Substitute Senate Bill No. 2

Public Act No. 22-81

AN ACT EXPANDING PRESCHOOL AND MENTAL AND BEHAVIORAL SERVICES FOR CHILDREN.

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

Section 1. (NEW) (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023, and each fiscal year thereafter, the Department of Mental Health and Addiction Services shall make mobile crisis response services available twenty-four hours a day, seven days per week, to the public.

Sec. 2. (NEW) (*Effective July 1, 2022*) (a) There is established a Social Determinants of Mental Health Fund, which shall be a separate, nonlapsing account within the General Fund. The account shall contain any moneys required by law to be deposited in the account, the resources of which shall be used by the Commissioner of Children and Families to assist families in covering the cost of mental health services and treatment for their children. The commissioner shall establish eligibility criteria for families to receive such assistance based on social determinants of mental health, with a goal toward reducing racial, ethnic, gender and socioeconomic mental health disparities. As used in this section, "social determinants of mental health" includes, but is not limited to, discrimination and social exclusion, adverse early life experiences, low educational attainment, poor educational quality and

educational inequality, poverty, income inequality and living in socioeconomically deprived neighborhoods, food insecurity, unemployment, underemployment and job insecurity, poor housing quality and housing instability, impact of climate change, adverse features of the structures and systems in which persons live or work and poor access to health care.

(b) The commissioner may accept on behalf of the fund any federal funds or private grants or gifts made for purposes of this section. The commissioner shall use such funds to make grants to families for the purposes described in this section.

Sec. 3. (NEW) (*Effective July 1, 2022*) Not later than July 1, 2023, the Department of Education, in collaboration with the governing authority for intramural and interscholastic athletics, shall develop a mental health plan for student athletes to raise awareness of mental health resources available to student athletes. Such plan shall be made available to local and regional boards of education and implemented in accordance with the provisions of section 4 of this act. Such plan shall include, but need not be limited to, provisions relating to (1) access to the mental health services team for the school district, (2) screening and recognizing appropriate referrals for student athletes, (3) communication among members of the mental health services team, (4) the management of administration of student athlete medications, (5) crisis intervention services, (6) the mitigation of risk to student athletes, and (7) transition care for those student athletes leaving intramural or interscholastic athletics by means of graduation, dismissal or suspension. The department shall make such plan available on its Internet web site and provide technical assistance to local and regional boards of education in the implementation of the plan.

Sec. 4. (NEW) (*Effective July 1, 2022*) For the school year commencing July 1, 2023, and each school year thereafter, each local and regional board of education shall implement the mental health plan for student

athletes, developed pursuant to section 3 of this act, for the school district.

Sec. 5. Section 10-21k of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

[A local or regional board of education may establish a**]** The Department of Education, in collaboration with the Labor Department, shall administer the Pipeline for Connecticut's Future program. Under the program, **[**a local or regional board of education shall partner with**]** the department shall (1) assist local and regional boards of education in enhancing existing partnerships or establishing new partnerships with providers of child care services, early childhood education programs or mental health services, as well as any additional fields such as manufacturing, computer programming or the culinary arts, and one or more local businesses, to offer a pathways program (A) that assists students in (i) obtaining occupational licenses, (ii) participating in apprenticeship opportunities, and (iii) gaining immediate job skills, (B) that provides (i) industry-specific class time and cooperative work placements, (ii) on-site and apprenticeship training, and (iii) course credit and occupational licenses to students upon completion, and (C) that may lead to a diploma, credential, certificate or license upon graduation in early child care, education or mental health services, and any additional fields, such as manufacturing, computer programming or the culinary arts, and (2) provide incentives to local and regional boards of education for establishing such partnerships.

Sec. 6. (*Effective July 1, 2022*) The Neag School of Education at The University of Connecticut shall conduct a study of the impact of social media and mobile telephone usage on the mental health of students in grades kindergarten to twelve, inclusive. Such study shall include, but need not be limited to, an evaluation of the mental health of students related to social media and phone usage across the elementary, middle and high school levels and how such usage impacts the educational

experience for students and the school climate. Not later than January 1, 2024, the Neag School of Education shall submit a report on its findings and any recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to children and public health, in accordance with the provisions of section 11-4a of the general statutes.

Sec. 7. Subdivision (3) of subsection (a) of section 19a-77 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(3) A "family child care home" which consists of a private family home **[**caring**]** providing care (A) for (i) not more than six children, including the provider's own children not in school full time, **[**where the children are cared**]** without the presence or assistance of an assistant or substitute staff member approved by the Commissioner of Early Childhood, pursuant to section 19a-87b, present and assisting the provider, or (ii) not more than nine children, including the provider's own children, with the presence and assistance of such approved assistant or substitute staff member, and (B) for not less than three or more than twelve hours during a twenty-four-hour period and where care is given on a regularly recurring basis except that care may be provided in excess of twelve hours but not more than seventy-two consecutive hours to accommodate a need for extended care or intermittent short-term overnight care. During the regular school year, for providers described in subparagraph (A)(i) of this subdivision, a maximum of three additional children who are in school full time, including **[**the**]** such provider's own children, shall be permitted, except that if **[**the**]** such provider has more than three children who are such provider's own children and in school full time, all of **[**the**]** such provider's own children shall be permitted. During the summer months when regular school is not in session, for providers described in subparagraph (A)(i) of this subdivision, a maximum of three additional

children who are otherwise enrolled in school full time **[**, including the provider's own children,**]** shall be permitted if there is such an approved assistant or substitute staff member **[**approved by the Commissioner of Early Childhood, pursuant to section 19a-87b,**]** present and assisting **[**the**]** such provider, except that **[**(A)**]** (i) if **[**the**]** such provider has more than three such additional children who are **[**the**]** such provider's own children, all of **[**the**]** such provider's own children shall be permitted, and **[**(B)**]** (ii) such approved assistant or substitute staff member shall not be required if all of such additional children are **[**the**]** such provider's own children;

Sec. 8. (NEW) (*Effective July 1, 2022*) For the school year commencing July 1, 2022, and each school year thereafter, each local and regional board of education shall hire or designate an existing employee to serve as the family care coordinator for the school district. The family care coordinator shall work with school social workers, school psychologists and school counselors in the schools under the jurisdiction of the board. The family care coordinator shall serve as a liaison for the school system with mental health service providers for the purposes of providing students with access to mental health resources within the community bringing mental health services to students inside of the school.

Sec. 9. Section 10-221o of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each local and regional board of education shall require each school under its jurisdiction to (1) offer all full day students a daily lunch period of not less than twenty minutes, and (2) include in the regular school day for each student enrolled in elementary school time devoted to physical exercise of not less than twenty minutes in total, except that a planning and placement team may develop a different schedule for a child requiring special education and related services in accordance with chapter 164 and the Individuals With Disabilities Education Act, 20 USC 1400 et seq., as amended from time to time. In the event of a

conflict with this section and any provision of chapter 164, such other provision of chapter 164 shall be deemed controlling. Nothing in this subsection shall prevent a local or regional board of education from including an additional amount of time, beyond the twenty minutes required for physical exercise, devoted to undirected play during the regular school day for each student enrolled in elementary school.

(b) **[**Not later than October 1, 2019, each local and regional board of education shall adopt a policy, as the board deems appropriate, concerning the issue regarding any school employee being involved in preventing a student from participating in the entire time devoted to physical exercise or undirected play in the regular school day, pursuant to subsection (a) of this section, as a form of discipline.**]** For the school year commencing July 1, 2022, and each school year thereafter, each local and regional board of education shall adopt a policy, as the board deems appropriate, concerning the circumstances when a school employee may prevent or otherwise restrict a student from participating in the entire time devoted to physical exercise in the regular school day, pursuant to subsection (a) of this section, as a form of discipline. Such policy shall (1) permit such prevention or restriction (A) when a student poses a danger to the health or safety of other students or school personnel, or (B) when such prevention or restriction is limited to the period devoted to physical exercise that is the shortest in duration if there are two or more periods devoted to physical exercise in a school day, provided the period of time devoted to physical exercise that such student may participate in during such school day is at least twenty minutes in duration, (2) only permit such prevention or restriction once during a school week, unless such student is a danger to the health or safety of other students or school personnel, (3) not include any provisions that such board determines are unreasonably restrictive or punitive, (4) distinguish between (A) discipline imposed prior to the start of such time devoted to physical exercise and discipline imposed during such time devoted to physical exercise, and (B) discipline that (i)

prevents or otherwise restricts a student from participating in such time devoted to physical exercise prior to such time devoted to physical exercise, and (ii) methods used to redirect a student's behavior during such time devoted to physical exercise, and (5) not permit such prevention or restriction if a student does not complete such student's work on time or for such student's academic performance. For purposes of this section, "school employee" means **[**(1)**]** (A) a teacher, substitute teacher, school administrator, school superintendent, guidance counselor, school counselor, psychologist, social worker, nurse, physician, school paraprofessional or coach employed by a local or regional board of education or working in a public elementary, middle or high school; or **[**(2)**]** (B) any other individual who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students enrolled in a public elementary, middle or high school, pursuant to a contract with the local or regional board of education.

Sec. 10. Subsection (a) of section 10-29a of the 2022 supplement to the general statutes is amended by adding subdivision (104) as follows (*Effective October 1, 2022*):

(NEW) (104) The Governor shall proclaim May twenty-sixth of each year to be Get Outside and Play for Children's Mental Health Day to raise awareness about issues relating to children's mental health and the positive effect that being outdoors has on children's mental health and wellness. Suitable exercises shall be held in the State Capitol and in the public schools on the day so designated or, if that day is not a school day, on the school day preceding, or on any such other day as the local or regional board of education prescribes.

Sec. 11. (NEW) (*Effective July 1, 2022*) For the school year commencing July 1, 2022, and each school year thereafter, the Department of Education shall provide annual notice to local and regional boards of education about Get Outside and Play for Children's Mental Health

Day, as proclaimed pursuant to subdivision (104) of subsection (a) of section 10-29a of the general statutes, as amended by this act, and include with such notice any suggestions or materials for suitable exercises that may be held in observance of such day.

Sec. 12. Section 17a-248g of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

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

(b) Nothing in section 17a-248, sections 17a-248b to 17a-248f, inclusive, this section and sections 38a-490a and 38a-516a shall be construed to permit the Department of Social Services or any other state agency to reduce medical assistance pursuant to this chapter or other assistance or services available to eligible children. Notwithstanding any provision of the general statutes, costs incurred for early intervention services that otherwise qualify as medical assistance that are furnished to an eligible child who is also eligible for benefits pursuant to this chapter shall be considered medical assistance for purposes of payments to providers and state reimbursement to the extent that federal financial participation is available for such services.

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

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

(e) The commissioner shall not charge a fee for early intervention services to the parents or legal guardians of eligible children.

(f) With respect to early intervention services rendered prior to June 16, 2021, the commissioner shall develop and implement procedures to hold a recipient harmless for the impact of pursuit of payment for such services against lifetime insurance limits.

(g) Notwithstanding any provision of title 38a relating to the permissible exclusion of payments for services under governmental programs, no such exclusion shall apply with respect to payments made pursuant to section 17a-248, sections 17a-248b to 17a-248f, inclusive, this section and sections 38a-490a and 38a-516a. Except as provided in this subsection, nothing in this section shall increase or enhance coverages provided for within an insurance contract subject to the provisions of section 10-94f, subsection (a) of section 10-94g, subsection (a) of section 17a-219b, subsection (a) of section 17a-219c, sections 17a-248, 17a-248b

to 17a-248f, inclusive, this section, and sections 38a-490a and 38a-516a.

(h) For the fiscal years ending June 30, 2023, and June 30, 2024, the commissioner shall make a general administrative payment to providers in the amount of two hundred dollars for each child with an individualized family service plan on the first day of the billing month and whose plan accounts for less than nine hours of service during such billing month, provided at least one service is provided by such provider during such billing month.

Sec. 13. (NEW) (*Effective October 1, 2022, and applicable to assessment years commencing on or after October 1, 2022*) Any municipality may, by vote of its legislative body or, in a municipality where the legislative body is a town meeting, by vote of the board of selectmen, abate up to one hundred per cent of the property taxes due for any tax year, for not more than five tax years, for any property or portion of a property (1) used in the operation of a child care center or group child care home licensed pursuant to section 19a-80 of the general statutes, or a family child care home licensed pursuant to section 19a-87b of the general statutes, as amended by this act, and (2) owned by the person, persons, association, organization, corporation, institution or agency holding such license.

Sec. 14. Subsection (a) of section 19a-79 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) The Commissioner of Early Childhood shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of sections 19a-77 to 19a-80, inclusive, as amended by this act, and 19a-82 to 19a-87, inclusive, and to assure that child care centers and group child care homes meet the health, educational and social needs of children utilizing such child care centers and group child care homes. Such regulations shall (1) specify that before being permitted to attend

any child care center or group child care home, each child shall be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f, (2) specify conditions under which child care center directors and teachers and group child care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving child care services at such child care center or group child care home pursuant to the written order of a physician licensed to practice medicine or a dentist licensed to practice dental medicine in this or another state, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child, (3) specify that an operator of a child care center or group child care home, licensed before January 1, 1986, or an operator who receives a license after January 1, 1986, for a facility licensed prior to January 1, 1986, shall provide a minimum of thirty square feet per child of total indoor usable space, free of furniture except that needed for the children's purposes, exclusive of toilet rooms, bathrooms, coatrooms, kitchens, halls, isolation room or other rooms used for purposes other than the activities of the children, (4) specify that a child care center or group child care home licensed after January 1, 1986, shall provide thirty-five square feet per child of total indoor usable space, (5) establish appropriate child care center staffing requirements for employees certified in cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute, Medic First Aid International, Inc. or an organization using guidelines for cardiopulmonary resuscitation and emergency cardiovascular care published by the American Heart Association and International Liaison

Committee on Resuscitation, (6) specify that a child care center or group child care home (A) shall not deny services to a child on the basis of a child's known or suspected allergy or because a child has a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction, or for injectable equipment used to administer glucagon, (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the use of such equipment on-site during all hours when such a child is on-site, (C) shall require such child's parent or guardian to provide the injector or injectable equipment and a copy of the prescription for such medication and injector or injectable equipment upon enrollment of such child, and (D) shall require a parent or guardian enrolling such a child to replace such medication and equipment prior to its expiration date, (7) specify that a child care center or group child care home (A) shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma, and (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the administration of such medication on-site during all hours when such a child is on-site, **[**and**]** (8) establish physical plant requirements for licensed child care centers and licensed group child care homes that exclusively serve school-age children, (9) specify that a child care center or group child care home shall immediately notify the parent or guardian of a child enrolled in such center or home if such child exhibits or develops an illness or is injured while in the care of such center or home, (10) specify that a child care center or group child care home shall create a written record of any such illness or injury, which shall, (A) include, but not be limited to, (i) a description of such illness or injury, (ii) the date, time of occurrence and location of such illness or injury, (iii) any responsive action taken by an employee of such center or home, and (iv) whether such child was transported to a hospital emergency room, doctor's office or other medical facility as a result of such illness or injury, (B) be provided to

the parent or guardian of such child not later than the next business day, and (C) be maintained by such center or home for a period of not less than two years and be made immediately available upon the request of the Office of Early Childhood, and (11) specify that a child care center or group child care home shall maintain any video recordings created at such center or home for a period of not less than thirty days, and make such recordings immediately available upon the request of the Office of Early Childhood. When establishing such requirements, the Office of Early Childhood shall give consideration to child care centers and group child care homes that are located in private or public school buildings. With respect to **[**this**]** subdivision **[**only**]** (8) of this subsection, the commissioner shall implement policies and procedures necessary to implement the physical plant requirements established pursuant to this subdivision while in the process of adopting such policies and procedures in regulation form. Until replaced by policies and procedures implemented pursuant to this subdivision, any physical plant requirement specified in the office's regulations that is generally applicable to child care centers and group child care homes shall continue to be applicable to such centers and homes that exclusively serve school-age children. The commissioner shall post notice of the intent to adopt regulations pursuant to this subdivision on the eRegulations System not later than twenty days after the date of implementation of such policies and procedures. Policies and procedures implemented pursuant to this subdivision shall be valid until the time final regulations are adopted. For purposes of this subsection, "illness" means fever, vomiting, diarrhea, rash, headache, persistent coughing, persistent crying or any other condition deemed an illness by the Commissioner of Early Childhood.

Sec. 15. Subsection (f) of section 19a-87b of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(f) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to ensure that family child care homes, as described in section 19a-77, meet the health, educational and social needs of children utilizing such homes. Such regulations shall (1) ensure that the family child care home is treated as a residence, and not an institutional facility, **[**. Such regulations shall**]** (2) specify that each child be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f, **[**. Such regulations shall also**]** (3) specify conditions under which family child care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving child care services at a family child care home pursuant to a written order of a physician licensed to practice medicine in this or another state, an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child, **[**. Such regulations shall**]** (4) specify appropriate standards for extended care and intermittent short-term overnight care, (5) specify that a family child care home shall immediately notify the parent or guardian of a child enrolled in such home if such child exhibits or develops an illness or is injured while in the care of such home, (6) specify that a family child care home shall create a written record of any such illness or injury, which shall, (A) include, but not be limited to, (i) a description of such illness or injury, (ii) the date, time of occurrence and location of such illness or injury, (iii) any responsive action taken by an employee of such home, and (iv) whether such child was transported to a hospital emergency room, doctor's office or other medical facility as a result of such illness or injury, (B) be provided to the parent or guardian of such child not later

than the next business day, and (C) be maintained by such home for a period of not less than two years and be made immediately available upon the request of the Office of Early Childhood, and (7) specify that a family child care home shall maintain any video recordings created at such home for a period of not less than thirty days, and make such recordings immediately available upon the request of the Office of Early Childhood. The commissioner shall inform each licensee, by way of a plain language summary provided not later than sixty days after the regulation's effective date, of any new or changed regulations adopted under this subsection with which a licensee must comply. For purposes of this subsection, "illness" means fever, vomiting, diarrhea, rash, headache, persistent coughing, persistent crying or any other condition deemed an illness by the Commissioner of Early Childhood.

Sec. 16. (NEW) (*Effective July 1, 2022*) (a) Not later than January 1, 2023, the Department of Children and Families shall establish a policy concerning the management and expenditure of Social Security disability insurance benefit payments received by, or on behalf of, children and youths in the care and custody of the Commissioner of Children and Families. Such policy shall include, but not be limited to, (1) a requirement that any such payments be deposited into a trust account maintained for the purpose of receiving such deposits, (2) a requirement that records be maintained concerning the total sum and remaining balance of such payments deposited on behalf of each child or youth receiving such payments, and (3) guidelines concerning the management and oversight of such account and permissible and impermissible withdrawals from such account by children or youths or the guardians of such children or youths.

(b) The Department of Children and Families may employ personnel to implement the provisions of subsection (a) of this section.

(c) No Social Security disability insurance benefit received by a child or youth in the care and custody of the Commissioner of Children and

Families shall be utilized by the Department of Children and Families to offset the cost of such child or youth's care.

Sec. 17. (NEW) (*Effective July 1, 2022*) (a) Not later than July 1, 2023, the Commissioner of Public Health, in consultation with the Commissioner of Social Services, shall establish a pilot grant program to expand behavioral health care offered to children by providers of pediatric care in private practices.

(b) The Commissioner of Public Health, within available appropriations, shall establish a grant program to provide such providers with a fifty per cent match for costs associated with paying the salaries of licensed social workers providing counseling and other services to children receiving primary health care from such providers. The commissioner shall (1) prescribe forms and criteria for such providers to apply and qualify for grant funds; and (2) require such providers to report to the commissioner on use of the funds to expand behavioral health care for children.

Sec. 18. (NEW) (*Effective July 1, 2022*) Not later than December 1, 2022, the Department of Consumer Protection shall develop documents concerning the safe storage by consumers of (1) prescription drugs, as defined in section 19a-754b of the general statutes, and (2) cannabis, as defined in section 21a-420 of the general statutes, and cannabis products, as defined in section 21a-420 of the general statutes. Such documents shall contain, but need not be limited to, information concerning best practices for (A) storing prescription drugs and cannabis and cannabis products in a manner that renders such items inaccessible to children, and (B) disposal of unused and expired prescription drugs and cannabis and cannabis products. Not later than December 15, 2022, the department shall publish such documents on its Internet web site.

Sec. 19. (NEW) (*Effective July 1, 2022*) Not later than January 1, 2023,

each pharmacy, as defined in section 20-635 of the general statutes, shall post a sign in a conspicuous place on the premises of such pharmacy, notifying consumers that they may visit the Internet web site of the Department of Consumer Protection for information concerning the safe storage of prescription drugs and disposal of unused and expired prescription drugs.

Sec. 20. (NEW) (*Effective July 1, 2022*) Not later than January 1, 2023, each retailer, as defined in section 21a-420 of the general statutes, and hybrid retailer, as defined in section 21a-420 of the general statutes, shall post a sign in a conspicuous place on the premises of such retailer or hybrid retailer notifying consumers that they may visit the Internet web site of the Department of Consumer Protection for information concerning the safe storage of cannabis and cannabis products and disposal of unused and expired cannabis and cannabis products.

Sec. 21. (NEW) (*Effective October 1, 2022*) Each hospice and hospice care program licensed under section 19a-122b of the general statutes that provides hospice home care services for terminally ill persons shall dispose of any controlled substance, as defined in section 21a-240 of the general statutes, that such hospice or hospice care program dispensed or administered to a terminally ill person (1) as soon as practicable after the death of such person, and (2) in the manner described in subsection (d) of section 21a-262 of the general statutes, and in accordance with any other applicable state or federal law.

Sec. 22. (*Effective from passage*) The Commissioner of Revenue Services shall conduct a study to identify options for establishing a tax credit against the personal income tax for taxpayers with dependent children enrolled in child care. Not later than January 1, 2023, the commissioner shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to children. Such report shall include the findings of such study and any legislative

recommendations.

Sec. 23. (*Effective from passage*) (a) For the purposes of this section, "child care facilities" means child care centers, group child care homes and family child care homes that provide "child care services", as described in section 19a-77 of the general statutes, as amended by this act, and "out-of-pocket costs" has the same meaning as provided in section 19a-755b of the general statutes.

(b) The Commissioner of Social Services, in consultation with the Office of the State Comptroller, shall conduct a study to identify ways in which the state may provide financial assistance to employees of child care facilities for out-of-pocket costs associated with the provision of medical care to such employees. Not later than January 1, 2024, the commissioner of Social Services shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to children. Such report shall include the findings of such study, including, but not limited to, an analysis of whether such employees may be eligible for participation in any state employee health insurance plan under development, and any legislative recommendations.

Sec. 24. (*Effective from passage*) (a) There is established a task force to continue to study the comprehensive needs of children in the state and the extent to which such needs are being met by educators, community members and local and state agencies. The task force shall (1) address subdivisions (1) to (6), inclusive, of subsection (a) of section 30 of public act 21-46, (2) provide recommendations to meet the demand for infant and toddler care in the state by increasing access to and enrollment in child care centers, group child care homes and family child care homes, and identify resources to assist such centers and homes in meeting such demand, and (3) study the feasibility of adjusting school start times to improve students' mental and physical well-being.

(b) The task force shall consist of the members appointed to the task force to study the comprehensive needs of children pursuant to subsection (b) of section 30 of public act 21-46, except that if any member declines such appointment, a new appointee shall be selected by the appointing authority pursuant to said subsection.

(c) Any member of the task force appointed under subdivisions (1) to (6), inclusive, of subsection (b) of section 30 of public act 21-46 may be a member of the General Assembly.

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

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

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

(g) Not later than January 1, 2023, and January 1, 2024, the task force shall update the report issued pursuant to subsection (g) of section 30 of public act 21-46, and submit such updated report and any additional findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to children, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 1, 2024, whichever is later.

Sec. 25. Section 17b-28e of the general statutes is amended by adding subsection (d) as follows (*Effective July 1, 2022*):

(NEW) (d) (1) Not later than October 1, 2022, the Commissioner of Social Services shall provide Medicaid payments to an enrolled independent licensed behavioral health clinician in private practice for covered services performed by an associate licensed behavioral health clinician working within such associate clinician's scope of practice under the supervision of such independent clinician, provided such independent clinician is (A) authorized under state law to supervise such associate clinician, and (B) complies with any supervision and documentation requirements required by law. Nothing in this subsection shall be construed to alter any requirement concerning such services, including, but not limited to, scope of practice, supervision and documentation requirements.

(2) For purposes of this subsection, (A) "independent licensed behavioral health clinician" means a psychologist licensed under chapter 383 of the general statutes, marital and family therapist licensed under chapter 383a of the general statutes, clinical social worker licensed under chapter 383b of the general statutes or professional counselor licensed under chapter 383c of the general statutes, (B) "associate licensed behavioral health clinician" means a marital and family therapy associate licensed under chapter 383a of the general statutes, master social worker licensed under chapter 383b of the general statutes or professional counselor associate licensed under chapter 383c of the general statutes, and (C) "private practice" means a practice setting that does not require a facility or institutional license and includes both solo and group practices of independent licensed behavioral health clinicians.

Sec. 26. (NEW) (*Effective from passage*) (a) The Commissioner of Public Health, in consultation with the Commissioner of Early Childhood, shall develop and implement a plan to establish licensure by reciprocity or

endorsement of a person who (1) is (A) a speech and language pathologist licensed or certified to provide speech and language pathology services, or entitled to provide speech and language pathology services under a different designation, in another state having requirements for practicing in such capacity that are substantially similar to or higher than the requirements in force in this state, or (B) an occupational therapist licensed or certified to provide occupational therapy services, or entitled to provide occupational therapy services under a different designation, in another state having requirements for practicing in such capacity that are substantially similar to or higher than the requirements in force in this state, (2) has no disciplinary action or unresolved complaint pending against such person, and (3) intends to provide early intervention services under the employment of an early intervention service program participating in the birth-to-three program established pursuant to section 17a-248b of the general statutes. When developing and implementing such plan, the Commissioner of Public Health shall consider eliminating barriers to the expedient licensure of such persons in order to immediately address the needs of children receiving early intervention services under the birth-to-three program. The provisions of any interstate licensure compact regarding a speech and language pathologist or occupational therapist adopted by the state shall supersede any program of licensure by reciprocity or endorsement implemented under this section for such speech and language pathologist or occupational therapist.

(b) On or before January 1, 2023, the Commissioner of Public Health shall (1) implement the plan to establish licensure by reciprocity or endorsement, and (2) report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and children regarding such plan and recommendations for any necessary legislative changes related to such plan.

Sec. 27. Section 17a-667 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) There is established a Connecticut Alcohol and Drug Policy Council which shall be within the Department of Mental Health and Addiction Services.

(b) The council shall consist of the following members: (1) The Secretary of the Office of Policy and Management, or the secretary's designee; (2) the Commissioners of Children and Families, Consumer Protection, Correction, Education, Mental Health and Addiction Services, Public Health, Emergency Services and Public Protection, Aging and Disability Services and Social Services, and the Insurance Commissioner, or their designees; (3) the Chief Court Administrator, or the Chief Court Administrator's designee; (4) the chairperson of the Board of Regents for Higher Education, or the chairperson's designee; (5) the president of The University of Connecticut, or the president's designee; (6) the Chief State's Attorney, or the Chief State's Attorney's designee; (7) the Chief Public Defender, or the Chief Public Defender's designee; **[**and**]** (8) the Child Advocate, or the Child Advocate's designee; and (9) the cochairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, criminal justice and appropriations, or their designees. The Commissioner of Mental Health and Addiction Services and the Commissioner of Children and Families shall be cochairpersons of the council and may jointly appoint up to seven individuals to the council as follows: (A) Two individuals in recovery from a substance use disorder or representing an advocacy group for individuals with a substance use disorder; (B) a provider of community-based substance abuse services for adults; (C) a provider of community-based substance abuse services for adolescents; (D) an addiction medicine physician; (E) a family member of an individual in recovery from a substance use disorder; and (F) an emergency medicine

physician currently practicing in a Connecticut hospital. The cochairpersons of the council may establish subcommittees and working groups and may appoint individuals other than members of the council to serve as members of the subcommittees or working groups. Such individuals may include, but need not be limited to: (i) Licensed alcohol and drug counselors; (ii) pharmacists; (iii) municipal police chiefs; (iv) emergency medical services personnel; and (v) representatives of organizations that provide education, prevention, intervention, referrals, rehabilitation or support services to individuals with substance use disorder or chemical dependency.

(c) The council shall review policies and practices of state agencies and the Judicial Department concerning substance abuse treatment programs, substance abuse prevention services, the referral of persons to such programs and services, and criminal justice sanctions and programs and shall develop and coordinate a state-wide, interagency, integrated plan for such programs and services and criminal sanctions.

(d) Such plan shall be amended not later than January 1, 2017, to contain measurable goals, including, but not limited to, a goal for a reduction in the number of opioid-induced deaths in the state.

Sec. 28. Section 19a-7d of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) **[**Not later than January 1, 2022, the**]** <u>The</u> Commissioner of Public Health shall establish, within available resources, a program to provide three-year grants to community-based providers of primary care services in order to expand access to health care for the uninsured. The grants may be awarded to community-based providers of primary care for (1) funding for direct services, (2) recruitment and retention of primary care clinicians and registered nurses through subsidizing of salaries or through a loan repayment program, and (3) capital

expenditures. The community-based providers of primary care under the direct service program shall provide, or arrange access to, primary and preventive services, behavioral health services, referrals to specialty services, including rehabilitative and mental health services, inpatient care, prescription drugs, basic diagnostic laboratory services, health education and outreach to alert people to the availability of services. Primary care clinicians and registered nurses participating in the state loan repayment program or receiving subsidies shall provide services to the uninsured based on a sliding fee schedule, provide free care if necessary, accept Medicare assignment and participate as Medicaid providers, or provide nursing services in school-based health centers and expanded school health sites, as such terms are defined in section 19a-6r. The commissioner may adopt regulations, in accordance with the provisions of chapter 54, to establish eligibility criteria, services to be provided by participants, the sliding fee schedule, reporting requirements and the loan repayment program. For the purposes of this section, "primary care clinicians" includes family practice physicians, general practice osteopaths, obstetricians and gynecologists, internal medicine physicians, pediatricians, dentists, certified nurse midwives, advanced practice registered nurses, physician assistants, **[**and**]** dental hygienists, psychiatrists, psychologists, licensed clinical social workers, licensed marriage and family therapists and licensed professional counselors.

(b) Funds appropriated for the state loan repayment program shall not lapse until fifteen months following the end of the fiscal year for which such funds were appropriated. For the fiscal year ending June 30, 2023, the department shall expend at least one million six hundred thousand dollars of the funds appropriated for the state loan repayment program for repayments for physicians. Any remaining funds may be expended for other health care providers. For purposes of this section, "physician" means any physician licensed pursuant to chapter 370 who (1) graduated from a medical school in the state or completed his or her

medical residency program at a hospital licensed under chapter 368v, and (2) is employed as a physician in the state.

Sec. 29. (*Effective July 1, 2022*) (a) On or before January 1, 2023, the Commissioner of Public Health shall convene a working group to advise the commissioner regarding methods to enhance physician recruitment in the state. The working group shall examine issues that include, but need not be limited to, (1) recruiting, retaining and compensating primary care, psychiatric and behavioral health care providers; (2) the potential effectiveness of student loan forgiveness; (3) barriers to recruiting and retaining physicians as a result of covenants not to compete, as defined in section 20-14p of the general statutes; (4) access to health care providers; (5) the effect, if any, of the health insurance landscape on limiting health care access; (6) barriers to physician participation in health care networks; and (7) assistance for graduate medical education training.

(b) The working group convened pursuant to subsection (a) of this section shall include, but need not be limited to, the following members: (1) A representative of a hospital association in the state; (2) a representative of a medical society in the state; (3) a physician licensed under chapter 370 of the general statutes with a small group practice; (4) a physician licensed under chapter 370 of the general statutes with a multisite group practice; (5) one representative each of at least three different schools of medicine; (6) a representative of a regional physician recruiter association; (7) the human resources director of at least one hospital in the state; (8) a member of a patient advocacy group; and (9) four members of the general public. The working group shall elect chairpersons from among its members. As used in this subsection, "small group practice" means a group practice comprised of less than eight full-time equivalent physicians and "multisite group practice" means a group practice comprised of over one hundred full-time equivalent physicians practicing throughout the state.

(c) On or before January 1, 2024, the working group shall report, in accordance with the provisions of section 11-4a of the general statutes, its findings to the commissioner and to the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Sec. 30. Subdivision (12) of subsection (a) of section 19a-906 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(12) "Telehealth provider" means (A) any physician licensed under chapter 370, physical therapist licensed under chapter 376, chiropractor licensed under chapter 372, naturopath licensed under chapter 373, podiatrist licensed under chapter 375, occupational therapist licensed under chapter 376a, optometrist licensed under chapter 380, registered nurse or advanced practice registered nurse licensed under chapter 378, physician assistant licensed under chapter 370, psychologist licensed under chapter 383, marital and family therapist licensed under chapter 383a, clinical social worker or master social worker licensed under chapter 383b, alcohol and drug counselor licensed under chapter 376b, professional counselor licensed under chapter 383c, dietitian-nutritionist certified under chapter 384b, speech and language pathologist licensed under chapter 399, respiratory care practitioner licensed under chapter 381a, audiologist licensed under chapter 397a, pharmacist licensed under chapter 400j or paramedic licensed pursuant to chapter 384d who is providing health care or other health services through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession, and (B) on and after July 1, 2024, an appropriately licensed, certified or registered physician, naturopath, registered nurse, advanced practice registered nurse, physician assistant, psychologist, marital and family therapist, clinical social worker, master social worker, alcohol and drug counselor, professional counselor, dietitian-nutritionist, nurse-midwife,

behavior analyst, music therapist or art therapist, in another state or territory of the United States or the District of Columbia, who (i) provides telehealth services under any relevant order issued pursuant to section 33 of this act, (ii) provides mental or behavioral health care through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession, and (iii) maintains professional liability insurance, or other indemnity against liability for professional malpractice, in an amount that is equal to or greater than that required for similarly licensed, certified or registered Connecticut mental or behavioral health care providers.

Sec. 31. Subsection (h) of section 19a-906 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(h) No telehealth provider or hospital shall charge a facility fee for telehealth services. Such prohibition shall apply to hospital telehealth services whether provided on campus or otherwise. For purposes of this subsection, "hospital" has the same meaning as provided in section 19a-490 and "campus" has the same meaning as provided in section 19a-508c.

Sec. 32. Section 1 of public act 21-9, as amended by section 3 of public act 21-133, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section:

(1) "Asynchronous" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act.

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

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

(4) "Health record" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act.

(5) "Medical history" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act.

(6) "Medication-assisted treatment" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act.

(7) "Originating site" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act.

(8) "Peripheral devices" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act.

(9) "Remote patient monitoring" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act.

(10) "Store and forward transfer" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act.

(11) "Synchronous" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act.

(12) "Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical, oral and mental health, and includes interaction between the patient at the originating site and the telehealth provider at a distant site, synchronous interactions, asynchronous store and forward transfers or remote patient monitoring, but does not include interaction through **[**(A)**]**

facsimile, texting or electronic mail. **[**, or (B) audio-only telephone unless the telehealth provider is (i) in-network, or (ii) a provider enrolled in the Connecticut medical assistance program providing such health care or other health services to a Connecticut medical assistance program recipient.**]**

(13) "Telehealth provider" means any person who is (A) **[**an in-network provider or a provider enrolled in the Connecticut medical assistance program**]** providing health care or other health services **[**to a Connecticut medical assistance program recipient**]** through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to such person's profession, and (B) (i) a physician or physician assistant licensed under chapter 370 of the general statutes, physical therapist or physical therapist assistant licensed under chapter 376 of the general statutes, chiropractor licensed under chapter 372 of the general statutes, naturopath licensed under chapter 373 of the general statutes, podiatrist licensed under chapter 375 of the general statutes, occupational therapist or occupational therapy assistant licensed under chapter 376a of the general statutes, optometrist licensed under chapter 380 of the general statutes, registered nurse or advanced practice registered nurse licensed under chapter 378 of the general statutes, psychologist licensed under chapter 383 of the general statutes, marital and family therapist licensed under chapter 383a of the general statutes, clinical social worker or master social worker licensed under chapter 383b of the general statutes, alcohol and drug counselor licensed under chapter 376b of the general statutes, professional counselor licensed under chapter 383c of the general statutes, dietitian-nutritionist certified under chapter 384b of the general statutes, speech and language pathologist licensed under chapter 399 of the general statutes, respiratory care practitioner licensed under chapter 381a of the general statutes, audiologist licensed under chapter 397a of the general statutes, pharmacist licensed under chapter 400j of the general statutes, paramedic licensed pursuant to chapter 384d of the general statutes,

nurse-midwife licensed under chapter 377 of the general statutes, dentist licensed under chapter 379 of the general statutes, behavior analyst licensed under chapter 382a of the general statutes, genetic counselor licensed under chapter 383d of the general statutes, music therapist certified in the manner described in chapter 383f of the general statutes, art therapist **[**certified**]** licensed in the manner described in chapter 383g of the general statutes or athletic trainer licensed under chapter 375a of the general statutes, or (ii) an appropriately licensed, certified or registered physician, physician assistant, physical therapist, physical therapist assistant, chiropractor, naturopath, podiatrist, occupational therapist, occupational therapy assistant, optometrist, registered nurse, advanced practice registered nurse, psychologist, marital and family therapist, clinical social worker, master social worker, alcohol and drug counselor, professional counselor, dietitian-nutritionist, speech and language pathologist, respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-midwife, dentist, behavior analyst, genetic counselor, music therapist, art therapist or athletic trainer, in another state or territory of the United States or the District of Columbia, that provides telehealth services pursuant to his or her authority under any relevant order issued by the Commissioner of Public Health and maintains professional liability insurance, or other indemnity against liability for professional malpractice, in an amount that is equal to or greater than that required for similarly licensed, certified or registered Connecticut health care providers.

(b) (1) Notwithstanding the provisions of section 19a-906 of the general statutes, as amended by this act, during the period beginning on **[**the effective date of this section**]** May 10, 2021, and ending on June 30, **[**2023**]** 2024, a telehealth provider may only provide a telehealth service to a patient when the telehealth provider:

(A) Is communicating through real-time, interactive, two-way

communication technology or store and forward transfer technology;

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

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

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

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

(2) Notwithstanding the provisions of section 19a-906 of the general statutes, as amended by this act, if a telehealth provider provides a telehealth service to a patient during the period beginning on **[**the effective date of this section**]** May 10, 2021, and ending on June 30, **[**2023**]** 2024, the telehealth provider shall, at the time of the telehealth provider's first telehealth interaction with a patient, inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform, including, but not limited to, the limited duration of the relevant provisions of this section and sections 3 to 7, inclusive, of **[**this act**]** public act 21-9, as amended by this act, and, after providing the patient with such information, obtain the patient's consent to provide telehealth services. The telehealth provider shall document such notice

and consent in the patient's health record. If a patient later revokes such consent, the telehealth provider shall document the revocation in the patient's health record.

(c) Notwithstanding the provisions of this section or title 20 of the general statutes, no telehealth provider shall, during the period beginning on **[**the effective date of this section**]** May 10, 2021, and ending on June 30, **[**2023**]** 2024, prescribe any schedule I, II or III controlled substance through the use of telehealth, except a schedule II or III controlled substance other than an opioid drug, as defined in section 20-14o of the general statutes, in a manner fully consistent with the Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time, for the treatment of a person with a psychiatric disability or a person with a substance use disorder, as defined in section 17a-458 of the general statutes, including, but not limited to, medication-assisted treatment. A telehealth provider using telehealth to prescribe a schedule II or III controlled substance pursuant to this subsection shall electronically **[**submit**]** transmit the prescription pursuant to section 21a-249 of the general statutes, as amended by **[**this act**]** public act 21-9.

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

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

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

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

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

(g) Notwithstanding any provision of the general statutes, nothing in this section shall, during the period beginning on **[**the effective date of this section**]** May 10, 2021, and ending on June 30, **[**2023**]** 2024, prohibit a health care provider from: (1) Providing on-call coverage pursuant to an agreement with another health care provider or such health care provider's professional entity or employer; (2) consulting with another health care provider concerning a patient's care; (3) ordering care for hospital outpatients or inpatients; or (4) using telehealth for a hospital inpatient, including for the purpose of ordering medication or treatment

for such patient in accordance with the Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time. As used in this subsection, "health care provider" means a person or entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399 or 400j of the general statutes or licensed or certified pursuant to chapter 368d or 384d of the general statutes.

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

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

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

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

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

(ii) The amount that the patient's health coverage reimburses, and any coinsurance, copayment, deductible or other out-of-pocket expense

imposed by the patient's health coverage, for such health care or health services if the telehealth provider determines that the patient has health coverage for such health care or health services. If the patient's health coverage uses a provider network, the amount of such reimbursement, and such coinsurance, copayment, deductible or other out-of-pocket expense, shall not exceed the in-network amount regardless of the network status of such telehealth provider.

(3) If a telehealth provider determines that a patient is unable to pay for any health care or health services described in subdivisions (1) and (2) of this subsection, the provider shall offer to the patient financial assistance, if such provider is otherwise required to offer to the patient such financial assistance, under any applicable state or federal law.

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

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

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

Sec. 33. (NEW) (*Effective July 1, 2022*) The Commissioner of Public Health may issue an order authorizing telehealth providers who are not licensed, certified or registered to practice in this state to provide telehealth services to patients in this state. Such order may be of limited duration and limited to one or more types of providers described in subdivision (13) of subsection (a) of section 1 of public act 21-9, as amended by this act, or subdivision (12) of subsection (a) of section 19a-906 of the general statutes, as amended by this act. The commissioner may impose conditions including, but not limited to, a requirement that any telehealth provider providing telehealth services to patients in this state pursuant to such order shall submit an application for licensure, certification or registration, as applicable. The commissioner may suspend or revoke any authorization provided pursuant to this section to a telehealth provider who violates any condition imposed by the commissioner or applicable requirements for the provision of telehealth services under the law. Any such order issued pursuant to this section shall not constitute a regulation, as defined in section 4-166 of the general statutes.

Sec. 34. Subsection (c) of section 21a-249 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu

thereof (*Effective from passage*):

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

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

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

transmit the prescription in the patient's medical record;

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

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

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

applicable.

Sec. 35. Section 3 of public act 21-9 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For the purposes of this section:

(1) "Asynchronous" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act;

(2) "Originating site" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act;

(3) "Remote patient monitoring" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act;

(4) "Store and forward transfer" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act;

(5) "Synchronous" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act;

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

(7) "Telehealth provider" means any person who (A) provides health care or other health services through the use of telehealth within such

person's scope of practice and in accordance with the standard of care applicable to such person's profession, and (B) is (i) a physician or physician assistant licensed under chapter 370 of the general statutes, physical therapist or physical therapist assistant licensed under chapter 376 of the general statutes, chiropractor licensed under chapter 372 of the general statutes, naturopath licensed under chapter 373 of the general statutes, podiatrist licensed under chapter 375 of the general statutes, occupational therapist or occupational therapy assistant licensed under chapter 376a of the general statutes, optometrist licensed under chapter 380 of the general statutes, registered nurse or advanced practice registered nurse licensed under chapter 378 of the general statutes, psychologist licensed under chapter 383 of the general statutes, marital and family therapist licensed under chapter 383a of the general statutes, clinical social worker or master social worker licensed under chapter 383b of the general statutes, alcohol and drug counselor licensed under chapter 376b of the general statutes, professional counselor licensed under chapter 383c of the general statutes, dietitian-nutritionist certified under chapter 384b of the general statutes, speech and language pathologist licensed under chapter 399 of the general statutes, respiratory care practitioner licensed under chapter 381a of the general statutes, audiologist licensed under chapter 397a of the general statutes, pharmacist licensed under chapter 400j of the general statutes, paramedic licensed pursuant to chapter 384d of the general statutes, nurse-midwife licensed under chapter 377 of the general statutes, dentist licensed under chapter 379 of the general statutes, behavior analyst licensed under chapter 382a of the general statutes, genetic counselor licensed under chapter 383d of the general statutes, music therapist certified in the manner described in chapter 383f of the general statutes, art therapist **[**certified**]** licensed in the manner described in chapter 383g of the general statutes or athletic trainer licensed under chapter 375a of the general statutes, or (ii) an in-network and appropriately licensed, certified or registered physician, physician assistant, physical therapist, physical therapist assistant, chiropractor,

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

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

(c) Notwithstanding any provision of the general statutes, no telehealth provider who receives a reimbursement for a covered service

provided through telehealth in accordance with subsection (b) of this section shall seek any payment for such service from the insured who received such service, except for any coinsurance, copayment, deductible or other out-of-pocket expense set forth in the insured's policy. Such amount shall be deemed by the telehealth provider to be payment in full.

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

(e) The provisions of this section shall apply to a high deductible health plan, as that term is used in subsection (f) of section 38a-493 of the general statutes, to the maximum extent permitted by federal law, except if such plan is used to establish a medical savings account or an Archer MSA pursuant to Section 220 of the Internal Revenue Code of 1986, as amended from time to time, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, or a health savings account pursuant to Section 223 of said Internal Revenue Code of 1986, as amended from time to time. The provisions of this section shall apply to such plan to the maximum extent that (1) is permitted by federal law, and (2) does not disqualify such account for the deduction allowed under said Section 220 or 223, as applicable.

Sec. 36. Section 4 of public act 21-9 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For the purposes of this section:

(1) "Asynchronous" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act;

(2) "Originating site" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act;

(3) "Remote patient monitoring" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act;

(4) "Store and forward transfer" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act;

(5) "Synchronous" has the same meaning as provided in section 19a-906 of the general statutes, as amended by this act;

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

(7) "Telehealth provider" means any person who (A) provides health care or other health services through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to such person's profession, and (B) is (i) a physician or physician assistant licensed under chapter 370 of the general statutes, physical therapist or physical therapist assistant licensed under chapter

376 of the general statutes, chiropractor licensed under chapter 372 of the general statutes, naturopath licensed under chapter 373 of the general statutes, podiatrist licensed under chapter 375 of the general statutes, occupational therapist or occupational therapy assistant licensed under chapter 376a of the general statutes, optometrist licensed under chapter 380 of the general statutes, registered nurse or advanced practice registered nurse licensed under chapter 378 of the general statutes, psychologist licensed under chapter 383 of the general statutes, marital and family therapist licensed under chapter 383a of the general statutes, clinical social worker or master social worker licensed under chapter 383b of the general statutes, alcohol and drug counselor licensed under chapter 376b of the general statutes, professional counselor licensed under chapter 383c of the general statutes, dietitian-nutritionist certified under chapter 384b of the general statutes, speech and language pathologist licensed under chapter 399 of the general statutes, respiratory care practitioner licensed under chapter 381a of the general statutes, audiologist licensed under chapter 397a of the general statutes, pharmacist licensed under chapter 400j of the general statutes, paramedic licensed pursuant to chapter 384d of the general statutes, nurse-midwife licensed under chapter 377 of the general statutes, dentist licensed under chapter 379 of the general statutes, behavior analyst licensed under chapter 382a of the general statutes, genetic counselor licensed under chapter 383d of the general statutes, music therapist certified in the manner described in chapter 383f of the general statutes, art therapist **[**certified**]** licensed in the manner described in chapter 383g of the general statutes or athletic trainer licensed under chapter 375a of the general statutes, or (ii) an in-network and appropriately licensed, certified or registered physician, physician assistant, physical therapist, physical therapist assistant, chiropractor, naturopath, podiatrist, occupational therapist, occupational therapy assistant, optometrist, registered nurse, advanced practice registered nurse, psychologist, marital and family therapist, clinical social worker, master social worker, alcohol and drug counselor, professional

counselor, dietitian-nutritionist, speech and language pathologist, respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-midwife, dentist, behavior analyst, genetic counselor, music therapist, art therapist or athletic trainer, in another state or territory of the United States or the District of Columbia, that provides telehealth services pursuant to his or her authority under any relevant order issued by the Commissioner of Public Health and maintains professional liability insurance, or other indemnity against liability for professional malpractice, in an amount that is equal to or greater than that required for similarly licensed, certified or registered Connecticut health care providers.

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

(c) Notwithstanding any provision of the general statutes, no telehealth provider who receives a reimbursement for a covered service provided through telehealth in accordance with subsection (b) of this section shall seek any payment for such service from the insured who received such service, except for any coinsurance, copayment, deductible or other out-of-pocket expense set forth in the insured's

policy. Such amount shall be deemed by the telehealth provider to be payment in full.

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

(e) The provisions of this section shall apply to a high deductible health plan, as that term is used in subsection (f) of section 38a-520 of the general statutes, to the maximum extent permitted by federal law, except if such plan is used to establish a medical savings account or an Archer MSA pursuant to Section 220 of the Internal Revenue Code of 1986, as amended from time to time, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, or a health savings account pursuant to Section 223 of said Internal Revenue Code of 1986, as amended from time to time. The provisions of this section shall apply to such plan to the maximum extent that (1) is permitted by federal law, and (2) does not disqualify such account for the deduction allowed under said Section 220 or 223, as applicable.

Sec. 37. Section 5 of public act 21-9 is repealed the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section:

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

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

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

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

(b) Notwithstanding any provision of the general statutes, no health carrier shall reduce the amount of a reimbursement paid to a telehealth provider for covered health care or health services that the telehealth provider appropriately provided to an insured through telehealth during the period beginning on **[**the effective date of this section**]** May 10, 2021, and ending on June 30, **[**2023**]** 2024, because the telehealth provider provided such health care or health services to the patient through telehealth and not in person.

Sec. 38. Section 7 of public act 21-9 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section:

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

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

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

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

(b) Notwithstanding the provisions of sections 21a-408 to 21a-408n,

inclusive, of the general statutes, or any other section, regulation, rule, policy or procedure concerning the certification of medical marijuana patients, a physician or advanced practice registered nurse may issue a written certification to a qualifying patient and provide any follow-up care using telehealth services during the period beginning on **[**the effective date of this section**]** May 10, 2021, and ending on June 30, **[**2023**]** 2024, provided all other requirements for issuing the written certification to the qualifying patient and all recordkeeping requirements are satisfied.

Sec. 39. Section 38a-499a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) As used in this section, "telehealth" has the same meaning as provided in section 19a-906, as amended by this act.

(b) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medical advice, diagnosis, care or treatment provided through telehealth, to the extent coverage is provided for such advice, diagnosis, care or treatment when provided through in-person consultation between the insured and a health care provider licensed in the state. Such coverage shall be subject to the same terms and conditions applicable to all other benefits under such policy.

(c) No such policy shall: (1) Exclude a service for coverage solely because such service is provided only through telehealth and not through in-person consultation between the insured and a health care provider licensed in the state, provided telehealth is appropriate for the provision of such service; or (2) be required to reimburse a treating or consulting health care provider for the technical fees or technical costs for the provision of telehealth services.

(d) Nothing in this section shall prohibit or limit a health insurer, health care center, hospital service corporation, medical service corporation or other entity from conducting utilization review for telehealth services, provided such utilization review is conducted in the same manner and uses the same clinical review criteria as a utilization review for an in-person consultation for the same service.

Sec. 40. Section 38a-526a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) As used in this section, "telehealth" has the same meaning as provided in section 19a-906, as amended by this act.

(b) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medical advice, diagnosis, care or treatment provided through telehealth, to the extent coverage is provided for such advice, diagnosis, care or treatment when provided through in-person consultation between the insured and a health care provider licensed in the state. Such coverage shall be subject to the same terms and conditions applicable to all other benefits under such policy.

(c) No such policy shall: (1) Exclude a service for coverage solely because such service is provided only through telehealth and not through in-person consultation between the insured and a health care provider, provided telehealth is appropriate for the provision of such service; or (2) be required to reimburse a treating or consulting health care provider licensed in the state for the technical fees or technical costs for the provision of telehealth services.

(d) Nothing in this section shall prohibit or limit a health insurer, health care center, hospital service corporation, medical service

corporation or other entity from conducting utilization review for telehealth services, provided such utilization review is conducted in the same manner and uses the same clinical review criteria as a utilization review for an in-person consultation for the same service.

Sec. 41. (*Effective from passage*) The executive director of the Office of Health Strategy, established under section 19a-754a of the general statutes, shall conduct a study regarding the provision of, and coverage for, telehealth services in this state. Such study shall include, but need not be limited to, an examination of (1) the feasibility and impact of expanding access to telehealth services, telehealth providers and coverage for telehealth services in this state beginning on July 1, 2024, and (2) any means available to reduce or eliminate obstacles to patient access to telehealth services, telehealth providers and coverage for telehealth services in this state, including, but not limited to, any means available to reduce patient costs for telehealth services and coverage for telehealth services in this state. Not later than January 1, 2023, the executive director shall submit a report on the findings of such study, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and insurance.

Sec. 42. (*Effective October 1, 2022*) The Psychology Interjurisdictional Compact is hereby enacted into law and entered into by the state of Connecticut with any and all states legally joining therein in accordance with its terms. The compact is substantially as follows:

"PSYCHOLOGY INTERJURISDICTIONAL COMPACT

ARTICLE I

PURPOSE

Whereas, states license psychologists in order to protect the public

through verification of education, training and experience and ensure accountability for professional practice; and

Whereas, the compact is intended to regulate the day-to-day practice of telepsychology, including, but not limited to, the provision of psychological services using telecommunication technologies, by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, the compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for thirty days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, the compact is intended to authorize state psychology regulatory authorities to afford legal recognition, in a manner consistent with the terms of the compact, to psychologists licensed in another state; and

Whereas, the compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state licensing and regulation will best protect public health and safety; and

Whereas, the compact shall not apply when a psychologist is licensed in both the home and receiving states; and

Whereas, the compact shall not apply to permanent in-person, face-to-face practice, it shall allow for authorization of temporary psychological practice.

Consistent with such principles, the compact is designed to achieve the following purposes and objectives:

(1) Increase public access to professional psychological services by allowing for telepsychological practice across state lines and temporary in-person, face-to-face services in a state which the psychologist is not licensed to practice psychology;

(2) Enhance the states' ability to protect the public's health and safety, especially client or patient safety;

(3) Encourage the cooperation of compact states in the areas of psychology licensure and regulation;

(4) Facilitate the exchange of information between compact states regarding licensure, adverse actions and disciplinary history of psychologists;

(5) Promote compliance with the laws governing psychological practice in each compact state; and

(6) Invest all compact states with the authority to hold licensed psychologists accountable through the mutual recognition of compact state licenses.

ARTICLE II

DEFINITIONS

(1) "Adverse action" means any action taken by a state psychology regulatory authority that finds a violation of a statute or regulation that is identified by the state psychology regulatory authority as discipline and is a matter of public record.

(2) "Association of State and Provincial Psychology Boards" means the recognized membership organization composed of state and provincial psychology regulatory authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

(3) "Authority to practice interjurisdictional telepsychology" means a licensed psychologist's authority to practice telepsychology, within the limits authorized under the compact, in another compact state.

(4) "Bylaws" means the bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Article X of the compact for the governance of said commission, or for directing and controlling the actions and conduct of said commission.

(5) "Client or patient" means the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision or consulting services.

(6) "Commissioner" means the voting representative appointed by each state psychology regulatory authority pursuant to Article X of the compact.

(7) "Compact" means the Psychology Interjurisdictional Compact.

(8) "Compact state" means a state, the District of Columbia or United States territory that has enacted the compact and that has not withdrawn pursuant to subsection (c) of Article XIII of the compact, or been terminated pursuant to subsection (b) of Article XII of the compact.

(9) "Coordinated licensure information system" or "coordinated database" means an integrated process for collecting, storing and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, that is administered by the recognized membership organization composed of state and provincial psychology regulatory authorities.

(10) "Confidentiality" means the principle that data or information is not made available or disclosed to unauthorized persons or processes.

(11) "Day" means any part of a day in which psychological work is

performed.

(12) "Distant state" means the compact state where a psychologist is physically present, not through the use of telecommunications technologies, to provide temporary in-person, face-to-face psychological services.

(13) "E.Passport" means the certificate issued by the Association of State and Provincial Psychology Boards that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

(14) "Executive board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

(15) "Home state" means a compact state where a psychologist is licensed to practice psychology, provided (A) if the psychologist is licensed in more than one compact state and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the home state is the compact state where the psychologist is physically present when delivering telepsychological services, and (B) if the psychologist is licensed in more than one compact state and is practicing under the temporary authorization to practice, the home state is any compact state where the psychologist is licensed.

(16) "Identity history summary" means a summary of information retained by the Federal Bureau of Investigation, or said bureau's designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

(17) "In-person, face-to-face" (A) means interactions in which the psychologist and the client or patient are in the same physical space, and (B) does not include interactions that may occur through the use of

telecommunication technologies.

(18) "IPC" means the Interjurisdictional Practice Certificate issued by the Association of State and Provincial Psychology Boards that grants temporary authority to practice based on notification to the state psychology regulatory authority of intention to practice temporarily, and verification of one's qualifications for such practice.

(19) "License" means authorization by a state psychology regulatory authority to engage in the independent practice of psychology, which practice would be unlawful without the authorization.

(20) "Noncompact state" means any state that is not a compact state.

(21) "Psychologist" means an individual licensed for the independent practice of psychology.

(22) "Psychology Interjurisdictional Compact Commission" or "commission" means the national administration of which all compact states are members.

(23) "Receiving state" means a compact state where the client or patient is physically located when the telepsychological services are delivered.

(24) "Rule" means a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of the compact that is of general applicability, implements, interprets or prescribes a policy or provision of the compact, or an organizational, procedural or practice requirement of the commission, and has the force and effect of statutory law in a compact state, including, but not limited to, the amendment, repeal or suspension of an existing rule.

(25) "Significant investigatory information" means:

(A) Investigative information that a state psychology regulatory authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

(B) Investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified or had an opportunity to respond.

(26) "State" means a state, commonwealth, territory or possession of the United States, or the District of Columbia.

(27) "State psychology regulatory authority" means the board, office or other agency with the legislative mandate to license and regulate the practice of psychology.

(28) "Telepsychology" means the provision of psychological services using telecommunication technologies.

(29) "Temporary authorization to practice" means a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under the compact, in another compact state.

(30) "Temporary in-person, face-to-face practice" means the practice of psychology by a psychologist who is physically present, not through the use of telecommunications technologies, in the distant state for not more than thirty days in a calendar year and based on notification to the distant state.

ARTICLE III

HOME STATE LICENSURE

(a) The home state shall be a compact state where a psychologist is licensed to practice psychology.

(b) A psychologist may hold one or more compact state licenses at a time. If the psychologist is licensed in more than one compact state, the home state is the compact state where the psychologist is physically present when the services are delivered as authorized by the authority to practice interjurisdictional telepsychology under the terms of the compact.

(c) Any compact state may require a psychologist not previously licensed in a compact state to obtain and retain a license to be authorized to practice in the compact state under circumstances not authorized by the authority to practice interjurisdictional telepsychology under the terms of the compact.

(d) Any compact state may require a psychologist to obtain and retain a license to be authorized to practice in a compact state under circumstances not authorized by a temporary authorization to practice under the terms of the compact.

(e) A home state's license authorizes a psychologist to practice in a receiving state under the authority to practice interjurisdictional telepsychology only if the compact state:

(1) Currently requires the psychologist to hold an active E.Passport;

(2) Has a mechanism in place for receiving and investigating complaints about licensed individuals;

(3) Notifies the commission, in compliance with the terms of the compact, of any adverse action or significant investigatory information regarding a licensed individual;

(4) Requires an identity history summary of all applicants at initial licensure, including, but not limited to, the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, or said bureau's designee with similar authority, not later than ten years after activation of the compact; and

(5) Complies with the bylaws and rules of the commission.

(f) A home state's license grants a temporary authorization to practice to a psychologist in a distant state only if the compact state:

(1) Currently requires the psychologist to hold an active IPC;

(2) Has a mechanism in place for receiving and investigating complaints about licensed individuals;

(3) Notifies the commission, in compliance with the terms of the compact, of any adverse action or significant investigatory information regarding a licensed individual;

(4) Requires an identity history summary of all applicants at initial licensure, including, but not limited to, the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, or said bureau's designee with similar authority, not later than ten years after activation of the compact; and

(5) Complies with the bylaws and rules of the commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

(a) Compact states shall recognize the right of a psychologist, licensed in a compact state in conformance with Article III of the compact, to

practice telepsychology in receiving states in which the psychologist is not licensed, under the authority to practice interjurisdictional telepsychology as provided in the compact.

(b) To exercise the authority to practice interjurisdictional telepsychology under the terms and provisions of the compact, a psychologist licensed to practice in a compact state shall:

(1) Hold a graduate degree in psychology from an institution of higher education that was, at the time the degree was awarded:

(A) Regionally accredited by an accrediting body recognized by the United States Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or

(B) A foreign college or university deemed to be equivalent to an institution of higher education described in subparagraph (A) of this subdivision by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services or by a recognized foreign credential evaluation service; and

(2) Hold a graduate degree in psychology from a psychology program that meets the following criteria:

(A) The program, wherever it may be administratively housed, shall be clearly identified and labeled as a psychology program. Such program shall specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

(B) The psychology program shall stand as a recognizable, coherent, organizational entity within the institution;

(C) There shall be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across

administrative lines;

(D) The program shall consist of an integrated, organized sequence of study;

(E) There shall be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(F) The designated director of the program shall be a psychologist and a member of the core faculty;

(G) The program shall have an identifiable body of students who are matriculated in such program for a degree;

(H) The program shall include supervised practicum, internship or field training appropriate to the practice of psychology;

(I) The curriculum shall encompass a minimum of three academic years of full-time graduate study for a doctoral degree and a minimum of one academic year of full-time graduate study for a master's degree; and

(J) The program shall include an acceptable residency, as defined by the rules of the commission.

(3) Possess a current, full and unrestricted license to practice psychology in a home state that is a compact state;

(4) Have no history of adverse action that violates the rules of the commission;

(5) Have no criminal record history reported on an identity history summary that violates the rules of the commission;

(6) Possess a current, active E.Passport;

(7) Provide (A) attestations regarding areas of intended practice,

conformity with standards of practice, competence in telepsychology technology, criminal background and knowledge and adherence to legal requirements in the home and receiving states, and (B) a release of information to allow for primary source verification in a manner specified by the commission; and

(8) Meet other criteria as defined by the rules of the commission.

(c) The home state maintains authority over the license of any psychologist practicing in a receiving state under the authority to practice interjurisdictional telepsychology.

(d) A psychologist practicing in a receiving state under the authority to practice interjurisdictional telepsychology shall be subject to the receiving state's scope of practice. A receiving state may, in accordance with such state's due process law, limit or revoke a psychologist's authority to practice interjurisdictional telepsychology in the receiving state and may take any other necessary actions under the receiving state's applicable law to protect the health and safety of the receiving state's citizens. If a receiving state takes action, the state shall promptly notify the home state and the commission.

(e) If a psychologist's license in any home state, another compact state or any authority to practice interjurisdictional telepsychology in any receiving state, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and the psychologist shall not be eligible to practice telepsychology in a compact state under the authority to practice interjurisdictional telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

(a) Compact states shall recognize the right of a psychologist, licensed in a compact state in conformance with Article III of the compact, to

practice temporarily in other compact states in which the psychologist is not licensed, as provided in the compact.

(b) To exercise the temporary authorization to practice under the terms and provisions of the compact, a psychologist licensed to practice in a compact state shall:

(1) Hold a graduate degree in psychology from an institution of higher education that was, at the time the degree was awarded:

(A) Regionally accredited by an accrediting body recognized by the United States Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or

(B) A foreign college or university deemed to be equivalent to an institution of higher education described in subparagraph (A) of this subdivision by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services or by a recognized foreign credential evaluation service; and

(2) Hold a graduate degree in psychology that meets the following criteria:

(A) The program, wherever it may be administratively housed, shall be clearly identified and labeled as a psychology program. Such program shall specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

(B) The psychology program shall stand as a recognizable, coherent, organizational entity within the institution;

(C) There shall be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(D) The program shall consist of an integrated, organized sequence of study;

(E) There shall be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(F) The designated director of the program shall be a psychologist and a member of the core faculty;

(G) The program shall have an identifiable body of students who are matriculated in such program for a degree;

(H) The program shall include supervised practicum, internship or field training appropriate to the practice of psychology;

(I) The curriculum shall encompass a minimum of three academic years of full-time graduate study for a doctoral degree and a minimum of one academic year of full-time graduate study for a master's degree; and

(J) The program includes an acceptable residency, as defined by the rules of the commission;

(3) Possess a current, full and unrestricted license to practice psychology in a home state that is a compact state;

(4) No history of adverse action that violates the rules of the commission;

(5) No criminal record history that violates the rules of the commission;

(6) Possess a current, active IPC;

(7) Provide attestations regarding areas of intended practice and work experience and provide a release of information to allow for

primary source verification in a manner specified by the commission; and

(8) Meet other criteria, as defined by the rules of the commission.

(c) A psychologist practicing in a distant state under the temporary authorization to practice shall practice within the scope of practice authorized by the distant state.

(d) A psychologist practicing in a distant state under the temporary authorization to practice shall be subject to the distant state's authority and law. A distant state may, in accordance with such state's due process law, limit or revoke a psychologist's temporary authorization to practice in the distant state and may take any other necessary actions under the distant state's applicable law to protect the health and safety of the distant state's citizens. If a distant state takes action, the state shall promptly notify the home state and the commission.

(e) If a psychologist's license in any home state or another compact state, or any temporary authorization to practice in any distant state, is restricted, suspended or otherwise limited, the IPC shall be revoked and the psychologist shall not be eligible to practice in a compact state under the temporary authorization to practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

A psychologist may practice in a receiving state under the authority to practice interjurisdictional telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate state psychology regulatory authority, as defined in the rules of the commission, and under the following circumstances:

(1) The psychologist initiates a client or patient contact in a home state via telecommunications technologies with a client or patient in a receiving state; and

(2) The psychologist complies with any other conditions regarding telepsychology that are set forth in the rules promulgated by the commission.

ARTICLE VII

ADVERSE ACTIONS

(a) A home state shall have the power to impose adverse action against a psychologist's license issued by the home state. A distant state shall have the power to take adverse action on a psychologist's temporary authorization to practice in such distant state.

(b) A receiving state may take adverse action on a psychologist's authority to practice interjurisdictional telepsychology in such receiving state. A home state may take adverse action against a psychologist based on an adverse action taken by a distant state regarding temporary in-person, face-to-face practice.

(c) If a home state takes adverse action against a psychologist's license, the psychologist's (1) authority to practice interjurisdictional telepsychology is terminated, (2) E.Passport is revoked, (3) temporary authorization to practice is terminated, and (4) IPC is revoked. All home state disciplinary orders that impose adverse action shall be reported to the commission in accordance with the rules promulgated by the commission. A compact state shall report adverse actions in accordance with the rules of the commission. If discipline is reported on a psychologist, the psychologist shall not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the rules of the commission. Other actions may be imposed as determined by the rules promulgated by the commission.

(d) A home state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee that occurred in a receiving state as it would if such conduct had occurred by a licensee in the home state. In such cases, the home state's law shall control in determining any adverse action against a psychologist's license.

(e) A distant state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under temporary authorization to practice that occurred in that distant state as it would if such conduct had occurred by a licensee within the home state. In such cases, the distant state's law shall control in determining any adverse action against a psychologist's temporary authorization to practice.

(f) Nothing in the compact shall override a compact state's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the compact state's law. Compact states shall require psychologists who enter any alternative programs to not provide telepsychology services under the authority to practice interjurisdictional telepsychology or provide temporary psychological services under the temporary authorization to practice in any other compact state during the term of the alternative program.

(g) No other judicial or administrative remedies shall be available to a psychologist if the compact state imposes an adverse action pursuant to subsection (c) of this article.

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

(a) In addition to any other powers granted under state law, a

compact state's psychology regulatory authority shall have the authority under the compact to do the following:

(1) Issue subpoenas, for both hearings and investigations, that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a compact state's psychology regulatory authority for the attendance and testimony of witnesses or the production of evidence from another compact state shall be enforced in the latter compact state by any court of competent jurisdiction, according to such court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state psychology regulatory authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses are or evidence is located; and

(2) Issue cease and desist or injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice.

(b) During the course of any investigation, a psychologist may not change the psychologist's home state licensure. A home state psychology regulatory authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The home state psychology regulatory authority shall promptly report the conclusions of such investigations to the commission. Once an investigation has been completed, and pending the outcome of such investigation, the psychologist may change his or her home state licensure. The commission shall promptly notify the new home state of any such decisions as provided in the rules of the commission. All information provided to the commission or distributed by compact states pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters. The commission may create additional rules for mandated or discretionary sharing of information by compact states.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

(a) The commission shall provide for the development and maintenance of a coordinated licensure information system and reporting system containing licensure and disciplinary action information on all psychologists to whom the compact is applicable in all compact states as defined by the rules of the commission.

(b) Notwithstanding any other provision of the general statutes, a compact state shall submit a uniform data set to the coordinated database on all licensees as required by the rules of the commission, including, but not limited to, the following:

(1) Identifying information;

(2) Licensure data;

(3) Significant investigatory information;

(4) Adverse actions against a psychologist's license;

(5) An indicator that a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice is revoked;

(6) Nonconfidential information related to alternative program participation information;

(7) Any denial of application for licensure, and the reasons for such denial; and

(8) Other information that may facilitate the administration of the compact, as determined by the rules of the commission.

(c) The coordinated database administrator shall promptly notify all

compact states of any adverse action taken against, or significant investigative information on, any licensee in a compact state.

(d) Compact states reporting information to the coordinated database may designate information that may not be shared with the public without the express permission of the compact state reporting the information.

(e) Any information submitted to the coordinated database that is subsequently required to be expunged by the law of the compact state reporting the information shall be removed from the coordinated database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

(a) The compact states hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.

(1) The commission is a body politic and an instrumentality of the compact states.

(2) Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in the compact shall be construed to be a waiver of sovereign immunity.

(b) (1) The commission shall consist of one voting representative

appointed by each compact state who shall serve as such state's commissioner. The state psychology regulatory authority shall appoint its delegate. The delegate shall be empowered to act on behalf of the compact state. The delegate shall be limited to the following:

(A) An executive director, executive secretary or similar executive;

(B) A current member of the state psychology regulatory authority of a compact state; or

(C) A designee empowered with the appropriate delegate authority to act on behalf of the compact state.

(2) Any commissioner may be removed or suspended from office as provided by the law of the state from which the commissioner is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the compact state in which the vacancy exists.

(3) Each commissioner shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. A commissioner shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for commissioners' participation in meetings by telephone or other means of communication.

(4) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

(5) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article XI of the compact.

(6) The commission may convene in a closed, nonpublic meeting if

the commission has to discuss the following:

(A) Noncompliance of a compact state with its obligations under the compact;

(B) The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;

(C) Current, threatened or reasonably anticipated litigation against the commission;

(D) Negotiation of contracts for the purchase or sale of goods, services or real estate;

(E) Accusation against any person of a crime or formally censuring any person;

(F) Disclosure of trade secrets or commercial or financial information which is privileged or confidential;

(G) Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(H) Disclosure of investigatory records compiled for law enforcement purposes;

(I) Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the compact; or

(J) Matters specifically exempted from disclosure by federal and state statute.

(7) If a meeting, or portion of a meeting, is closed pursuant to the provisions of subdivision (6) of this subsection, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, of any person participating in the meeting, and the reasons therefore, including, but not limited to, a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the commission or order of a court of competent jurisdiction.

(c) The commission shall, by a majority vote of the commissioners, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including, but not limited to:

(1) Establishing the fiscal year of the commission;

(2) Providing reasonable standards and procedures for the following:

(A) The establishment and meetings of other committees; and

(B) Governing any general or specific delegation of any authority or function of the commission;

(3) Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals at such meetings and proprietary information, including, but not limited to, trade secrets. The commission may meet in closed session only after a majority of the commissioners vote to close a meeting to the public in whole or in part.

As soon as practicable, the commission shall make public a copy of the vote to close the meeting revealing the vote of each commissioner with no proxy votes allowed;

(4) Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the commission;

(5) Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service law or other similar law of any compact state, the bylaws shall exclusively govern the personnel policies and programs of the commission;

(6) Promulgating a code of ethics to address permissible and prohibited activities of commission members and employees;

(7) Providing a mechanism for concluding the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment or reserving of all of its debts and obligations;

(8) The commission shall publish its bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the compact states;

(9) The commission shall maintain its financial records in accordance with the bylaws; and

(10) The commission shall meet and take such actions as are consistent with the provisions of the compact and the bylaws.

(d) The commission may:

(1) Promulgate uniform rules to facilitate and coordinate implementation and administration of the compact, which rules shall have the force and effect of law and shall be binding in all compact

states;

(2) Bring and prosecute legal proceedings or actions in the name of the commission, provided the standing of any state psychology regulatory authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;

(3) Purchase and maintain insurance and bonds;

(4) Borrow, accept or contract for services of personnel, including, but not limited to, employees of a compact state;

(5) Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact and to establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;

(6) Accept any appropriate donations and grants of money, equipment, supplies, materials and services and to receive, utilize and dispose of the same; provided the commission shall strive at all times to avoid any appearance of impropriety or conflict of interest;

(7) Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve or use, any property, real, personal or mixed, provided the commission shall strive at all times to avoid any appearance of impropriety;

(8) Sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;

(9) Establish a budget and make expenditures;

(10) Borrow money;

(11) Appoint committees, including, but not limited to, advisory committees comprised of members, state regulators, state legislators or their representatives and consumer representatives, and such other interested persons as may be designated in the compact and the bylaws;

(12) Provide and receive information from, and to cooperate with, law enforcement agencies;

(13) Adopt and use an official seal; and

(14) Perform such other functions as may be necessary or appropriate to achieve the purposes of the compact consistent with the state regulation of psychology licensure, temporary in-person, face-to-face practice and telepsychology practice.

(e) (1) The elected officers shall serve as the executive board, which shall have the power to act on behalf of the commission according to the terms of the compact. The executive board shall be comprised of the following six members:

(A) Five voting members who are elected from the membership of the commission by the commission; and

(B) One ex-officio, nonvoting member from the recognized membership organization composed of state and provincial psychology regulatory authorities.

(2) The ex-officio member shall have served as staff or member on a state psychology regulatory authority and shall be selected by its respective organization.

(3) The commission may remove any member of the executive board as provided in the bylaws.

(4) The executive board shall meet at least annually.

(5) The executive board shall have the following duties and responsibilities:

(A) Recommend to the entire commission changes to the rules or bylaws, changes to the compact legislation, fees paid by compact states, including, but not limited to, annual dues, and any other applicable fees;

(B) Ensure compact administration services are appropriately provided, contractually or otherwise;

(C) Prepare and recommend the budget;

(D) Maintain financial records on behalf of the commission;

(E) Monitor compact compliance of member states and provide compliance reports to the commission;

(F) Establish additional committees as necessary; and

(G) Other duties as provided in rules or bylaws.

(f) The commission:

(1) Shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities.

(2) May accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials and services.

(3) May levy on and collect an annual assessment from each compact state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff. Such assessment and fees shall be in a total amount sufficient to cover the commission's annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission.

The commission shall promulgate a rule under this subdivision that is binding upon all compact states.

(4) Shall not incur obligations of any kind prior to securing the funds adequate to meet such obligations, or pledge the credit of any of the compact states, except by and with the authority of the compact state.

(5) Shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the commission.

(g) (1) The members, officers, executive director, employees and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities, provided nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury or liability caused by the intentional or wilful or wanton misconduct of such person.

(2) The commission shall defend any member, officer, executive director, employee or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities,

provided (A) nothing in this subdivision shall be construed to prohibit such person from retaining his or her own counsel, and (B) the actual or alleged act, error or omission did not result from such person's intentional or wilful or wanton misconduct.

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee or representative of the commission for the amount of any settlement or judgment obtained against such person arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities, provided the actual or alleged act, error or omission did not result from the intentional or wilful or wanton misconduct of such person.

ARTICLE XI

RULEMAKING

(a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(b) If a majority of the legislatures of the compact states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any compact state.

(c) Rules, or amendments to the rules, shall be adopted at a regular or special meeting of the commission.

(d) Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days prior to the scheduled date of the

meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking as follows:

(1) On the Internet web site of the commission; and

(2) On the Internet web site of each compact state's psychology regulatory authority or the publication in which each state would otherwise publish proposed rules.

(e) The notice of proposed rulemaking shall include the following:

(1) The proposed time, date and location of the meeting in which the rule will be considered and voted upon;

(2) The text of the proposed rule or amendment and the reason for the proposed rule;

(3) A request for comments on the proposed rule from any interested person; and

(4) The manner in which interested persons may submit to the commission (A) notice of their intention to attend the public hearing, and (B) written comments.

(f) Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

(g) The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by the following:

(1) At least twenty-five persons who submit written comments independently of each other;

(2) A governmental subdivision or agency; or

(3) A duly appointed person in an association that has at least twenty-five members.

(h) If a hearing is held on the proposed rule or amendment, the commission shall publish the location, time and date of the scheduled public hearing.

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days prior to the scheduled date of the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. The provisions of this subdivision shall not preclude the commission from making a transcript or recording of the hearing if it so chooses.

(4) Nothing in this subsection shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required under this subsection.

(i) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

(j) The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the

rule, if any, based on the rulemaking record and the full text of the rule.

(k) If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.

(l) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment or hearing, provided the usual rulemaking procedures described in the compact and in this subsection shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this subsection, "emergency rule" means a rule that shall be adopted immediately in order to:

(1) Meet an imminent threat to public health, safety or welfare;

(2) Prevent a loss of commission or compact state funds;

(3) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

(4) Protect public health and safety.

(m) The commission, or an authorized committee of the commission, may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the Internet web site of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the revision may not

take effect without the approval of the commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

(a) (1) The executive, legislative and judicial branches of state government in each compact state shall enforce the compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of the compact and the rules promulgated under the compact shall have standing as statutory law.

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a compact state pertaining to the subject matter of the compact that may affect the powers, responsibilities or actions of the commission.

(3) The commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, the compact or promulgated rules.

(b) (1) If the commission determines that a compact state has defaulted in the performance of its obligations or responsibilities under the compact or the promulgated rules, the commission shall perform the following actions:

(A) Provide written notice to the defaulting state and other compact states of the nature of the default, the proposed means of remedying the default or any other action to be taken by the commission; and

(B) Provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to remedy the default, the defaulting state

may be terminated from the compact upon an affirmative vote of a majority of the compact states, and all rights, privileges and benefits conferred by the compact shall be terminated on the effective date of termination of the defaulting state. A remedy of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(3) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the compact states.

(4) A compact state that has been terminated shall be responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including, but not limited to, obligations that extend beyond the effective date of termination.

(5) The commission shall not bear any costs incurred by the state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.

(6) The defaulting state may appeal the action of the commission by petitioning the United States District Court for the State of Georgia or the federal district where the compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including, but not limited to, reasonable attorney's fees.

(c) (1) Upon request by a compact state, the commission shall attempt to resolve disputes related to the compact that arise among compact states and between compact and noncompact states.

(2) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before

the commission.

(d) (1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the compact.

(2) By majority vote, the commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the compact has its principal offices against a compact state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including, but not limited to, reasonable attorney's fees.

(3) The remedies set forth in the compact shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL AND AMENDMENTS

(a) The compact shall come into effect on the date on which the compact is enacted into law in the seventh compact state. The provisions that become effective at such time shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

(b) Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in such state. Any rule that has been previously adopted by the commission shall have the full force

and effect of law on the day the compact becomes law in such state.

(c) Any compact state may withdraw from the compact by enacting a statute repealing the same.

(1) A compact state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's psychology regulatory authority to comply with the investigative and adverse action reporting requirements set forth in Article VII of this section prior to the effective date of withdrawal.

(d) Nothing contained in the compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a compact state and a noncompact state that does not conflict with the provisions of the compact.

(e) The compact may be amended by the compact states. No amendment to the compact shall become effective and binding upon any compact state until it is enacted into the law of all compact states.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

The compact shall be liberally construed so as to effectuate the purposes thereof. If the compact is held contrary to the constitution of any state member of the compact, the compact shall remain in full force and effect as to the remaining compact states."

Sec. 43. (NEW) (*Effective October 1, 2022*) The Interstate Medical Licensure Compact is hereby enacted into law and entered into by the state of Connecticut with any and all states legally joining therein in accordance with its terms. The compact is substantially as follows:

"INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 1. PURPOSE

In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The compact creates another pathway for licensure and does not otherwise change a state's existing licensure requirements for physicians. The compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the compact retain the jurisdiction to impose an adverse action against a license to practice medicine in such state issued to a physician through the procedures in the compact.

SECTION 2. DEFINITIONS

As used in section 1, this section, and sections 3 to 24, inclusive, of the compact:

(1) "Bylaws" means those bylaws established by the Interstate Commission pursuant to section 11 of the compact.

(2) "Commissioner" means the voting representative appointed by each member board pursuant to section 11 of the compact.

(3) "Compact" means the Interstate Medical Licensure Compact.

(4) "Conviction" means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilt or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board.

(5) "Expedited license" means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the compact.

(6) "Interstate Commission" means the interstate commission created pursuant to section 11 of the compact.

(7) "License" means authorization by a member state for a physician to engage in the practice of medicine, which would be unlawful without authorization.

(8) "Medical Practice Act" means laws and regulations governing the practice of allopathic and osteopathic medicine within a member state.

(9) "Member board" means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation and education of physicians as directed by the state government.

(10) "Member state" means a state that has enacted the compact.

(11) "Practice of medicine" means the clinical prevention, diagnosis or treatment of human disease, injury or condition requiring a physician to obtain and maintain a license in compliance with the Medical Practice Act of a member state.

(12) "Physician" means any person who:

(A) Is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic

College Accreditation or a medical school listed in the International Medical Education Directory or its equivalent;

(B) Passed each component of the United States Medical Licensing Examination or the Comprehensive Osteopathic Medical Licensing Examination within three attempts, or any of said examination's predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;

(C) Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;

(D) Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

(E) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board;

(F) Has never been convicted, received adjudication, deferred adjudication, community supervision or deferred disposition for any offense by a court of appropriate jurisdiction;

(G) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license;

(H) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and

(I) Is not under active investigation by a licensing agency or law

enforcement authority in any state, federal or foreign jurisdiction.

(13) "Offense" means a felony, gross misdemeanor or crime of moral turpitude.

(14) "Rule" means a written statement by the Interstate Commission promulgated pursuant to section 12 of the compact that is of general applicability, implements, interprets or prescribes a policy or provision of the compact, or an organizational, procedural or practice requirement of the Interstate Commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal or suspension of an existing rule.

(15) "State" means any state, commonwealth, district or territory of the United States.

(16) "State of principal license" means a member state where a physician holds a license to practice medicine and that has been designated as such by the physician for purposes of registration and participation in the compact.

SECTION 3. ELIGIBILITY

(a) A physician shall meet the eligibility requirements set forth in subparagraphs (A) to (I), inclusive, of subdivision (12) of section 2 of the compact to receive an expedited license under the terms and provisions of the compact.

(b) A physician who does not meet the requirements set forth in subparagraphs (A) to (I), inclusive, of subdivision (12) of section 2 of the compact may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the compact, relating to the issuance of a license to practice medicine in such state.

SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE

(a) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the compact if the physician possesses a full and unrestricted license to practice medicine in such state, and the state is:

(1) The state of principal residence for the physician;

(2) The state where at least twenty-five per cent of the practice of medicine occurs;

(3) The location of the physician's employer; or

(4) If no state qualifies under subdivision (1), (2) or (3) of this subsection, the state designated as state of residence for purpose of federal income tax.

(b) A physician may redesignate a member state as state of principal license at any time, provided the state meets the requirements of subsection (a) of this section.

(c) The Interstate Commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license.

SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

(a) A physician seeking licensure through the compact shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure

and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.

(1) Static qualifications, including, but not limited to, verification of medical education, graduate medical education, results of any medical or licensing examination and other qualifications as determined by the Interstate Commission through rule, shall not be subject to additional primary source verification where already primary source verified by the state of principal license.

(2) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including, but not limited to, the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with 5 CFR 731.202.

(3) Appeal on the determination of eligibility shall be made to the member state where the application was filed and shall be subject to the law of such state.

(c) Upon verification in subsection (b) of this section, a physician eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a license in a member state selected pursuant to subsection (a) of this section, including, but not limited to, the payment of any applicable fees.

(d) After receiving verification of eligibility under subsection (b) of this section and any fees under subsection (c) of this section, a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and member state.

(e) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license in the member state.

(f) An expedited license obtained through the compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a nondisciplinary reason, without redesignation of a new state of principal licensure.

(g) The Interstate Commission is authorized to develop rules regarding the application process, including, but not limited to, payment of any applicable fees, and the issuance of an expedited license.

SECTION 6. FEES FOR EXPEDITED LICENSURE

(a) A member state issuing an expedited license authorizing the practice of medicine in such state may impose a fee for a license issued or renewed through the compact.

(b) The Interstate Commission is authorized to develop rules regarding fees for expedited licenses.

SECTION 7. RENEWAL AND CONTINUED PARTICIPATION

(a) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician:

(1) Maintains a full and unrestricted license in a state of principal license;

(2) Has not been convicted or received adjudication, deferred adjudication, community supervision or deferred disposition for any offense by a court of appropriate jurisdiction;

(3) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license; and

(4) Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(b) Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

(c) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(d) Upon receipt of any renewal fees collected in subsection (c) of this section, a member board shall renew the physician's license.

(e) Physician information collected by the Interstate Commission during the renewal process shall be distributed to all member boards.

(f) The Interstate Commission is authorized to develop rules to address renewal of licenses obtained through the compact.

SECTION 8. COORDINATED INFORMATION SYSTEM

(a) The Interstate Commission shall establish a database of all physicians licensed, or who have applied for licensure, under section 5 of the compact.

(b) Notwithstanding any other provision of law, member boards shall report to the Interstate Commission any public action or complaint against a licensed physician who has applied or received an expedited license through the compact.

(c) Member boards shall report disciplinary or investigatory information determined as necessary and proper by rule of the Interstate Commission.

(d) Member boards may report any nonpublic complaint or any disciplinary or investigatory information not required by subsection (c) of the compact to the Interstate Commission.

(e) Member boards shall share complaint or disciplinary information about a physician upon request of another member board.

(f) All information provided to the Interstate Commission or distributed by member boards shall be confidential, filed under seal and used only for investigatory or disciplinary matters.

(g) The Interstate Commission is authorized to develop rules for mandated or discretionary sharing of information by member boards.

SECTION 9. JOINT INVESTIGATIONS

(a) Licensure and disciplinary records of physicians are deemed investigative.

(b) In addition to the authority granted to a member board by its respective Medical Practice Act or other applicable state law, a member board may participate with other member boards in joint investigations of physicians licensed by the member boards.

(c) A subpoena issued by a member state shall be enforceable in other member states.

(d) Member boards may share any investigative, litigation or compliance materials in furtherance of any joint or individual investigation initiate under the compact.

(e) Any member state may investigate actual or alleged violations of

the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.

SECTION 10. DISCIPLINARY ACTIONS

(a) Any disciplinary action taken by any member board against a physician licensed through the compact shall be deemed unprofessional conduct that may be subject to discipline by other member boards, in addition to any violation of the Medical Practice Act or regulations in such state.

(b) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until such respective member board takes action to reinstate the license in a manner consistent with the Medical Practice Act of such state.

(c) If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law and fact decided, and perform one of the following actions:

(1) Impose the same or any lesser sanction against the physician, provided such sanctions are consistent with the Medical Practice Act of such state; or

(2) Pursue separate disciplinary action against the physician under its respective Medical Practice Act, regardless of the action taken in other member states.

(d) If a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license issued to the physician by any other member board shall be suspended, automatically and immediately without further action necessary by the other member board, for ninety days upon entry of the order by the disciplining board, to permit the member board to investigate the basis for the action under the Medical Practice Act of such state. A member board may terminate the automatic suspension of the license it issued prior to the completion of the ninety-day suspension period in a manner consistent with the Medical Practice Act of such state.

SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

(a) The member states hereby create the Interstate Medical Licensure Compact Commission.

(b) The purpose of the Interstate Commission is the administration of the compact, which is a discretionary state function.

(c) The Interstate Commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers, and duties set forth in the compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the compact.

(d) The Interstate Commission shall consist of two voting representatives appointed by each member state who shall serve as commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between separate member boards, or if the licensing and disciplinary authority is split between multiple member

boards within a member state, the member state shall appoint one representative from each member board. A commissioner shall be the following:

(1) An allopathic or osteopathic physician appointed to a member board;

(2) An executive director, executive secretary or similar executive of a member board; or

(3) A member of the public appointed to a member board.

(e) The Interstate Commission shall meet at least once each calendar year. A portion of such meeting shall be a business meeting to address such matters as may properly come before the commission, including, but not limited to, the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.

(f) The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or electronic communication.

(g) Each commissioner participating at a meeting of the Interstate Commission is entitled to one vote. A majority of commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission. A commissioner shall not delegate a vote to another commissioner. In the absence of its commissioner, a member state may delegate voting authority for a specified meeting to another person from such state who shall meet the requirements of subsection (d) of this section.

(h) The Interstate Commission shall provide public notice of all meetings and all meetings shall be open to the public. The Interstate Commission may close a meeting, in full or in portion, where it

determines by a two-thirds vote of the commissioners present that an open meeting would be likely to:

(1) Relate solely to the internal personnel practice and procedures of the Interstate Commission;

(2) Include a discussion of matters specifically exempted from disclosure by federal statute;

(3) Include a discussion of trade secrets or commercial or financial information that is privileged or confidential;

(4) Involve accusing a person of a crime, or formally censuring a person;

(5) Include a discussion of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(6) Include a discussion of investigative records compiled for law enforcement purposes; or

(7) Specifically relate to the participation in a civil action or other legal proceeding.

(i) The Interstate Commission shall keep minutes of all meetings, which minutes shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including, but not limited to, a record of any roll call votes.

(j) The Interstate Commission shall make its information and official records, to the extent not otherwise designated in the compact or by its rules, available to the public for inspection.

(k) The Interstate Commission shall establish an executive committee, which shall include officers, members and others as determined by the

bylaws. The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session. When acting on behalf of the Interstate Commission, the executive committee shall oversee the administration of the compact, including, but not limited to, enforcement and compliance with the provisions of the compact, its bylaws and rules and other such duties as necessary.

(l) The Interstate Commission shall establish other committees for governance and administration of the compact.

SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION

The powers and duties of the Interstate Commission are as follows:

(1) Oversee and maintain the administration of the compact;

(2) Promulgate rules that shall be binding to the extent and in the manner provided for in the compact;

(3) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the compact, its bylaws, rules and actions;

(4) Enforce compliance with compact provisions, the rules promulgated by the Interstate Commission and the bylaws, using all necessary and proper means, including, but not limited to, the use of judicial process;

(5) Establish and appoint committees, including, but not limited to, an executive committee as required by section 11 of the compact, that shall have the power to act on behalf of the Interstate Commission in carrying out its powers and duties;

(6) Pay, or provide for the payment of the expenses related to the

establishment, organization and ongoing activities of the Interstate Commission;

(7) Establish and maintain one or more offices;

(8) Borrow, accept, hire or contract for services of personnel;

(9) Purchase and maintain insurance and bonds;

(10) Employ an executive director who shall have such powers to employ, select or appoint employees, agents or consultants, and to determine the qualifications, define the duties and fix the compensation of such employees, agents or consultants;

(11) Establish personnel policies and programs relating to conflicts of interest, rates of compensation and qualifications of personnel;

(12) Accept donations and grants of money, equipment, supplies, materials and services, and receive, utilize and dispose of such money, equipment, supplies, material and services in a manner consistent with the conflict of interest policies established by the Interstate Commission;

(13) Lease, purchase, accept contributions or donations of, or otherwise own, hold, improve or use, any property, real, personal or mixed;

(14) Sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property, real, personal or mixed;

(15) Establish a budget and make expenditures;

(16) Adopt a seal and bylaws governing the management and operation of the Interstate Commission;

(17) Report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the

preceding year. Such report shall also include reports of financial audits and any recommendations that may have been adopted by the Interstate Commission;

(18) Coordinate education, training and public awareness regarding the compact, its implementation and its operation;

(19) Maintain records in accordance with the bylaws;

(20) Seek and obtain trademarks, copyrights and patents; and

(21) Perform such functions as may be necessary or appropriate to achieve the purpose of the compact.

SECTION 13. FINANCE POWERS

(a) The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff. The total assessment shall be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states.

(b) The Interstate Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same.

(c) The Interstate Commission shall not pledge the credit of any of the member states, except by, and with the authority of, the member state.

(d) The Interstate Commission shall be subject to a yearly financial audit conducted by a certified or licensed accountant and the report of the audit shall be included in the annual report of the Interstate Commission.

SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

(a) The Interstate Commission shall, by a majority of commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the compact not later than twelve months after the first Interstate Commission meeting.

(b) The Interstate Commission shall elect or appoint annually from among its commissioners a chairperson, a vice-chairperson and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate Commission.

(c) Officers elected or appointed pursuant to subsection (b) of this section shall serve without remuneration for the Interstate Commission.

(d) The officers and employees of the Interstate Commission shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate Commission employment, duties or responsibilities, provided such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by the intentional or wilful and wanton misconduct of such person.

(e) The liability of the executive director and employees of the Interstate Commission or representatives of the Interstate Commission, acting within the scope of such person's employment or duties for acts, errors or omissions occurring within such person's state, may not exceed the limits of liability set forth under the constitution and laws of such

state for state officials, employees and agents. The Interstate Commission is considered to be an instrumentality of the states for the purpose of any such action. Nothing in this subsection shall be construed to protect such person from suit or liability for damage, loss, injury or liability caused by the intentional or wilful and wanton misconduct of such person.

(f) The Interstate Commission shall defend the executive director, its employees and, subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an Interstate Commission representative, such Interstate Commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of Interstate Commission employment, duties or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties or responsibilities, provided the actual or alleged act, error or omission did not result from intentional or wilful and wanton misconduct on the part of such person.

(g) To the extent not covered by the state involved, member state or the Interstate Commission, the representatives or employees of the Interstate Commission shall be held harmless in the amount of a settlement or judgment, including, but not limited to, attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error or omission that occurred within the scope of the Interstate Commission employment, duties or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties or responsibilities, provided the actual or alleged act, error or omission did not result from intentional or wilful and wanton misconduct on the part of such person.

SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

(a) The Interstate Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purpose of the compact. Notwithstanding the foregoing, if the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the compact, or the powers granted under the compact, then such an action by the Interstate Commission shall be invalid and have no force or effect.

(b) Rules deemed appropriate for the operations of the Interstate Commission shall be made pursuant to a rulemaking process that substantially conforms to the "Model State Administrative Procedure Act" of 2010, as amended from time to time.

(c) Not later than thirty days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices, provided the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court shall give deference to the actions of the Interstate Commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Interstate Commission.

SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

(a) The executive, legislative and judicial branches of state government in each member state shall enforce the compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of the compact and the rules promulgated under the compact shall have standing as statutory law, but shall not override existing state authority to regulate the practice of medicine.

(b) All courts shall take judicial notice of the compact and the rules in

any judicial or administrative proceeding in a member state pertaining to the subject matter of the compact that may affect the powers, responsibilities or actions of the Interstate Commission.

(c) The Interstate Commission shall be entitled to receive all services of process in any such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the Interstate Commission shall render a judgment or order void as to the Interstate Commission, the compact or promulgated rules.

SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT

(a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the compact.

(b) The Interstate Commission may, by majority vote of the commissioners, initiate legal action in the United States Court for the District of Columbia, or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal offices, to enforce compliance with the provisions of the compact, and its promulgated rules and bylaws, against a member state in default. The relief sought may include both injunctive relief and damages. If judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including, but not limited to, reasonable attorney's fees.

(c) The remedies set forth in the compact shall not be the exclusive remedies of the Interstate Commission. The Interstate Commission may avail itself of any other remedies available under state law or regulation of a profession.

SECTION 18. DEFAULT PROCEDURES

(a) The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed

upon it by the compact, or the rules and bylaws of the Interstate Commission promulgated under the compact.

(b) If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the compact, or the bylaws or promulgated rules, the Interstate Commission shall take the following actions:

(1) Provide written notice to the defaulting state and other member states of the nature of the default, the means of curing the default and any action taken by the Interstate Commission. The Interstate Commission shall specify the conditions by which the defaulting state shall cure its default; and

(2) Provide remedial training and specific technical assistance regarding the default.

(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the compact upon an affirmative vote of a majority of the commissioners and all rights, privileges and benefits conferred by the compact shall terminate on the effective date of termination. A cure of the default shall not relieve the offending state of obligations or liabilities incurred during the period of the default.

(d) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the Interstate Commission to the governor, the majority and minority leaders of the defaulting state's legislature and each of the member states.

(e) The Interstate Commission shall establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state, or the withdrawal of a member state.

(f) The member state that has been terminated is responsible for all

dues, obligations and liabilities incurred through the effective date of termination, including, but not limited to, obligations the performance of which extends beyond the effective date of termination.

(g) The Interstate Commission shall not bear any costs relating to any state that has been found to be in default or that has been terminated from the compact, unless otherwise mutually agreed upon in writing between the Interstate Commission and the defaulting state.

(h) The defaulting state may appeal the action of the Interstate Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including, but not limited to, reasonable attorney's fees.

SECTION 19. DISPUTE RESOLUTION

(a) The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes that are subject to the compact and may arise among member states or member boards.

(b) The Interstate Commission shall promulgate rules providing for both mediation and binding dispute resolution as appropriate.

SECTION 20. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

(a) Any state is eligible to become a member of the compact.

(b) The compact shall become effective and binding upon legislative enactment of the compact into law by not less than seven states. Thereafter, it shall become effective and binding on a state upon enactment of the compact into law by such state.

(c) The governors of nonmember states, or their designees, shall be

invited to participate in the activities of the Interstate Commission on a nonvoting basis prior to adoption of the compact by all states.

(d) The Interstate Commission may propose amendments to the compact for enactment by the member states. No amendment shall become effective and binding upon the Interstate Commission and the member states unless and until it is enacted into law by unanimous consent of the member states.

SECTION 21. WITHDRAWAL

(a) Once effective, the compact shall continue in force and remain binding upon every member state, provided a member state may withdraw from the compact by specifically repealing the statute that enacted the compact into law.

(b) Withdrawal from the compact shall be done by the enactment of a statute repealing the compact, but shall not take effect until one year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.

(c) The withdrawing state shall immediately notify the chairperson of the Interstate Commission in writing upon the introduction of legislation repealing the compact in the withdrawing state.

(d) The Interstate Commission shall notify the other member states of the withdrawing state's intent to withdraw not later than sixty days after its receipt of notice provided under subsection (c) of this section.

(e) The withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including, but not limited to, obligations, the performance of which extend beyond the effective date of withdrawal.

(f) Reinstatement following withdrawal of a member state shall occur upon the withdrawing state reenacting the compact or upon such later date as determined by the Interstate Commission.

(g) The Interstate Commission is authorized to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.

SECTION 22. DISSOLUTION

(a) The compact shall dissolve effective upon the date of the withdrawal or default of the member state that reduces the membership of the compact to one member state.

(b) Upon the dissolution of the compact, the compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Interstate Commission shall be concluded, and surplus funds shall be distributed in accordance with the bylaws.

SECTION 23. SEVERABILITY AND CONSTRUCTION

(a) The provisions of the compact shall be severable, and if any phrase, clause, sentence or provision of the compact is deemed unenforceable, the remaining provisions of the compact shall be enforceable.

(b) The provisions of the compact shall be liberally construed to effectuate its purposes.

(c) Nothing in the compact shall be construed to prohibit the applicability of other interstate compacts to which the member states are members.

SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS

(a) Nothing in the compact prevents the enforcement of any other law of a member state that is not inconsistent with the compact.

(b) All laws in a member state in conflict with the compact are superseded to the extent of the conflict.

(c) All lawful actions of the Interstate Commission, including, but not limited to, all rules and bylaws promulgated by said commission, are binding upon the member states.

(d) All agreements between the Interstate Commission and the member states are binding in accordance with the terms of such agreements.

(e) If any provision of the compact exceeds the constitutional limits imposed on the legislature of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in such member state."

Sec. 44. (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023, the Office of Early Childhood shall hire two full-time employees to provide technical assistance and business consulting services for providers of child care services, as described in section 19a-77 of the general statutes, as amended by this act, in the state.

Sec. 45. Section 10-19q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) The Department of Children and Families shall administer, within available appropriations, an enhancement grant program for youth service bureaus. The department shall annually award grants in the amounts of: (1) Three thousand three hundred dollars to youth service bureaus that serve a town with a population of not more than eight thousand or towns with a total combined population of not more than eight thousand; (2) five thousand dollars to youth service bureaus that

serve a town with a population greater than eight thousand, but not more than seventeen thousand or towns with a total combined population greater than eight thousand, but not more than seventeen thousand; (3) six thousand two hundred fifty dollars to youth service bureaus that serve a town with population greater than seventeen thousand, but not more than thirty thousand or towns with a total combined population greater than seventeen thousand, but not more than thirty thousand; (4) seven thousand five hundred fifty dollars to youth service bureaus that serve a town with a population greater than thirty thousand, but not more than one hundred thousand or towns with a total combined population greater than thirty thousand, but not more than one hundred thousand; and (5) ten thousand dollars to youth service bureaus that serve a town with a population greater than one hundred thousand or towns with a total combined population greater than one hundred thousand.

(b) (1) For the fiscal year ending June 30, 2023, if the amount appropriated for grants payable to youth service bureaus under this section exceeds the amount appropriated for such grants for the fiscal year ending June 30, 2022, the amount of such excess shall be distributed proportionately among the youth service bureaus.

[(b)**]** (2) Notwithstanding the provisions of this section, for the fiscal year ending June 30, **[**2020**]** 2024, and each fiscal year thereafter, the amount of grants payable to youth service bureaus shall be **[**(1)**]** (A) reduced proportionately if the total of such grants in such year exceeds the amount appropriated for such grants for such year, or **[**(2)**]** (B) increased proportionately if the total of such grants in such year is less than the amount appropriated for such grants in such year.

Sec. 46. (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023, the Department of Public Health shall hire a health program associate for the Office of Emergency Medical Services, established pursuant to section 19a-178 of the general statutes, to administer mobile integrated

health care programs in accordance with the provisions of section 19a-180 of the general statutes.

Approved May 24, 2022