



General Assembly

February Session, 2022

***Raised Bill No. 5001***

LCO No. 1334



Referred to Committee on PUBLIC HEALTH

Introduced by:  
(PH)

***AN ACT CONCERNING CHILDREN'S MENTAL HEALTH.***

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

1 Section 1. (*Effective from passage*) The Commissioner of Public Health,  
2 in consultation with the Commissioner of Children and Families, shall  
3 develop and implement a plan to establish licensure by reciprocity or  
4 endorsement of a person who (1) is a mental or behavioral health care  
5 provider licensed or certified to provide mental or behavioral health  
6 care services, or is entitled to provide mental or behavioral health care  
7 services under a different designation, in another state having  
8 requirements for practicing in such capacity that are substantially  
9 similar to or higher than the requirements in force in this state, and (2)  
10 has no disciplinary action or unresolved complaint pending against  
11 such person. When developing and implementing such plan, the  
12 Commissioner of Public Health shall consider (A) eliminating barriers  
13 to the expedient licensure of such persons in order to immediately  
14 address the mental health needs of children in this state, and (B) whether  
15 such licensure should be limited to the provision of mental or behavioral  
16 health care services through the use of telehealth, as defined in section  
17 19a-906 of the general statutes. The Commissioner of Public Health shall

18 prioritize establishing licensure by reciprocity or endorsement to a  
19 person who is a mental or behavioral health care provider licensed or  
20 certified to provide mental health care services to children, or is entitled  
21 to provide mental or behavioral health care services to children under a  
22 different designation. On or before January 1, 2023, the Commissioner  
23 of Public Health shall (i) implement the plan to establish licensure by  
24 reciprocity or endorsement, and (ii) report, in accordance with the  
25 provisions of section 11-4a of the general statutes, to the joint standing  
26 committees of the General Assembly having cognizance of matters  
27 relating to public health and children regarding such plan and  
28 recommendations for any necessary legislative changes related to such  
29 plan.

30 Sec. 2. Section 20-195n of the general statutes is repealed and the  
31 following is substituted in lieu thereof (*Effective from passage*):

32 (a) No person shall practice clinical social work unless such person  
33 has obtained a license pursuant to this section.

34 (b) An applicant for licensure as a master social worker shall: (1) Hold  
35 a master's degree from a social work program accredited by the Council  
36 on Social Work Education or, if educated outside the United States or its  
37 territories, have completed an educational program deemed equivalent  
38 by the council; and (2) pass the masters level examination of the  
39 Association of Social Work Boards or any other examination prescribed  
40 by the commissioner. On and after the effective date of this section, the  
41 commissioner may waive the examination requirement set forth in  
42 subdivision (2) of this subsection, as the commissioner deems necessary  
43 to ensure a sufficient number of licensed master social workers in the  
44 state, for an applicant who (A) is an English language learner and failed  
45 the examination required under subdivision (2) of this subsection,  
46 provided the applicant provides written certification to the  
47 commissioner of the applicant's intent to retake such examination not  
48 later than six months after last taking the examination or at the next  
49 offering of the examination, whichever is later, and (B) continues to be  
50 supervised by a licensed social worker when practicing professional

51 social work and submits to the department a signed document from the  
52 applicant's supervising social worker granting the applicant permission  
53 to seek a waiver of such examination requirement. The commissioner  
54 may not waive such examination requirement for any applicant for  
55 longer than one year.

56 (c) An applicant for licensure as a clinical social worker shall: (1) Hold  
57 a doctorate or master's degree from a social work program accredited  
58 by the Council on Social Work Education or, if educated outside the  
59 United States or its territories, have completed an educational program  
60 deemed equivalent by the council; (2) have three thousand hours post-  
61 master's social work experience which shall include not less than one  
62 hundred hours of work under professional supervision by a licensed  
63 clinical or certified independent social worker, provided on and after  
64 October 1, 2011, such hours completed in this state shall be as a licensed  
65 master social worker; and (3) pass the clinical level examination of the  
66 Association of Social Work Boards or any other examination prescribed  
67 by the commissioner. On and after October 1, 1995, any person certified  
68 as an independent social worker prior to October 1, 1995, shall be  
69 deemed licensed as a clinical social worker pursuant to this section,  
70 except a person certified as an independent social worker on and after  
71 October 1, 1990, shall not be deemed licensed as a clinical social worker  
72 pursuant to this chapter unless such person has satisfied the  
73 requirements of subdivision (3) of this subsection. On and after the  
74 effective date of this section, the commissioner may waive the  
75 examination requirement set forth in subdivision (3) of this subsection,  
76 as the commissioner deems necessary to ensure a sufficient number of  
77 licensed master social workers in the state, for an applicant who (A) is  
78 an English language learner and failed the examination required under  
79 subdivision (3) of this subsection, provided the applicant provides  
80 written certification to the commissioner of the applicant's intent to  
81 retake such examination not later than six months after last taking the  
82 examination or at the next offering of the examination, whichever is  
83 later, and (B) continues to be supervised by a licensed social worker  
84 when practicing professional social work and submits to the department  
85 a signed document from the applicant's supervising social worker

86 granting the applicant permission to seek a waiver of such examination  
87 requirement. The commissioner may not waive such examination  
88 requirement for any applicant for longer than one year.

89 (d) Notwithstanding the provisions of subsection (b) of this section,  
90 the commissioner may grant a license by endorsement to an applicant  
91 who presents evidence satisfactory to the commissioner that the  
92 applicant (1) is licensed or certified as a master social worker or clinical  
93 social worker in good standing in another state or jurisdiction whose  
94 requirements for practicing in such capacity are substantially similar to  
95 or higher than those of this state, and (2) has successfully completed the  
96 master level examination of the Association of Social Work Boards, or  
97 its successor organization, or any other examination prescribed by the  
98 commissioner. On and after the effective date of this section, the  
99 commissioner may waive the examination requirement set forth in  
100 subdivision (2) of this subsection, as the commissioner deems necessary  
101 to ensure a sufficient number of licensed master social workers in the  
102 state, for an applicant who (A) is an English language learner and failed  
103 the examination required under subdivision (2) of this subsection,  
104 provided the applicant provides written certification to the  
105 commissioner of the applicant's intent to retake such examination not  
106 later than six months after last taking the examination or at the next  
107 offering of the examination, whichever is later, and (B) continues to be  
108 supervised by a licensed social worker when practicing professional  
109 social work and submits to the department a signed document from the  
110 applicant's supervising social worker granting the applicant permission  
111 to seek a waiver of such examination requirement. The commissioner  
112 may not waive such examination requirement for any applicant for  
113 longer than one year. No license shall be issued under this subsection to  
114 any applicant against whom professional disciplinary action is pending  
115 or who is the subject of an unresolved complaint.

116 (e) Notwithstanding the provisions of subsection (c) of this section,  
117 the commissioner may grant a license by endorsement to an applicant  
118 who presents evidence satisfactory to the commissioner that the  
119 applicant (1) is licensed or certified as a clinical social worker in good

120 standing in another state or jurisdiction whose requirements for  
121 practicing in such capacity are substantially similar to or greater than  
122 those of this state, and (2) has successfully completed the clinical level  
123 examination of the Association of Social Work Boards, or its successor  
124 organization, or any other examination prescribed by the commissioner.  
125 On and after the effective date of this section, the commissioner may  
126 waive the examination requirement set forth in subdivision (2) of this  
127 subsection, as the commissioner deems necessary to ensure a sufficient  
128 number of licensed master social workers in the state, for an applicant  
129 who (A) is an English language learner and failed the examination  
130 required under subdivision (2) of this subsection, provided the  
131 applicant provides written certification to the commissioner of the  
132 applicant's intent to retake such examination not later than six months  
133 after last taking the examination or at the next offering of the  
134 examination, whichever is later, and (B) continues to be supervised by a  
135 licensed social worker when practicing professional social work and  
136 submits to the department a signed document from the applicant's  
137 supervising social worker granting the applicant permission to seek a  
138 waiver of such examination requirement. The commissioner may not  
139 waive such examination requirement for any applicant for longer than  
140 one year. No license shall be issued under this subsection to any  
141 applicant against whom professional disciplinary action is pending or  
142 who is the subject of an unresolved complaint.

143 (f) Notwithstanding the provisions of this section, an applicant who  
144 is licensed or certified as a clinical social worker or its equivalent in  
145 another state, territory or commonwealth of the United States may  
146 substitute three years of licensed or certified work experience in the  
147 practice of clinical social work in lieu of the requirements of subdivision  
148 (2) of subsection (c) of this section, provided the commissioner finds that  
149 such experience is equal to or greater than the requirements of this state.

150 (g) The commissioner shall notify every applicant who is taking an  
151 examination required under subsection (b), (c), (d) or (e) of this section  
152 that they may use a dictionary while taking the examination.

153 Sec. 3. Section 20-195t of the general statutes is repealed and the  
154 following is substituted in lieu thereof (*Effective from passage*):

155 The department may issue a temporary permit to an applicant for  
156 licensure as a master social worker who holds a master's degree from a  
157 social work educational program, as described in section 20-195n, but  
158 who has not yet taken the licensure examination prescribed in said  
159 section 20-195n. Such temporary permit shall authorize the holder to  
160 practice as a master social worker as provided for in section 20-195s.  
161 [Such] Prior to June 30, 2024, such temporary permit shall be valid for a  
162 period not to exceed one year after the date of attaining such master's  
163 degree and shall not be renewable. On and after July 1, 2024, such  
164 temporary permit shall be valid for a period not to exceed one hundred  
165 twenty calendar days after the date of attaining such master's degree  
166 and shall not be renewable. Such permit shall become void and shall not  
167 be reissued in the event that the applicant fails to pass such examination.  
168 The fee for a temporary permit shall be fifty dollars.

169 Sec. 4. (NEW) (*Effective October 1, 2022*) (a) The Commissioner of  
170 Public Health shall establish a social workers examination preparation  
171 grant program to provide grants to social workers for the costs of  
172 tutoring and examination preparation courses for applicants for  
173 licensure as a master social worker who are preparing for the masters  
174 level examination of the Association of Social Work Boards, or any other  
175 examination prescribed by the commissioner, and for candidates for  
176 licensure as a clinical social worker who are preparing for the clinical  
177 level examination of said association, or any other examination  
178 prescribed by the commissioner, including, but not limited to, the costs  
179 of an interpreter for any applicant who is an English language learner.

180 (b) The commissioner shall establish guidelines for the  
181 administration of such grant program.

182 Sec. 5. (NEW) (*Effective from passage*) (a) The Commissioner of Public  
183 Health, in consultation with the Commissioner of Children and  
184 Families, shall establish a scholarship program for applicants for  
185 licensure in professions that serve the mental or behavioral health needs

186 of children in the state.

187 (b) Within available appropriations, the program shall provide need-  
188 based scholarships for persons applying to the Department of Public  
189 Health for licensure in professions that serve the mental or behavioral  
190 health needs of children in the state. The scholarship shall not exceed  
191 the combined costs of application and licensure fees. The Commissioner  
192 of Public Health shall develop eligibility requirements for recipients and  
193 give priority to applicants (1) who are a member of a racial or ethnic  
194 minority, (2) for whom English is a second language, (3) who identify as  
195 lesbian, gay, bisexual, transgender or queer, or (4) who are a person with  
196 a disability. A person may apply for such scholarship to the Department  
197 of Public Health at such time and in such manner as the Commissioner  
198 of Public Health prescribes.

199 (c) The Department of Public Health may accept private donations  
200 for such scholarship program.

201 (d) Any unexpended funds appropriated for purposes of this section  
202 shall not lapse at the end of the fiscal year but shall be available for  
203 expenditure during the next fiscal year.

204 (e) For the fiscal year ending June 30, 2022, and each fiscal year  
205 thereafter, the Commissioner of Public Health may use up to five per  
206 cent of the funds appropriated for purposes of this section for program  
207 administration, promotion, recruitment and retention activities.

208 (f) On or before January 1, 2023, and annually thereafter, the  
209 Commissioner of Public Health shall report, in accordance with the  
210 provisions of section 11-4a of the general statutes, to the joint standing  
211 committee of the General Assembly having cognizance of matters  
212 relating to public health regarding (1) the number of recipients and  
213 demographics of such recipients of the scholarship program established  
214 under this section and, where available, the demographics of the  
215 persons served by such recipients in such recipients' professional  
216 capacities, and (2) a detailed description of how the Department of  
217 Public Health utilizes the money allocated for administration of the

218 scholarship program.

219 Sec. 6. Subsection (b) of section 17a-22ff of the general statutes is  
220 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
221 *2022*):

222 (b) The board shall consist of the following members:

223 (1) Eight appointed by the Commissioner of Children and Families,  
224 who shall represent families of children who have been diagnosed with  
225 mental, emotional or behavioral health issues;

226 (2) Two appointed by the Commissioner of Children and Families,  
227 who shall represent a private foundation providing mental, emotional  
228 or behavioral health care services for children and families in the state;

229 (3) Four appointed by the Commissioner of Children and Families,  
230 who shall be providers of mental, emotional or behavioral health care  
231 services for children in the state, at least one of whom shall be a provider  
232 of services to children involved with the juvenile justice system;

233 (4) Three appointed by the Commissioner of Children and Families,  
234 who shall represent private advocacy groups that provide services for  
235 children and families in the state;

236 (5) One appointed by the Commissioner of Children and Families,  
237 who shall represent the United Way of Connecticut 2-1-1 Infoline  
238 program;

239 (6) One appointed by the majority leader of the House of  
240 Representatives, who shall be a medical doctor representing the  
241 Connecticut Children's Medical Center Emergency Department;

242 (7) One appointed by the majority leader of the Senate, who shall be  
243 a superintendent of schools in the state;

244 (8) One appointed by the minority leader of the House of  
245 Representatives, who shall represent the Connecticut Behavioral  
246 Healthcare Partnership;



247 (9) One appointed by the minority leader of the Senate who shall  
248 represent the Connecticut Association of School-Based Health Centers;

249 (10) The Commissioner of Children and Families, or the  
250 commissioner's designee;

251 (11) The Commissioner of Developmental Services, or the  
252 commissioner's designee;

253 (12) The Commissioner of Social Services, or the commissioner's  
254 designee;

255 (13) The Commissioner of Public Health, or the commissioner's  
256 designee;

257 (14) The Commissioner of Mental Health and Addiction Services, or  
258 the commissioner's designee;

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

260 (16) The Commissioner of Early Childhood, or the commissioner's  
261 designee;

262 (17) The Insurance Commissioner, or the commissioner's designee;

263 (18) The Labor Commissioner, or the commissioner's designee;

264 (19) The Secretary of the Office of Policy and Management, or the  
265 secretary's designee;

266 (20) The Commissioner of Correction, or the commissioner's  
267 designee;

268 ~~[(18)]~~ (21) The executive director of the Court Support Services  
269 Division of the Judicial Branch, or the executive director's designee;

270 ~~[(19)]~~ (22) The Child Advocate, or the Child Advocate's designee;

271 ~~[(20)]~~ (23) The Healthcare Advocate, or the Healthcare Advocate's  
272 designee; [and]

273 [(21)] (24) The executive director of the Commission on Women,  
274 Children, Seniors, Equity and Opportunity, or the executive director's  
275 designee; [.]

276 (25) One representative of the Governor's office;

277 (26) Two representatives of commercial health insurance carriers;

278 (27) One representative of the Commission on Racial Equity in Public  
279 Health established pursuant to public act 21-35;

280 (28) One representative of the Commission on the Disparate Impact  
281 of COVID-19 established pursuant to special act 21-37;

282 (29) One representative of the task force created pursuant to public  
283 act 21-125 concerning mental health service provider networks; and

284 (30) One representative of the task force on children's needs created  
285 pursuant to public act 21-46.

286 Sec. 7. (NEW) (*Effective July 1, 2022*) On or before January 1, 2023, the  
287 Department of Children and Families shall establish and administer a  
288 data repository for (1) emergency mobile psychiatric services personnel  
289 to share best practices and experiences while providing emergency  
290 mobile psychiatric services in the field, and (2) emergency mobile  
291 psychiatric services personnel and the department to, when available  
292 and appropriate, collect data on outcomes of patients who received  
293 emergency mobile psychiatric services, which data shall be deidentified  
294 and disaggregated, for internal quality improvement purposes.

295 Sec. 8. (NEW) (*Effective October 1, 2022*) (a) There is established in the  
296 city of Waterbury a pilot program to allow a hospital to administer a  
297 partial hospitalization program and an intensive outpatient program,  
298 for adolescents with mental or behavioral health issues. As used in this  
299 subsection, "partial hospitalization program" means a structured  
300 program of outpatient psychiatric services as an alternative to inpatient  
301 psychiatric care.

302 (b) Not later than January 1, 2024, and annually thereafter, the  
303 Commissioner of Public Health, in consultation with the  
304 Commissioners of Children and Families and Mental Health and  
305 Addiction Services, shall report, in accordance with the provisions of  
306 section 11-4a of the general statutes, regarding the implementation of  
307 the pilot program to the joint standing committees of the General  
308 Assembly having cognizance of matters relating to public health and  
309 children. Such report shall assess the effectiveness of the pilot program  
310 and include legislative recommendations concerning implementation of  
311 the pilot program on a state-wide basis.

312 Sec. 9. Section 17a-20a of the general statutes is repealed and the  
313 following is substituted in lieu thereof (*Effective from passage*):

314 (a) [Not later than January 1, 2014, the] The Commissioner of  
315 Children and Families shall establish and implement a regional  
316 behavioral health consultation and care coordination program for (1)  
317 primary care providers who serve children, and (2) the pediatric  
318 patients of such providers. Such program shall provide to such primary  
319 care providers [:(1) Timely] (A) timely access to a consultation team that  
320 includes a child psychiatrist, social worker and a care coordinator, [;(2)]  
321 (B) patient care coordination and transitional services for behavioral  
322 health care, [; and (3)] (C) training and education concerning patient  
323 access to behavioral health services. [Said] Such program may provide  
324 to the pediatric patient of a primary care provider who serves children  
325 up to three follow-up telehealth appointments with a mental health care  
326 provider after the primary care provider has utilized the program on  
327 behalf of such patient. The commissioner may enter into a contract for  
328 services to administer such program.

329 [(b) Not later than October 1, 2013, said commissioner shall submit a  
330 plan, in accordance with the provisions of section 11-4a, to the joint  
331 standing committees of the General Assembly having cognizance of  
332 matters relating to public health, children, human services and  
333 appropriations concerning the program to be established pursuant to  
334 subsection (a) of this section.]

335 [(c)] (b) The Commissioner of Children and Families may adopt  
336 regulations, in accordance with the provisions of chapter 54, to  
337 implement the provisions of this section.

338 Sec. 10. Section 1 of public act 21-9, as amended by section 3 of public  
339 act 21-133, is repealed and the following is substituted in lieu thereof  
340 (*Effective from passage*):

341 (a) As used in this section:

342 (1) "Asynchronous" has the same meaning as provided in section 19a-  
343 906 of the general statutes.

344 (2) "Connecticut medical assistance program" means the state's  
345 Medicaid program and the Children's Health Insurance program  
346 administered by the Department of Social Services.

347 (3) "Facility fee" has the same meaning as provided in section 19a-  
348 508c of the general statutes.

349 (4) "Health record" has the same meaning as provided in section 19a-  
350 906 of the general statutes.

351 (5) "Medical history" has the same meaning as provided in section  
352 19a-906 of the general statutes.

353 (6) "Medication-assisted treatment" has the same meaning as  
354 provided in section 19a-906 of the general statutes.

355 (7) "Originating site" has the same meaning as provided in section  
356 19a-906 of the general statutes.

357 (8) "Peripheral devices" has the same meaning as provided in section  
358 19a-906 of the general statutes.

359 (9) "Remote patient monitoring" has the same meaning as provided  
360 in section 19a-906 of the general statutes.

361 (10) "Store and forward transfer" has the same meaning as provided

362 in section 19a-906 of the general statutes.

363 (11) "Synchronous" has the same meaning as provided in section 19a-  
364 906 of the general statutes.

365 (12) "Telehealth" means the mode of delivering health care or other  
366 health services via information and communication technologies to  
367 facilitate the diagnosis, consultation and treatment, education, care  
368 management and self-management of a patient's physical, oral and  
369 mental health, and includes interaction between the patient at the  
370 originating site and the telehealth provider at a distant site, synchronous  
371 interactions, asynchronous store and forward transfers or remote  
372 patient monitoring, but does not include interaction through (A)  
373 facsimile, texting or electronic mail, or (B) audio-only telephone unless  
374 the telehealth provider is (i) in-network, or (ii) a provider enrolled in the  
375 Connecticut medical assistance program providing such health care or  
376 other health services to a Connecticut medical assistance program  
377 recipient.

378 (13) "Telehealth provider" means any person who is (A) an in-  
379 network provider or a provider enrolled in the Connecticut medical  
380 assistance program providing health care or other health services to a  
381 Connecticut medical assistance program recipient through the use of  
382 telehealth within such person's scope of practice and in accordance with  
383 the standard of care applicable to such person's profession, and (B) (i) a  
384 physician or physician assistant licensed under chapter 370 of the  
385 general statutes, physical therapist or physical therapist assistant  
386 licensed under chapter 376 of the general statutes, chiropractor licensed  
387 under chapter 372 of the general statutes, naturopath licensed under  
388 chapter 373 of the general statutes, podiatrist licensed under chapter 375  
389 of the general statutes, occupational therapist or occupational therapy  
390 assistant licensed under chapter 376a of the general statutes, optometrist  
391 licensed under chapter 380 of the general statutes, registered nurse or  
392 advanced practice registered nurse licensed under chapter 378 of the  
393 general statutes, psychologist licensed under chapter 383 of the general  
394 statutes, marital and family therapist licensed under chapter 383a of the

395 general statutes, clinical social worker or master social worker licensed  
396 under chapter 383b of the general statutes, alcohol and drug counselor  
397 licensed under chapter 376b of the general statutes, professional  
398 counselor licensed under chapter 383c of the general statutes, dietitian-  
399 nutritionist certified under chapter 384b of the general statutes, speech  
400 and language pathologist licensed under chapter 399 of the general  
401 statutes, respiratory care practitioner licensed under chapter 381a of the  
402 general statutes, audiologist licensed under chapter 397a of the general  
403 statutes, pharmacist licensed under chapter 400j of the general statutes,  
404 paramedic licensed pursuant to chapter 384d of the general statutes,  
405 nurse-midwife licensed under chapter 377 of the general statutes,  
406 dentist licensed under chapter 379 of the general statutes, behavior  
407 analyst licensed under chapter 382a of the general statutes, genetic  
408 counselor licensed under chapter 383d of the general statutes, music  
409 therapist certified in the manner described in chapter 383f of the general  
410 statutes, art therapist [certified] licensed in the manner described in  
411 chapter 383g of the general statutes or athletic trainer licensed under  
412 chapter 375a of the general statutes, or (ii) an appropriately licensed,  
413 certified or registered physician, physician assistant, physical therapist,  
414 physical therapist assistant, chiropractor, naturopath, podiatrist,  
415 occupational therapist, occupational therapy assistant, optometrist,  
416 registered nurse, advanced practice registered nurse, psychologist,  
417 marital and family therapist, clinical social worker, master social  
418 worker, alcohol and drug counselor, professional counselor, dietitian-  
419 nutritionist, speech and language pathologist, respiratory care  
420 practitioner, audiologist, pharmacist, paramedic, nurse-midwife,  
421 dentist, behavior analyst, genetic counselor, music therapist, art  
422 therapist or athletic trainer, in another state or territory of the United  
423 States or the District of Columbia, that provides telehealth services  
424 pursuant to his or her authority under any relevant order issued by the  
425 Commissioner of Public Health and maintains professional liability  
426 insurance or other indemnity against liability for professional  
427 malpractice in an amount that is equal to or greater than that required  
428 for similarly licensed, certified or registered Connecticut health care  
429 providers.

430 (b) (1) Notwithstanding the provisions of section 19a-906 of the  
431 general statutes, during the period beginning on [the effective date of  
432 this section] May 20, 2021, and ending on June 30, [2023] 2024, a  
433 telehealth provider may only provide a telehealth service to a patient  
434 when the telehealth provider:

435 (A) Is communicating through real-time, interactive, two-way  
436 communication technology or store and forward transfer technology;

437 (B) Has determined whether the patient has health coverage that is  
438 fully insured, not fully insured or provided through [Medicaid or the  
439 Children's Health Insurance Program] the Connecticut medical  
440 assistance program, and whether the patient's health coverage, if any,  
441 provides coverage for the telehealth service;

442 (C) Has access to, or knowledge of, the patient's medical history, as  
443 provided by the patient, and the patient's health record, including the  
444 name and address of the patient's primary care provider, if any;

445 (D) Conforms to the standard of care applicable to the telehealth  
446 provider's profession and expected for in-person care as appropriate to  
447 the patient's age and presenting condition, except when the standard of  
448 care requires the use of diagnostic testing and performance of a physical  
449 examination, such testing or examination may be carried out through  
450 the use of peripheral devices appropriate to the patient's condition; and

451 (E) Provides the patient with the telehealth provider's license  
452 number, if any, and contact information.

453 (2) Notwithstanding the provisions of section 19a-906 of the general  
454 statutes, if a telehealth provider provides a telehealth service to a patient  
455 during the period beginning on [the effective date of this section] May  
456 10, 2021, and ending on June 30, [2023] 2024, the telehealth provider  
457 shall, at the time of the telehealth provider's first telehealth interaction  
458 with a patient, inform the patient concerning the treatment methods and  
459 limitations of treatment using a telehealth platform, including, but not  
460 limited to, the limited duration of the relevant provisions of this section

461 and sections 3 to 7, inclusive, of [this act] public act 21-9, and, after  
462 providing the patient with such information, obtain the patient's  
463 consent to provide telehealth services. The telehealth provider shall  
464 document such notice and consent in the patient's health record. If a  
465 patient later revokes such consent, the telehealth provider shall  
466 document the revocation in the patient's health record.

467 (c) Notwithstanding the provisions of this section or title 20 of the  
468 general statutes, no telehealth provider shall, during the period  
469 beginning on [the effective date of this section] May 10, 2021, and ending  
470 on June 30, [2023] 2024, prescribe any schedule I, II or III controlled  
471 substance through the use of telehealth, except a schedule II or III  
472 controlled substance other than an opioid drug, as defined in section 20-  
473 14o of the general statutes, in a manner fully consistent with the Ryan  
474 Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as  
475 amended from time to time, for the treatment of a person with a  
476 psychiatric disability or substance use disorder, as defined in section  
477 17a-458 of the general statutes, including, but not limited to, medication-  
478 assisted treatment. A telehealth provider using telehealth to prescribe a  
479 schedule II or III controlled substance pursuant to this subsection shall  
480 electronically submit the prescription pursuant to section 21a-249 of the  
481 general statutes, as amended by this act.

482 (d) During the period beginning on [the effective date of this section]  
483 May 10, 2021, and ending on June 30, [2023] 2024, each telehealth  
484 provider shall, at the time of the initial telehealth interaction, ask the  
485 patient whether the patient consents to the telehealth provider's  
486 disclosure of records concerning the telehealth interaction to the  
487 patient's primary care provider. If the patient consents to such  
488 disclosure, the telehealth provider shall provide records of all telehealth  
489 interactions during such period to the patient's primary care provider,  
490 in a timely manner, in accordance with the provisions of sections 20-7b  
491 to 20-7e, inclusive, of the general statutes.

492 (e) During the period beginning on [the effective date of this section]  
493 May 10, 2021, and ending on June 30, [2023] 2024, any consent or



494 revocation of consent under this section shall be obtained from or  
495 communicated by the patient, or the patient's legal guardian,  
496 conservator or other authorized representative, as applicable.

497 (f) (1) The provision of telehealth services and health records  
498 maintained and disclosed as part of a telehealth interaction shall comply  
499 with all provisions of the Health Insurance Portability and  
500 Accountability Act of 1996 P.L. 104-191, as amended from time to time,  
501 and the rules and regulations adopted thereunder, that are applicable to  
502 such provision, maintenance or disclosure.

503 (2) Notwithstanding the provisions of section 19a-906 of the general  
504 statutes and subdivision (1) of this subsection, a telehealth provider that  
505 is an in-network provider or a provider enrolled in the Connecticut  
506 medical assistance program that provides telehealth services to a  
507 Connecticut medical assistance program recipient, may, during the  
508 period beginning on [the effective date of this section] May 10, 2021, and  
509 ending on June 30, [2023] 2024, use any information or communication  
510 technology in accordance with the directions, modifications or  
511 revisions, if any, made by the Office for Civil Rights of the United States  
512 Department of Health and Human Services to the provisions of the  
513 Health Insurance Portability and Accountability Act of 1996 P.L. 104-  
514 191, as amended from time to time, or the rules and regulations adopted  
515 thereunder.

516 (g) Notwithstanding any provision of the general statutes, nothing in  
517 this section shall, during the period beginning on [the effective date of  
518 this section] May 10, 2021, and ending on June 30, [2023] 2024, prohibit  
519 a health care provider from: (1) Providing on-call coverage pursuant to  
520 an agreement with another health care provider or such health care  
521 provider's professional entity or employer; (2) consulting with another  
522 health care provider concerning a patient's care; (3) ordering care for  
523 hospital outpatients or inpatients; or (4) using telehealth for a hospital  
524 inpatient, including for the purpose of ordering medication or treatment  
525 for such patient in accordance with the Ryan Haight Online Pharmacy  
526 Consumer Protection Act, 21 USC 829(e), as amended from time to time.

527 As used in this subsection, "health care provider" means a person or  
528 entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to  
529 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399  
530 or 400j of the general statutes or licensed or certified pursuant to chapter  
531 368d or 384d of the general statutes.

532 (h) Notwithstanding any provision of the general statutes, no  
533 telehealth provider shall charge a facility fee for a telehealth service  
534 provided during the period beginning on [the effective date of this  
535 section] May 10, 2021, and ending on June 30, [2023] 2024.

536 (i) (1) Notwithstanding any provision of the general statutes, no  
537 telehealth provider shall provide health care or health services to a  
538 patient through telehealth during the period beginning on [the effective  
539 date of this section] May 10, 2021, and ending on June 30, [2023] 2024,  
540 unless the telehealth provider has determined whether or not the patient  
541 has health coverage for such health care or health services.

542 (2) Notwithstanding any provision of the general statutes, a  
543 telehealth provider who provides health care or health services to a  
544 patient through telehealth during the period beginning on [the effective  
545 date of this section] May 10, 2021, and ending on June 30, [2023] 2024,  
546 shall:

547 (A) Accept as full payment for such health care or health services:

548 (i) An amount that is equal to the amount that Medicare reimburses  
549 for such health care or health services if the telehealth provider  
550 determines that the patient does not have health coverage for such  
551 health care or health services; or

552 (ii) The amount that the patient's health coverage reimburses, and  
553 any coinsurance, copayment, deductible or other out-of-pocket expense  
554 imposed by the patient's health coverage, for such health care or health  
555 services if the telehealth provider determines that the patient has health  
556 coverage for such health care or health services.

557 (3) If a telehealth provider determines that a patient is unable to pay

558 for any health care or health services described in subdivisions (1) and  
559 (2) of this subsection, the provider shall offer to the patient financial  
560 assistance, if such provider is otherwise required to offer to the patient  
561 such financial assistance, under any applicable state or federal law.

562 (j) Subject to compliance with all applicable federal requirements,  
563 notwithstanding any provision of the general statutes, state licensing  
564 standards or any regulation adopted thereunder, a telehealth provider  
565 may provide telehealth services pursuant to the provisions of this  
566 section from any location.

567 (k) Notwithstanding the provisions of section 19a-906 of the general  
568 statutes, during the period beginning on [the effective date of this  
569 section] May 10, 2021, and ending on June 30, [2023] 2024, any  
570 Connecticut entity, institution or health care provider that engages or  
571 contracts with a telehealth provider that is licensed, certified or  
572 registered in another state or territory of the United States or the District  
573 of Columbia to provide health care or other health services shall verify  
574 the credentials of such provider in the state in which he or she is  
575 licensed, certified or registered, ensure that such a provider is in good  
576 standing in such state, and confirm that such provider maintains  
577 professional liability insurance or other indemnity against liability for  
578 professional malpractice in an amount that is equal to or greater than  
579 that required for similarly licensed, certified or registered Connecticut  
580 health care providers.

581 (l) Notwithstanding sections 4-168 to 4-174, inclusive, of the general  
582 statutes, from the period beginning on [the effective date of this section]  
583 May 10, 2021, and ending on June 30, [2023] 2024, the Commissioner of  
584 Public Health may temporarily waive, modify or suspend any  
585 regulatory requirements adopted by the Commissioner of Public Health  
586 or any boards or commissions under chapters 368a, 368d, 368v, 369 to  
587 381a, inclusive, 382a, 383 to 388, inclusive, 397a, 398, 399, 400a, 400c, 400j  
588 and 474 of the general statutes as the Commissioner of Public Health  
589 deems necessary to reduce the spread of COVID-19 and to protect the  
590 public health for the purpose of providing residents of this state with

591 telehealth services from out-of-state practitioners.

592 Sec. 11. Subsection (c) of section 21a-249 of the 2022 supplement to  
593 the general statutes is repealed and the following is substituted in lieu  
594 thereof (*Effective from passage*):

595 (c) A licensed practitioner shall not be required to electronically  
596 transmit a prescription when:

597 (1) Electronic transmission is not available due to a temporary  
598 technological or electrical failure. In the event of a temporary  
599 technological or electrical failure, the practitioner shall, without undue  
600 delay, reasonably attempt to correct any cause for the failure that is  
601 within his or her control. A practitioner who issues a prescription, but  
602 fails to electronically transmit the prescription, as permitted by this  
603 subsection, shall document the reason for the practitioner's failure to  
604 electronically transmit the prescription in the patient's medical record  
605 as soon as practicable, but in no instance more than seventy-two hours  
606 following the end of the temporary technological or electrical failure  
607 that prevented the electronic transmittal of the prescription. For  
608 purposes of this subdivision, "temporary technological or electrical  
609 failure" means failure of a computer system, application or device or the  
610 loss of electrical power to such system, application or device, or any  
611 other service interruption to such system, application or device that  
612 reasonably prevents the practitioner from utilizing his or her certified  
613 application to electronically transmit the prescription in accordance  
614 with subsection (b) of this section;

615 (2) The practitioner reasonably determines that it would be  
616 impractical for the patient to obtain substances prescribed by an  
617 electronically transmitted prescription in a timely manner and that such  
618 delay would adversely impact the patient's medical condition, provided  
619 if such prescription is for a controlled substance, the quantity of such  
620 controlled substance does not exceed a five-day supply for the patient,  
621 if the controlled substance was used in accordance with the directions  
622 for use. A practitioner who issues a prescription, but fails to  
623 electronically transmit the prescription, as permitted by this subsection,

624 shall document the reason for the practitioner's failure to electronically  
625 transmit the prescription in the patient's medical record;

626 (3) The prescription is to be dispensed by a pharmacy located outside  
627 this state. A practitioner who issues a prescription, but fails to  
628 electronically transmit the prescription, as permitted by this subsection,  
629 shall document the reason for the practitioner's failure to electronically  
630 transmit the prescription in the patient's medical record;

631 (4) Use of an electronically transmitted prescription may negatively  
632 impact patient care, such as a prescription containing two or more  
633 products to be compounded by a pharmacist, a prescription for direct  
634 administration to a patient by parenteral, intravenous, intramuscular,  
635 subcutaneous or intraspinal infusion, a prescription that contains long  
636 or complicated directions, a prescription that requires certain elements  
637 to be included by the federal Food and Drug and Administration, or an  
638 oral prescription communicated to a pharmacist by a health care  
639 practitioner for a patient in a chronic and convalescent nursing home,  
640 licensed pursuant to chapter 368v; or

641 (5) The practitioner demonstrates, in a form and manner prescribed  
642 by the commissioner, that such practitioner does not have the  
643 technological capacity to issue electronically transmitted prescriptions.  
644 For the purposes of this subsection, "technological capacity" means  
645 possession of a computer system, hardware or device that can be used  
646 to electronically transmit controlled substance prescriptions consistent  
647 with the requirements of the federal Controlled Substances Act, 21 USC  
648 801, as amended from time to time. The provisions of this subdivision  
649 shall not apply to a practitioner when such practitioner is prescribing as  
650 a telehealth provider, as defined in section 19a-906, section 1 of public  
651 act 20-2 of the July special session or section 1 of public act 21-9, as  
652 amended by this act, as applicable, pursuant to subsection (c) of section  
653 19a-906, subsection (c) of section 1 of public act 20-2 of the July special  
654 session or subsection (c) of section 1 of public act 21-9, as amended by  
655 this act, as applicable.

656 Sec. 12. Section 3 of public act 21-9 is repealed and the following is

657 substituted in lieu thereof (*Effective from passage*):

658 (a) For the purposes of this section:

659 (1) "Asynchronous" has the same meaning as provided in section 19a-  
660 906 of the general statutes;

661 (2) "Originating site" has the same meaning as provided in section  
662 19a-906 of the general statutes;

663 (3) "Remote patient monitoring" has the same meaning as provided  
664 in section 19a-906 of the general statutes;

665 (4) "Store and forward transfer" has the same meaning as provided in  
666 section 19a-906 of the general statutes;

667 (5) "Synchronous" has the same meaning as provided in section 19a-  
668 906 of the general statutes;

669 (6) "Telehealth" means the mode of delivering health care or other  
670 health services via information and communication technologies to  
671 facilitate the diagnosis, consultation and treatment, education, care  
672 management and self-management of an insured's physical, oral and  
673 mental health, and includes interaction between the insured at the  
674 originating site and the telehealth provider at a distant site, synchronous  
675 interactions, asynchronous store and forward transfers or remote  
676 patient monitoring, but does not include interaction through (A)  
677 facsimile, texting or electronic mail, or (B) audio-only telephone if the  
678 telehealth provider is out-of-network; and

679 (7) "Telehealth provider" means any person who (A) provides health  
680 care or other health services through the use of telehealth within such  
681 person's scope of practice and in accordance with the standard of care  
682 applicable to such person's profession, and (B) is (i) a physician or  
683 physician assistant licensed under chapter 370 of the general statutes,  
684 physical therapist or physical therapist assistant licensed under chapter  
685 376 of the general statutes, chiropractor licensed under chapter 372 of  
686 the general statutes, naturopath licensed under chapter 373 of the

687 general statutes, podiatrist licensed under chapter 375 of the general  
688 statutes, occupational therapist or occupational therapy assistant  
689 licensed under chapter 376a of the general statutes, optometrist licensed  
690 under chapter 380 of the general statutes, registered nurse or advanced  
691 practice registered nurse licensed under chapter 378 of the general  
692 statutes, psychologist licensed under chapter 383 of the general statutes,  
693 marital and family therapist licensed under chapter 383a of the general  
694 statutes, clinical social worker or master social worker licensed under  
695 chapter 383b of the general statutes, alcohol and drug counselor licensed  
696 under chapter 376b of the general statutes, professional counselor  
697 licensed under chapter 383c of the general statutes, dietitian-nutritionist  
698 certified under chapter 384b of the general statutes, speech and  
699 language pathologist licensed under chapter 399 of the general statutes,  
700 respiratory care practitioner licensed under chapter 381a of the general  
701 statutes, audiologist licensed under chapter 397a of the general statutes,  
702 pharmacist licensed under chapter 400j of the general statutes,  
703 paramedic licensed pursuant to chapter 384d of the general statutes,  
704 nurse-midwife licensed under chapter 377 of the general statutes,  
705 dentist licensed under chapter 379 of the general statutes, behavior  
706 analyst licensed under chapter 382a of the general statutes, genetic  
707 counselor licensed under chapter 383d of the general statutes, music  
708 therapist certified in the manner described in chapter 383f of the general  
709 statutes, art therapist [certified] licensed in the manner described in  
710 chapter 383g of the general statutes or athletic trainer licensed under  
711 chapter 375a of the general statutes, or (ii) an in-network and  
712 appropriately licensed, certified or registered physician, physician  
713 assistant, physical therapist, physical therapist assistant, chiropractor,  
714 naturopath, podiatrist, occupational therapist, occupational therapy  
715 assistant, optometrist, registered nurse, advanced practice registered  
716 nurse, psychologist, marital and family therapist, clinical social worker,  
717 master social worker, alcohol and drug counselor, professional  
718 counselor, dietitian-nutritionist, speech and language pathologist,  
719 respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-  
720 midwife, dentist, behavior analyst, genetic counselor, music therapist,  
721 art therapist or athletic trainer, in another state or territory of the United

722 States or the District of Columbia, that provides telehealth services  
723 pursuant to his or her authority under any relevant order issued by the  
724 Commissioner of Public Health and maintains professional liability  
725 insurance or other indemnity against liability for professional  
726 malpractice in an amount that is equal to or greater than that required  
727 for similarly licensed, certified or registered Connecticut health care  
728 providers.

729 (b) Notwithstanding any provision of the general statutes, each  
730 individual health insurance policy that provides coverage of the type  
731 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of  
732 the general statutes that is effective at any time during the period  
733 beginning on [the effective date of this section] May 10, 2021, and ending  
734 on June 30, [2023] 2024, shall, at all times that the policy remains in effect  
735 during such period, provide coverage for medical advice, diagnosis,  
736 care or treatment provided through telehealth, to the same extent  
737 coverage is provided for such advice, diagnosis, care or treatment when  
738 provided to the insured in person. The policy shall not, at any time  
739 during such period, exclude coverage for a service that is appropriately  
740 provided through telehealth because such service is provided through  
741 telehealth or a telehealth platform selected by an in-network telehealth  
742 provider.

743 (c) Notwithstanding any provision of the general statutes, no  
744 telehealth provider who receives a reimbursement for a covered service  
745 provided through telehealth in accordance with subsection (b) of this  
746 section shall seek any payment for such service from the insured who  
747 received such service, except for any coinsurance, copayment,  
748 deductible or other out-of-pocket expense set forth in the insured's  
749 policy. Such amount shall be deemed by the telehealth provider to be  
750 payment in full.

751 (d) Nothing in this section shall prohibit or limit a health insurer,  
752 health care center, hospital service corporation, medical service  
753 corporation or other entity from conducting utilization review for  
754 telehealth services, provided such utilization review is conducted in the



755 same manner and uses the same clinical review criteria as a utilization  
756 review for an in-person consultation for the same service. Except as  
757 provided in subsection (b) or (c) of this section, the coverage required  
758 under subsection (b) of this section shall be subject to the same terms  
759 and conditions applicable to all other benefits under the policy  
760 providing such coverage.

761 Sec. 13. Section 4 of public act 21-9 is repealed and the following is  
762 substituted in lieu thereof (*Effective from passage*):

763 (a) For the purposes of this section:

764 (1) "Asynchronous" has the same meaning as provided in section 19a-  
765 906 of the general statutes;

766 (2) "Originating site" has the same meaning as provided in section  
767 19a-906 of the general statutes;

768 (3) "Remote patient monitoring" has the same meaning as provided  
769 in section 19a-906 of the general statutes;

770 (4) "Store and forward transfer" has the same meaning as provided in  
771 section 19a-906 of the general statutes;

772 (5) "Synchronous" has the same meaning as provided in section 19a-  
773 906 of the general statutes;

774 (6) "Telehealth" means the mode of delivering health care or other  
775 health services via information and communication technologies to  
776 facilitate the diagnosis, consultation and treatment, education, care  
777 management and self-management of an insured's physical, oral and  
778 mental health, and includes interaction between the insured at the  
779 originating site and the telehealth provider at a distant site, synchronous  
780 interactions, asynchronous store and forward transfers or remote  
781 patient monitoring, but does not include interaction through (A)  
782 facsimile, texting or electronic mail, or (B) audio-only telephone if the  
783 telehealth provider is out-of-network; and

784 (7) "Telehealth provider" means any person who (A) provides health  
785 care or other health services through the use of telehealth within such  
786 person's scope of practice and in accordance with the standard of care  
787 applicable to such person's profession, and (B) is (i) a physician or  
788 physician assistant licensed under chapter 370 of the general statutes,  
789 physical therapist or physical therapist assistant licensed under chapter  
790 376 of the general statutes, chiropractor licensed under chapter 372 of  
791 the general statutes, naturopath licensed under chapter 373 of the  
792 general statutes, podiatrist licensed under chapter 375 of the general  
793 statutes, occupational therapist or occupational therapy assistant  
794 licensed under chapter 376a of the general statutes, optometrist licensed  
795 under chapter 380 of the general statutes, registered nurse or advanced  
796 practice registered nurse licensed under chapter 378 of the general  
797 statutes, psychologist licensed under chapter 383 of the general statutes,  
798 marital and family therapist licensed under chapter 383a of the general  
799 statutes, clinical social worker or master social worker licensed under  
800 chapter 383b of the general statutes, alcohol and drug counselor licensed  
801 under chapter 376b of the general statutes, professional counselor  
802 licensed under chapter 383c of the general statutes, dietitian-nutritionist  
803 certified under chapter 384b of the general statutes, speech and  
804 language pathologist licensed under chapter 399 of the general statutes,  
805 respiratory care practitioner licensed under chapter 381a of the general  
806 statutes, audiologist licensed under chapter 397a of the general statutes,  
807 pharmacist licensed under chapter 400j of the general statutes,  
808 paramedic licensed pursuant to chapter 384d of the general statutes,  
809 nurse-midwife licensed under chapter 377 of the general statutes,  
810 dentist licensed under chapter 379 of the general statutes, behavior  
811 analyst licensed under chapter 382a of the general statutes, genetic  
812 counselor licensed under chapter 383d of the general statutes, music  
813 therapist certified in the manner described in chapter 383f of the general  
814 statutes, art therapist [certified] licensed in the manner described in  
815 chapter 383g of the general statutes or athletic trainer licensed under  
816 chapter 375a of the general statutes, or (ii) an in-network and  
817 appropriately licensed, certified or registered physician, physician  
818 assistant, physical therapist, physical therapist assistant, chiropractor,

819 naturopath, podiatrist, occupational therapist, occupational therapy  
820 assistant, optometrist, registered nurse, advanced practice registered  
821 nurse, psychologist, marital and family therapist, clinical social worker,  
822 master social worker, alcohol and drug counselor, professional  
823 counselor, dietitian-nutritionist, speech and language pathologist,  
824 respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-  
825 midwife, dentist, behavior analyst, genetic counselor, music therapist,  
826 art therapist or athletic trainer, in another state or territory of the United  
827 States or the District of Columbia, that provides telehealth services  
828 pursuant to his or her authority under any relevant order issued by the  
829 Commissioner of Public Health and maintains professional liability  
830 insurance or other indemnity against liability for professional  
831 malpractice in an amount that is equal to or greater than that required  
832 for similarly licensed, certified or registered Connecticut health care  
833 providers.

834 (b) Notwithstanding any provision of the general statutes, each  
835 group health insurance policy that provides coverage of the type  
836 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of  
837 the general statutes that is effective at any time during the period  
838 beginning on [the effective date of this section] May 10, 2021, and ending  
839 on June 30, [2023] 2024, shall, at all times that the policy remains in effect  
840 during such period, provide coverage for medical advice, diagnosis,  
841 care or treatment provided through telehealth, to the same extent  
842 coverage is provided for such advice, diagnosis, care or treatment when  
843 provided to the insured in person. The policy shall not, at any time  
844 during such period, exclude coverage for a service that is appropriately  
845 provided through telehealth because such service is provided through  
846 telehealth or a telehealth platform selected by an in-network telehealth  
847 provider.

848 (c) Notwithstanding any provision of the general statutes, no  
849 telehealth provider who receives a reimbursement for a covered service  
850 provided through telehealth in accordance with subsection (b) of this  
851 section shall seek any payment for such service from the insured who  
852 received such service, except for any coinsurance, copayment,

853 deductible or other out-of-pocket expense set forth in the insured's  
854 policy. Such amount shall be deemed by the telehealth provider to be  
855 payment in full.

856 (d) Nothing in this section shall prohibit or limit a health insurer,  
857 health care center, hospital service corporation, medical service  
858 corporation or other entity from conducting utilization review for  
859 telehealth services, provided such utilization review is conducted in the  
860 same manner and uses the same clinical review criteria as a utilization  
861 review for an in-person consultation for the same service. Except as  
862 provided in subsection (b) or (c) of this section, the coverage required  
863 under subsection (b) of this section shall be subject to the same terms  
864 and conditions applicable to all other benefits under the policy  
865 providing such coverage.

866 Sec. 14. Section 5 of public act 21-9 is repealed the following is  
867 substituted in lieu thereof (*Effective from passage*):

868 (a) As used in this section:

869 (1) "Health carrier" has the same meaning as provided in section 38a-  
870 1080 of the general statutes;

871 (2) "Insured" has the same meaning as provided in section 38a-1 of  
872 the general statutes;

873 (3) "Telehealth" has the same meaning as provided in sections 3 and  
874 4 of public act 21-9, as amended by this act; and

875 (4) "Telehealth provider" has the same meaning as provided in  
876 sections 3 and 4 of public act 21-9, as amended by this act.

877 (b) Notwithstanding any provision of the general statutes, no health  
878 carrier shall reduce the amount of a reimbursement paid to a telehealth  
879 provider for covered health care or health services that the telehealth  
880 provider appropriately provided to an insured through telehealth  
881 during the period beginning on [the effective date of this section] May  
882 10, 2021, and ending on June 30, [2023] 2024, because the telehealth

883 provider provided such health care or health services to the patient  
884 through telehealth and not in person.

885 Sec. 15. Section 7 of public act 21-9 is repealed and the following is  
886 substituted in lieu thereof (*Effective from passage*):

887 (a) As used in this section:

888 (1) "Advanced practice registered nurse" means an advanced practice  
889 registered nurse licensed pursuant to chapter 378 of the general statutes;

890 (2) "Physician" has the same meaning as provided in section 21a-408  
891 of the general statutes;

892 (3) "Qualifying patient" has the same meaning as provided in section  
893 21a-408 of the general statutes; and

894 (4) "Written certification" has the same meaning as provided in  
895 section 21a-408 of the general statutes.

896 (b) Notwithstanding the provisions of sections 21a-408 to 21a-408n,  
897 inclusive, of the general statutes, or any other section, regulation, rule,  
898 policy or procedure concerning the certification of medical marijuana  
899 patients, a physician or advanced practice registered nurse may issue a  
900 written certification to a qualifying patient and provide any follow-up  
901 care using telehealth services during the period beginning on [the  
902 effective date of this section] May 10, 2021, and ending on June 30, [2023]  
903 2024, provided all other requirements for issuing the written  
904 certification to the qualifying patient and all recordkeeping  
905 requirements are satisfied.

906 Sec. 16. Section 38a-1041 of the general statutes is repealed and the  
907 following is substituted in lieu thereof (*Effective July 1, 2022*):

908 (a) There is established an Office of the Healthcare Advocate which  
909 shall be within the Insurance Department for administrative purposes  
910 only.

911 (b) The Office of the Healthcare Advocate may:

912 (1) Assist health insurance consumers with managed care plan  
913 selection by providing information, referral and assistance to  
914 individuals about means of obtaining health insurance coverage and  
915 services;

916 (2) Assist health insurance consumers to understand their rights and  
917 responsibilities under managed care plans;

918 (3) Provide information to the public, agencies, legislators and others  
919 regarding problems and concerns of health insurance consumers and  
920 make recommendations for resolving those problems and concerns;

921 (4) Assist consumers with the filing of complaints and appeals,  
922 including filing appeals with a managed care organization's internal  
923 appeal or grievance process and the external appeal process established  
924 under sections 38a-591d to 38a-591g, inclusive;

925 (5) Analyze and monitor the development and implementation of  
926 federal, state and local laws, regulations and policies relating to health  
927 insurance consumers and recommend changes it deems necessary;

928 (6) Facilitate public comment on laws, regulations and policies,  
929 including policies and actions of health insurers;

930 (7) Ensure that health insurance consumers have timely access to the  
931 services provided by the office;

932 (8) Review the health insurance records of a consumer who has  
933 provided written consent for such review;

934 (9) Create and make available to employers a notice, suitable for  
935 posting in the workplace, concerning the services that the Healthcare  
936 Advocate provides;

937 (10) Establish a toll-free number, or any other free calling option, to  
938 allow customer access to the services provided by the Healthcare  
939 Advocate;

940 (11) Pursue administrative remedies on behalf of and with the

941 consent of any health insurance consumers;

942 (12) Adopt regulations, pursuant to chapter 54, to carry out the  
943 provisions of sections 38a-1040 to 38a-1050, inclusive; and

944 (13) Take any other actions necessary to fulfill the purposes of  
945 sections 38a-1040 to 38a-1050, inclusive.

946 (c) The Office of the Healthcare Advocate shall make a referral to the  
947 Insurance Commissioner if the Healthcare Advocate finds that a  
948 preferred provider network may have engaged in a pattern or practice  
949 that may be in violation of sections 38a-479aa to 38a-479gg, inclusive, or  
950 38a-815 to 38a-819, inclusive.

951 (d) The Healthcare Advocate and the Insurance Commissioner shall  
952 jointly compile a list of complaints received against managed care  
953 organizations and preferred provider networks and the commissioner  
954 shall maintain the list, except the names of complainants shall not be  
955 disclosed if such disclosure would violate the provisions of section 4-  
956 61dd or 38a-1045.

957 (e) [On or before October 1, 2005, the] The Managed Care  
958 Ombudsman shall establish a process to provide ongoing  
959 communication among mental health care providers, patients, state-  
960 wide and regional business organizations, managed care companies and  
961 other health insurers to assure: (1) Best practices in mental health  
962 treatment and recovery; (2) compliance with the provisions of sections  
963 38a-476a, 38a-476b, 38a-488a, as amended by this act, and 38a-489; and  
964 (3) the relative costs and benefits of providing effective mental health  
965 care coverage to employees and their families. On or before January 1,  
966 2006, and annually thereafter, the Healthcare Advocate shall report, in  
967 accordance with the provisions of section 11-4a, on the implementation  
968 of this subsection to the joint standing committees of the General  
969 Assembly having cognizance of matters relating to public health and  
970 insurance.

971 (f) [On or before October 1, 2008, the] The Office of the Healthcare

972 Advocate shall, within available appropriations, establish and maintain  
973 a healthcare consumer information web site on the Internet for use by  
974 the public in obtaining healthcare information, including but not limited  
975 to: (1) The availability of wellness programs in various regions of  
976 Connecticut, such as disease prevention and health promotion  
977 programs; (2) quality and experience data from hospitals licensed in this  
978 state; and (3) a link to the consumer report card developed and  
979 distributed by the Insurance Commissioner pursuant to section 38a-  
980 478l.

981 (g) [Not later than January 1, 2015, the] The Office of the Healthcare  
982 Advocate shall establish an information and referral service to help  
983 residents and providers receive behavioral health care information,  
984 timely referrals and access to behavioral health care providers. In  
985 developing and implementing such service, the Healthcare Advocate,  
986 or the Healthcare Advocate's designee, shall: (1) Collaborate with  
987 stakeholders, including, but not limited to, (A) state agencies, (B) the  
988 Behavioral Health Partnership established pursuant to section 17a-22h,  
989 (C) community collaboratives, (D) the United Way's 2-1-1 Infoline  
990 program, and (E) providers; (2) identify any basis that prevents  
991 residents from obtaining adequate and timely behavioral health care  
992 services, including, but not limited to, (A) gaps in private behavioral  
993 health care services and coverage, and (B) barriers to access to care; (3)  
994 coordinate a public awareness and educational campaign directing  
995 residents to the information and referral service; and (4) develop data  
996 reporting mechanisms to determine the effectiveness of the service,  
997 including, but not limited to, tracking (A) the number of referrals to  
998 providers by type and location of providers, (B) waiting time for  
999 services, and (C) the number of providers who accept or reject requests  
1000 for service based on type of health care coverage. Not later than  
1001 February 1, 2016, and annually thereafter, the Office of the Healthcare  
1002 Advocate shall submit a report, in accordance with the provisions of  
1003 section 11-4a, to the joint standing committees of the General Assembly  
1004 having cognizance of matters relating to children, human services,  
1005 public health and insurance. The report shall identify gaps in services  
1006 and the resources needed to improve behavioral health care options for



1007 residents.

1008 (h) Not later than October 1, 2022, the Healthcare Advocate shall  
1009 designate an employee of the Office of the Healthcare Advocate to be  
1010 responsible for: (1) Performing the office's duties to minors; and (2)  
1011 coordinating state-wide efforts to ensure that minors have coverage,  
1012 and access to services, for behavioral health conditions, mental health  
1013 conditions and substance use disorders.

1014 Sec. 17. (NEW) (*Effective from passage*) (a) Not later than January 1,  
1015 2023, and annually thereafter, the Commissioner of Education shall,  
1016 within available appropriations, develop and distribute a survey to each  
1017 local and regional board of education concerning the employment of  
1018 school social workers by such local or regional board of education. Such  
1019 survey shall include, but need not be limited to, (1) the total number of  
1020 school social workers employed by each local or regional board of  
1021 education, (2) the number of school social workers assigned to each  
1022 school under the jurisdiction of the local or regional board of education,  
1023 including whether any such school social worker is assigned solely to  
1024 that school or whether such school social worker is assigned to multiple  
1025 schools, (3) the geographic area covered by any such school social  
1026 worker who provides services to more than one local or regional board  
1027 of education, and (4) an estimate of the annual number of students who  
1028 have received direct services from each individual social worker employed  
1029 by a local or regional board of education during the five-year period  
1030 preceding completion of the survey.

1031 (b) For the school year commencing July 1, 2022, and each school year  
1032 thereafter, each local and regional board of education shall annually  
1033 complete the survey developed and distributed pursuant to subsection  
1034 (a) of this section to the commissioner, and submit such completed  
1035 survey to the commissioner, at such time and in such manner as the  
1036 commissioner prescribes.

1037 (c) Following the receipt of a completed survey from a local or  
1038 regional board of education, the commissioner shall annually calculate  
1039 a student-to-school social worker ratio for (1) such board of education,

1040 and (2) each school under the jurisdiction of such board of education.

1041 (d) Not later than January 1, 2023, and annually thereafter, the  
1042 commissioner shall submit a report, in accordance with the provisions  
1043 of section 11-4a of the general statutes, on the results of the survey  
1044 completed under this section and the student-to-school social worker  
1045 ratios calculated pursuant to subsection (c) of this section, to the joint  
1046 standing committees of the General Assembly having cognizance of  
1047 matters relating to education and children.

1048 Sec. 18. (NEW) (*Effective July 1, 2022*) (a) For the fiscal years ending  
1049 June 30, 2023, to June 30, 2025, inclusive, the Department of Education  
1050 shall administer a grant program to provide grants to local and regional  
1051 boards of education for the purpose of hiring and retaining additional  
1052 student mental health specialists. As used in this section, "student  
1053 mental health specialist" includes a school social worker, school  
1054 psychologist, trauma specialist, behavior technician and board certified  
1055 behavior analyst.

1056 (b) Applications for grants pursuant to subsection (a) of this section  
1057 shall be filed with the Commissioner of Education at such time and in  
1058 such manner as the commissioner prescribes. As part of the application,  
1059 an applicant shall submit a (1) plan for the expenditure of grant funds,  
1060 and (2) copy of the completed survey described in section 17 of this act.  
1061 Such plan shall include, but need not be limited to, the number of  
1062 additional student mental health specialists to be hired, the number of  
1063 student mental health specialists being retained who were previously  
1064 hired with the assistance of grant funds awarded under this section,  
1065 whether such student mental health specialists will be conducting  
1066 assessments of students or providing services to students based on the  
1067 results of assessments and the type of services that will be provided by  
1068 such student mental health specialists.

1069 (c) In determining whether to award an applicant a grant under this  
1070 section, the commissioner shall give priority to those school districts (1)  
1071 with large student-to-student mental health specialist ratios, or (2) that  
1072 have a high volume of student utilization of mental health services.

1073 (d) For the fiscal year ending June 30, 2023, the commissioner may  
1074 award a grant to an applicant and shall determine the amount of the  
1075 grant award based on the plan submitted by such applicant pursuant to  
1076 subsection (b) of this section. The commissioner shall pay a grant to each  
1077 grant recipient in each of the fiscal years ending June 30, 2023, to June  
1078 30, 2025, inclusive, as follows: (1) For the fiscal year ending June 30, 2023,  
1079 the amount of the grant shall be as determined by the commissioner  
1080 under this subsection; (2) for the fiscal year ending June 30, 2024, the  
1081 amount of the grant shall be the same amount as the grant awarded for  
1082 the prior fiscal year; and (3) for the fiscal year ending June 30, 2025, the  
1083 amount of the grant shall be seventy per cent of the amount of the grant  
1084 awarded for the prior fiscal year.

1085 (e) Grant recipients shall file annual expenditure reports with the  
1086 department at such time and in such manner as the commissioner  
1087 prescribes. Grant recipients shall refund to the department (1) any  
1088 unexpended amounts at the close of the fiscal year in which the grant  
1089 was awarded, and (2) any amounts not expended in accordance with  
1090 the plan for which such grant application was approved.

1091 (f) (1) The department shall annually track and calculate the  
1092 utilization rate of the grant program for each grant recipient. Such  
1093 utilization rate shall be calculated using metrics that include, but need  
1094 not be limited to, the number of students served and the hours of service  
1095 provided using grant funds awarded under the program.

1096 (2) The department shall annually calculate the return on investment  
1097 for the grant program using the expenditure reports filed pursuant to  
1098 subsection (e) of this section and the utilization rates calculated  
1099 pursuant to subdivision (1) of this subsection.

1100 (g) For purposes of carrying out the provisions of this section, the  
1101 Department of Education may accept funds from private sources or any  
1102 state agency, gifts, grants and donations, including, but not limited to,  
1103 in-kind donations.

1104 (h) (1) Not later than January 1, 2024, and each January first thereafter

1105 until and including January 1, 2026, the commissioner shall submit a  
1106 report, in accordance with the provisions of section 11-4a of the general  
1107 statutes, on the utilization rate for each grant recipient and the return on  
1108 investment for the grant program, calculated pursuant to subsection (f)  
1109 of this section, to the joint standing committees of the General Assembly  
1110 having cognizance of matters relating to education and children.

1111 (2) Not later than January 1, 2026, the Commissioner of Education  
1112 shall develop recommendations concerning (A) whether such grant  
1113 program should be extended and funded for the fiscal year ending June  
1114 30, 2026, and each fiscal year thereafter, and (B) the amount of the grant  
1115 award under the program. The commissioner shall submit such  
1116 recommendations, in accordance with the provisions of section 11-4a of  
1117 the general statutes, to the joint standing committees of the General  
1118 Assembly having cognizance of matters relating to education and  
1119 children.

1120 Sec. 19. (NEW) (*Effective from passage*) (a) For the fiscal years ending  
1121 June 30, 2023, to June 30, 2025, inclusive, the Department of Education  
1122 shall administer a grant program to provide grants to local and regional  
1123 boards of education and public institutions of higher education, for the  
1124 school-based delivery of mental health services to students.

1125 (b) Applications for grants pursuant to subsection (a) of this section  
1126 shall be filed with the Commissioner of Education at such time and in  
1127 such manner as the commissioner prescribes. As part of the application,  
1128 an applicant shall submit a plan for the expenditure of grant funds.

1129 (c) For the fiscal year ending June 30, 2023, the commissioner may  
1130 award a grant to an applicant and shall determine the amount of the  
1131 grant award based on the plan submitted by such applicant pursuant to  
1132 subsection (b) of this section. The commissioner shall pay a grant to each  
1133 grant recipient in each of the fiscal years ending June 30, 2023, to June  
1134 30, 2025, inclusive, as follows: (1) For the fiscal year ending June 30, 2023,  
1135 the amount of the grant shall be as determined by the commissioner  
1136 under this subsection; (2) for the fiscal year ending June 30, 2024, the  
1137 amount of the grant shall be the same amount as the grant awarded for

1138 the prior fiscal year; and (3) for the fiscal year ending June 30, 2025, the  
1139 amount of the grant shall be seventy per cent of the amount of the grant  
1140 awarded for the prior fiscal year.

1141 (d) Grant recipients shall file expenditure reports with the  
1142 Commissioner of Education at such time and in such manner as the  
1143 commissioner prescribes. Grant recipients shall refund to the  
1144 department (1) any unexpended amounts at the close of the fiscal year  
1145 in which the grant was awarded, and (2) any amounts not expended in  
1146 accordance with the plan for which such grant application was  
1147 approved.

1148 (e) Each grant recipient, in collaboration with the department, shall  
1149 develop metrics to annually track and calculate the utilization rate of the  
1150 grant program for such grant recipient in order to measure the success  
1151 of the program. Such grant recipient shall annually submit such metrics  
1152 and utilization rate to the department.

1153 (f) For the purposes of carrying out the provisions of this section, the  
1154 Department of Education may accept funds from private sources or any  
1155 other state agency, gifts, grants and donations, including, but not  
1156 limited to, in-kind contributions.

1157 (g) (1) Not later than January 1, 2024, and each January first thereafter  
1158 until and including January 1, 2026, the commissioner shall submit a  
1159 report, in accordance with the provisions of section 11-4a of the general  
1160 statutes, on the utilization rate for each grant recipient calculated  
1161 pursuant to subsection (e) of this section, to the joint standing  
1162 committees of the General Assembly having cognizance of matters  
1163 relating to education and children.

1164 (2) Not later than January 1, 2026, the Commissioner of Education  
1165 shall develop recommendations concerning (A) whether such grant  
1166 program should be extended and funded for the fiscal year ending June  
1167 30, 2026, and each fiscal year thereafter, and (B) the amount of the grant  
1168 award under the program. The commissioner shall submit such  
1169 recommendations, in accordance with the provisions of section 11-4a of

1170 the general statutes, to the joint standing committees of the General  
1171 Assembly having cognizance of matters relating to education, higher  
1172 education and children.

1173 Sec. 20. (NEW) (*Effective July 1, 2022*) (a) The Department of  
1174 Education, in collaboration with the Department of Social Services, shall  
1175 annually provide information and resources to local and regional  
1176 boards of education concerning the existence and availability of the 2-1-  
1177 1 Infoline program, and other pediatric mental and behavioral health  
1178 screening services and tools.

1179 (b) Each local and regional board of education shall provide notice to  
1180 the parent or guardian of a student who is truant, as defined in section  
1181 10-198a of the general statutes, as amended by this act, of the  
1182 information provided by the Department of Education pursuant to  
1183 subsection (a) of this section.

1184 Sec. 21. Subsection (b) of section 10-198a of the general statutes is  
1185 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1186 *2022*):

1187 (b) Each local and regional board of education shall adopt and  
1188 implement policies and procedures concerning truants who are enrolled  
1189 in schools under the jurisdiction of such board of education. Such  
1190 policies and procedures shall include, but need not be limited to, the  
1191 following: (1) The holding of a meeting with the parent of each child  
1192 who is a truant, or other person having control of such child, and  
1193 appropriate school personnel to review and evaluate the reasons for the  
1194 child being a truant, provided such meeting shall be held not later than  
1195 ten school days after the child's fourth unexcused absence in a month or  
1196 tenth unexcused absence in a school year, (2) coordinating services with  
1197 and referrals of children to community agencies providing child and  
1198 family services, (3) annually at the beginning of the school year and  
1199 upon any enrollment during the school year, notifying the parent or  
1200 other person having control of each child enrolled in a grade from  
1201 kindergarten to eight, inclusive, in the public schools in writing of the  
1202 obligations of the parent or such other person pursuant to section 10-

1203 184, (4) annually at the beginning of the school year and upon any  
1204 enrollment during the school year, obtaining from the parent or other  
1205 person having control of each child in a grade from kindergarten to  
1206 eight, inclusive, a telephone number or other means of contacting such  
1207 parent or such other person during the school day, (5) (A) on or before  
1208 August 15, 2018, the implementation of a truancy intervention model  
1209 identified by the Department of Education pursuant to subsection (a) of  
1210 section 10-198e, as amended by this act, for any school under its  
1211 jurisdiction that has a disproportionately high rate of truancy, as  
1212 determined by the Commissioner of Education, and (B) on or before July  
1213 1, 2023, the adoption and implementation of a truancy intervention  
1214 model developed by the Department of Education pursuant to  
1215 subsection (b) of section 10-198e, as amended by this act, that accounts  
1216 for mental and behavioral health, (6) a system of monitoring individual  
1217 unexcused absences of children in grades kindergarten to eight,  
1218 inclusive, which shall provide that whenever a child enrolled in school  
1219 in any such grade fails to report to school on a regularly scheduled  
1220 school day and no indication has been received by school personnel that  
1221 the child's parent or other person having control of the child is aware of  
1222 the pupil's absence, a reasonable effort to notify, by telephone and by  
1223 mail, the parent or such other person shall be made by school personnel  
1224 or volunteers under the direction of school personnel, (7) providing  
1225 notice to the parent or guardian of a child who is a truant of the  
1226 information concerning the existence and availability of the 2-1-1  
1227 Infoline program, and other pediatric mental and behavioral health  
1228 screening services and tools provided by the Department of Education  
1229 pursuant to subsection (a) of section 20 of this act, (8) on and after July  
1230 1, 2023, a requirement that a school social worker or a school  
1231 psychologist conduct (A) an evaluation of each child who is a truant to  
1232 determine if additional behavioral health interventions are necessary for  
1233 the well-being of the child, and (B) a psychiatric evaluation of such child,  
1234 which shall include, to the extent possible, an evaluation of the  
1235 psychological, mental, emotional, economic and physical needs of the  
1236 child and the child's family, and (9) a requirement that any school  
1237 resource officer be trained in the peer-to-peer mental health support

1238 program described in section 41 of this act, so that they may be better  
1239 able to determine if additional mental health resources should be  
1240 utilized when dealing with students. Any person who, in good faith,  
1241 gives or fails to give notice pursuant to subdivision (6) of this subsection  
1242 shall be immune from any liability, civil or criminal, which might  
1243 otherwise be incurred or imposed and shall have the same immunity  
1244 with respect to any judicial proceeding which results from such notice  
1245 or failure to give such notice.

1246 Sec. 22. Section 10-198e of the general statutes is repealed and the  
1247 following is substituted in lieu thereof (*Effective July 1, 2022*):

1248 (a) The Department of Education shall identify effective truancy  
1249 intervention models for implementation by local and regional boards of  
1250 education pursuant to subsection (b) of section 10-198a, as amended by  
1251 this act, including intervention models that address the needs of  
1252 students with disabilities. Not later than August 15, 2018, a listing of  
1253 such approved models shall be available for implementation by local  
1254 and regional boards of education pursuant to said subsection (b).

1255 (b) Not later than July 1, 2023, the Department of Education shall  
1256 develop and make available for implementation by local and regional  
1257 boards of education described in subparagraph (B) of subdivision (5) of  
1258 subsection (b) of section 10-198a, as amended by this act, a truancy  
1259 intervention model that accounts for mental and behavioral health.

1260 (c) Not later than July 1, 2023, the Department of Education, in  
1261 collaboration with the Department of Children and Families, shall issue  
1262 guidance to local and regional boards of education on best practices  
1263 relating to intervention in certain behavioral health situations and when  
1264 it is appropriate to contact the 2-1-1 Infoline program or use alternative  
1265 interventions.

1266 Sec. 23. Subsection (c) of section 17a-22bb of the 2022 supplement to  
1267 the general statutes is repealed and the following is substituted in lieu  
1268 thereof (*Effective July 1, 2022*):



1269 (c) Local law enforcement agencies and local and regional boards of  
1270 education that employ or engage school resource officers shall [,  
1271 provided federal funds are available,] train school resource officers in  
1272 nationally recognized best practices and the peer-to-peer mental health  
1273 support program, described in section 41 of this act, to prevent students  
1274 with mental health issues from being victimized or disproportionately  
1275 referred to the juvenile justice system as a result of their mental health  
1276 issues.

1277 Sec. 24. (NEW) (*Effective July 1, 2022*) There shall be a trauma  
1278 coordinator within the Department of Education. The coordinator shall  
1279 be responsible for: (1) Developing or procuring the system-wide,  
1280 trauma-informed care training program described in section 25 of this  
1281 act, (2) implementing the system-wide, trauma-informed care training  
1282 program, (3) providing technical assistance to local and regional boards  
1283 of education in the implementation of the system-wide, trauma-  
1284 informed care training program, (4) training those persons who will be  
1285 trainers under the system-wide, trauma-informed care training  
1286 program, and (5) ensuring that the trainers are properly training  
1287 teachers, administrators and other school staff and coaches and school  
1288 resource officers under the system-wide, trauma-informed care training  
1289 program.

1290 Sec. 25. (NEW) (*Effective July 1, 2022*) The trauma coordinator,  
1291 described in section 24 of this act, shall develop or procure a system-  
1292 wide, trauma-informed care training program. Such training program  
1293 shall utilize a train-the-trainer model to deliver trauma-informed care  
1294 curriculum to all teachers, administrators and other school staff and  
1295 coaches and school resource officers in the state. In developing or  
1296 procuring such training program, the coordinator may collaborate with  
1297 any nonprofit organization in the state that focuses on child health and  
1298 development and trauma-informed care for children.

1299 Sec. 26. (NEW) (*Effective July 1, 2022*) For the school year commencing  
1300 July 1, 2022, and each school year thereafter, any teacher of record in a  
1301 classroom may request the safe school climate specialist, as described in

1302 section 10-222k of the general statutes, to convene a behavior  
1303 intervention meeting for any student whose behavior has caused a  
1304 serious disruption to the instruction of other students, or caused self-  
1305 harm or physical harm to such teacher or another student or staff  
1306 member in such teacher's classroom. The safe school climate specialist  
1307 shall, upon the request of such teacher, convene a behavior intervention  
1308 meeting regarding such student. The participants of such behavior  
1309 intervention meeting shall identify resources and supports to address  
1310 such student's social, emotional and instructional needs.

1311 Sec. 27. Subsection (c) of section 10-220 of the 2022 supplement to the  
1312 general statutes is repealed and the following is substituted in lieu  
1313 thereof (*Effective July 1, 2022*):

1314 (c) Annually, each local and regional board of education shall submit  
1315 to the Commissioner of Education a strategic school profile report for  
1316 each school and school or program of alternative education, as defined  
1317 in section 10-74j, under its jurisdiction and for the school district as a  
1318 whole. The superintendent of each local and regional school district  
1319 shall present the profile report at the next regularly scheduled public  
1320 meeting of the board of education after each November first. The profile  
1321 report shall provide information on measures of (1) student needs,  
1322 including, but not limited to, a needs assessment that identifies  
1323 resources necessary to address the level of student trauma impacting  
1324 students and staff in each school, (2) school resources, including  
1325 technological resources and utilization of such resources and  
1326 infrastructure, (3) student and school performance, including in-school  
1327 suspensions, out-of-school suspensions and expulsions, the number of  
1328 truants, as defined in section 10-198a, as amended by this act, and  
1329 chronically absent children, as defined in section 10-198c, (4) the number  
1330 of students enrolled in an adult high school credit diploma program,  
1331 pursuant to section 10-69, operated by a local or regional board of  
1332 education or a regional educational service center, (5) equitable  
1333 allocation of resources among its schools, (6) reduction of racial, ethnic  
1334 and economic isolation, (7) special education, and (8) school-based  
1335 arrests, as defined in section 10-233n. For purposes of this subsection,

1336 measures of special education include (A) special education  
1337 identification rates by disability, (B) rates at which special education  
1338 students are exempted from mastery testing pursuant to section 10-14q,  
1339 (C) expenditures for special education, including such expenditures as  
1340 a percentage of total expenditures, (D) achievement data for special  
1341 education students, (E) rates at which students identified as requiring  
1342 special education are no longer identified as requiring special education,  
1343 (F) the availability of supplemental educational services for students  
1344 lacking basic educational skills, (G) the amount of special education  
1345 student instructional time with nondisabled peers, (H) the number of  
1346 students placed out-of-district, and (I) the actions taken by the school  
1347 district to improve special education programs, as indicated by analyses  
1348 of the local data provided in subparagraphs (A) to (H), inclusive, of this  
1349 subdivision. The superintendent shall include in the narrative portion  
1350 of the report information about parental involvement and any measures  
1351 the district has taken to improve parental involvement, including, but  
1352 not limited to, employment of methods to engage parents in the  
1353 planning and improvement of school programs and methods to increase  
1354 support to parents working at home with their children on learning  
1355 activities. For purposes of this subsection, measures of truancy include  
1356 the type of data that is required to be collected by the Department of  
1357 Education regarding attendance and unexcused absences in order for  
1358 the department to comply with federal reporting requirements and the  
1359 actions taken by the local or regional board of education to reduce  
1360 truancy in the school district. Such truancy data shall be considered a  
1361 public record, as defined in section 1-200.

1362 Sec. 28. Subdivision (1) of subsection (a) of section 28-24 of the general  
1363 statutes is repealed and the following is substituted in lieu thereof  
1364 (*Effective October 1, 2022*):

1365 (1) Develop a state-wide emergency service telecommunications plan  
1366 specifying emergency police, fire and medical service  
1367 telecommunications systems needed to provide coordinated emergency  
1368 service telecommunications to all state residents, including [the  
1369 physically disabled] persons with physical disabilities and persons in

1370 need of mental health, behavioral health or substance use disorder  
1371 services;

1372 Sec. 29. Subsection (c) of section 28-24 of the general statutes is  
1373 repealed and the following is substituted in lieu thereof (*Effective October*  
1374 *1, 2022*):

1375 (c) Within a time period determined by the commissioner to ensure  
1376 the availability of funds for the fiscal year beginning July 1, 1997, to the  
1377 regional emergency telecommunications centers within the state, and  
1378 not later than April first of each year thereafter, the commissioner shall  
1379 determine the amount of funding needed for the development and  
1380 administration of the enhanced emergency 9-1-1 program. The  
1381 commissioner shall specify the expenses associated with (1) the  
1382 purchase, installation and maintenance of new public safety answering  
1383 point terminal equipment, (2) the implementation of the subsidy  
1384 program, as described in subdivision (2) of subsection (a) of this section,  
1385 (3) the establishment of incentives to encourage regionalization of  
1386 public safety answering points, including the implementation of the  
1387 transition grant program, described in subdivision (2) of subsection (a)  
1388 of this section, (4) the implementation of the regional emergency  
1389 telecommunications service credit, as described in subdivision (2) of  
1390 subsection (a) of this section, provided, for the fiscal year ending June  
1391 30, 2001, and each fiscal year thereafter, such credit for coordinated  
1392 medical emergency direction services as provided in regulations  
1393 adopted under this section shall be based upon the factor of thirty cents  
1394 per capita and shall not be reduced each year, (5) the training of  
1395 personnel, as necessary, (6) recurring expenses and future capital costs  
1396 associated with the telecommunications network used to provide  
1397 emergency 9-1-1 service and the public safety services data networks,  
1398 (7) for the fiscal year ending June 30, 2001, and each fiscal year  
1399 thereafter, the collection, maintenance and reporting of emergency  
1400 medical services data, as required under subparagraph (A) of  
1401 subdivision (8) of section 19a-177, provided the amount of expenses  
1402 specified under this subdivision shall not exceed two hundred fifty  
1403 thousand dollars in any fiscal year, (8) for the fiscal year ending June 30,

1404 2001, and each fiscal year thereafter, the initial training of emergency  
1405 medical dispatch personnel, the provision of an emergency medical  
1406 dispatch priority reference card set and emergency medical dispatch  
1407 training and continuing education pursuant to subdivisions (3) and (4)  
1408 of subsection [(g)] (h) of section 28-25b, (9) the administration of the  
1409 enhanced emergency 9-1-1 program by the Division of State-Wide  
1410 Emergency Telecommunications, as the commissioner determines to be  
1411 reasonably necessary, and (10) the implementation and maintenance of  
1412 the public safety data network established pursuant to section 29-1j. The  
1413 commissioner shall communicate the commissioner's findings to the  
1414 Public Utilities Regulatory Authority not later than April first of each  
1415 year.

1416 Sec. 30. Section 28-25 of the general statutes is repealed and the  
1417 following is substituted in lieu thereof (*Effective October 1, 2022*):

1418 As used in this section and sections 28-25a to 28-29b, inclusive:

1419 (1) "Automatic number identification" means an enhanced 9-1-1  
1420 service and a next generation 9-1-1 telecommunication system  
1421 capability that enables the automatic display of the telephone number  
1422 used to place a 9-1-1 call.

1423 (2) "Automatic location identification" means an enhanced 9-1-1  
1424 service and a next generation 9-1-1 telecommunication system  
1425 capability that enables the automatic display of information defining the  
1426 geographical location of the telephone used to place a 9-1-1 call.

1427 (3) "Division" means the Division of State-Wide Emergency  
1428 Telecommunications.

1429 (4) "Commission" means the E 9-1-1 Commission created by section  
1430 28-29a, as amended by this act.

1431 (5) "Enhanced 9-1-1 service" means a service consisting of telephone  
1432 network features and public safety answering points provided for users  
1433 of the public telephone system enabling such users to reach a public  
1434 safety answering point by dialing the digits "9-1-1". Such service directs

1435 9-1-1 calls to appropriate public safety answering points by selective  
1436 routing based on the geographical location from which the call  
1437 originated and provides the capability for automatic number  
1438 identification and automatic location identification features.

1439 (6) "Enhanced 9-1-1 network features" means those features of  
1440 selective routing which have the capability of automatic number and  
1441 location identification.

1442 (7) "Municipality" means any town, city, borough, consolidated town  
1443 and city or consolidated town and borough.

1444 (8) "Public safety agency" means a functional division of a  
1445 municipality or the state which provides fire fighting, law enforcement,  
1446 ambulance, medical or other emergency services.

1447 (9) "Private safety agency" means any entity, except a municipality or  
1448 a public safety agency, providing emergency fire, ambulance or medical  
1449 services.

1450 (10) "Public safety answering point" means a facility, operated on a  
1451 twenty-four-hour basis, assigned the responsibility of receiving 9-1-1  
1452 calls and, as appropriate, directly dispatching emergency response  
1453 services, or transferring or relaying emergency 9-1-1 calls to other public  
1454 safety agencies. A public safety answering point is the first point of  
1455 reception by a public safety agency of a 9-1-1 call and serves the  
1456 jurisdictions in which it is located or other participating jurisdictions.

1457 (11) "Selective routing" means the method employed to direct 9-1-1  
1458 calls to the appropriate public safety answering point based on the  
1459 geographical location from which the call originated.

1460 (12) "Telephone company" includes every corporation, company,  
1461 association, joint stock association, partnership or person, or lessee  
1462 thereof, owning, leasing, maintaining, operating, managing or  
1463 controlling poles, wires, conduits or other fixtures, in, under or over any  
1464 public highway or street, for the provision of telephone exchange and  
1465 other systems and methods of telecommunications and services related

1466 thereto in or between any or all of the municipalities of this state.

1467 (13) "Private branch exchange" means an electronic telephone  
1468 exchange installed on the user's premises to allow internal dialing from  
1469 station to station within such premises and connection to outgoing and  
1470 incoming lines to the public switched network of a telephone company.

1471 (14) "Private safety answering point" means a facility within a private  
1472 company, corporation or institution, operated on a twenty-four-hour  
1473 basis, and assigned the responsibility of receiving 9-1-1 calls routed by  
1474 a private branch exchange and, directly dispatching in-house  
1475 emergency response services, or transferring or relaying emergency 9-  
1476 1-1 calls to other public or private safety agencies.

1477 (15) "Emergency medical dispatch" means the management of  
1478 requests for emergency medical assistance by utilizing a system of (A)  
1479 tiered response or priority dispatching of emergency medical resources  
1480 based on the level of medical assistance needed by the victim, and (B)  
1481 prearrival first aid or other medical instructions given by trained  
1482 personnel who are responsible for receiving 9-1-1 calls and directly  
1483 dispatching emergency response services.

1484 (16) "Emergency notification system" means a service that notifies the  
1485 public of an emergency.

1486 (17) "Subscriber information" means the name, address and telephone  
1487 number contained in the enhanced 9-1-1 service database of any  
1488 telephone used to place a 9-1-1 call or that is used in connection with an  
1489 emergency notification system.

1490 (18) "Certified telecommunications provider" has the same meaning  
1491 as provided in section 16-1.

1492 (19) "Prepaid wireless telecommunications service" has the same  
1493 meaning as provided in section 28-30b.

1494 (20) "Next generation 9-1-1 telecommunication system" means a  
1495 system comprised of managed Internet protocol networks that utilizes

1496 enhanced 9-1-1 network features and enables users to reach a public  
1497 safety answering point by making a 9-1-1 call.

1498 (21) "9-1-1 call" means a voice, text message, video or image  
1499 communication that is routed to a public safety answering point or a  
1500 private safety answering point by dialing or otherwise accessing the  
1501 digits "9-1-1".

1502 (22) "Mental or behavioral health call" means a 9-1-1 call concerning  
1503 a person with mental health, behavioral health or substance use  
1504 disorder needs that may be routed without risk to public safety to an  
1505 entity specializing in the treatment of mental health, behavioral health  
1506 or substance use disorders, or an individual licensed pursuant to  
1507 chapter 383, 383a, 383b, 383c or 384d.

1508 Sec. 31. Section 28-25b of the general statutes is repealed and the  
1509 following is substituted in lieu thereof (*Effective October 1, 2022*):

1510 (a) Each public safety answering point shall be capable of  
1511 transmitting requests for law enforcement, fire fighting, medical,  
1512 ambulance or other emergency services to a public or private safety  
1513 agency that provides the requested services.

1514 (b) Each public safety answering point shall be equipped with a  
1515 system approved by the division for the processing of requests for  
1516 emergency services from the physically disabled.

1517 (c) Each public safety answering point shall (1) have on staff licensed  
1518 providers of behavioral health, mental health and substance use  
1519 disorder services to (A) provide crisis counselling to 9-1-1 callers who  
1520 require immediate mental health, behavioral health or substance use  
1521 disorder services, (B) assess such callers with regard to any ongoing  
1522 need for mental health, behavioral health or substance use disorder  
1523 services, and (C) refer such callers to providers of mental health,  
1524 behavioral health or substance use disorder services, as necessary, or (2)  
1525 be able to transfer such callers to an outside agency that provides  
1526 behavioral health, mental health and substance use disorder services.



1527        [(c)] (d) No person shall connect to a telephone company's network  
1528 any automatic alarm or other automatic alerting device which causes  
1529 the number "9-1-1" to be automatically dialed and provides a  
1530 prerecorded message in order to directly access emergency services,  
1531 except for a device approved by the division.

1532        [(d)] (e) Except as provided in subsection [(e)] (f) of this section, no  
1533 person, firm or corporation shall program any telephone or associated  
1534 equipment with outgoing access to the public switched network of a  
1535 telephone company so as to prevent a 9-1-1 call from being transmitted  
1536 from such telephone to a public safety answering point.

1537        [(e)] (f) A private company, corporation or institution which has full-  
1538 time law enforcement, fire fighting and emergency medical service  
1539 personnel, with the approval of the division and the municipality in  
1540 which it is located, may establish 9-1-1 service to enable users of  
1541 telephones within their private branch exchange to reach a private  
1542 safety answering point by dialing or otherwise accessing the digits "9-1-  
1543 1". Such 9-1-1 service shall provide the capability to deliver and display  
1544 automatic number identification and automatic location identification  
1545 by electronic or manual methods approved by the division to the private  
1546 safety answering point. Prior to the installation and utilization of such  
1547 9-1-1 service, each municipality in which it will function, shall submit a  
1548 private branch exchange 9-1-1 utilization plan to the division in a format  
1549 approved by the division. Such plan shall be approved by the chief  
1550 executive officer of such municipality who shall attest that the dispatch  
1551 of emergency response services from a private safety answering point is  
1552 equal to, or better than, the emergency response services dispatched  
1553 from a public safety answering point.

1554        [(f)] (g) [On and after January 1, 2001, each] Each public safety  
1555 answering point shall submit to the division, on a quarterly basis, a  
1556 report of all 9-1-1 calls for services received through the enhanced 9-1-1  
1557 service and the next generation 9-1-1 telecommunication system by the  
1558 public safety answering point. Such report shall include, but not be  
1559 limited to, the following information: (1) The number of 9-1-1 calls

1560 during the reporting quarter; [and] (2) the number of mental or  
1561 behavioral health calls during the reporting quarter; and (3) for each  
1562 such call, the elapsed time period from the time the call was received to  
1563 the time the call was answered, and the elapsed time period from the  
1564 time the call was answered to the time the call was transferred or  
1565 terminated, expressed in time ranges or fractile response times. The  
1566 information required under this subsection may be submitted in any  
1567 written or electronic form selected by such public safety answering  
1568 point and approved by the Commissioner of Emergency Services and  
1569 Public Protection, provided the commissioner shall take into  
1570 consideration the needs of such public safety answering point in  
1571 approving such written or electronic form. On a quarterly basis, the  
1572 division shall make such information available to the public and shall  
1573 post such information on its Internet web site.

1574 [(g)] (h) (1) [Not later than July 1, 2004, each] Each public safety  
1575 answering point shall provide emergency medical dispatch, or shall  
1576 arrange for emergency medical dispatch to be provided by a public  
1577 safety agency, private safety agency or regional emergency  
1578 telecommunications center, in connection with all 9-1-1 calls received by  
1579 such public safety answering point for which emergency medical  
1580 services are required. Any public safety answering point that arranges  
1581 for emergency medical dispatch to be provided by a public safety  
1582 agency, private safety agency or regional emergency  
1583 telecommunications center shall file with the division such  
1584 documentation as the division may require to demonstrate that such  
1585 public safety agency, private safety agency or regional emergency  
1586 telecommunications center satisfies the requirements of subdivisions (2)  
1587 and (3) of this subsection.

1588 (2) Each public safety answering point, public safety agency, private  
1589 safety agency or regional emergency telecommunications center  
1590 performing emergency medical dispatch in accordance with  
1591 subdivision (1) of this subsection shall establish and maintain an  
1592 emergency medical dispatch program. Such program shall include, but  
1593 not be limited to, the following elements: (A) Medical interrogation,

1594 dispatch prioritization and prearrival instructions in connection with 9-  
1595 1-1 calls requiring emergency medical services shall be provided only  
1596 by personnel who have been trained in emergency medical dispatch  
1597 through satisfactory completion of a training course provided or  
1598 approved by the division under subdivision (3) of this subsection; (B) a  
1599 medically approved emergency medical dispatch priority reference  
1600 system shall be utilized by such personnel; (C) emergency medical  
1601 dispatch continuing education shall be provided for such personnel; (D)  
1602 a mechanism shall be employed to detect and correct discrepancies  
1603 between established emergency medical dispatch protocols and actual  
1604 emergency medical dispatch practice; and (E) a quality assurance  
1605 component shall be implemented to monitor, at a minimum, (i)  
1606 emergency medical dispatch time intervals, (ii) the utilization of  
1607 emergency medical dispatch program components, and (iii) the  
1608 appropriateness of emergency medical dispatch instructions and  
1609 dispatch protocols. The quality assurance component shall be prepared  
1610 with the assistance of a physician licensed in this state who is trained in  
1611 emergency medicine and shall provide for an ongoing review of the  
1612 effectiveness of the emergency medical dispatch program.

1613 (3) [Not later than July 1, 2001, the] The division shall provide an  
1614 emergency medical dispatch training course and an emergency medical  
1615 dispatch continuing education course, or approve any emergency  
1616 medical dispatch training course and emergency medical dispatch  
1617 continuing education course offered by other providers, that meets the  
1618 requirements of the U.S. Department of Transportation, National  
1619 Highway Traffic Safety Administration, Emergency Medical Dispatch  
1620 (EMD): National Standard Curriculum, as from time to time amended.

1621 (4) The division shall provide each public safety answering point or  
1622 regional emergency telecommunications center performing emergency  
1623 medical dispatch in accordance with subdivision (1) of this subsection  
1624 with initial training of emergency medical dispatch personnel and an  
1625 emergency medical dispatch priority reference card set.

1626 (i) (1) Not later than January 1, 2023, the division shall establish

1627 policies, procedures, and standards for mental or behavioral health  
1628 calls, that shall include (A) staffing public safety answering points with  
1629 licensed providers of behavioral health, mental health and substance  
1630 use disorder services to (i) provide crisis counselling to 9-1-1 callers who  
1631 require immediate mental health, behavioral health or substance use  
1632 disorder services, (ii) assess such callers' needs with regard to any  
1633 ongoing need for mental health, behavioral health or substance use  
1634 disorder services, and (iii) refer such callers to providers of such services  
1635 as necessary; (B) transferring mental or behavioral health calls to  
1636 responders other than law enforcement, including, but not limited to,  
1637 community organizations, mobile crisis teams, or local organizations or  
1638 networks providing telephone support or referral services for persons  
1639 with mental or behavioral health needs or with a substance use disorder;  
1640 (C) requiring each public safety answering point to coordinate with the  
1641 Department of Mental Health and Addiction Services on the  
1642 implementation of mental health, behavioral health and substance use  
1643 disorder protocols; (D) developing protocols for public safety answering  
1644 points to transfer mental or behavioral health calls to the National  
1645 Suicide Prevention Lifeline or 2-1-1, as appropriate; (E) establishing  
1646 standards for training each telecommunicator, as defined in section 28-  
1647 30, to respond to mental or behavioral health calls; (F) collecting data to  
1648 evaluate the effectiveness of procedures used to transfer mental or  
1649 behavioral health calls to the appropriate crisis hotline or services  
1650 provider; and (G) establishing standards for initial and ongoing training  
1651 of persons who respond to mental and behavioral health calls and the  
1652 provision of division resources necessary to support such ongoing  
1653 training.

1654 (2) Not later than July 1, 2023, each public safety answering point  
1655 shall incorporate the policies, procedures and standards for mental or  
1656 behavioral health calls established by the division pursuant to  
1657 subdivision (1) of this subsection.

1658 (3) Any public safety answering point that arranges for mental health,  
1659 behavioral health or substance use disorder services to be provided by  
1660 a third party shall notify the division in a manner determined by the

1661 division. The division shall maintain a record of third parties providing  
1662 such services.

1663 (4) The division shall provide each public safety answering point  
1664 with initial and ongoing training of the policies, procedures and training  
1665 standards for mental or behavioral health calls established by the  
1666 division pursuant to subdivision (1) of this subsection.

1667 Sec. 32. Section 28-29a of the general statutes is repealed and the  
1668 following is substituted in lieu thereof (*Effective October 1, 2022*):

1669 (a) There is established an E 9-1-1 Commission to (1) advise the  
1670 division in the planning, design, implementation and coordination of  
1671 the state-wide emergency 9-1-1 telephone system [to be] created  
1672 pursuant to sections 28-25 to 28-29b, inclusive, as amended by this act,  
1673 and (2) in consultation with the Coordinating Advisory Board  
1674 established pursuant to section 29-1t, as amended by this act, advise the  
1675 Commissioner of Emergency Services and Public Protection in the  
1676 planning, design, implementation, coordination and governance of the  
1677 public safety data network established pursuant to section 29-1j.

1678 (b) The commission shall be appointed by the Governor and shall  
1679 consist of the following members: (1) One representative from the  
1680 technical support services unit of the Division of State Police within the  
1681 Department of Emergency Services and Public Protection; (2) the State  
1682 Fire Administrator; (3) one representative from the Office of Emergency  
1683 Medical Services; (4) one representative from the Division of Emergency  
1684 Management and Homeland Security within the Department of  
1685 Emergency Services and Public Protection; (5) the Commissioner of  
1686 Public Health, or the commissioner's designee; (6) the Commissioner of  
1687 Mental Health and Addiction Services, or the commissioner's designee;  
1688 (7) the Commissioner of Children and Families, or the commissioner's  
1689 designee; (8) one municipal police chief; [(6)] (9) one municipal fire chief;  
1690 [(7)] (10) one volunteer fireman; [(8)] (11) one representative of the  
1691 Connecticut Conference of Municipalities; [(9)] (12) one representative  
1692 of the Council of Small Towns; [(10)] (13) one representative of  
1693 telecommunicators, as defined in section 28-30; [(11)] (14) one

1694 representative of the public; ~~[(12)]~~ (15) one manager or coordinator of 9-  
1695 1-1 public safety answering points serving areas of differing population  
1696 concentration; and ~~[(13)]~~ (16) one representative of providers of  
1697 commercial mobile radio services, as defined in 47 Code of Federal  
1698 Regulations 20.3, as amended. Each member shall serve for a term of  
1699 three years from the date of his or her appointment or until a successor  
1700 has been appointed and qualified. No member of the commission shall  
1701 receive compensation for such member's services.

1702 Sec. 33. Subsection (b) of section 29-1t of the general statutes is  
1703 repealed and the following is substituted in lieu thereof (*Effective October*  
1704 *1, 2022*):

1705 (b) The Commissioner of Emergency Services and Public Protection,  
1706 or said commissioner's designee, shall serve as the chairperson of the  
1707 Coordinating Advisory Board. The board shall consist of: (1) The  
1708 president of the Connecticut State Firefighters Association or a designee,  
1709 representing volunteer firefighters; (2) the president of the Uniformed  
1710 Professional Firefighters Association or a designee, representing  
1711 professional firefighters; (3) the president of the American Federation of  
1712 State, County and Municipal Employees, or a designee, representing  
1713 municipal police officers; (4) the executive director of the Connecticut  
1714 Conference of Municipalities or a designee; (5) the executive director of  
1715 the Connecticut Council of Small Towns or a designee; (6) a member of  
1716 the Police Officer Standards Training Council, designated by the  
1717 chairperson of said council; (7) a member of the Commission on Fire  
1718 Prevention and Control, designated by the chairperson of said  
1719 commission; (8) the president of the Connecticut Emergency  
1720 Management Association or a designee; (9) the president of the  
1721 Connecticut Police Chiefs Association or a designee; (10) the president  
1722 of the Connecticut Fire Chiefs Association or a designee; (11) the  
1723 president of the Connecticut Career Fire Chiefs Association or a  
1724 designee; (12) the Commissioner of Public Health; (13) the  
1725 Commissioner of Mental Health and Addiction Services; and ~~[(13)]~~ (14)  
1726 one representative, designated by the Commissioner of Emergency  
1727 Services and Public Protection, from each of the divisions of Emergency

1728 Management and Homeland Security, State Police, Scientific Services  
1729 and State-Wide Emergency Telecommunications within the  
1730 Department of Emergency Services and Public Protection. Said board  
1731 shall convene quarterly and at such other times as the chairperson  
1732 deems necessary.

1733 Sec. 34. (NEW) (*Effective October 1, 2022*) (a) There is established a 9-  
1734 8-8 Suicide Prevention Lifeline Fund to fund suicide prevention services  
1735 provided through the National Suicide Prevention Lifeline. The fund  
1736 shall be administered by the Department of Mental Health and  
1737 Addiction Services. Moneys in the fund shall be used only for the  
1738 following purposes: (1) To ensure the efficient routing of calls made to  
1739 the 9-8-8 National Suicide Prevention Lifeline by persons in the state,  
1740 and (2) to employ or contract with mental health personnel to directly  
1741 respond to such calls and provide acute mental health crisis outreach  
1742 and stabilization services in response to such calls.

1743 (b) The following moneys shall be deposited in or transferred to the  
1744 9-8-8 Suicide Prevention Lifeline Fund: (1) The state-wide 9-8-8 fee  
1745 assessed on subscribers under subsection (f) of this section; (2) any  
1746 appropriation made by the General Assembly to the Department of  
1747 Mental Health and Addiction Services for deposit in the fund; (3) any  
1748 federal funds intended for the provision of services in the state related  
1749 to the 9-8-8 National Suicide Prevention Lifeline; (4) any grants or gifts  
1750 intended for deposit in the fund; (5) interest, premiums, gains or other  
1751 earnings on the fund; and (6) moneys from any other source that are  
1752 intended for the purposes described in subsection (a) of this section.

1753 (c) Moneys remaining in the 9-8-8 Suicide Prevention Lifeline Fund  
1754 (1) shall not revert to the General Fund at the end of any fiscal year and  
1755 remain available in subsequent fiscal years for the purposes described  
1756 in subsection (a) of this section, and (2) shall not be subject to transfer to  
1757 any other fund, or to transfer, assignment or reassignment for any  
1758 purpose other than the purposes described in subsection (a) of this  
1759 section.

1760 (d) Within a time period determined by the Commissioner of Mental

1761 Health and Addiction Services to ensure the availability of funds for the  
1762 fiscal year beginning July 1, 2023, and not later than April first of each  
1763 fiscal year thereafter, the commissioner shall determine the amount of  
1764 funding needed to accomplish the purposes of the 9-8-8 Suicide  
1765 Prevention Lifeline Fund described in subsection (a) of this section. The  
1766 commissioner shall take into consideration any remaining moneys in  
1767 the fund. Not later than thirty days after determining such amount in  
1768 2023, and not later than May first of each fiscal year thereafter, the  
1769 commissioner shall report on such funding to the Public Utilities  
1770 Regulatory Authority.

1771 (e) On or before January 1, 2024, and annually thereafter, the  
1772 Commissioner of Mental Health and Addiction Services shall report on  
1773 the deposits and expenditures of the 9-8-8 Suicide Prevention Lifeline  
1774 Fund to the Federal Communications Commission and, in accordance  
1775 with the provisions of section 11-4a of the general statutes, to the joint  
1776 standing committees of the General Assembly having cognizance of  
1777 matters relating to appropriations and the budgets of state agencies,  
1778 public health, human services and children.

1779 (f) On or before June 1, 2023, and annually thereafter, the Public  
1780 Utilities Regulatory Authority shall conduct a proceeding to determine  
1781 the amount of the monthly fee to be assessed against each subscriber of  
1782 the following: (1) Local telephone service; (2) commercial mobile radio  
1783 service, as defined in 47 CFR 20.3; and (3) voice over Internet protocol  
1784 service, as defined in section 28-30b of the general statutes, to fund  
1785 suicide prevention services. The authority shall base such fee on the  
1786 findings of the Commissioner of Mental Health and Addiction Services,  
1787 taking into consideration any existing moneys available in the 9-8-8  
1788 Suicide Prevention Lifeline Fund. The authority shall not approve any  
1789 fee greater than seventy-five cents per month per access line.

1790 (g) Each telephone or telecommunications company providing local  
1791 telephone service, each provider of commercial mobile radio service and  
1792 each provider of voice over Internet protocol service shall assess against  
1793 each subscriber the fee established by the authority pursuant to



1794 subsection (f) of this section, which shall be remitted to the Office of the  
1795 State Treasurer for deposit into the 9-8-8 Suicide Prevention Lifeline  
1796 Fund not later than the fifteenth day of each month.

1797 Sec. 35. (NEW) (*Effective October 1, 2022*) (a) As used in this section:

1798 (1) "Consumer" means a person who purchases prepaid wireless  
1799 telecommunications service in a retail transaction.

1800 (2) "Prepaid wireless E 9-8-8 Suicide Prevention Lifeline Fund fee"  
1801 means the fee that a seller collects from a consumer in an amount  
1802 established under section 34 of this act.

1803 (3) "Prepaid wireless telecommunications service" means a wireless  
1804 telephone service that a consumer pays for in advance, that allows the  
1805 consumer to access the E 9-8-8 system by dialing or otherwise accessing  
1806 the digits "9-8-8", and that is sold in predetermined units or dollars and  
1807 such units or dollars decline with use.

1808 (4) "Provider" means any person who provides prepaid wireless  
1809 telecommunications service pursuant to a license issued by the Federal  
1810 Communications Commission.

1811 (5) "Retail transaction" means a purchase of prepaid wireless  
1812 telecommunications service from a seller for any purpose other than  
1813 resale.

1814 (6) "Seller" means a person who sells prepaid wireless  
1815 telecommunications service to a consumer.

1816 (7) "Voice over Internet protocol service" or "VOIP" means a service  
1817 that has the following characteristics: (A) Enables real-time, two-way  
1818 voice communication; (B) requires a broadband connection from the  
1819 users' locations; (C) requires IP-compatible customer premises  
1820 equipment; and (D) allows subscribers generally to receive calls that  
1821 originate on the public switched telephone network and to terminate  
1822 calls on the public switched telephone.

1823 (8) "Voice over Internet protocol service provider" or "VOIP service  
1824 provider" means a company that provides VOIP telephone service.

1825 (9) "Wireless telecommunications service" means commercial mobile  
1826 radio service, as defined in 47 CFR 20.3, as from time to time amended.

1827 (b) Each consumer shall be assessed a prepaid wireless 9-8-8 Suicide  
1828 Prevention Lifeline Fund fee. Said fee shall be equal to the fee  
1829 determined by the Public Utilities Regulatory Authority in accordance  
1830 with subsection (f) of section 34 of this act for each retail transaction. For  
1831 the purposes of this section, if a consumer purchase includes multiple  
1832 prepaid wireless telecommunications services, each such individual  
1833 service shall constitute a retail transaction.

1834 (c) Any seller who is a party to a retail transaction within this state  
1835 with a consumer shall collect the fee described in subsection (f) of  
1836 section 34 of this act from such consumer for each such retail transaction.  
1837 The seller shall disclose to the consumer the amount of such assessed  
1838 fee in an invoice, a receipt or other similar document, or post such  
1839 amount conspicuously on the seller's Internet web site or on a sign  
1840 conspicuously displayed to the consumer at the point of sale.

1841 (d) For the purposes of subsection (f) of section 34 of this act, a retail  
1842 transaction made in the presence of the consumer at the place of  
1843 business of the seller shall be treated as occurring within this state if  
1844 such place of business is within the state, and any other retail transaction  
1845 shall be treated as occurring in this state if the retail transaction is treated  
1846 as occurring in this state under subdivision (2) of subsection (a) of  
1847 section 12-407 of the general statutes for the purposes of the sales and  
1848 use tax.

1849 (e) The consumer shall be liable for any prepaid wireless 9-8-8 Suicide  
1850 Prevention Lifeline Fund fee. There shall be no liability on the part of  
1851 the seller or provider, except the seller shall be liable to remit any  
1852 prepaid wireless 9-8-8 Suicide Prevention Lifeline Fund fees that the  
1853 seller collects from any consumer, including, but not limited to, any such  
1854 fee that the seller is required to collect but does not separately state on

1855 an invoice, receipt or other similar document provided to the consumer,  
1856 as required by subsection (f) of section 34 of this act.

1857 (f) The amount of the prepaid wireless 9-8-8 Suicide Prevention  
1858 Lifeline Fund fee that a seller collects from a consumer shall not be  
1859 included in the base for measuring any tax, fee, surcharge or other  
1860 charge that the state, any political subdivision of the state or any  
1861 intergovernmental agency imposes on such seller, provided the seller  
1862 separately stated such amount on an invoice, receipt or other similar  
1863 document provided to the consumer.

1864 Sec. 36. Section 19a-638 of the general statutes is repealed and the  
1865 following is substituted in lieu thereof (*Effective from passage*):

1866 (a) A certificate of need issued by the unit shall be required for:

1867 (1) The establishment of a new health care facility, except as provided  
1868 in subdivision (23) of subsection (b) of this section;

1869 (2) A transfer of ownership of a health care facility;

1870 (3) A transfer of ownership of a large group practice to any entity  
1871 other than a (A) physician, or (B) group of two or more physicians,  
1872 legally organized in a partnership, professional corporation or limited  
1873 liability company formed to render professional services and not  
1874 employed by or an affiliate of any hospital, medical foundation,  
1875 insurance company or other similar entity;

1876 (4) The establishment of a freestanding emergency department;

1877 (5) The termination of inpatient or outpatient services offered by a  
1878 hospital, including, but not limited to, the termination by a short-term  
1879 acute care general hospital or children's hospital of inpatient and  
1880 outpatient mental health and substance abuse services;

1881 (6) The establishment of an outpatient surgical facility, as defined in  
1882 section 19a-493b, or as established by a short-term acute care general  
1883 hospital;

1884 (7) The termination of surgical services by an outpatient surgical  
1885 facility, as defined in section 19a-493b, or a facility that provides  
1886 outpatient surgical services as part of the outpatient surgery department  
1887 of a short-term acute care general hospital, provided termination of  
1888 outpatient surgical services due to (A) insufficient patient volume, or (B)  
1889 the termination of any subspecialty surgical service, shall not require  
1890 certificate of need approval;

1891 (8) The termination of an emergency department by a short-term  
1892 acute care general hospital;

1893 (9) The establishment of cardiac services, including inpatient and  
1894 outpatient cardiac catheterization, interventional cardiology and  
1895 cardiovascular surgery;

1896 (10) The acquisition of computed tomography scanners, magnetic  
1897 resonance imaging scanners, positron emission tomography scanners or  
1898 positron emission tomography-computed tomography scanners, by any  
1899 person, physician, provider, short-term acute care general hospital or  
1900 children's hospital, except (A) as provided for in subdivision (22) of  
1901 subsection (b) of this section, and (B) a certificate of need issued by the  
1902 unit shall not be required where such scanner is a replacement for a  
1903 scanner that was previously acquired through certificate of need  
1904 approval or a certificate of need determination;

1905 (11) The acquisition of nonhospital based linear accelerators;

1906 (12) An increase in the licensed bed capacity of a health care facility,  
1907 except as provided in subdivision (23) of subsection (b) of this section;

1908 (13) The acquisition of equipment utilizing technology that has not  
1909 previously been utilized in the state;

1910 (14) An increase of two or more operating rooms within any three-  
1911 year period, commencing on and after October 1, 2010, by an outpatient  
1912 surgical facility, as defined in section 19a-493b, or by a short-term acute  
1913 care general hospital; and

1914 (15) The termination of inpatient or outpatient services offered by a  
1915 hospital or other facility or institution operated by the state that  
1916 provides services that are eligible for reimbursement under Title XVIII  
1917 or XIX of the federal Social Security Act, 42 USC 301, as amended.

1918 (b) A certificate of need shall not be required for:

1919 (1) Health care facilities owned and operated by the federal  
1920 government;

1921 (2) The establishment of offices by a licensed private practitioner,  
1922 whether for individual or group practice, except when a certificate of  
1923 need is required in accordance with the requirements of section 19a-  
1924 493b or subdivision (3), (10) or (11) of subsection (a) of this section;

1925 (3) A health care facility operated by a religious group that  
1926 exclusively relies upon spiritual means through prayer for healing;

1927 (4) Residential care homes, as defined in subsection (c) of section 19a-  
1928 490, and nursing homes and rest homes, as defined in subsection (o) of  
1929 section 19a-490;

1930 (5) An assisted living services agency, as defined in section 19a-490;

1931 (6) Home health agencies, as defined in section 19a-490;

1932 (7) Hospice services, as described in section 19a-122b;

1933 (8) Outpatient rehabilitation facilities;

1934 (9) Outpatient chronic dialysis services;

1935 (10) Transplant services;

1936 (11) Free clinics, as defined in section 19a-630;

1937 (12) School-based health centers and expanded school health sites, as  
1938 such terms are defined in section 19a-6r, community health centers, as  
1939 defined in section 19a-490a, not-for-profit outpatient clinics licensed in  
1940 accordance with the provisions of chapter 368v and federally qualified

1941 health centers;

1942 (13) A program licensed or funded by the Department of Children  
1943 and Families, provided such program is not a psychiatric residential  
1944 treatment facility;

1945 (14) Any nonprofit facility, institution or provider that has a contract  
1946 with, or is certified or licensed to provide a service for, a state agency or  
1947 department for a service that would otherwise require a certificate of  
1948 need. The provisions of this subdivision shall not apply to a short-term  
1949 acute care general hospital or children's hospital, or a hospital or other  
1950 facility or institution operated by the state that provides services that are  
1951 eligible for reimbursement under Title XVIII or XIX of the federal Social  
1952 Security Act, 42 USC 301, as amended;

1953 (15) A health care facility operated by a nonprofit educational  
1954 institution exclusively for students, faculty and staff of such institution  
1955 and their dependents;

1956 (16) An outpatient clinic or program operated exclusively by or  
1957 contracted to be operated exclusively by a municipality, municipal  
1958 agency, municipal board of education or a health district, as described  
1959 in section 19a-241;

1960 (17) A residential facility for persons with intellectual disability  
1961 licensed pursuant to section 17a-227 and certified to participate in the  
1962 Title XIX Medicaid program as an intermediate care facility for  
1963 individuals with intellectual disabilities;

1964 (18) Replacement of existing imaging equipment if such equipment  
1965 was acquired through certificate of need approval or a certificate of need  
1966 determination, provided a health care facility, provider, physician or  
1967 person notifies the unit of the date on which the equipment is replaced  
1968 and the disposition of the replaced equipment;

1969 (19) Acquisition of cone-beam dental imaging equipment that is to be  
1970 used exclusively by a dentist licensed pursuant to chapter 379;

1971 (20) The partial or total elimination of services provided by an  
1972 outpatient surgical facility, as defined in section 19a-493b, except as  
1973 provided in subdivision (6) of subsection (a) of this section and section  
1974 19a-639e;

1975 (21) The termination of services for which the Department of Public  
1976 Health has requested the facility to relinquish its license; [or]

1977 (22) Acquisition of any equipment by any person that is to be used  
1978 exclusively for scientific research that is not conducted on humans; or

1979 (23) On or before June 30, 2026, the establishment of a new mental  
1980 health facility or an increase in the licensed bed capacity of a mental  
1981 health facility, provided the mental health facility accepts  
1982 reimbursement for any covered benefit provided to a covered  
1983 individual under: (A) An individual or group health insurance policy  
1984 providing coverage of the type specified in subdivisions (1), (2), (4), (11)  
1985 and (12) of section 38a-469; (B) a self-insured employee welfare benefit  
1986 plan established pursuant to the federal Employee Retirement Income  
1987 Security Act of 1974, as amended from time to time; or (C) HUSKY  
1988 Health, as defined in section 17b-290.

1989 (c) (1) Any person, health care facility or institution that is unsure  
1990 whether a certificate of need is required under this section, or (2) any  
1991 health care facility that proposes to relocate pursuant to section 19a-639c  
1992 shall send a letter to the unit that describes the project and requests that  
1993 the unit make a determination as to whether a certificate of need is  
1994 required. In the case of a relocation of a health care facility, the letter  
1995 shall include information described in section 19a-639c. A person, health  
1996 care facility or institution making such request shall provide the unit  
1997 with any information the unit requests as part of its determination  
1998 process.

1999 (d) The executive director of the Office of Health Strategy may  
2000 implement policies and procedures necessary to administer the  
2001 provisions of this section while in the process of adopting such policies  
2002 and procedures as regulation, provided the executive director holds a

2003 public hearing prior to implementing the policies and procedures and  
2004 posts notice of intent to adopt regulations on the office's Internet web  
2005 site and the eRegulations System not later than twenty days after the  
2006 date of implementation. Policies and procedures implemented pursuant  
2007 to this section shall be valid until the time final regulations are adopted.

2008 (e) On or before September 1, 2022, the executive director of the Office  
2009 of Health Strategy shall develop procedures by which a person or entity  
2010 shall notify said office of such person's or entity's intent to (1) establish  
2011 a new mental health facility, or (2) increase the licensed bed capacity at  
2012 a mental health facility, without applying for a certificate of need as  
2013 permitted pursuant to subdivision (23) of subsection (b) of this section.  
2014 Such procedures shall include a requirement that the person or entity  
2015 intending to establish such a facility or to increase the licensed bed  
2016 capacity at such a facility notify said office of the address of such facility  
2017 and a description of all services that are being or will be provided at  
2018 such facility. Not less than once every six months after establishing such  
2019 facility or increasing the licensed bed capacity at such facility, the owner  
2020 or operator of such facility shall report to the executive director of said  
2021 office regarding the care being provided at such facility and, where  
2022 available, the demographics of persons receiving services from such  
2023 facility, including, but not limited to, the number of such persons and  
2024 such persons' age and town, city or borough of residence.

2025 Sec. 37. (NEW) (*Effective from passage*) (a) On or before October 1, 2022,  
2026 the Commissioner of Children and Families shall establish a grant  
2027 program to assist families with the cost of obtaining (1) a drug or  
2028 treatment prescribed for a child by a health care provider for treatment  
2029 of a mental or behavioral health condition, which drug or treatment has  
2030 not been approved by the federal Food and Drug Administration for  
2031 treatment of the mental or behavioral condition, if the cost of such drug  
2032 or treatment is not covered by insurance or Medicaid, and (2) intensive  
2033 evidence-based services or other intensive services to treat mental and  
2034 behavioral health conditions in children and adolescents, including, but  
2035 not limited to, intensive in-home child and adolescent psychiatric  
2036 services and services provided by an intensive outpatient program, if



2037 the cost of such services is not covered by insurance or Medicaid. The  
2038 commissioner shall administer and establish eligibility requirements for  
2039 the grant program in consultation with the Commissioner of Consumer  
2040 Protection. Such eligibility requirements may include, but need not be  
2041 limited to, a family's financial need. The Commissioner of Children and  
2042 Families, in consultation with the Commissioner of Consumer  
2043 Protection, shall determine the amount of each grant. An eligible family  
2044 may apply for a grant under such program to the secretary, at such time  
2045 and in such manner as the Commissioner of Children and Families  
2046 prescribes.

2047 (b) The Departments of Children and Families and Consumer  
2048 Protection and the Office of Policy and Management shall post in a  
2049 conspicuous location on their respective Internet web sites a description  
2050 of the grant program, including, but not limited to, eligibility  
2051 requirements and the application process for such grant program. The  
2052 Secretary of the Office of Policy and Management may request that  
2053 another state agency post such description on such agency's Internet  
2054 web site.

2055 Sec. 38. (NEW) (*Effective from passage*) On or before January 1, 2023,  
2056 the Department of Public Health shall develop or procure, in  
2057 consultation with a representative of a children's hospital located in the  
2058 state and the Connecticut chapter of a national professional association  
2059 of pediatricians and of a national professional association of child and  
2060 adolescent psychiatrists, a pediatric mental health, behavioral health  
2061 and substance use disorder screening tool to be completed by a child  
2062 and, where appropriate, the child's parent or guardian prior to or during  
2063 the child's appointment with the child's pediatrician or during the  
2064 child's visit to an emergency department. Such screening tool shall  
2065 include questions geared toward assisting the pediatrician or  
2066 emergency department physician in diagnosing common mental health  
2067 and behavioral health conditions and substance use disorders that may  
2068 require specialized treatment. On or before January 1, 2023, the  
2069 Department of Public Health, in collaboration with the Departments of  
2070 Children and Families and Mental Health and Addiction Services, shall

2071 make the screening tool available to all pediatricians and emergency  
2072 department physicians in the state, free of charge, and make  
2073 recommendations to pediatricians and emergency department  
2074 physicians for its effective use. Pediatricians and emergency department  
2075 physicians shall use the screening tool developed pursuant to this  
2076 section as a supplement to the existing methods used to diagnose a  
2077 mental health or behavioral health condition or a substance use  
2078 disorder. Pediatricians shall provide such screening tool to each patient  
2079 on an annual basis. Emergency department physicians shall provide  
2080 such screening tool to each emergency department patient under the age  
2081 of eighteen, or the parents or guardian of such patient, prior to such  
2082 patient's discharge from the emergency department and, to the extent  
2083 possible and as soon as practicable, send a copy of such tool to such  
2084 patient's pediatrician or primary care provider.

2085 Sec. 39. Section 38a-492b of the general statutes is repealed and the  
2086 following is substituted in lieu thereof (*Effective January 1, 2023*):

2087 (a) For the purposes of this section:

2088 (1) "Mental or nervous conditions" has the same meaning as provided  
2089 in section 38a-488a, as amended by this act.

2090 (2) (A) "Peer-reviewed medical literature" means a published study  
2091 in a journal or other publication in which original manuscripts have  
2092 been critically reviewed for scientific accuracy, validity and reliability  
2093 by unbiased international experts, and that has been determined by the  
2094 International Committee of Medical Journal Editors to have met its  
2095 Uniform Requirements for Manuscripts Submitted to Biomedical  
2096 Journals.

2097 (B) "Peer-reviewed medical literature" does not mean publications or  
2098 supplements to publications that are sponsored to a significant extent  
2099 by a pharmaceutical manufacturing company or any health insurer,  
2100 health care center, hospital service corporation, medical service  
2101 corporation or fraternal benefit society that delivers, issues for delivery,  
2102 renews, amends or continues a health insurance policy in this state.

2103        [(a)] (b) (1) Each individual health insurance policy delivered, issued  
2104 for delivery, renewed, amended or continued in this state, that provides  
2105 coverage for prescription drugs approved by the federal Food and Drug  
2106 Administration for treatment of certain types of cancer, mental or  
2107 nervous conditions or other disabling or life-threatening chronic  
2108 diseases or conditions, shall not exclude coverage of any such drug on  
2109 the basis that such drug has been prescribed for the treatment of a type  
2110 of cancer, a mental or nervous condition or [a] another disabling or life-  
2111 threatening chronic disease or condition for which the drug has not been  
2112 approved by the federal Food and Drug Administration, provided the  
2113 drug is recognized for treatment of the specific type of cancer, mental or  
2114 nervous condition or [a] other disabling or life-threatening chronic  
2115 disease or condition for which the drug has been prescribed in one of  
2116 the following established reference compendia or in peer-reviewed  
2117 medical literature generally recognized by the relevant medical  
2118 community: (A) The U.S. Pharmacopoeia Drug Information Guide for  
2119 the Health Care Professional; (B) The American Medical Association's  
2120 Drug Evaluations; or (C) The American Society of Health-System  
2121 Pharmacists' American Hospital Formulary Service Drug Information.  
2122 [As used in this section, "peer-reviewed medical literature" means a  
2123 published study in a journal or other publication in which original  
2124 manuscripts have been critically reviewed for scientific accuracy,  
2125 validity and reliability by unbiased international experts, and that has  
2126 been determined by the International Committee of Medical Journal  
2127 Editors to have met its Uniform Requirements for Manuscripts  
2128 Submitted to Biomedical Journals. "Peer-reviewed medical literature"  
2129 does not include publications or supplements to publications that are  
2130 sponsored to a significant extent by a pharmaceutical manufacturing  
2131 company or any health insurer, health care center, hospital service  
2132 corporation, medical service corporation or fraternal benefit society that  
2133 delivers, issues for delivery, renews, amends or continues a health  
2134 insurance policy in this state.]

2135        (2) The coverage required under subdivision (1) of this subsection  
2136 shall include medically necessary services associated with the  
2137 administration of such drug.

2138 (3) A drug use covered under subdivision (1) of this subsection shall  
2139 not be denied based on medical necessity except for reasons that are  
2140 unrelated to the legal status of the drug use.

2141 [(b)] (c) Nothing in subsection [(a)] (b) of this section shall be  
2142 construed to require coverage for: (1) [any] Any drug used in a research  
2143 trial sponsored by a drug manufacturer or a government entity; [ ] (2)  
2144 any drug or service furnished in a research trial if the research trial  
2145 sponsor furnishes the drug or service to an insured participating in such  
2146 trial without charge; [ ] or (3) any drug that the federal Food and Drug  
2147 Administration has determined to be contraindicated for treatment of  
2148 the specific type of cancer, mental or nervous condition or other  
2149 disabling or life-threatening chronic disease or condition for which the  
2150 drug has been prescribed.

2151 [(c)] (d) Except as specified, nothing in this section shall be construed  
2152 to create, impair, limit or modify authority to provide reimbursement  
2153 for drugs used in the treatment of any other disease or condition.

2154 Sec. 40. Section 38a-518b of the general statutes is repealed and the  
2155 following is substituted in lieu thereof (*Effective January 1, 2023*):

2156 (a) For the purposes of this section:

2157 (1) "Mental or nervous conditions" has the same meaning as provided  
2158 in section 38a-514, as amended by this act.

2159 (2) (A) "Peer-reviewed medical literature" means a published study  
2160 in a journal or other publication in which original manuscripts have  
2161 been critically reviewed for scientific accuracy, validity and reliability  
2162 by unbiased international experts, and that has been determined by the  
2163 International Committee of Medical Journal Editors to have met its  
2164 Uniform Requirements for Manuscripts Submitted to Biomedical  
2165 Journals.

2166 (B) "Peer-reviewed medical literature" does not mean publications or  
2167 supplements to publications that are sponsored to a significant extent  
2168 by a pharmaceutical manufacturing company or any health insurer,

2169 health care center, hospital service corporation, medical service  
2170 corporation or fraternal benefit society that delivers, issues for delivery,  
2171 renews, amends or continues a health insurance policy in this state.

2172 [(a)] (b) (1) Each group health insurance policy delivered, issued for  
2173 delivery, renewed, amended or continued in this state, that provides  
2174 coverage for prescription drugs approved by the federal Food and Drug  
2175 Administration for treatment of certain types of cancer, mental or  
2176 nervous conditions or other disabling or life-threatening chronic  
2177 diseases or conditions, shall not exclude coverage of any such drug on  
2178 the basis that such drug has been prescribed for the treatment of a type  
2179 of cancer, a mental or nervous condition or [a] another disabling or life-  
2180 threatening chronic disease or condition for which the drug has not been  
2181 approved by the federal Food and Drug Administration, provided the  
2182 drug is recognized for treatment of the specific type of cancer, mental or  
2183 nervous condition or [a] other disabling or life-threatening chronic  
2184 disease or condition for which the drug has been prescribed in one of  
2185 the following established reference compendia or in peer-reviewed  
2186 medical literature generally recognized by the relevant medical  
2187 community: (A) The U.S. Pharmacopoeia Drug Information Guide for  
2188 the Health Care Professional; (B) The American Medical Association's  
2189 Drug Evaluations; or (C) The American Society of Health-System  
2190 Pharmacists' American Hospital Formulary Service Drug Information.  
2191 [As used in this section, "peer-reviewed medical literature" means a  
2192 published study in a journal or other publication in which original  
2193 manuscripts have been critically reviewed for scientific accuracy,  
2194 validity and reliability by unbiased international experts, and that has  
2195 been determined by the International Committee of Medical Journal  
2196 Editors to have met its Uniform Requirements for Manuscripts  
2197 Submitted to Biomedical Journals. "Peer-reviewed medical literature"  
2198 does not include publications or supplements to publications that are  
2199 sponsored to a significant extent by a pharmaceutical manufacturing  
2200 company or any health insurer, health care center, hospital service  
2201 corporation, medical service corporation or fraternal benefit society that  
2202 delivers, issues for delivery, renews, amends or continues a health  
2203 insurance policy in this state.]

2204 (2) The coverage required under subdivision (1) of this subsection  
2205 shall include medically necessary services associated with the  
2206 administration of such drug.

2207 (3) A drug use covered under subdivision (1) of this subsection shall  
2208 not be denied based on medical necessity except for reasons that are  
2209 unrelated to the legal status of the drug use.

2210 [(b)] (c) Nothing in subsection [(a)] (b) of this section shall be  
2211 construed to require coverage for: (1) [any] Any drug used in a research  
2212 trial sponsored by a drug manufacturer or a government entity; [,] (2)  
2213 any drug or service furnished in a research trial if the research trial  
2214 sponsor furnishes the drug or service to an insured participating in such  
2215 trial without charge; [,] or (3) any drug that the federal Food and Drug  
2216 Administration has determined to be contraindicated for treatment of  
2217 the specific type of cancer, mental or nervous condition or [a] other  
2218 disabling or life-threatening chronic disease or condition for which the  
2219 drug has been prescribed.

2220 [(c)] (d) Except as specified, nothing in this section shall be construed  
2221 to create, impair, limit or modify authority to provide reimbursement  
2222 for drugs used in the treatment of any other disease or condition.

2223 Sec. 41. (NEW) (*Effective July 1, 2022*) (a) As used in this section and  
2224 section 42 of this act, "designated staff member" means a teacher, school  
2225 administrator, guidance counselor, school counselor, psychologist,  
2226 social worker, nurse, physician or school paraeducator employed by a  
2227 local or regional board of education or working in a public middle  
2228 school or high school.

2229 (b) Not later than January 1, 2023, the Department of Children and  
2230 Families shall, in collaboration with the Department of Education,  
2231 develop a peer-to-peer mental health support program that provides  
2232 services to aid students in grades six to twelve, inclusive, in problem  
2233 solving, decision making, conflict resolution and stress management.  
2234 Such program shall be made available to local and regional boards of  
2235 education, local health departments, district departments of health,

2236 youth services bureaus established pursuant to section 10-19m of the  
2237 general statutes, municipal social service agencies and other youth-  
2238 serving organizations approved by the Department of Children and  
2239 Families. In developing such program, the department shall utilize best  
2240 practices and may use existing models of peer-to-peer counseling.

2241 (c) On and after January 1, 2023, the Department of Children and  
2242 Families shall, in collaboration with the Department of Education,  
2243 provide training to (1) designated staff members selected by the  
2244 superintendent of schools pursuant to section 42 of this act, and (2)  
2245 employees of local health departments, district departments of health,  
2246 youth service bureaus established pursuant to section 10-19m of the  
2247 general statutes, municipal social service agencies and other youth-  
2248 serving organizations selected pursuant to section 43 of this act, on how  
2249 to implement the program and provide instruction, guidance and  
2250 supervision to students participating in the program.

2251 Sec. 42. (NEW) (*Effective July 1, 2022*) For the school year commencing  
2252 July 1, 2023, and each school year thereafter, any local and regional  
2253 board of education, in collaboration with the Departments of Children  
2254 and Families and Education, may administer the peer-to-peer mental  
2255 health support program developed pursuant to section 41 of this act.  
2256 The superintendent of schools for each local or regional school district  
2257 administering the program shall select one or more designated staff  
2258 members to complete the training described in section 41 of this act. The  
2259 program shall be provided to participating students in grades six to  
2260 twelve, inclusive.

2261 Sec. 43. (NEW) (*Effective July 1, 2022*) On and after July 1, 2023, any  
2262 local health department, district department of health, youth service  
2263 bureau established pursuant to section 10-19m of the general statutes,  
2264 municipal social service agency or other youth-serving organization  
2265 approved by the Department of Children and Families, in collaboration  
2266 with the Department of Education, may administer the peer-to-peer  
2267 mental health support program developed pursuant to section 41 of this  
2268 act. The entity administering the program shall select one or more

2269 employees to complete the training described in section 41 of this act.  
2270 The program shall be provided to participating students in grades six to  
2271 twelve, inclusive.

2272 Sec. 44. (NEW) (*Effective July 1, 2022*) (a) For purposes of this section,  
2273 (1) "children with behavioral health needs" means children who are  
2274 suffering from one or more mental disorders as defined in the most  
2275 recent edition of the American Psychiatric Association's "Diagnostic and  
2276 Statistical Manual of Mental Disorders", and (2) "in-home respite care  
2277 services" means in-home care for children with behavioral health needs,  
2278 provided in order to afford such children's parents or guardians respite  
2279 from caregiving.

2280 (b) There is established an account to be known as the "Department  
2281 of Children and Families in-home respite care services fund" which shall  
2282 be a separate, nonlapsing account within the General Fund. The account  
2283 shall contain any moneys required by law to be deposited in the account.  
2284 Moneys in the account shall be expended by the Commissioner of  
2285 Children and Families for the purposes of funding the in-home respite  
2286 care services program established pursuant to subsection (c) of this  
2287 section.

2288 (c) Not later than January 1, 2023, the Commissioner of Children and  
2289 Families shall establish a program to provide in-home respite care  
2290 services. Such program shall be administered by the Department of  
2291 Children and Families, through contracts for services with providers of  
2292 such services, or by means of direct subsidy to the parents and  
2293 guardians of such children to enable such parents and guardians to  
2294 purchase such services.

2295 (d) The Commissioner of Children and Families shall adopt  
2296 regulations in accordance with the provisions of chapter 54 to  
2297 implement the provisions of this section, including, but not limited to,  
2298 eligibility criteria for participation in the in-home respite care services  
2299 program.

2300 Sec. 45. (NEW) (*Effective July 1, 2022*) (a) For the fiscal year ending



2301 June 30, 2023, and each fiscal year thereafter, the Connecticut Higher  
2302 Education Supplemental Loan Authority, in consultation with the  
2303 Department of Public Health, shall administer, within available  
2304 appropriations, a mental health care provider loan forgiveness program  
2305 to persons who meet the eligibility requirements described in subsection  
2306 (b) of this section.

2307 (b) The mental health care provider loan forgiveness program shall  
2308 provide student loan forgiveness to any mental health care provider  
2309 licensed pursuant to chapter 370, 382a, 383, 383a, 383b, or 383c of the  
2310 general statutes, or section 20-195aaa, 20-195ggg or 20-195mmm of the  
2311 general statutes who (1) is a resident of the state or establishes residency  
2312 in the state not later than five years after the date on which such  
2313 provider submitted his or her application for loan forgiveness under  
2314 such program, provided at least thirty-three per cent of program  
2315 recipients shall have established residency in the state not later than five  
2316 years after the date on which they submitted such application, (2)  
2317 provides mental health care services primarily to residents of the state  
2318 who are eighteen years of age or younger, (3) is employed, at the time  
2319 the mental health care provider applies for consolidation of his or her  
2320 educational loans under subdivision (4) of this subsection, in an area  
2321 designated by the Commissioner of Public Health as a mental health  
2322 care provider shortage area, (4) (A) consolidates his or her federal or  
2323 state educational loans through the Connecticut Higher Education  
2324 Supplemental Loan Authority, and (B) completes one hundred twenty  
2325 consecutive on-time payments of the consolidation loan under an  
2326 income-driven repayment plan. A mental health care provider may  
2327 change employment or licensure after applying for loan consolidation  
2328 or loan forgiveness under this section and receive loan forgiveness  
2329 pursuant to subsection (c) of this section, provided the mental health  
2330 care provider satisfies the eligibility requirements of this subsection.

2331 (c) The Connecticut Higher Education Supplemental Loan Authority  
2332 shall forgive any balance on the consolidation loan of any mental health  
2333 care provider who satisfies the eligibility requirements prescribed in  
2334 subsection (b) of this section.

2335 (d) Mental health care providers may apply to the Connecticut  
2336 Higher Education Supplemental Loan Authority for consolidation of  
2337 federal or state educational loans or for loan forgiveness under this  
2338 section at such time and in such manner as the executive director of the  
2339 Connecticut Higher Education Supplemental Loan Authority  
2340 prescribes.

2341 Sec. 46. (NEW) (*Effective from passage*) On or before January 1, 2023,  
2342 the Department of Public Health shall establish and administer a child  
2343 psychiatrist grant program. The program shall provide incentive grants  
2344 to employers of child psychiatrists for recruiting and hiring new child  
2345 psychiatrists and retaining child psychiatrists who are in their employ.  
2346 The Commissioner of Public Health shall adopt regulations, in  
2347 accordance with the provisions of chapter 54 of the general statutes, for  
2348 the administration of this section, including the establishment of  
2349 eligibility requirements, priority categories, funding limitations and the  
2350 application process for the grant program.

2351 Sec. 47. (NEW) (*Effective from passage*) On or before January 1, 2023,  
2352 the Department of Mental Health and Addiction Services, in  
2353 collaboration with the Department of Children and Families, shall (1)  
2354 provide for the design, plan and implementation of a multiyear, state-  
2355 wide advertising campaign, including, but not limited to, television,  
2356 radio and Internet web site advertisements, promoting the availability  
2357 of all of the mental health, behavioral health and substance use disorder  
2358 services in the state, including, but not limited to, the difference between  
2359 9-1-1, 9-8-8 and 2-1-1, and informing residents how to obtain such  
2360 services, and (2) establish and regularly update an Internet web site  
2361 connected with such advertising campaign that includes, but is not  
2362 limited to, a comprehensive listing of providers of mental health,  
2363 behavioral health and substance use disorder services in the state. The  
2364 commissioner shall solicit cooperation and participation from such  
2365 providers in such advertising campaign, including, but not limited to,  
2366 soliciting any available funds.

2367 Sec. 48. (NEW) (*Effective from passage*) On or before January 1, 2023,

2368 the Department of Children and Families, in collaboration with the  
2369 Department of Mental Health and Addiction Services, shall establish a  
2370 grant program to provide funding to inpatient and outpatient mental  
2371 and behavioral health care programs that treat children for the creation  
2372 of a parent and caregiver peer-to-peer support program for parents and  
2373 caregivers of children with mental and behavioral health issues. The  
2374 Commissioner of Children and Families shall adopt regulations, in  
2375 accordance with the provisions of chapter 54 of the general statutes, for  
2376 the administration of this section, including the establishment of  
2377 eligibility requirements, priority categories, funding limitations and the  
2378 application process for the grant program.

2379       Sec. 49. (NEW) (*Effective January 1, 2023*) Each individual health  
2380 insurance policy providing coverage of the type specified in  
2381 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
2382 statutes delivered, issued for delivery, renewed, amended or continued  
2383 in this state shall provide coverage for therapy that a health care  
2384 provider licensed in this state and acting within the provider's scope of  
2385 practice provides to an insured for the purpose of improving the  
2386 insured's mental health and preventing mental or nervous conditions.  
2387 For the purposes of this section, "mental or nervous conditions" has the  
2388 same meaning as provided in section 38a-488a of the general statutes, as  
2389 amended by this act.

2390       Sec. 50. (NEW) (*Effective January 1, 2023*) Each group health insurance  
2391 policy providing coverage of the type specified in subdivisions (1), (2),  
2392 (4), (11) and (12) of section 38a-469 of the general statutes delivered,  
2393 issued for delivery, renewed, amended or continued in this state shall  
2394 provide coverage for therapy that a health care provider licensed in this  
2395 state and acting within the provider's scope of practice provides to an  
2396 insured for the purpose of improving the insured's mental health and  
2397 preventing mental or nervous conditions. For the purposes of this  
2398 section, "mental or nervous conditions" has the same meaning as  
2399 provided in section 38a-514 of the general statutes, as amended by this  
2400 act.

2401 Sec. 51. Section 38a-488a of the general statutes is repealed and the  
2402 following is substituted in lieu thereof (*Effective January 1, 2023*):

2403 (a) For the purposes of this section:

2404 (1) (A) "Mental or nervous conditions" means mental disorders, as  
2405 defined in the most recent edition of the American Psychiatric  
2406 Association's "Diagnostic and Statistical Manual of Mental Disorders".

2407 (B) "Mental or nervous conditions" does not include [(A)] (i)  
2408 intellectual disability, [(B)] (ii) specific learning disorders, [(C)] (iii)  
2409 motor disorders, [(D)] (iv) communication disorders, [(E)] (v) caffeine-  
2410 related disorders, [(F)] (vi) relational problems, and [(G)] (vii) other  
2411 conditions that may be a focus of clinical attention, that are not  
2412 otherwise defined as mental disorders in the most recent edition of the  
2413 American Psychiatric Association's "Diagnostic and Statistical Manual  
2414 of Mental Disorders". [;]

2415 (2) ["benefits payable"] "Benefits payable" means the usual,  
2416 customary and reasonable charges for treatment deemed necessary  
2417 under generally accepted medical standards, except that in the case of a  
2418 managed care plan, as defined in section 38a-478, "benefits payable"  
2419 means the payments agreed upon in the contract between a managed  
2420 care organization, as defined in section 38a-478, and a provider, as  
2421 defined in section 38a-478. [;]

2422 (3) ["acute treatment services"] "Acute treatment services" means  
2423 twenty-four-hour medically supervised treatment for a substance use  
2424 disorder, that is provided in a medically managed or medically  
2425 monitored inpatient facility. [; and]

2426 (4) ["clinical stabilization services"] "Clinical stabilization services"  
2427 means twenty-four-hour clinically managed postdetoxification  
2428 treatment, including, but not limited to, relapse prevention, family  
2429 outreach, aftercare planning and addiction education and counseling.

2430 (b) Each individual health insurance policy providing coverage of the  
2431 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469

2432 delivered, issued for delivery, renewed, amended or continued in this  
2433 state shall provide benefits for the diagnosis and treatment of mental or  
2434 nervous conditions. Benefits payable include, but need not be limited to:

2435 (1) General inpatient hospitalization, including in state-operated  
2436 facilities;

2437 (2) Medically necessary acute treatment services and medically  
2438 necessary clinical stabilization services;

2439 (3) General hospital outpatient services, including at state-operated  
2440 facilities;

2441 (4) Psychiatric inpatient hospitalization, including in state-operated  
2442 facilities;

2443 (5) Psychiatric outpatient hospital services, including at state-  
2444 operated facilities;

2445 (6) Intensive outpatient services, including at state-operated facilities;

2446 (7) Partial hospitalization, including at state-operated facilities;

2447 (8) Intensive, [home-based] evidence-based services or other  
2448 intensive services, including, but not limited to, home-based services,  
2449 designed to address specific mental or nervous conditions in a child or  
2450 adolescent;

2451 (9) Evidence-based family-focused therapy that specializes in the  
2452 treatment of juvenile substance use disorders;

2453 (10) Short-term family therapy intervention;

2454 (11) Nonhospital inpatient detoxification;

2455 (12) Medically monitored detoxification;

2456 (13) Ambulatory detoxification;

2457 (14) Inpatient services at psychiatric residential treatment facilities;

2458 (15) Rehabilitation services provided in residential treatment  
2459 facilities, general hospitals, psychiatric hospitals or psychiatric facilities;

2460 (16) Observation beds in acute hospital settings;

2461 (17) Psychological and neuropsychological testing conducted by an  
2462 appropriately licensed health care provider;

2463 (18) Trauma screening conducted by a licensed behavioral health  
2464 professional;

2465 (19) Depression screening, including maternal depression screening,  
2466 conducted by a licensed behavioral health professional;

2467 (20) Substance use screening conducted by a licensed behavioral  
2468 health professional;

2469 (c) No such policy shall establish any terms, conditions or benefits  
2470 that place a greater financial burden on an insured for access to  
2471 diagnosis or treatment of mental or nervous conditions than for  
2472 diagnosis or treatment of medical, surgical or other physical health  
2473 conditions, or prohibit an insured from obtaining or a health care  
2474 provider from being reimbursed for multiple screening services as part  
2475 of a single-day visit to a health care provider or a multicare institution,  
2476 as defined in section 19a-490.

2477 (d) In the case of benefits payable for the services of a licensed  
2478 physician, such benefits shall be payable for the same services when  
2479 such services are lawfully rendered by a psychologist licensed under the  
2480 provisions of chapter 383 or by such a licensed psychologist in a licensed  
2481 hospital or clinic or an advanced practice registered nurse licensed  
2482 under the provisions of chapter 378.

2483 (e) In the case of benefits payable for the services of a licensed  
2484 physician or psychologist, such benefits shall be payable for the same  
2485 services when such services are rendered by:

2486 (1) A clinical social worker who is licensed under the provisions of

2487 chapter 383b and who has passed the clinical examination of the  
2488 American Association of State Social Work Boards and has completed  
2489 at least two thousand hours of post-master's social work experience in a  
2490 nonprofit agency qualifying as a tax-exempt organization under Section  
2491 501(c) of the Internal Revenue Code of 1986 or any subsequent  
2492 corresponding internal revenue code of the United States, as from time  
2493 to time amended, in a municipal, state or federal agency or in an  
2494 institution licensed by the Department of Public Health under section  
2495 19a-490;

2496 (2) A social worker who was certified as an independent social  
2497 worker under the provisions of chapter 383b prior to October 1, 1990;

2498 (3) A licensed marital and family therapist who has completed at least  
2499 two thousand hours of post-master's marriage and family therapy work  
2500 experience in a nonprofit agency qualifying as a tax-exempt  
2501 organization under Section 501(c) of the Internal Revenue Code of 1986  
2502 or any subsequent corresponding internal revenue code of the United  
2503 States, as from time to time amended, in a municipal, state or federal  
2504 agency or in an institution licensed by the Department of Public Health  
2505 under section 19a-490;

2506 (4) A marital and family therapist who was certified under the  
2507 provisions of chapter 383a prior to October 1, 1992;

2508 (5) A licensed alcohol and drug counselor, as defined in section 20-  
2509 74s, or a certified alcohol and drug counselor, as defined in section 20-  
2510 74s;

2511 (6) A licensed professional counselor; or

2512 (7) An advanced practice registered nurse licensed under the  
2513 provisions of chapter 378.

2514 (f) (1) In the case of benefits payable for the services of a licensed  
2515 physician, such benefits shall be payable for (A) services rendered in a  
2516 child guidance clinic or residential treatment facility by a person with a  
2517 master's degree in social work or by a person with a master's degree in

2518 marriage and family therapy under the supervision of a psychiatrist,  
2519 physician, licensed marital and family therapist, or licensed clinical  
2520 social worker who is eligible for reimbursement under subdivisions (1)  
2521 to (4), inclusive, of subsection (e) of this section; (B) services rendered in  
2522 a residential treatment facility by a licensed or certified alcohol and drug  
2523 counselor who is eligible for reimbursement under subdivision (5) of  
2524 subsection (e) of this section; (C) services rendered in a residential  
2525 treatment facility by a licensed professional counselor who is eligible for  
2526 reimbursement under subdivision (6) of subsection (e) of this section; or  
2527 (D) services rendered in a residential treatment facility by a licensed  
2528 advanced practice registered nurse who is eligible for reimbursement  
2529 under subdivision (7) of subsection (e) of this section.

2530 (2) In the case of benefits payable for the services of a licensed  
2531 psychologist under subsection (e) of this section, such benefits shall be  
2532 payable for (A) services rendered in a child guidance clinic or residential  
2533 treatment facility by a person with a master's degree in social work or  
2534 by a person with a master's degree in marriage and family therapy  
2535 under the supervision of such licensed psychologist, licensed marital  
2536 and family therapist, or licensed clinical social worker who is eligible for  
2537 reimbursement under subdivisions (1) to (4), inclusive, of subsection (e)  
2538 of this section; (B) services rendered in a residential treatment facility by  
2539 a licensed or certified alcohol and drug counselor who is eligible for  
2540 reimbursement under subdivision (5) of subsection (e) of this section;  
2541 (C) services rendered in a residential treatment facility by a licensed  
2542 professional counselor who is eligible for reimbursement under  
2543 subdivision (6) of subsection (e) of this section; or (D) services rendered  
2544 in a residential treatment facility by a licensed advanced practice  
2545 registered nurse who is eligible for reimbursement under subdivision  
2546 (7) of subsection (e) of this section.

2547 (g) In the case of benefits payable for the service of a licensed  
2548 physician practicing as a psychiatrist or a licensed psychologist, under  
2549 subsection (e) of this section, such benefits shall be payable for  
2550 outpatient services rendered (1) in a nonprofit community mental health  
2551 center, as defined by the Department of Mental Health and Addiction



2552 Services, in a nonprofit licensed adult psychiatric clinic operated by an  
2553 accredited hospital or in a residential treatment facility; (2) under the  
2554 supervision of a licensed physician practicing as a psychiatrist, a  
2555 licensed psychologist, a licensed marital and family therapist, a licensed  
2556 clinical social worker, a licensed or certified alcohol and drug counselor,  
2557 a licensed professional counselor or a licensed advanced practice  
2558 registered nurse who is eligible for reimbursement under subdivisions  
2559 (1) to (7), inclusive, of subsection (e) of this section; and (3) within the  
2560 scope of the license issued to the center or clinic by the Department of  
2561 Public Health or to the residential treatment facility by the Department  
2562 of Children and Families.

2563 (h) Except in the case of emergency services or in the case of services  
2564 for which an individual has been referred by a physician or an advanced  
2565 practice registered nurse affiliated with a health care center, nothing in  
2566 this section shall be construed to require a health care center to provide  
2567 benefits under this section through facilities that are not affiliated with  
2568 the health care center.

2569 (i) In the case of any person admitted to a state institution or facility  
2570 administered by the Department of Mental Health and Addiction  
2571 Services, Department of Public Health, Department of Children and  
2572 Families or the Department of Developmental Services, the state shall  
2573 have a lien upon the proceeds of any coverage available to such person  
2574 or a legally liable relative of such person under the terms of this section,  
2575 to the extent of the per capita cost of such person's care. Except in the  
2576 case of emergency services, the provisions of this subsection shall not  
2577 apply to coverage provided under a managed care plan, as defined in  
2578 section 38a-478.

2579 (j) Reimbursement for covered services rendered in this state by an  
2580 out-of-network health care provider for the diagnosis or treatment of a  
2581 substance use disorder shall be paid under the insured's individual  
2582 health insurance policy directly to the provider if the provider is  
2583 otherwise eligible for reimbursement for such services. The insured who  
2584 received such services shall be deemed to have made an assignment to

2585 such provider of such insured's coverage reimbursement benefits and  
2586 other rights under the policy. In no event shall such provider bill,  
2587 charge, collect a deposit from, seek compensation, remuneration or  
2588 reimbursement from or have any recourse against the insured for such  
2589 services, except that such provider may collect any copayments,  
2590 deductibles or other out-of-pocket expenses that the insured is required  
2591 to pay under the policy.

2592 Sec. 52. Section 38a-514 of the general statutes is repealed and the  
2593 following is substituted in lieu thereof (*Effective January 1, 2023*):

2594 (a) For the purposes of this section:

2595 (1) (A) "Mental or nervous conditions" means mental disorders, as  
2596 defined in the most recent edition of the American Psychiatric  
2597 Association's "Diagnostic and Statistical Manual of Mental Disorders".

2598 (B) "Mental or nervous conditions" does not include [(A)] (i)  
2599 intellectual disability, [(B)] (ii) specific learning disorders, [(C)] (iii)  
2600 motor disorders, [(D)] (iv) communication disorders, [(E)] (v) caffeine-  
2601 related disorders, [(F)] (vi) relational problems, and [(G)] (vii) other  
2602 conditions that may be a focus of clinical attention, that are not  
2603 otherwise defined as mental disorders in the most recent edition of the  
2604 American Psychiatric Association's "Diagnostic and Statistical Manual  
2605 of Mental Disorders". [;]

2606 (2) ["benefits payable"] "Benefits payable" means the usual,  
2607 customary and reasonable charges for treatment deemed necessary  
2608 under generally accepted medical standards, except that in the case of a  
2609 managed care plan, as defined in section 38a-478, "benefits payable"  
2610 means the payments agreed upon in the contract between a managed  
2611 care organization, as defined in section 38a-478, and a provider, as  
2612 defined in section 38a-478. [;]

2613 (3) ["acute treatment services"] "Acute treatment services" means  
2614 twenty-four-hour medically supervised treatment for a substance use  
2615 disorder, that is provided in a medically managed or medically

2616 monitored inpatient facility. [; and]

2617 (4) ["clinical stabilization services"] "Clinical stabilization services"  
2618 means twenty-four-hour clinically managed postdetoxification  
2619 treatment, including, but not limited to, relapse prevention, family  
2620 outreach, aftercare planning and addiction education and counseling.

2621 (b) Except as provided in subsection (j) of this section, each group  
2622 health insurance policy providing coverage of the type specified in  
2623 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,  
2624 issued for delivery, renewed, amended or continued in this state shall  
2625 provide benefits for the diagnosis and treatment of mental or nervous  
2626 conditions. Benefits payable include, but need not be limited to:

2627 (1) General inpatient hospitalization, including in state-operated  
2628 facilities;

2629 (2) Medically necessary acute treatment services and medically  
2630 necessary clinical stabilization services;

2631 (3) General hospital outpatient services, including at state-operated  
2632 facilities;

2633 (4) Psychiatric inpatient hospitalization, including in state-operated  
2634 facilities;

2635 (5) Psychiatric outpatient hospital services, including at state-  
2636 operated facilities;

2637 (6) Intensive outpatient services, including at state-operated facilities;

2638 (7) Partial hospitalization, including at state-operated facilities;

2639 (8) Intensive, [home-based] evidence-based services or other  
2640 intensive services, including, but not limited to, home-based services,  
2641 designed to address specific mental or nervous conditions in a child or  
2642 adolescent;

2643 (9) Evidence-based family-focused therapy that specializes in the

- 2644 treatment of juvenile substance use disorders;
- 2645 (10) Short-term family therapy intervention;
- 2646 (11) Nonhospital inpatient detoxification;
- 2647 (12) Medically monitored detoxification;
- 2648 (13) Ambulatory detoxification;
- 2649 (14) Inpatient services at psychiatric residential treatment facilities;
- 2650 (15) Rehabilitation services provided in residential treatment  
2651 facilities, general hospitals, psychiatric hospitals or psychiatric facilities;
- 2652 (16) Observation beds in acute hospital settings;
- 2653 (17) Psychological and neuropsychological testing conducted by an  
2654 appropriately licensed health care provider;
- 2655 (18) Trauma screening conducted by a licensed behavioral health  
2656 professional;
- 2657 (19) Depression screening, including maternal depression screening,  
2658 conducted by a licensed behavioral health professional;
- 2659 (20) Substance use screening conducted by a licensed behavioral  
2660 health professional;
- 2661 (c) No such group policy shall establish any terms, conditions or  
2662 benefits that place a greater financial burden on an insured for access to  
2663 diagnosis or treatment of mental or nervous conditions than for  
2664 diagnosis or treatment of medical, surgical or other physical health  
2665 conditions, or prohibit an insured from obtaining or a health care  
2666 provider from being reimbursed for multiple screening services as part  
2667 of a single-day visit to a health care provider or a multicare institution,  
2668 as defined in section 19a-490.
- 2669 (d) In the case of benefits payable for the services of a licensed  
2670 physician, such benefits shall be payable for the same services when

2671 such services are lawfully rendered by a psychologist licensed under the  
2672 provisions of chapter 383 or by such a licensed psychologist in a licensed  
2673 hospital or clinic.

2674 (e) In the case of benefits payable for the services of a licensed  
2675 physician or psychologist, such benefits shall be payable for the same  
2676 services when such services are rendered by:

2677 (1) A clinical social worker who is licensed under the provisions of  
2678 chapter 383b and who has passed the clinical examination of the  
2679 American Association of State Social Work Boards and has completed  
2680 at least two thousand hours of post-master's social work experience in a  
2681 nonprofit agency qualifying as a tax-exempt organization under Section  
2682 501(c) of the Internal Revenue Code of 1986 or any subsequent  
2683 corresponding internal revenue code of the United States, as from time  
2684 to time amended, in a municipal, state or federal agency or in an  
2685 institution licensed by the Department of Public Health under section  
2686 19a-490;

2687 (2) A social worker who was certified as an independent social  
2688 worker under the provisions of chapter 383b prior to October 1, 1990;

2689 (3) A licensed marital and family therapist who has completed at least  
2690 two thousand hours of post-master's marriage and family therapy work  
2691 experience in a nonprofit agency qualifying as a tax-exempt  
2692 organization under Section 501(c) of the Internal Revenue Code of 1986  
2693 or any subsequent corresponding internal revenue code of the United  
2694 States, as from time to time amended, in a municipal, state or federal  
2695 agency or in an institution licensed by the Department of Public Health  
2696 under section 19a-490;

2697 (4) A marital and family therapist who was certified under the  
2698 provisions of chapter 383a prior to October 1, 1992;

2699 (5) A licensed alcohol and drug counselor, as defined in section 20-  
2700 74s, or a certified alcohol and drug counselor, as defined in section 20-  
2701 74s;

2702 (6) A licensed professional counselor; or

2703 (7) An advanced practice registered nurse licensed under the  
2704 provisions of chapter 378.

2705 (f) (1) In the case of benefits payable for the services of a licensed  
2706 physician, such benefits shall be payable for (A) services rendered in a  
2707 child guidance clinic or residential treatment facility by a person with a  
2708 master's degree in social work or by a person with a master's degree in  
2709 marriage and family therapy under the supervision of a psychiatrist,  
2710 physician, licensed marital and family therapist or licensed clinical  
2711 social worker who is eligible for reimbursement under subdivisions (1)  
2712 to (4), inclusive, of subsection (e) of this section; (B) services rendered in  
2713 a residential treatment facility by a licensed or certified alcohol and drug  
2714 counselor who is eligible for reimbursement under subdivision (5) of  
2715 subsection (e) of this section; or (C) services rendered in a residential  
2716 treatment facility by a licensed professional counselor who is eligible for  
2717 reimbursement under subdivision (6) of subsection (e) of this section.

2718 (2) In the case of benefits payable for the services of a licensed  
2719 psychologist under subsection (e) of this section, such benefits shall be  
2720 payable for (A) services rendered in a child guidance clinic or residential  
2721 treatment facility by a person with a master's degree in social work or  
2722 by a person with a master's degree in marriage and family therapy  
2723 under the supervision of such licensed psychologist, licensed marital  
2724 and family therapist or licensed clinical social worker who is eligible for  
2725 reimbursement under subdivisions (1) to (4), inclusive, of subsection (e)  
2726 of this section; (B) services rendered in a residential treatment facility by  
2727 a licensed or certified alcohol and drug counselor who is eligible for  
2728 reimbursement under subdivision (5) of subsection (e) of this section; or  
2729 (C) services rendered in a residential treatment facility by a licensed  
2730 professional counselor who is eligible for reimbursement under  
2731 subdivision (6) of subsection (e) of this section.

2732 (g) In the case of benefits payable for the service of a licensed  
2733 physician practicing as a psychiatrist or a licensed psychologist, under  
2734 subsection (e) of this section, such benefits shall be payable for

2735 outpatient services rendered (1) in a nonprofit community mental health  
2736 center, as defined by the Department of Mental Health and Addiction  
2737 Services, in a nonprofit licensed adult psychiatric clinic operated by an  
2738 accredited hospital or in a residential treatment facility; (2) under the  
2739 supervision of a licensed physician practicing as a psychiatrist, a  
2740 licensed psychologist, a licensed marital and family therapist, a licensed  
2741 clinical social worker, a licensed or certified alcohol and drug counselor,  
2742 or a licensed professional counselor who is eligible for reimbursement  
2743 under subdivisions (1) to (6), inclusive, of subsection (e) of this section;  
2744 and (3) within the scope of the license issued to the center or clinic by  
2745 the Department of Public Health or to the residential treatment facility  
2746 by the Department of Children and Families.

2747 (h) Except in the case of emergency services or in the case of services  
2748 for which an individual has been referred by a physician affiliated with  
2749 a health care center, nothing in this section shall be construed to require  
2750 a health care center to provide benefits under this section through  
2751 facilities that are not affiliated with the health care center.

2752 (i) In the case of any person admitted to a state institution or facility  
2753 administered by the Department of Mental Health and Addiction  
2754 Services, Department of Public Health, Department of Children and  
2755 Families or the Department of Developmental Services, the state shall  
2756 have a lien upon the proceeds of any coverage available to such person  
2757 or a legally liable relative of such person under the terms of this section,  
2758 to the extent of the per capita cost of such person's care. Except in the  
2759 case of emergency services the provisions of this subsection shall not  
2760 apply to coverage provided under a managed care plan, as defined in  
2761 section 38a-478.

2762 (j) A group health insurance policy may exclude the benefits required  
2763 by this section if such benefits are included in a separate policy issued  
2764 to the same group by an insurance company, health care center, hospital  
2765 service corporation, medical service corporation or fraternal benefit  
2766 society. Such separate policy, which shall include the benefits required  
2767 by this section and the benefits required by section 38a-533, shall not be

2768 required to include any other benefits mandated by this title.

2769 (k) In the case of benefits based upon confinement in a residential  
2770 treatment facility, such benefits shall be payable in situations in which  
2771 the insured has a serious mental or nervous condition that substantially  
2772 impairs the insured's thoughts, perception of reality, emotional process  
2773 or judgment or grossly impairs the behavior of the insured, and, upon  
2774 an assessment of the insured by a physician, psychiatrist, psychologist  
2775 or clinical social worker, cannot appropriately, safely or effectively be  
2776 treated in an acute care, partial hospitalization, intensive outpatient or  
2777 outpatient setting.

2778 (l) The services rendered for which benefits are to be paid for  
2779 confinement in a residential treatment facility shall be based on an  
2780 individual treatment plan. For purposes of this section, the term  
2781 "individual treatment plan" means a treatment plan prescribed by a  
2782 physician with specific attainable goals and objectives appropriate to  
2783 both the patient and the treatment modality of the program.

2784 (m) Reimbursement for covered services rendered in this state by an  
2785 out-of-network health care provider for the diagnosis or treatment of a  
2786 substance use disorder shall be paid under the insured's group health  
2787 insurance policy directly to the provider if the provider is otherwise  
2788 eligible for reimbursement for such services. The insured who received  
2789 such services shall be deemed to have made an assignment to such  
2790 provider of such insured's coverage reimbursement benefits and other  
2791 rights under the policy. In no event shall such provider bill, charge,  
2792 collect a deposit from, seek compensation, remuneration or  
2793 reimbursement from or have any recourse against the insured for such  
2794 services, except that such provider may collect any copayments,  
2795 deductibles or other out-of-pocket expenses that the insured is required  
2796 to pay under the policy.

2797 Sec. 53. (*Effective July 1, 2022*) (a) As used in this section:

2798 (1) "Mental health programming" means age-appropriate education  
2799 or outreach initiatives aimed at students for the prevention of mental



2800 illness, including, but not limited to, poster and flyer campaigns, films,  
2801 guest speakers or other school events; and

2802 (2) "School-based mental health clinic" means a clinic that: (A) Is  
2803 located in, or on the grounds of, a school facility of a school district or  
2804 school board or of an Indian tribe or tribal organization; (B) is organized  
2805 through school, community and health provider relationships; (C) is  
2806 administered by a sponsoring facility; and (D) provides on-site mental,  
2807 emotional or behavioral health services to children and adolescents in  
2808 accordance with state and local law, including laws relating to licensure  
2809 and certification.

2810 (b) Not later than January 1, 2023, the Departments of Children and  
2811 Families, Public Health and Education, in consultation with the  
2812 Connecticut Association of School-Based Health Centers and a  
2813 children's mental health service provider licensed by the Department of  
2814 Children and Families, shall develop a plan to promote access to mental  
2815 health services for children and youth in regions of the state that do not  
2816 have access to a school-based health center or an expanded school health  
2817 site, which may include, but need not be limited to, establishing school-  
2818 based mental health clinics. The mental health services included in such  
2819 plan may include, but not be limited to, (1) to the extent permitted by a  
2820 license or certification of a sponsoring facility, as defined in section 19a-  
2821 6r of the general statutes, the provision of counseling to individual  
2822 students, groups or families, (2) establishing the hours of operation of  
2823 any school-based mental health clinic to include, in addition to school  
2824 hours, after school, weekend or summer hours based on community  
2825 need for services, and (3) the provision of mental health programming  
2826 for students in partnership with a local or regional board of education.

2827 (c) Any mental health service provider who staffs any school-based  
2828 mental health clinic established in partnership with a local or regional  
2829 board of education shall be knowledgeable about social-emotional  
2830 learning, as defined in section 10-222v of the general statutes, and  
2831 restorative practices and may receive additional training through  
2832 participation in the social-emotional learning and restorative practices

2833 training provided to teachers and administrators of the schools  
2834 governed by such board.

2835 (d) Not later than February 1, 2023, the Departments of Children and  
2836 Families and Public Health shall jointly submit, in accordance with the  
2837 provisions of section 11-4a of the general statutes, to the joint standing  
2838 committee of the General Assembly having cognizance of matters  
2839 relating to children, a report on the (1) plan developed pursuant to  
2840 subsection (b) of this section, and (2) availability of any sources of  
2841 funding for the implementation of such plan.

2842 Sec. 54. Section 20-188 of the general statutes is repealed and the  
2843 following is substituted in lieu thereof (*Effective October 1, 2022*):

2844 Before granting a license to a psychologist, the department shall,  
2845 except as provided in section 20-190, require any applicant therefor to  
2846 pass an examination in psychology prescribed by the department with  
2847 the advice and consent of the board. Each applicant shall pay a fee of  
2848 five hundred sixty-five dollars, and shall satisfy the department that  
2849 such applicant: (1) Has received the doctoral degree based on a program  
2850 of studies whose content was primarily psychological from an  
2851 educational institution approved in accordance with section 20-189,  
2852 including, but not limited to, the completion of at least one semester-  
2853 long clerkship at a facility licensed or operated by the Department of  
2854 Children and Families, or for any other state agency as deemed  
2855 appropriate by the Commissioner of Children and Families; and (2) has  
2856 had at least one year's experience that meets the requirements  
2857 established in regulations adopted by the department, in consultation  
2858 with the board, in accordance with the provisions of chapter 54. The  
2859 department shall establish a passing score for the examination with the  
2860 consent of the board. Any certificate granted by the board of examiners  
2861 prior to June 24, 1969, shall be deemed a valid license permitting  
2862 continuance of profession subject to the provisions of this chapter. An  
2863 applicant who is licensed or certified as a psychologist in another state,  
2864 territory or commonwealth of the United States may substitute two  
2865 years of licensed or certified work experience in the practice of

2866 psychology, as defined in section 20-187a, in lieu of the requirements of  
2867 subdivision (2) of this section. As used in this section, "clerkship" means  
2868 a program in which a doctoral degree candidate works as a  
2869 psychological assessor or psychotherapist for between twelve and  
2870 sixteen hours per week and during which the candidate was supervised  
2871 by an agency-affiliated psychologist and at least one core faculty  
2872 member of the doctoral degree program.

2873 Sec. 55. Section 19a-179f of the general statutes is repealed and the  
2874 following is substituted in lieu thereof (*Effective October 1, 2022*):

2875 (a) A licensed or certified emergency medical services organization  
2876 or provider may transport a patient by ambulance to an alternate  
2877 destination, in consultation with the medical director of a sponsor  
2878 hospital.

2879 (b) On or before January 1, 2024, the Office of Emergency Medical  
2880 Services shall develop protocols for a licensed or certified emergency  
2881 medical services organization or provider to transport a pediatric  
2882 patient with mental or behavioral health needs by ambulance to an  
2883 urgent care center operated by the Department of Children and Families  
2884 that is dedicated to treating children's urgent mental or behavioral  
2885 health needs.

2886 ~~[(b)]~~ (c) Any ambulance used for transport to an alternate destination  
2887 under subsection (a) or (b) of this section shall meet the requirements  
2888 for a basic level ambulance, as prescribed in regulations adopted  
2889 pursuant to section 19a-179, including requirements concerning  
2890 medically necessary supplies and services.

2891 Sec. 56. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this  
2892 section:

2893 (1) "Collaborative Care Model" means the Collaborative Care Model  
2894 developed at the University of Washington;

2895 (2) "CPT code" means a code number under the Current Procedural  
2896 Terminology system developed by the American Medical Association;

2897 and

2898 (3) "HCPCS code" means a code number under the Healthcare  
2899 Common Procedure Coding System developed by the federal Centers  
2900 for Medicare and Medicaid Services.

2901 (b) Each individual health insurance policy providing coverage of the  
2902 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
2903 of the general statutes and delivered, issued for delivery, renewed,  
2904 amended or continued in this state on or after January 1, 2023, shall  
2905 provide coverage for health care services that a primary care provider  
2906 provides to an insured under the Collaborative Care Model. Such  
2907 services shall include, but need not be limited to, services with a CPT  
2908 code of 99484, 99492, 99493 or 99494 or HCPCS code of G2214, or any  
2909 subsequent corresponding code.

2910 Sec. 57. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this  
2911 section:

2912 (1) "Collaborative Care Model" means the Collaborative Care Model  
2913 developed at the University of Washington;

2914 (2) "CPT code" means a code number under the Current Procedural  
2915 Terminology system developed by the American Medical Association;  
2916 and

2917 (3) "HCPCS code" means a code number under the Healthcare  
2918 Common Procedure Coding System developed by the federal Centers  
2919 for Medicare and Medicaid Services.

2920 (b) Each group health insurance policy providing coverage of the  
2921 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
2922 of the general statutes and delivered, issued for delivery, renewed,  
2923 amended or continued in this state on or after January 1, 2023, shall  
2924 provide coverage for health care services that a primary care provider  
2925 provides to an insured under the Collaborative Care Model. Such  
2926 services shall include, but need not be limited to, services with a CPT  
2927 code of 99484, 99492, 99493 or 99494 or HCPCS code of G2214, or any

2928 subsequent corresponding code.

2929 Sec. 58. Subsections (a) and (b) of section 38a-477aa of the general  
2930 statutes are repealed and the following is substituted in lieu thereof  
2931 (*Effective January 1, 2023*):

2932 (a) As used in this section:

2933 (1) "Emergency condition" has the same meaning as "emergency  
2934 medical condition", as provided in section 38a-591a;

2935 (2) "Emergency services" means, with respect to an emergency  
2936 condition, (A) a medical screening examination as required under  
2937 Section 1867 of the Social Security Act, as amended from time to time,  
2938 that is within the capability of a hospital emergency department,  
2939 including ancillary services routinely available to such department to  
2940 evaluate such condition, and (B) such further medical examinations and  
2941 treatment required under said Section 1867 to stabilize such individual,  
2942 that are within the capability of the hospital staff and facilities;

2943 (3) "Health care plan" means an individual or a group health  
2944 insurance policy or health benefit plan that provides coverage of the  
2945 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
2946 469;

2947 (4) "Health care provider" means an individual licensed to provide  
2948 health care services under chapters 370 to 373, inclusive, chapters 375 to  
2949 383b, inclusive, and chapters 384a to 384c, inclusive;

2950 (5) "Health carrier" means an insurance company, health care center,  
2951 hospital service corporation, medical service corporation, fraternal  
2952 benefit society or other entity that delivers, issues for delivery, renews,  
2953 amends or continues a health care plan in this state;

2954 (6) (A) "Surprise bill" means a bill for health care services, other than  
2955 emergency services or acute inpatient psychiatric services, received by  
2956 an insured for services rendered by an out-of-network health care  
2957 provider, where such services were rendered by (i) such out-of-network

2958 provider at an in-network facility, during a service or procedure  
2959 performed by an in-network provider or during a service or procedure  
2960 previously approved or authorized by the health carrier and the insured  
2961 did not knowingly elect to obtain such services from such out-of-  
2962 network provider, or (ii) a clinical laboratory, as defined in section 19a-  
2963 30, that is an out-of-network provider, upon the referral of an in-  
2964 network provider.

2965 (B) "Surprise bill" does not include a bill for health care services  
2966 received by an insured when an in-network health care provider was  
2967 available to render such services and the insured knowingly elected to  
2968 obtain such services from another health care provider who was out-of-  
2969 network.

2970 (b) (1) No health carrier shall require prior authorization for  
2971 rendering emergency services or acute inpatient psychiatric services to  
2972 an insured.

2973 (2) No health carrier shall impose, for emergency services or acute  
2974 inpatient psychiatric services rendered to an insured by an out-of-  
2975 network health care provider, a coinsurance, copayment, deductible or  
2976 other out-of-pocket expense that is greater than the coinsurance,  
2977 copayment, deductible or other out-of-pocket expense that would be  
2978 imposed if such emergency services or acute inpatient psychiatric  
2979 services were rendered by an in-network health care provider.

2980 (3) (A) If emergency services or acute inpatient psychiatric services  
2981 were rendered to an insured by an out-of-network health care provider,  
2982 such health care provider may bill the health carrier directly and the  
2983 health carrier shall reimburse such health care provider the greatest of  
2984 the following amounts: (i) The amount the insured's health care plan  
2985 would pay for such services if rendered by an in-network health care  
2986 provider; (ii) the usual, customary and reasonable rate for such services;  
2987 or (iii) the amount Medicare would reimburse for such services. As used  
2988 in this subparagraph, "usual, customary and reasonable rate" means the  
2989 eightieth percentile of all charges for the particular health care service  
2990 performed by a health care provider in the same or similar specialty and

2991 provided in the same geographical area, as reported in a benchmarking  
2992 database maintained by a nonprofit organization specified by the  
2993 Insurance Commissioner. Such organization shall not be affiliated with  
2994 any health carrier.

2995 (B) Nothing in this subdivision shall be construed to prohibit such  
2996 health carrier and out-of-network health care provider from agreeing to  
2997 a greater reimbursement amount.

2998 Sec. 59. Subsection (b) of section 20-7f of the general statutes is  
2999 repealed and the following is substituted in lieu thereof (*Effective January*  
3000 *1, 2023*):

3001 (b) It shall be an unfair trade practice in violation of chapter 735a for  
3002 any health care provider to request payment from an enrollee, other  
3003 than a coinsurance, copayment, deductible or other out-of-pocket  
3004 expense, for (1) health care services or a facility fee, as defined in section  
3005 19a-508c, covered under a health care plan, (2) emergency services, or  
3006 acute inpatient psychiatric services, covered under a health care plan  
3007 and rendered by an out-of-network health care provider, or (3) a  
3008 surprise bill, as defined in section 38a-477aa, as amended by this act.

3009 Sec. 60. Subdivision (3) of subsection (c) of section 38a-193 of the  
3010 general statutes is repealed and the following is substituted in lieu  
3011 thereof (*Effective January 1, 2023*):

3012 (3) No participating provider, or agent, trustee or assignee thereof,  
3013 may: (A) Maintain any action at law against a subscriber or enrollee to  
3014 collect sums owed by the health care center; (B) request payment from  
3015 a subscriber or enrollee for such sums; (C) request payment from a  
3016 subscriber or enrollee for covered emergency services, or covered acute  
3017 inpatient psychiatric services, that are provided by an out-of-network  
3018 provider; or (D) request payment from a subscriber or enrollee for a  
3019 surprise bill, as defined in section 38a-477aa, as amended by this act. For  
3020 purposes of this subdivision "request payment" includes, but is not  
3021 limited to, submitting a bill for services not actually owed or submitting  
3022 for such services an invoice or other communication detailing the cost

3023 of the services that is not clearly marked with the phrase "THIS IS NOT  
3024 A BILL". The contract between a health care center and a participating  
3025 provider shall inform the participating provider that pursuant to section  
3026 20-7f, as amended by this act, it is an unfair trade practice in violation of  
3027 chapter 735a for any health care provider to request payment from a  
3028 subscriber or an enrollee, other than a coinsurance, copayment,  
3029 deductible or other out-of-pocket expense, for covered medical [or]  
3030 services, emergency services or acute inpatient psychiatric services or  
3031 facility fees, as defined in section 19a-508c, or surprise bills, or to report  
3032 to a credit reporting agency an enrollee's failure to pay a bill for such  
3033 services when a health care center has primary responsibility for  
3034 payment of such services, fees or bills.

3035 Sec. 61. Subdivision (1) of subsection (c) of section 38a-472f of the  
3036 general statutes is repealed and the following is substituted in lieu  
3037 thereof (*Effective January 1, 2023*):

3038 (c) (1) (A) Each health carrier shall establish and maintain a network  
3039 that includes a sufficient number and appropriate types of participating  
3040 providers, including those that serve predominantly low-income,  
3041 medically underserved individuals, to assure that all covered benefits  
3042 will be accessible to all such health carrier's covered persons without  
3043 unreasonable travel or delay.

3044 (B) Covered persons shall have access to emergency services, as  
3045 defined in section 38a-477aa, as amended by this act, and acute inpatient  
3046 psychiatric services twenty-four hours a day, seven days a week.

3047 Sec. 62. Subsection (h) of section 38a-488a of the general statutes is  
3048 repealed and the following is substituted in lieu thereof (*Effective January*  
3049 *1, 2023*):

3050 (h) Except in the case of emergency services, acute inpatient  
3051 psychiatric services or [in the case of] services for which an individual  
3052 has been referred by a physician or an advanced practice registered  
3053 nurse affiliated with a health care center, nothing in this section shall be  
3054 construed to require a health care center to provide benefits under this



3055 section through facilities that are not affiliated with the health care  
3056 center.

3057 Sec. 63. Subsection (h) of section 38a-514 of the general statutes is  
3058 repealed and the following is substituted in lieu thereof (*Effective January*  
3059 *1, 2023*):

3060 (h) Except in the case of emergency services, acute inpatient  
3061 psychiatric services or [in the case of] services for which an individual  
3062 has been referred by a physician affiliated with a health care center,  
3063 nothing in this section shall be construed to require a health care center  
3064 to provide benefits under this section through facilities that are not  
3065 affiliated with the health care center.

3066 Sec. 64. (*Effective from passage*) (a) The Insurance Department shall  
3067 study the rates at which health carriers delivering, issuing for delivery,  
3068 renewing, amending or continuing individual and group health  
3069 insurance policies in this state, and third-party administrators licensed  
3070 under section 38a-720a of the general statutes, reimburse health care  
3071 providers for covered physical, mental and behavioral health benefits.  
3072 Such study shall include, but need not be limited to, an assessment of  
3073 the: (1) Viability of implementing in this state a sliding scale of  
3074 reimbursement rates; (2) extent to which reimbursement rates for  
3075 covered mental and behavioral health benefits would need to increase  
3076 in order to provide a financial incentive to (A) attract additional health  
3077 care providers to provide covered mental and behavioral health benefits  
3078 to individuals in this state, and (B) encourage health care providers who  
3079 provide covered mental and behavioral health benefits to accept new  
3080 patients in this state; and (3) potential aggregate savings that would  
3081 accrue to health carriers in this state if insureds were to receive greater  
3082 access to health care providers who provide covered mental and  
3083 behavioral health benefits.

3084 (b) Not later than January 1, 2023, the Insurance Department shall, in  
3085 accordance with section 11-4a of the general statutes, submit a report to  
3086 the joint standing committees of the General Assembly having  
3087 cognizance of matters relating to insurance and public health disclosing

3088 the results of the study conducted pursuant to subsection (a) of this  
3089 section.

3090 Sec. 65. (*Effective from passage*) (a) As used in this section, "HUSKY  
3091 Health" has the same meaning as provided in section 17b-290 of the  
3092 general statutes. The Commissioner of Social Services, in consultation  
3093 with the Insurance Commissioner, shall conduct a study to determine  
3094 whether payment parity exists between (1) providers of behavioral and  
3095 mental health services and providers of other medical services in the  
3096 private insurance market, (2) such providers within the HUSKY Health  
3097 program, and (3) HUSKY Health program behavioral and mental health  
3098 providers and their counterparts in the private insurance market.

3099 (b) The study shall also include, but not be limited to: (1) What rate  
3100 increases may be necessary to encourage more private providers to offer  
3101 behavioral and mental health services to HUSKY Health program  
3102 members, (2) an estimate of the amount such increases would cost the  
3103 state annually, and (3) potential state savings on other health care costs  
3104 annually if access to behavioral and mental health providers by HUSKY  
3105 Health program members is expanded.

3106 (c) Not later than January 1, 2023, the Commissioner of Social Services  
3107 shall file a report on the study, in accordance with the provisions of  
3108 section 11-4a of the general statutes, to the joint standing committees of  
3109 the General Assembly having cognizance of matters relating to human  
3110 services, insurance, public health and appropriations and the budgets of  
3111 state agencies.

3112 Sec. 66. (NEW) (*Effective July 1, 2022*) (a) As used in this section, (1)  
3113 "Collaborative Care Model", or "CoCM" means the integrated delivery  
3114 of behavioral health and primary care services by a primary care team  
3115 that includes a primary care provider, a behavioral care manager, a  
3116 psychiatric consultant and a data base used by the behavioral care  
3117 manager to track patient progress, (2) "CoCM codes" means a billing  
3118 system developed by the Centers for Medicare and Medicaid Services  
3119 that provide Medicare rates for services provided in the Collaborative  
3120 Care Model, and (3) "HUSKY Health" has the same meaning as provided

3121 in section 17b-290 of the general statutes.

3122 (b) To the extent permissible under federal law, the Commissioner of  
3123 Social Services shall implement a Medicaid reimbursement system that  
3124 incentivizes collaboration between primary care providers and  
3125 behavioral and mental health care providers on an integrated care plan  
3126 for a HUSKY Health program member by separately reimbursing each  
3127 provider consulting on such patient's care. The commissioner may  
3128 adopt the Collaborative Care Model to expand access to behavioral and  
3129 mental health services for HUSKY Health program members and utilize  
3130 the CoCM codes approved by the Centers for Medicare and Medicaid  
3131 Services to provide reimbursement to participating providers.

3132 Sec. 67. (*Effective July 1, 2022*) The following sums are appropriated  
3133 from the GENERAL FUND for the purposes herein specified for the  
3134 fiscal year ending June 30, 2023:

T1	GENERAL FUND	2022-2023
T2	DEPARTMENT OF CHILDREN AND FAMILIES (DCF)	
T3	Community Kidcare (SID 16141)	6,500,000
T4	Family Support Services (SID 12304)	_____
T5	TOTAL - GENERAL FUND - DCF	_____

3135 Sec. 68. (*Effective July 1, 2022*) The amount appropriated in section 67  
3136 of this act shall be made available to the Department of Children and  
3137 Families, in its Community Kidcare account, for grants to providers to  
3138 (1) increase the number of full-time emergency mobile psychiatric  
3139 services personnel serving children in the state, (2) expand the number  
3140 of geographic areas in the state in which emergency mobile psychiatric  
3141 services personnel provide emergency mobile psychiatric services to  
3142 children, (3) expand the hours of operation during which emergency  
3143 mobile psychiatric services personnel provide such services to children,  
3144 and (4) expand the training of personnel providing emergency mobile  
3145 psychiatric services to children.

3146 Sec. 69. (*Effective July 1, 2022*) The amount appropriated in section 67  
3147 of this act shall be made available to the Department of Children and

3148 Families, in its Family Support Services account, for grants to intensive  
3149 outpatient services providers, partial hospitalization programs and  
3150 psychiatric residential treatment facilities in the state to increase the  
3151 number of providers serving children in need of mental or behavioral  
3152 health care and to increase the number of beds available to such children  
3153 through such providers, programs and facilities.

3154 Sec. 70. (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023,  
3155 and each fiscal year thereafter, the Department of Children and Families  
3156 may use any funds available to the department, including, but not  
3157 limited to, any authorized bond funds, to increase the number of full-  
3158 time staff of outpatient services providers, partial hospitalization  
3159 programs and psychiatric residential treatment facilities serving  
3160 children in need of mental or behavioral health care and the numbers of  
3161 beds available to such children through such providers, programs and  
3162 facilities.

3163 Sec. 71. (*Effective July 1, 2022*) The sum of \_\_\_\_ dollars is appropriated  
3164 to the Department of Children and Families from the General Fund, for  
3165 the fiscal year ending June 30, 2023, for hiring new and retaining existing  
3166 employees who are engaged full-time in mental or behavioral clinical  
3167 work.

3168 Sec. 72. (*Effective July 1, 2022*) The sum of \_\_\_\_ dollars is appropriated  
3169 to the Department of Public Health from the General Fund, for the fiscal  
3170 year ending June 30, 2023, for increasing the number of medical  
3171 residencies and fellowships in the practice area of child psychiatry in  
3172 hospitals in the state.

3173 Sec. 73. (*Effective July 1, 2022*) The sum of one hundred fifty thousand  
3174 dollars is appropriated to the Department of Public Health from the  
3175 General Fund, for the fiscal year ending June 30, 2023, for a grant-in-aid  
3176 to a children's hospital in the state for the purpose of coordinating a  
3177 mental and behavioral health training and consultation program, from  
3178 January 1, 2023, to January 1, 2025, inclusive, which shall be made  
3179 available to all pediatricians practicing in the state to help them gain the  
3180 knowledge, experience and confidence necessary to effectively treat

3181 pediatric mental and behavioral health issues.

3182 Sec. 74. (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023,  
3183 the Department of Education may expend funds received by the state  
3184 pursuant to the American Rescue Plan Act of 2021 for the purpose of  
3185 funding youth membership programs.

3186 Sec. 75. (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023,  
3187 to June 30, 2025, the Department of Education may expend funds  
3188 received by the state pursuant to the American Rescue Plan Act of 2021  
3189 for the purpose of administering the grant program that provides grants  
3190 to local and regional boards of education for the purpose of hiring and  
3191 retaining additional student mental health specialists pursuant to  
3192 section 18 of this act.

3193 Sec. 76. (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023,  
3194 to June 30, 2025, inclusive, the Department of Education may expend  
3195 funds received by the state pursuant to the American Rescue Plan Act  
3196 of 2021 for the purpose of administering the grant program that  
3197 provides grants to local and regional boards of education for the school-  
3198 based delivery of mental health services to children and adolescents  
3199 pursuant to section 19 of this act.

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>	20-195n
Sec. 3	<i>from passage</i>	20-195t
Sec. 4	<i>October 1, 2022</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>July 1, 2022</i>	17a-22ff(b)
Sec. 7	<i>July 1, 2022</i>	New section
Sec. 8	<i>October 1, 2022</i>	New section
Sec. 9	<i>from passage</i>	17a-20a
Sec. 10	<i>from passage</i>	PA 21-9, Sec. 1
Sec. 11	<i>from passage</i>	21a-249(c)
Sec. 12	<i>from passage</i>	PA 21-9, Sec. 3
Sec. 13	<i>from passage</i>	PA 21-9, Sec. 4

Sec. 14	<i>from passage</i>	PA 21-9, Sec. 5
Sec. 15	<i>from passage</i>	PA 21-9, Sec. 7
Sec. 16	<i>July 1, 2022</i>	38a-1041
Sec. 17	<i>from passage</i>	New section
Sec. 18	<i>July 1, 2022</i>	New section
Sec. 19	<i>from passage</i>	New section
Sec. 20	<i>July 1, 2022</i>	New section
Sec. 21	<i>July 1, 2022</i>	10-198a(b)
Sec. 22	<i>July 1, 2022</i>	10-198e
Sec. 23	<i>July 1, 2022</i>	17a-22bb(c)
Sec. 24	<i>July 1, 2022</i>	New section
Sec. 25	<i>July 1, 2022</i>	New section
Sec. 26	<i>July 1, 2022</i>	New section
Sec. 27	<i>July 1, 2022</i>	10-220(c)
Sec. 28	<i>October 1, 2022</i>	28-24(a)(1)
Sec. 29	<i>October 1, 2022</i>	28-24(c)
Sec. 30	<i>October 1, 2022</i>	28-25
Sec. 31	<i>October 1, 2022</i>	28-25b
Sec. 32	<i>October 1, 2022</i>	28-29a
Sec. 33	<i>October 1, 2022</i>	29-1t(b)
Sec. 34	<i>October 1, 2022</i>	New section
Sec. 35	<i>October 1, 2022</i>	New section
Sec. 36	<i>from passage</i>	19a-638
Sec. 37	<i>from passage</i>	New section
Sec. 38	<i>from passage</i>	New section
Sec. 39	<i>January 1, 2023</i>	38a-492b
Sec. 40	<i>January 1, 2023</i>	38a-518b
Sec. 41	<i>July 1, 2022</i>	New section
Sec. 42	<i>July 1, 2022</i>	New section
Sec. 43	<i>July 1, 2022</i>	New section
Sec. 44	<i>July 1, 2022</i>	New section
Sec. 45	<i>July 1, 2022</i>	New section
Sec. 46	<i>from passage</i>	New section
Sec. 47	<i>from passage</i>	New section
Sec. 48	<i>from passage</i>	New section
Sec. 49	<i>January 1, 2023</i>	New section
Sec. 50	<i>January 1, 2023</i>	New section
Sec. 51	<i>January 1, 2023</i>	38a-488a
Sec. 52	<i>January 1, 2023</i>	38a-514
Sec. 53	<i>July 1, 2022</i>	New section
Sec. 54	<i>October 1, 2022</i>	20-188

Sec. 55	<i>October 1, 2022</i>	19a-179f
Sec. 56	<i>January 1, 2023</i>	New section
Sec. 57	<i>January 1, 2023</i>	New section
Sec. 58	<i>January 1, 2023</i>	38a-477aa(a) and (b)
Sec. 59	<i>January 1, 2023</i>	20-7f(b)
Sec. 60	<i>January 1, 2023</i>	38a-193(c)(3)
Sec. 61	<i>January 1, 2023</i>	38a-472f(c)(1)
Sec. 62	<i>January 1, 2023</i>	38a-488a(h)
Sec. 63	<i>January 1, 2023</i>	38a-514(h)
Sec. 64	<i>from passage</i>	New section
Sec. 65	<i>from passage</i>	New section
Sec. 66	<i>July 1, 2022</i>	New section
Sec. 67	<i>July 1, 2022</i>	New section
Sec. 68	<i>July 1, 2022</i>	New section
Sec. 69	<i>July 1, 2022</i>	New section
Sec. 70	<i>July 1, 2022</i>	New section
Sec. 71	<i>July 1, 2022</i>	New section
Sec. 72	<i>July 1, 2022</i>	New section
Sec. 73	<i>July 1, 2022</i>	New section
Sec. 74	<i>July 1, 2022</i>	New section
Sec. 75	<i>July 1, 2022</i>	New section
Sec. 76	<i>July 1, 2022</i>	New section

**Statement of Purpose:**

To improve the availability and provision of mental health, behavioral health and substance use disorder treatment services to children.

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