city, town or borough fails to do so. The person so designated, when
717 sworn, shall have all the powers and be subject to all the duties of such

718 director.

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

725 (h) In case of the absence or inability to act of a city, town or borough
726 director of health during a public health emergency declared pursuant
727 to section 19a-131a, the appointing authority of such city, town or
728 borough shall, with the approval of the Commissioner of Public Health,
729 designate in writing a suitable person to serve as acting director of
730 health during the period of such absence or inability or vacancy and
731 such person's start date. If the city, town or borough fails to appoint such
732 acting director of health, or fails to notify the commissioner of such
733 appointment within thirty days, the commissioner shall appoint an
734 acting director who meets the qualifications specified in subsection (b)
735 of this section. The person designated as acting director of health
736 pursuant to this subsection, when sworn, shall (1) be considered an
737 employee of the city, town or borough, and (2) have all the powers and
738 be subject to all the duties of such director.

739 (i) Said commissioner, may, for cause, remove an officer the
740 commissioner or any predecessor in said office has appointed, and the
741 common council of such city, town or the burgesses of such borough
742 may, respectively, for cause, remove a director whose nomination has
743 been confirmed by them, provided such removal shall be approved by
744 said commissioner; and, within two days thereafter, notice in writing of
745 such action shall be given by the clerk of such city, town or borough, as
746 the case may be, to said commissioner, who shall, within ten days after
747 receipt, file with the clerk from whom the notice was received, approval
748 or disapproval.

749 (j) Each such director of health shall hold office for the term of four

750 years from the date of appointment and until a successor is nominated
751 and confirmed in accordance with this section.

752 (k) Each director of health shall, annually, at the end of the fiscal year,
753 [of the city, town or borough, file with the Department of Public Health
754 a report of the doings as such director for the year preceding] submit a
755 report to the Department of Public Health detailing the activities of such
756 director during the preceding fiscal year.

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

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

766 Sec. 21. *(Effective from passage)* For the fiscal year ending June 30, 2022,
767 the Department of Public Health shall, within available appropriations,
768 implement the state loan repayment program for community-based
769 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