



General Assembly

**Amendment**

February Session, 2022

LCO No. 5592



Offered by:

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REP. ROJAS, 9<sup>th</sup> Dist.  
REP. CANDELORA V., 86<sup>th</sup> Dist.  
REP. EXUM, 19<sup>th</sup> Dist.  
REP. STEINBERG, 136<sup>th</sup> Dist.  
REP. LINEHAN, 103<sup>rd</sup> Dist.

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REP. MCCARTHY VAHEY, 133<sup>rd</sup> Dist.  
REP. PETIT, 22<sup>nd</sup> Dist.  
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To: House Bill No. 5001

File No. 371

Cal. No. 261

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

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. (*Effective from passage*) The Commissioner of Public Health,  
4 in consultation with the Commissioner of Children and Families, shall  
5 develop and implement a plan to waive licensure requirements for a  
6 person who (1) is a mental or behavioral health care provider licensed  
7 or certified to provide mental or behavioral health care services, or is  
8 entitled to provide mental or behavioral health care services under a  
9 different designation, in another state having requirements for  
10 practicing in such capacity that are substantially similar to or higher

11 than the requirements in effect in this state for practitioners practicing  
12 in such capacity, and (2) has no disciplinary action or unresolved  
13 complaint pending against such person, provided the provisions of any  
14 interstate licensure compact regarding a mental or behavioral health  
15 care provider adopted by the state shall supersede any plan for waiver  
16 of licensure requirements implemented under this section concerning  
17 such mental or behavioral health care provider. When developing and  
18 implementing such plan, the Commissioner of Public Health shall  
19 consider (A) eliminating barriers to the expedient licensure of such  
20 persons in order to immediately address the mental health needs of  
21 children in this state, and (B) whether a waiver should be limited to the  
22 provision of mental or behavioral health care services through the use  
23 of telehealth, as defined in section 19a-906 of the general statutes. The  
24 Commissioner of Public Health shall prioritize waiving licensure  
25 requirements for a person who is a mental or behavioral health care  
26 provider licensed or certified to provide mental health care services to  
27 children, or who is entitled to provide mental or behavioral health care  
28 services to children under a different designation. On or before January  
29 1, 2023, the Commissioner of Public Health shall (i) implement the plan  
30 for waiver of licensure requirements, and (ii) report, in accordance with  
31 the provisions of section 11-4a of the general statutes, to the joint  
32 standing committees of the General Assembly having cognizance of  
33 matters relating to public health and children regarding such plan and  
34 recommendations for legislation related to such plan.

35 Sec. 2. Section 19a-14d of the 2022 supplement to the general statutes  
36 is repealed and the following is substituted in lieu thereof (*Effective*  
37 *October 1, 2022*):

38 (a) An occupational or professional license, permit, certification or  
39 registration issued by the Department of Public Health pursuant to  
40 chapter 368v, 370, 372, 373, 375, 375a, 376, 376a, 376b, 376c, 377, 378,  
41 378a, 379, 379a, 380, 381, 381a, 381b, 382a, 382b, 382c, 383, 383a, 383b,  
42 383c, 383d, 383e, 383f, 383g, 383h, 384, 384a, 384b, 384c, 384d, 385, 386,  
43 387, 387a, 388, 388a, 393a, 395, 397a, 398, 399, 400a, 400c or 474 shall be  
44 issued, in the occupation or profession applied for and at a practice level

45 determined by the department, to a person, [who is (1) a resident of this  
46 state, as defined in section 12-701, and provides a current driver's  
47 license, utility bill, lease agreement or property deed indicating such  
48 person's residence in this state; or (2) married to an active duty member  
49 of the armed forces of the United States and accompanies such member,  
50 pursuant to an official permanent change of station, to a military  
51 installation located in this state] including, but not limited to, an active  
52 duty member of the armed forces of the United States or such person's  
53 spouse, if:

54 [(A)] (1) The person holds a valid license, permit, certification or  
55 registration in at least one other jurisdiction in the United States in the  
56 occupation or profession applied for;

57 [(B)] (2) The person has practiced under such license, permit,  
58 certification or registration for not less than four years;

59 [(C)] (3) The person is in good standing in all jurisdictions in the  
60 United States in which he or she holds a license, permit, certification or  
61 registration and has not had a license, permit, certification or  
62 registration revoked or discipline imposed by any jurisdiction in the  
63 United States, does not have a complaint, allegation or investigation  
64 related to unprofessional conduct pending in any jurisdiction, and has  
65 not voluntarily surrendered a license, permit, certification or  
66 registration while under investigation for unprofessional conduct in any  
67 jurisdiction;

68 [(D)] (4) The person satisfies any background check or character and  
69 fitness check required of other applicants for the license, permit,  
70 certification or registration; and

71 [(E)] (5) The person pays all fees required of other applicants for the  
72 license, permit, certification or registration.

73 (b) In addition to the requirements set forth in subsection (a) of this  
74 section, the Department of Public Health [(1) shall require a resident of  
75 this state] may require a person applying for a license, permit,

76 certification or registration under this section to take and pass all, or a  
77 portion of, any examination required of other persons applying for [the]  
78 such license, permit, certification or registration. [; and (2) may require  
79 a person married to an active duty member of the armed forces of the  
80 United States to take all or a portion of such examination.]

81 (c) Any person issued a license, permit, certification or registration  
82 pursuant to this section shall be subject to the laws of this state and the  
83 jurisdiction of the Department of Public Health.

84 (d) Notwithstanding the provisions of this section and pursuant to  
85 section 19a-14, the Commissioner of Public Health may deny an  
86 occupational or professional license, permit, certification or registration  
87 if he or she finds such denial is in the best interest of the state.

88 Sec. 3. Section 20-195n of the general statutes is amended by adding  
89 subsection (g) as follows (*Effective July 1, 2022*):

90 (NEW) (g) The commissioner shall notify each applicant who is  
91 approved to take an examination required under subsection (b), (c), (d)  
92 or (e) of this section that such applicant may be eligible for testing  
93 accommodations pursuant to the federal Americans with Disabilities  
94 Act, 42 USC 12101 et seq., as amended from time to time, or other  
95 accommodations, as determined by the Association of Social Work  
96 Boards, or its successor organization, which may include the use a  
97 dictionary while taking such examination and additional time within  
98 which to take such examination.

99 Sec. 4. Section 20-195t of the general statutes is repealed and the  
100 following is substituted in lieu thereof (*Effective from passage*):

101 The department may issue a temporary permit to an applicant for  
102 licensure as a master social worker who holds a master's degree from a  
103 social work educational program, as described in section 20-195n, as  
104 amended by this act, but who has not yet taken the licensure  
105 examination prescribed in [said] section 20-195n, as amended by this act.  
106 Such temporary permit shall authorize the holder to practice as a master

107 social worker as provided for in section 20-195s. [Such] Prior to June 30,  
108 2024, such temporary permit shall be valid for a period not to exceed  
109 one year after the date of issuance, shall not be renewable and shall not  
110 become void solely because the applicant fails to pass such examination.  
111 On and after July 1, 2024, such temporary permit shall be valid for a  
112 period not to exceed one hundred twenty calendar days after the date  
113 of [attaining such master's degree and] issuance, shall not be renewable  
114 [. Such permit shall become void and shall not be reissued in the event  
115 that] and, if the applicant fails to pass such examination, shall become  
116 void and shall not be reissued. The fee for a temporary permit shall be  
117 fifty dollars.

118 Sec. 5. (*Effective from passage*) Notwithstanding the provisions of  
119 section 1 of public act 21-9 and section 19a-906 of the general statutes,  
120 prior to July 1, 2024, a person who is appropriately licensed as a social  
121 worker in another state or territory of the United States or the District of  
122 Columbia may provide telehealth services to a resident of another state  
123 while such resident is in this state, provided the social worker (1) has a  
124 preexisting professional relationship with such resident, and (2)  
125 maintains professional liability insurance, or other indemnity against  
126 liability for professional malpractice, in an amount that is equal to or  
127 greater than that required for clinical or master social workers licensed  
128 pursuant to chapter 383b of the general statutes.

129 Sec. 6. (NEW) (*Effective from passage*) The Commissioner of Public  
130 Health shall establish, within available appropriations, a need-based  
131 program pursuant to which the commissioner may waive application  
132 costs and licensure fees for persons who are applying to the Department  
133 of Public Health for licensure as a mental or behavioral health care  
134 provider pursuant to chapter 370, 382a, 383, 383a, 383b or 383c of the  
135 general statutes, or section 20-195mmm of the general statutes, and who  
136 will provide mental or behavioral health care services to children. The  
137 Commissioner of Public Health shall develop eligibility requirements  
138 based on financial need for recipients of a waiver of such costs and fees  
139 and give priority to each applicant (1) who is a member of a racial or  
140 ethnic minority, (2) for whom English is a second language, (3) who

141 identifies as lesbian, gay, bisexual, transgender or queer, or (4) who has  
142 a disability. The Department of Public Health may accept private  
143 donations for the program.

144 Sec. 7. Subsections (b) and (c) of section 17a-22ff of the general  
145 statutes are repealed and the following is substituted in lieu thereof  
146 (*Effective July 1, 2022*):

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

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

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

154 (3) ~~Four~~ Six appointed by the Commissioner of Children and  
155 Families, who shall be providers of mental, emotional or behavioral  
156 health care services ~~[for] to~~ children in the state, ~~[at least one of whom~~  
157 ~~shall be a provider of]~~ one of whom shall be a psychiatrist licensed to  
158 practice pursuant to chapter 370, one of whom shall be a marital and  
159 family therapist licensed under chapter 383a, one of whom shall be a  
160 psychologist licensed under chapter 383, one of whom shall be a clinical  
161 social worker licensed under chapter 383b, one of whom shall be a  
162 professional counselor licensed under chapter 383c and one of whom  
163 shall be an advanced practice registered nurse licensed under chapter  
164 378. At least one of such appointees shall be a provider of mental,  
165 emotional or behavioral health care services to children involved with  
166 the juvenile justice system;

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

170 (5) One appointed by the Commissioner of Children and Families,

171 who shall represent the United Way of Connecticut 2-1-1 Infoline  
172 program;

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

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

178 (8) One appointed by the minority leader of the House of  
179 Representatives, who shall represent the Connecticut Behavioral  
180 Healthcare Partnership;

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

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

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

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

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

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

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

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

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

- 197     (18) The Labor Commissioner, or the commissioner's designee;
- 198     (19) The Secretary of the Office of Policy and Management, or the  
199 secretary's designee;
- 200     (20) The Commissioner of Correction, or the commissioner's  
201 designee;
- 202     [(18)] (21) The executive director of the Court Support Services  
203 Division of the Judicial Branch, or the executive director's designee;
- 204     [(19)] (22) The Child Advocate, or the Child Advocate's designee;
- 205     [(20)] (23) The Healthcare Advocate, or the Healthcare Advocate's  
206 designee; [and]
- 207     [(21)] (24) The executive director of the Commission on Women,  
208 Children, Seniors, Equity and Opportunity, or the executive director's  
209 designee; [.]
- 210     (25) One representative of the Governor's office, who shall be  
211 appointed by the Governor;
- 212     (26) One representative of commercial health insurance carriers, who  
213 shall be appointed by the Governor;
- 214     (27) One representative of the Commission on Racial Equity in Public  
215 Health established under section 19a-133a, who shall be appointed by  
216 said commission;
- 217     (28) One representative of the Commission on the Disparate Impact  
218 of COVID-19 established pursuant to special act 21-37, who shall be  
219 appointed by said commission;
- 220     (29) One representative of the task force created pursuant to section  
221 4 of public act 21-125 concerning mental health service provider  
222 networks; and
- 223     (30) One representative of the task force on children's needs created



224 pursuant to section 30 of public act 21-46.

225 (c) All initial appointments to the board shall be made not later than  
226 [thirty days after July 1,] July 31, 2015. All subsequent appointments to  
227 the board made pursuant to subdivision (3) and subdivisions (25) to  
228 (30), inclusive, of subsection (b) of this section shall be made not later  
229 than October 1, 2022. All members shall serve an initial term of three  
230 years, except the members appointed pursuant to subdivisions (29) and  
231 (30) of subsection (b) of this section, who shall serve a term of two years.  
232 Following the expiration of their initial terms, subsequent members  
233 appointed to the board shall serve two-year terms. Any vacancy shall be  
234 filled by the appointing authority not later than thirty calendar days  
235 after the appointment becomes vacant. Any member previously  
236 appointed to the board may be reappointed, except the members  
237 appointed pursuant to subdivisions (29) and (30) of subsection (b) of this  
238 section, who shall serve only one term and may not be reappointed.

239 Sec. 8. (NEW) (*Effective July 1, 2022*) On or before January 1, 2023, the  
240 Department of Children and Families shall establish and administer a  
241 data repository for (1) emergency mobile psychiatric services personnel  
242 to share best practices and experiences while providing emergency  
243 mobile psychiatric services to children in the field, and (2) emergency  
244 mobile psychiatric services personnel and the department to, when  
245 available and appropriate, collect data on outcomes of children who  
246 received emergency mobile psychiatric services, which data shall be  
247 deidentified and disaggregated, for internal quality improvement  
248 purposes.

249 Sec. 9. (NEW) (*Effective October 1, 2022*) (a) There is established a pilot  
250 program in the city of Waterbury to allow a federally qualified health  
251 center to administer intensive outpatient services, including, but not  
252 limited to, an extended day treatment program, for adolescents with  
253 mental or behavioral health issues, which shall be administered by the  
254 Department of Children and Families, in consultation with the  
255 Department of Social Services. The federally qualified health center shall  
256 administer such services under the pilot program to not less than one

257 hundred forty-four adolescents annually for not less than five years. If  
258 the federally qualified health center ceases to administer such services  
259 prior to October 1, 2027, it shall reimburse the state for funds allocated  
260 for the pilot program in a prorated amount that is based on the  
261 proportion of the five-year period during which it provided such  
262 services.

263 (b) Not later than January 1, 2024, and annually thereafter until  
264 January 1, 2029, the Commissioner of Children and Families, in  
265 consultation with the Commissioner of Social Services, shall report, in  
266 accordance with the provisions of section 11-4a of the general statutes,  
267 regarding the implementation of the pilot program to the joint standing  
268 committees of the General Assembly having cognizance of matters  
269 relating to public health and children. Such report shall assess the  
270 effectiveness of the pilot program and include legislative  
271 recommendations concerning implementation of the pilot program on a  
272 state-wide basis.

273 Sec. 10. Section 17a-20a of the general statutes is repealed and the  
274 following is substituted in lieu thereof (*Effective from passage*):

275 (a) [Not later than January 1, 2014, the] The Commissioner of  
276 Children and Families shall establish and implement a regional mental  
277 and behavioral health consultation and care coordination program for  
278 (1) primary care providers who serve children, and (2) the pediatric  
279 patients of such providers. Such program shall provide to such primary  
280 care providers [; (1) Timely] (A) timely access to a consultation team that  
281 includes a child psychiatrist, social worker and a care coordinator, [; (2)]  
282 (B) patient care coordination and transitional services for mental or  
283 behavioral health care, [;] and [(3)] (C) training and education  
284 concerning patient access to mental and behavioral health services.  
285 [Said] Such program shall refer the pediatric patient of a primary care  
286 provider who serves children for not more than three follow-up  
287 telehealth or in-person appointments with a mental or behavioral health  
288 care provider (i) if such follow-up appointments are determined to be  
289 medically necessary by the primary care provider, and (ii) after the

290 primary care provider has utilized such program on behalf of such  
291 patient and such patient has been prescribed medication to treat a  
292 mental or behavioral health condition. Such program shall cover, within  
293 available appropriations, the costs of such appointments. A primary  
294 care provider participating in such program shall refer a pediatric  
295 patient to a care coordinator who contracts with the Department of  
296 Children and Families, but is not participating in such program, to  
297 provide short-term assistance to a pediatric patient in obtaining mental  
298 or behavioral health care from a mental or behavioral health care  
299 provider who is not participating in such program. The department  
300 shall request reimbursement for services provided under this section  
301 from a health carrier prior to paying for such services with any funds  
302 appropriated for purposes of this section. The commissioner may enter  
303 into a contract for services to administer such program.

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

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

313 Sec. 11. Section 38a-1041 of the general statutes is repealed and the  
314 following is substituted in lieu thereof (*Effective July 1, 2022*):

315 (a) There is established an Office of the Healthcare Advocate which  
316 shall be within the Insurance Department for administrative purposes  
317 only.

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

319 (1) Assist health insurance consumers with managed care plan  
320 selection by providing information, referral and assistance to

321 individuals about means of obtaining health insurance coverage and  
322 services;

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

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

328 (4) Assist consumers with the filing of complaints and appeals,  
329 including filing appeals with a managed care organization's internal  
330 appeal or grievance process and the external appeal process established  
331 under sections 38a-591d to 38a-591g, inclusive, as amended by this act;

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

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

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

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

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

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

347 (11) Pursue administrative remedies on behalf of and with the  
348 consent of any health insurance consumers;

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

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

353 (c) The Office of the Healthcare Advocate shall make a referral to the  
354 Insurance Commissioner if the Healthcare Advocate finds that a  
355 preferred provider network may have engaged in a pattern or practice  
356 that may be in violation of sections 38a-479aa to 38a-479gg, inclusive, or  
357 38a-815 to 38a-819, inclusive.

358 (d) The Healthcare Advocate and the Insurance Commissioner shall  
359 jointly compile a list of complaints received against managed care  
360 organizations and preferred provider networks and the commissioner  
361 shall maintain the list, except the names of complainants shall not be  
362 disclosed if such disclosure would violate the provisions of section 4-  
363 61dd or 38a-1045.

364 (e) [On or before October 1, 2005, the] The Managed Care  
365 Ombudsman shall establish a process to provide ongoing  
366 communication among mental health care providers, patients, state-  
367 wide and regional business organizations, managed care companies and  
368 other health insurers to assure: (1) Best practices in mental health  
369 treatment and recovery; (2) compliance with the provisions of sections  
370 38a-476a, 38a-476b, 38a-488a, as amended by this act, and 38a-489; and  
371 (3) the relative costs and benefits of providing effective mental health  
372 care coverage to employees and their families. On or before January 1,  
373 2006, and annually thereafter, the Healthcare Advocate shall report, in  
374 accordance with the provisions of section 11-4a, on the implementation  
375 of this subsection to the joint standing committees of the General  
376 Assembly having cognizance of matters relating to public health and  
377 insurance.

378 (f) [On or before October 1, 2008, the] The Office of the Healthcare  
379 Advocate shall, within available appropriations, establish and maintain  
380 a healthcare consumer information web site on the Internet for use by

381 the public in obtaining healthcare information, including but not limited  
382 to: (1) The availability of wellness programs in various regions of  
383 Connecticut, such as disease prevention and health promotion  
384 programs; (2) quality and experience data from hospitals licensed in this  
385 state; and (3) a link to the consumer report card developed and  
386 distributed by the Insurance Commissioner pursuant to section 38a-  
387 478l.

388 (g) [Not later than January 1, 2015, the] The Office of the Healthcare  
389 Advocate shall establish an information and referral service to help  
390 residents and providers receive behavioral health care information,  
391 timely referrals and access to behavioral health care providers. In  
392 developing and implementing such service, the Healthcare Advocate,  
393 or the Healthcare Advocate's designee, shall: (1) Collaborate with  
394 stakeholders, including, but not limited to, (A) state agencies, (B) the  
395 Behavioral Health Partnership established pursuant to section 17a-22h,  
396 (C) community collaboratives, (D) the United Way's 2-1-1 Infoline  
397 program, and (E) providers; (2) identify any basis that prevents  
398 residents from obtaining adequate and timely behavioral health care  
399 services, including, but not limited to, (A) gaps in private behavioral  
400 health care services and coverage, and (B) barriers to access to care; (3)  
401 coordinate a public awareness and educational campaign directing  
402 residents to the information and referral service; and (4) develop data  
403 reporting mechanisms to determine the effectiveness of the service,  
404 including, but not limited to, tracking (A) the number of referrals to  
405 providers by type and location of providers, (B) waiting time for  
406 services, and (C) the number of providers who accept or reject requests  
407 for service based on type of health care coverage. Not later than  
408 February 1, 2016, and annually thereafter, the Office of the Healthcare  
409 Advocate shall submit a report, in accordance with the provisions of  
410 section 11-4a, to the joint standing committees of the General Assembly  
411 having cognizance of matters relating to children, human services,  
412 public health and insurance. The report shall identify gaps in services  
413 and the resources needed to improve behavioral health care options for  
414 residents.

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

421 Sec. 12. (NEW) (*Effective from passage*) (a) As used in this section,  
422 "school mental health specialist" means any person employed by a local  
423 or regional board of education to provide mental health services to  
424 students and includes, but is not limited to, a (1) school social worker,  
425 (2) school psychologist, (3) trauma specialist, (4) behavior technician, (5)  
426 board certified behavior analyst, (6) school counselor, (7) licensed  
427 professional counselor, and (8) licensed marriage and family therapist.

428 (b) Not later than July 1, 2023, and annually thereafter, the  
429 Commissioner of Education shall, within available appropriations,  
430 develop and distribute a survey to each local and regional board of  
431 education concerning the employment of school mental health  
432 specialists by such local or regional board of education. Such survey  
433 shall include, but need not be limited to, (1) (A) the total number of  
434 school mental health specialists for the school district, and (B) a  
435 disaggregation of the total number of each school social worker, school  
436 psychologist, trauma specialist, behavior technician, board certified  
437 behavior analyst, school counselor, licensed professional counselor and  
438 licensed marriage and family therapist, (2) (A) the total number of  
439 school mental health specialists assigned to each school under the  
440 jurisdiction of the local or regional board of education, and (B) a  
441 disaggregation of each school social worker, school psychologist,  
442 trauma specialist, behavior technician, board certified behavior analyst,  
443 school counselor, licensed professional counselor and licensed marriage  
444 and family therapist assigned to each school under the jurisdiction of  
445 such board, including whether any such school mental health specialist  
446 is assigned solely to that school or whether such school mental health  
447 specialist is assigned to multiple schools, (3) the geographic area  
448 covered by any such school mental health specialist who provides

449 services to more than one local or regional board of education, (4) an  
450 estimate of the annual number of students who have received direct  
451 services from each individual school mental health specialist during the  
452 five-year period preceding completion of the survey, and (5) data, if any,  
453 regarding school-based behavioral health services provided by a private  
454 provider through a contract with the local or regional board of education,  
455 including, but not limited to, the types of services provided, the schools  
456 and grade levels in which such services are being provided, the number of  
457 students receiving such services, and the total expenditures of the board  
458 for such services under the contract during the previous school year.

459 (c) For the school year commencing July 1, 2023, and each school year  
460 thereafter, each local and regional board of education shall annually  
461 complete the survey developed and distributed pursuant to subsection  
462 (b) of this section to the commissioner, and submit such completed  
463 survey to the commissioner, at such time and in such manner as the  
464 commissioner prescribes.

465 (d) Following the receipt of a completed survey from a local or  
466 regional board of education, the commissioner shall annually calculate  
467 a student-to-school mental health specialist ratio for (1) such board of  
468 education, and (2) each school under the jurisdiction of such board of  
469 education.

470 (e) Not later than January 1, 2024, and annually thereafter, the  
471 commissioner shall submit a report, in accordance with the provisions  
472 of section 11-4a of the general statutes, on the results of the survey  
473 completed under this section and the student-to-school school mental  
474 health specialist ratios calculated pursuant to subsection (d) of this  
475 section, to the joint standing committees of the General Assembly  
476 having cognizance of matters relating to education and children.

477 Sec. 13. (NEW) (*Effective July 1, 2022*) (a) For the fiscal years ending  
478 June 30, 2023, to June 30, 2025, inclusive, the Department of Education  
479 shall administer a grant program to provide grants to local and regional  
480 boards of education for the purpose of hiring additional school mental  
481 health specialists. As used in this section, "school mental health



482 specialist" has the same meaning as provided in section 12 of this act.

483 (b) On and after January 1, 2023, a local or regional board of education  
484 may submit an application for a grant under this section, in such form  
485 and manner as the Commissioner of Education prescribes. As part of the  
486 application, the applicant shall submit (1) a plan for the expenditure of  
487 grant funds, and (2) (A) for an application submitted before July 1, 2023,  
488 the information described in subdivisions (1) to (5), inclusive, of  
489 subsection (b) of section 12 of this act, and (B) for an application  
490 submitted on or after July 1, 2023, a copy of the completed survey  
491 described in section 12 of this act. Such plan shall include, but need not  
492 be limited to, the number of additional school mental health specialists  
493 to be hired, if such grant funds will be used to retain any of the school  
494 mental health specialists hired with the assistance of grant funds  
495 awarded under this section, whether such school mental health  
496 specialists will be conducting assessments of students or providing  
497 services to students based on the results of assessments and the type of  
498 services that will be provided by such school mental health specialists.

499 (c) In determining whether to award an applicant a grant under this  
500 section, the Commissioner of Education shall give priority to those  
501 school districts (1) with large student-to- school mental health specialist  
502 ratios, or (2) that have a high volume of student utilization of mental  
503 health services.

504 (d) For the fiscal year ending June 30, 2023, the Commissioner of  
505 Education may award a grant to an applicant and shall determine the  
506 amount of the grant award based on the plan submitted by such  
507 applicant pursuant to subsection (b) of this section. The commissioner  
508 shall pay a grant to each grant recipient in each of the fiscal years ending  
509 June 30, 2023, to June 30, 2025, inclusive, as follows: (1) For the fiscal  
510 year ending June 30, 2023, the amount of the grant shall be as  
511 determined by the commissioner under this subsection; (2) for the fiscal  
512 year ending June 30, 2024, the amount of the grant shall be the same  
513 amount as the grant awarded for the prior fiscal year; and (3) for the  
514 fiscal year ending June 30, 2025, the amount of the grant shall be seventy

515 per cent of the amount of the grant awarded for the prior fiscal year.

516 (e) Grant recipients shall file annual expenditure reports with the  
517 Department of Education at such time, and in such manner, as the  
518 commissioner prescribes. A grant recipient shall only expend grant  
519 funds received under this section in accordance with the plan submitted  
520 pursuant to subsection (b) of this section, and a grant recipient may not  
521 use such grant funds received under this section for the purpose of any  
522 operating expenses that existed prior to receipt of such grant. Grant  
523 recipients shall refund to the department (1) any unexpended amounts  
524 at the close of the fiscal year in which the grant was awarded, and (2)  
525 any amounts not expended in accordance with the plan for which such  
526 grant application was approved.

527 (f) (1) The Department of Education shall annually track and calculate  
528 the utilization rate of the grant program for each grant recipient. Such  
529 utilization rate shall be calculated using metrics that include, but need  
530 not be limited to, the number of students served and the hours of service  
531 provided using grant funds awarded under the program.

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

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

540 (h) (1) Not later than January 1, 2024, and each January first thereafter,  
541 until and including January 1, 2026, the Commissioner of Education  
542 shall submit a report, in accordance with the provisions of section 11-4a  
543 of the general statutes, on the utilization rate for each grant recipient  
544 and the return on investment for the grant program, calculated pursuant  
545 to subsection (f) of this section, to the joint standing committees of the  
546 General Assembly having cognizance of matters relating to education

547 and children.

548 (2) Not later than January 1, 2026, the commissioner shall develop  
549 recommendations concerning (A) whether such grant program should  
550 be extended and funded for the fiscal year ending June 30, 2026, and  
551 each fiscal year thereafter, and (B) the amount of the grant award under  
552 the program. The commissioner shall submit such recommendations, in  
553 accordance with the provisions of section 11-4a of the general statutes,  
554 to the joint standing committees of the General Assembly having  
555 cognizance of matters relating to education and children.

556 Sec. 14. (NEW) (*Effective from passage*) (a) For the fiscal years ending  
557 June 30, 2023, to June 30, 2025, inclusive, the Department of Education  
558 shall administer a grant program to provide grants to local and regional  
559 boards of education and operators of youth camps and other summer  
560 programs for the delivery of mental health services to students.

561 (b) On and after January 1, 2023, applications for grants pursuant to  
562 subsection (a) of this section shall be filed with the Commissioner of  
563 Education at such time, and in such manner, as the commissioner  
564 prescribes. As part of the application, the applicant shall submit (1) a  
565 plan for the expenditure of grant funds, and (2) (A) for an application  
566 submitted by a local or regional board of education before July 1, 2023,  
567 the information described in subdivisions (1) to (5), inclusive, of  
568 subsection (b) of section 12 of this act, and (B) for an application  
569 submitted by a local or regional board of education on or after July 1,  
570 2023, a copy of the completed survey described in section 12 of this act.

571 (c) For the fiscal year ending June 30, 2023, the Commissioner of  
572 Education may award a grant to an applicant and shall determine the  
573 amount of the grant award based on the plan submitted by such  
574 applicant pursuant to subsection (b) of this section. The commissioner  
575 shall pay a grant to each grant recipient in each of the fiscal years ending  
576 June 30, 2023, to June 30, 2025, inclusive, as follows: (1) For the fiscal  
577 year ending June 30, 2023, the amount of the grant shall be as  
578 determined by the commissioner under this subsection; (2) for the fiscal

579 year ending June 30, 2024, the amount of the grant shall be the same  
580 amount as the grant awarded for the prior fiscal year; and (3) for the  
581 fiscal year ending June 30, 2025, the amount of the grant shall be seventy  
582 per cent of the amount of the grant awarded for the prior fiscal year.

583 (d) Grant recipients shall file expenditure reports with the  
584 Commissioner of Education at such time and in such manner as the  
585 commissioner prescribes. A grant recipient shall only expend grant  
586 funds received under this section in accordance with the plan submitted  
587 pursuant to subsection (b) of this section, and a grant recipient may not  
588 use such grant funds received under this section for the purpose of any  
589 operating expenses that existed prior to receipt of such grant. Grant  
590 recipients shall refund to the Department of Education (1) any  
591 unexpended amounts at the close of the fiscal year in which the grant  
592 was awarded, and (2) any amounts not expended in accordance with  
593 the plan for which such grant application was approved.

594 (e) Each grant recipient, in collaboration with the Department of  
595 Education, shall develop metrics to annually track and calculate the  
596 utilization rate of the grant program for such grant recipient in order to  
597 measure the success of the program. Such grant recipient shall annually  
598 submit such metrics and utilization rate to the department.

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

603 (g) (1) Not later than January 1, 2024, and each January first thereafter,  
604 until and including January 1, 2026, the Commissioner of Education  
605 shall submit a report, in accordance with the provisions of section 11-4a  
606 of the general statutes, on the utilization rate for each grant recipient  
607 calculated pursuant to subsection (e) of this section, to the joint standing  
608 committees of the General Assembly having cognizance of matters  
609 relating to education and children.

610 (2) Not later than January 1, 2026, the commissioner shall develop

611 recommendations concerning (A) whether such grant program should  
612 be extended and funded for the fiscal year ending June 30, 2026, and  
613 each fiscal year thereafter, and (B) the amount of the grant award under  
614 the program. The commissioner shall submit such recommendations, in  
615 accordance with the provisions of section 11-4a of the general statutes,  
616 to the joint standing committees of the General Assembly having  
617 cognizance of matters relating to education and children.

618 Sec. 15. (NEW) (*Effective from passage*) (a) For the fiscal years ending  
619 June 30, 2023, to June 30, 2025, inclusive, the Office of Higher Education  
620 shall administer a grant program to provide grants to public and  
621 independent institutions of higher education, for the delivery of mental  
622 health services to students on campus.

623 (b) On and after January 1, 2023, applications for grants pursuant to  
624 subsection (a) of this section shall be filed with the executive director of  
625 the Office of Higher Education at such time, and in such manner, as the  
626 executive director prescribes. As part of the application, the applicant  
627 shall submit a plan for the expenditure of grant funds.

628 (c) For the fiscal year ending June 30, 2023, the executive director of  
629 the Office of Higher Education may award a grant to an applicant and  
630 shall determine the amount of the grant award based on the plan  
631 submitted by such applicant pursuant to subsection (b) of this section.  
632 The executive director shall pay a grant to each grant recipient in each  
633 of the fiscal years ending June 30, 2023, to June 30, 2025, inclusive, as  
634 follows: (1) For the fiscal year ending June 30, 2023, the amount of the  
635 grant shall be as determined by the commissioner under this subsection;  
636 (2) for the fiscal year ending June 30, 2024, the amount of the grant shall  
637 be the same amount as the grant awarded for the prior fiscal year; and  
638 (3) for the fiscal year ending June 30, 2025, the amount of the grant shall  
639 be seventy per cent of the amount of the grant awarded for the prior  
640 fiscal year.

641 (d) Grant recipients shall file expenditure reports with the executive  
642 director of the Office of Higher Education at such time and in such

643 manner as the executive director prescribes. A grant recipient shall only  
644 expend grant funds received under this section in accordance with the  
645 plan submitted pursuant to subsection (b) of this section, and a grant  
646 recipient may not use such grant funds received under this section for  
647 the purpose of any operating expenses that existed prior to receipt of  
648 such grant. Grant recipients shall refund to the Office of Higher  
649 Education (1) any unexpended amounts at the close of the fiscal year in  
650 which the grant was awarded, and (2) any amounts not expended in  
651 accordance with the plan for which such grant application was  
652 approved.

653 (e) Each grant recipient, in collaboration with the Office of Higher  
654 Education, shall develop metrics to annually track and calculate the  
655 utilization rate of the grant program for such grant recipient in order to  
656 measure the success of the program. Such grant recipient shall annually  
657 submit such metrics and utilization rate to the office.

658 (f) For the purposes of carrying out the provisions of this section, the  
659 Office of Higher Education may accept funds from private sources or  
660 any other state agency, gifts, grants and donations, including, but not  
661 limited to, in-kind contributions.

662 (g) (1) Not later than January 1, 2024, and each January first thereafter,  
663 until and including January 1, 2026, the executive director of the Office  
664 of Higher Education shall submit a report, in accordance with the  
665 provisions of section 11-4a of the general statutes, on the utilization rate  
666 for each grant recipient calculated pursuant to subsection (e) of this  
667 section, to the joint standing committee of the General Assembly having  
668 cognizance of matters relating to higher education.

669 (2) Not later than January 1, 2026, the executive director shall develop  
670 recommendations concerning (A) whether such grant program should  
671 be extended and funded for the fiscal year ending June 30, 2026, and  
672 each fiscal year thereafter, and (B) the amount of the grant award under  
673 the program. The executive director shall submit such  
674 recommendations, in accordance with the provisions of section 11-4a of

675 the general statutes, to the joint standing committee of the General  
676 Assembly having cognizance of matters relating to higher education.

677 Sec. 16. Subsection (b) of section 10-198a of the general statutes is  
678 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
679 *2022*):

680 (b) Each local and regional board of education shall adopt and  
681 implement policies and procedures concerning truants who are enrolled  
682 in schools under the jurisdiction of such board of education. Such  
683 policies and procedures shall include, but need not be limited to, the  
684 following: (1) The holding of a meeting with the parent of each child  
685 who is a truant, or other person having control of such child, and  
686 appropriate school personnel to review and evaluate the reasons for the  
687 child being a truant, provided such meeting shall be held not later than  
688 ten school days after the child's fourth unexcused absence in a month or  
689 tenth unexcused absence in a school year, (2) coordinating services with  
690 and referrals of children to community agencies providing child and  
691 family services, (3) annually at the beginning of the school year and  
692 upon any enrollment during the school year, notifying the parent or  
693 other person having control of each child enrolled in a grade from  
694 kindergarten to eight, inclusive, in the public schools in writing of the  
695 obligations of the parent or such other person pursuant to section 10-  
696 184, (4) annually at the beginning of the school year and upon any  
697 enrollment during the school year, obtaining from the parent or other  
698 person having control of each child in a grade from kindergarten to  
699 eight, inclusive, a telephone number or other means of contacting such  
700 parent or such other person during the school day, (5) (A) on or before  
701 August 15, 2018, the implementation of a truancy intervention model  
702 identified by the Department of Education pursuant to subsection (a) of  
703 section 10-198e, as amended by this act, for any school under its  
704 jurisdiction that has a disproportionately high rate of truancy, as  
705 determined by the Commissioner of Education, and (B) on or before  
706 September 1, 2023, the adoption and implementation of a truancy  
707 intervention model developed by the Department of Education  
708 pursuant to subsection (b) of section 10-198e, as amended by this act,

709 that accounts for mental and behavioral health, or a similar truancy  
710 intervention plan that meets all of the requirements for a truancy  
711 intervention model set forth in subsection (b) of said section, (6) a system  
712 of monitoring individual unexcused absences of children in grades  
713 kindergarten to eight, inclusive, which shall provide that whenever a  
714 child enrolled in school in any such grade fails to report to school on a  
715 regularly scheduled school day and no indication has been received by  
716 school personnel that the child's parent or other person having control  
717 of the child is aware of the pupil's absence, a reasonable effort to notify,  
718 by telephone and by mail, the parent or such other person shall be made  
719 by school personnel or volunteers under the direction of school  
720 personnel, (7) providing notice to the parent or guardian of a child who  
721 is a truant of the information concerning the existence and availability  
722 of the 2-1-1 Infoline program, and other pediatric mental and behavioral  
723 health screening services and tools described in section 17a-22rt, and (8)  
724 on and after July 1, 2023, a requirement that an appropriate school  
725 mental health specialist, as defined in section 12 of this act, conduct an  
726 evaluation of each child who is a truant to determine if additional  
727 behavioral health interventions are necessary for the well-being of the  
728 child. Any person who, in good faith, gives or fails to give notice  
729 pursuant to subdivision (6) of this subsection shall be immune from any  
730 liability, civil or criminal, which might otherwise be incurred or  
731 imposed and shall have the same immunity with respect to any judicial  
732 proceeding which results from such notice or failure to give such notice.

733       Sec. 17. (*Effective July 1, 2022*) For the fiscal years ending June 30, 2023,  
734 and June 30, 2024, each regional educational service center shall hire an  
735 individual to serve as the regional trauma coordinator for such center.  
736 Such individual shall have significant trauma-informed experience and  
737 have completed specific professional training focused on trauma. The  
738 regional trauma coordinator for each such center shall be responsible  
739 for: (1) Developing a trauma-informed care training program in  
740 accordance with the provisions of section 18 of this act, (2) implementing  
741 the trauma-informed care training program, (3) providing technical  
742 assistance to the local and regional boards of education that are



743 members of the regional educational service center in implementing the  
744 trauma-informed care training program, (4) training school mental  
745 health specialists, as defined in section 12 of this act, to be the trainers  
746 under the trauma-informed care training program, and (5) ensuring that  
747 such trainers are properly training teachers, administrators, school staff  
748 and coaches under the trauma-informed care training program.

749       Sec. 18. (*Effective July 1, 2022*) (a) The regional trauma coordinators  
750 employed by the regional educational service centers, described in  
751 section 17 of this act, shall jointly develop and implement a trauma-  
752 informed care training program. Such training program shall utilize a  
753 training model that will enable school mental health specialists, as  
754 defined in section 12 of this act, to deliver trauma-informed care training  
755 to all teachers, administrators, school staff and coaches upon completion  
756 of the training program. In developing such trauma-informed care  
757 training program, the regional trauma coordinators (1) shall attempt to  
758 design such trauma-informed care training in a manner that it can be  
759 included as part of a local or regional board of education's in-service  
760 training program, pursuant to section 10-220a of the general statutes,  
761 and (2) may collaborate with any nonprofit organization in the state that  
762 focuses on child health and development and trauma-informed care for  
763 children.

764       (b) The regional trauma coordinator for each regional educational  
765 service center shall offer trauma-informed care training at no cost to  
766 school mental health specialists or the local or regional boards of  
767 education that are members of such regional educational service center  
768 and that employ such school mental health specialists. Any school  
769 mental health specialist who has participated in the trauma-informed  
770 care program described in subsection (a) of this section shall be the  
771 person to provide such trauma-informed training to teachers,  
772 administrators, school staff and coaches under this section.

773       (c) A local or regional board of education may enter into an  
774 agreement with the trauma coordinator for the regional educational  
775 service center to provide the trauma-informed care training program as

776 part of the in-service training program for the school district, pursuant  
777 to section 10-220a of the general statutes.

778 (d) (1) Each regional trauma coordinator shall develop a progress  
779 report on the implementation of the trauma-informed care training  
780 program for the prior fiscal year. Such progress report shall include an  
781 analysis of the effectiveness and results of the program. Not later than  
782 January 1, 2024, each regional trauma coordinator shall submit such  
783 progress report, in accordance with the provisions of section 11-4a of the  
784 general statutes, to the joint standing committees of the General  
785 Assembly having cognizance of matters relating to education and  
786 children.

787 (2) Each regional trauma coordinator shall develop a final report on  
788 the implementation of the trauma-informed care training program for  
789 the previous two fiscal years. Such final report shall include (A) an  
790 analysis of the effectiveness and results of the program, and (B)  
791 recommendations concerning whether the trauma-informed care  
792 training program should be extended and funded for the fiscal years  
793 ending June 30, 2025, and June 30, 2026. Not later than January 1, 2025,  
794 each regional trauma coordinator shall submit such final report, in  
795 accordance with the provisions of section 11-4a of the general statutes,  
796 to the joint standing committees of the General Assembly having  
797 cognizance of matters relating to education and children.

798 Sec. 19. (NEW) (*Effective July 1, 2022*) For the school year commencing  
799 July 1, 2022, and each school year thereafter, any teacher of record in a  
800 classroom may request a behavior intervention meeting with the crisis  
801 intervention team for the school, as described in section 10-236b of the  
802 general statutes, for any student whose behavior has caused a serious  
803 disruption to the instruction of other students, or caused self-harm or  
804 physical harm to such teacher or another student or staff member in  
805 such teacher's classroom. The crisis intervention team shall, upon the  
806 request of such teacher, convene a behavior intervention meeting  
807 regarding such student. The participants of such behavior intervention  
808 meeting shall identify resources and supports to address such student's

809 social, emotional and instructional needs.

810 Sec. 20. Subsection (c) of section 10-220 of the 2022 supplement to the  
811 general statutes is repealed and the following is substituted in lieu  
812 thereof (*Effective July 1, 2022*):

813 (c) Annually, each local and regional board of education shall submit  
814 to the Commissioner of Education a strategic school profile report for  
815 each school and school or program of alternative education, as defined  
816 in section 10-74j, under its jurisdiction and for the school district as a  
817 whole. The superintendent of each local and regional school district  
818 shall present the profile report at the next regularly scheduled public  
819 meeting of the board of education after each November first. The profile  
820 report shall provide information on measures of (1) student needs,  
821 including, but not limited to, a needs assessment that identifies  
822 resources necessary to address student trauma impacting students and  
823 staff in each school and adequately respond to students with mental,  
824 emotional or behavioral health needs, (2) school resources, including  
825 technological resources and utilization of such resources and  
826 infrastructure, (3) student and school performance, including in-school  
827 suspensions, out-of-school suspensions and expulsions, the number of  
828 truants, as defined in section 10-198a, as amended by this act, and  
829 chronically absent children, as defined in section 10-198c, (4) the number  
830 of students enrolled in an adult high school credit diploma program,  
831 pursuant to section 10-69, operated by a local or regional board of  
832 education or a regional educational service center, (5) equitable  
833 allocation of resources among its schools, (6) reduction of racial, ethnic  
834 and economic isolation, (7) special education, and (8) school-based  
835 arrests, as defined in section 10-233n. For purposes of this subsection,  
836 measures of special education include (A) special education  
837 identification rates by disability, (B) rates at which special education  
838 students are exempted from mastery testing pursuant to section 10-14q,  
839 (C) expenditures for special education, including such expenditures as  
840 a percentage of total expenditures, (D) achievement data for special  
841 education students, (E) rates at which students identified as requiring  
842 special education are no longer identified as requiring special education,

843 (F) the availability of supplemental educational services for students  
844 lacking basic educational skills, (G) the amount of special education  
845 student instructional time with nondisabled peers, (H) the number of  
846 students placed out-of-district, and (I) the actions taken by the school  
847 district to improve special education programs, as indicated by analyses  
848 of the local data provided in subparagraphs (A) to (H), inclusive, of this  
849 subdivision. The superintendent shall include in the narrative portion  
850 of the report information about parental involvement and any measures  
851 the district has taken to improve parental involvement, including, but  
852 not limited to, employment of methods to engage parents in the  
853 planning and improvement of school programs and methods to increase  
854 support to parents working at home with their children on learning  
855 activities. For purposes of this subsection, measures of truancy include  
856 the type of data that is required to be collected by the Department of  
857 Education regarding attendance and unexcused absences in order for  
858 the department to comply with federal reporting requirements and the  
859 actions taken by the local or regional board of education to reduce  
860 truancy in the school district. Such truancy data shall be considered a  
861 public record, as defined in section 1-200.

862 Sec. 21. Section 10-198e of the general statutes is repealed and the  
863 following is substituted in lieu thereof (*Effective July 1, 2022*):

864 (a) The Department of Education shall identify effective truancy  
865 intervention models for implementation by local and regional boards of  
866 education pursuant to subsection (b) of section 10-198a, as amended by  
867 this act, including intervention models that address the needs of  
868 students with disabilities. Not later than August 15, 2018, a listing of  
869 such approved models shall be available for implementation by local  
870 and regional boards of education pursuant to said subsection (b).

871 (b) Not later than September 1, 2023, the Department of Education  
872 shall develop and make available for implementation by local and  
873 regional boards of education described in subparagraph (B) of  
874 subdivision (5) of subsection (b) of section 10-198a, as amended by this  
875 act, a truancy intervention model that accounts for mental and

876 behavioral health.

877 (c) Not later than September 1, 2023, the Department of Education, in  
878 collaboration with the Department of Children and Families, shall issue  
879 guidance to local and regional boards of education on best practices  
880 relating to intervention in certain behavioral health situations and when  
881 it is appropriate to contact the 2-1-1 Infoline program or use alternative  
882 interventions.

883 Sec. 22. Subdivision (1) of subsection (a) of section 28-24 of the general  
884 statutes is repealed and the following is substituted in lieu thereof  
885 (*Effective October 1, 2022*):

886 (1) Develop a state-wide emergency service telecommunications plan  
887 specifying emergency police, fire and medical service  
888 telecommunications systems needed to provide coordinated emergency  
889 service telecommunications to all state residents, including [the  
890 physically disabled] persons with physical disabilities and persons in  
891 need of mental health, behavioral health or substance use disorder  
892 services;

893 Sec. 23. Section 28-29a of the general statutes is repealed and the  
894 following is substituted in lieu thereof (*Effective October 1, 2022*):

895 (a) There is established an E 9-1-1 Commission to (1) advise the  
896 division in the planning, design, implementation and coordination of  
897 the state-wide emergency 9-1-1 telephone system [to be] created  
898 pursuant to sections 28-25 to 28-29b, inclusive, and (2) in consultation  
899 with the Coordinating Advisory Board established pursuant to section  
900 29-1t, as amended by this act, advise the Commissioner of Emergency  
901 Services and Public Protection in the planning, design, implementation,  
902 coordination and governance of the public safety data network  
903 established pursuant to section 29-1j.

904 (b) The commission shall be appointed by the Governor and shall  
905 consist of the following members: (1) One representative from the  
906 technical support services unit of the Division of State Police within the

907 Department of Emergency Services and Public Protection; (2) the State  
908 Fire Administrator; (3) one representative from the Office of Emergency  
909 Medical Services; (4) one representative from the Division of Emergency  
910 Management and Homeland Security within the Department of  
911 Emergency Services and Public Protection; (5) the Commissioner of  
912 Public Health, or the commissioner's designee; (6) the Commissioner of  
913 Mental Health and Addiction Services, or the commissioner's designee;  
914 (7) the Commissioner of Children and Families, or the commissioner's  
915 designee; (8) one municipal police chief; [(6)] (9) one municipal fire chief;  
916 [(7)] (10) one volunteer fireman; [(8)] (11) one representative of the  
917 Connecticut Conference of Municipalities; [(9)] (12) one representative  
918 of the Council of Small Towns; [(10)] (13) one representative of  
919 telecommunicators, as defined in section 28-30; [(11)] (14) one  
920 representative of the public; [(12)] (15) one manager or coordinator of 9-  
921 1-1 public safety answering points serving areas of differing population  
922 concentration; and [(13)] (16) one representative of providers of  
923 commercial mobile radio services, as defined in 47 Code of Federal  
924 Regulations 20.3, as amended. Each member shall serve for a term of  
925 three years from the date of his or her appointment or until a successor  
926 has been appointed and qualified. No member of the commission shall  
927 receive compensation for such member's services.

928 Sec. 24. Subsection (b) of section 29-1t of the general statutes is  
929 repealed and the following is substituted in lieu thereof (*Effective October*  
930 *1, 2022*):

931 (b) The Commissioner of Emergency Services and Public Protection,  
932 or said commissioner's designee, shall serve as the chairperson of the  
933 Coordinating Advisory Board. The board shall consist of: (1) The  
934 president of the Connecticut State Firefighters Association or a designee,  
935 representing volunteer firefighters; (2) the president of the Uniformed  
936 Professional Firefighters Association or a designee, representing  
937 professional firefighters; (3) the president of the American Federation of  
938 State, County and Municipal Employees, or a designee, representing  
939 municipal police officers; (4) the executive director of the Connecticut  
940 Conference of Municipalities or a designee; (5) the executive director of

941 the Connecticut Council of Small Towns or a designee; (6) a member of  
942 the Police Officer Standards Training Council, designated by the  
943 chairperson of said council; (7) a member of the Commission on Fire  
944 Prevention and Control, designated by the chairperson of said  
945 commission; (8) the president of the Connecticut Emergency  
946 Management Association or a designee; (9) the president of the  
947 Connecticut Police Chiefs Association or a designee; (10) the president  
948 of the Connecticut Fire Chiefs Association or a designee; (11) the  
949 president of the Connecticut Career Fire Chiefs Association or a  
950 designee; (12) the Commissioner of Public Health; (13) the  
951 Commissioner of Mental Health and Addiction Services; (14) the  
952 Commissioner of Children and Families; and [(13)] (15) one  
953 representative, designated by the Commissioner of Emergency Services  
954 and Public Protection, from each of the divisions of Emergency  
955 Management and Homeland Security, State Police, Scientific Services  
956 and State-Wide Emergency Telecommunications within the  
957 Department of Emergency Services and Public Protection. Said board  
958 shall convene quarterly and at such other times as the chairperson  
959 deems necessary.

960 Sec. 25. (NEW) (*Effective October 1, 2022*) (a) There is established an  
961 account to be known as the "9-8-8 Suicide Prevention and Mental Health  
962 Crisis Lifeline Fund" which shall be a separate, nonlapsing account  
963 within the General Fund. The account shall contain any moneys  
964 required to be deposited in, or transferred to, the account pursuant to  
965 subsection (b) of this section. Moneys in the account shall be expended  
966 by the Department of Mental Health and Addiction Services solely for  
967 the following purposes: (1) Ensuring the efficient and effective routing  
968 of calls made to the 9-8-8 National Suicide Prevention Lifeline by  
969 persons in the state to an appropriate crisis center; and (2) personnel and  
970 the provision of acute mental health, crisis outreach and stabilization  
971 services by directly responding to the 9-8-8 National Suicide Prevention  
972 Lifeline.

973 (b) The following moneys shall be deposited in, or transferred to, the  
974 9-8-8 Suicide Prevention and Mental Health Crisis Lifeline Fund: (1)

975 Any appropriation made by the General Assembly to the Department  
976 of Mental Health and Addiction Services for deposit in the fund; (2) any  
977 grants or gifts intended for deposit in the fund; and (3) interest,  
978 premiums, gains or other earnings on the fund.

979 (c) Moneys remaining in the 9-8-8 Suicide Prevention and Mental  
980 Health Crisis Lifeline Fund (1) shall not revert to the General Fund at  
981 the end of any fiscal year and remain available in subsequent fiscal years  
982 for the purposes described in subsection (a) of this section, and (2) shall  
983 not be subject to transfer to any other fund, or to transfer, assignment or  
984 reassignment for any purpose other than the purposes described in  
985 subsection (a) of this section.

986 (d) On or before January 1, 2024, and annually thereafter, the  
987 Commissioner of Mental Health and Addiction Services shall report, in  
988 accordance with the provisions of section 11-4a of the general statutes,  
989 on the deposits and expenditures of the 9-8-8 Suicide Prevention and  
990 Mental Health Crisis Lifeline Fund to the joint standing committees of  
991 the General Assembly having cognizance of matters relating to  
992 appropriations and the budgets of state agencies, public health, human  
993 services and children.

994 Sec. 26. (*Effective from passage*) (a) The Department of Emergency  
995 Services and Public Protection, in collaboration with the Departments of  
996 Mental Health and Addiction Services, Children and Families and  
997 Public Health, shall develop a plan to incorporate mental health,  
998 behavioral health and substance use disorder diversion into the  
999 procedures used by each public safety answering point, as defined in  
1000 section 28-25 of the general statutes, to dispatch emergency response  
1001 services in response to a 9-1-1 call. The plan shall include, but not be  
1002 limited to, recommendations for (1) staffing public safety answering  
1003 points with licensed providers of behavioral health, mental health and  
1004 substance use disorder services to (A) provide crisis counselling to 9-1-  
1005 1 callers who require immediate mental health, behavioral health or  
1006 substance use disorder services, (B) assess such callers' needs for  
1007 ongoing mental health, behavioral health or substance use disorder



1008 services, and (C) refer such callers to providers of such services as  
1009 necessary; (2) transferring 9-1-1 calls made by callers who require  
1010 mental health, behavioral health or substance use disorder services to  
1011 responders other than law enforcement, including, but not limited to,  
1012 community organizations, mobile crisis teams, local organizations or  
1013 networks, providing telephone support or referral services for persons  
1014 with mental or behavioral health needs or with a substance use disorder  
1015 and inquiring whether any such caller is a veteran to better target the  
1016 services such caller may need; (3) requiring each public safety  
1017 answering point to coordinate with the Department of Mental Health  
1018 and Addiction Services while the state transitions mental health crisis  
1019 and suicide response from the United Way's 2-1-1 Infoline program to  
1020 the National Suicide Prevention Lifeline's 9-8-8 program; (4) developing  
1021 protocols for public safety answering points to transfer 9-1-1 calls to the  
1022 9-8-8 line when the 9-8-8 line is operational; (5) establishing standards  
1023 for training each telecommunicator, as defined in section 28-30 of the  
1024 general statutes, to respond to 9-1-1 callers who may require mental  
1025 health, behavioral health or substance use disorder services; (6)  
1026 collecting data to evaluate the effectiveness of procedures used to divert  
1027 9-1-1 callers who may need such services to the appropriate crisis  
1028 hotline or services provider; and (7) evaluating the implementation of  
1029 such procedures by other states or jurisdictions.

1030 (b) Not later than January 1, 2023, the Commissioner of Emergency  
1031 Services and Public Protection shall report, in accordance with the  
1032 provisions of section 11-4a of the general statutes, to the joint standing  
1033 committees of the General Assembly having cognizance of matters  
1034 relating to public safety, public health and children regarding the  
1035 development of the plan required under subsection (a) of this section,  
1036 the recommendations concerning implementation of such plan and the  
1037 timeline for implementation of such plan.

1038 Sec. 27. (*Effective from passage*) (a) On or before January 1, 2024, the  
1039 Department of Mental Health and Addiction Services shall develop a  
1040 mechanism by which to track mental health, behavioral health and  
1041 substance use disorder services provided in response to calls made to

1042 the 9-8-8 line when the 9-8-8 line is operational.

1043 (b) Not later than February 1, 2024, the Commissioner of Mental  
1044 Health and Addiction Services shall report, in accordance with the  
1045 provisions of section 11-4a of the general statutes, to the joint standing  
1046 committee of the General Assembly having cognizance of matters  
1047 relating to public health regarding the development of such mechanism.

1048 Sec. 28. (NEW) (*Effective July 1, 2022*) (a) Except as otherwise provided  
1049 in subsection (b) of this section, for the school year commencing July 1,  
1050 2023, and each school year thereafter, each local and regional board of  
1051 education shall include on the student identification card distributed to  
1052 each student in grades six to twelve, inclusive, the 9-8-8 National Suicide  
1053 Prevention Lifeline number.

1054 (b) If the 9-8-8 National Suicide Prevention Lifeline number has not  
1055 been in operation for more than one year prior to the start of the school  
1056 year commencing July 1, 2023, the provisions of subsection (a) of this  
1057 section shall commence and be applicable to the school years  
1058 immediately following the date that the 9-8-8 National Suicide  
1059 Prevention Lifeline has been operational in the state for three hundred  
1060 sixty-six days.

1061 Sec. 29. (NEW) (*Effective October 1, 2022*) Each public institution of  
1062 higher education under the jurisdiction of the Board of Regents for  
1063 Higher Education shall include the 9-8-8 National Suicide Prevention  
1064 Lifeline number on each student identification card that is distributed  
1065 to a student at the institution after said lifeline has been operational in  
1066 the state for three hundred sixty-six days.

1067 Sec. 30. (NEW) (*Effective October 1, 2022*) The University of  
1068 Connecticut shall include the 9-8-8 National Suicide Prevention Lifeline  
1069 number on each student identification card that is printed for a student  
1070 at said university after said lifeline has been operational in the state for  
1071 three hundred sixty-six days.

1072 Sec. 31. Section 19a-638 of the general statutes is repealed and the

- 1073 following is substituted in lieu thereof (*Effective from passage*):
- 1074 (a) A certificate of need issued by the unit shall be required for:
- 1075 (1) The establishment of a new health care facility;
- 1076 (2) A transfer of ownership of a health care facility;
- 1077 (3) A transfer of ownership of a large group practice to any entity  
1078 other than a (A) physician, or (B) group of two or more physicians,  
1079 legally organized in a partnership, professional corporation or limited  
1080 liability company formed to render professional services and not  
1081 employed by or an affiliate of any hospital, medical foundation,  
1082 insurance company or other similar entity;
- 1083 (4) The establishment of a freestanding emergency department;
- 1084 (5) The termination of inpatient or outpatient services offered by a  
1085 hospital, including, but not limited to, the termination by a short-term  
1086 acute care general hospital or children's hospital of inpatient and  
1087 outpatient mental health and substance abuse services;
- 1088 (6) The establishment of an outpatient surgical facility, as defined in  
1089 section 19a-493b, or as established by a short-term acute care general  
1090 hospital;
- 1091 (7) The termination of surgical services by an outpatient surgical  
1092 facility, as defined in section 19a-493b, or a facility that provides  
1093 outpatient surgical services as part of the outpatient surgery department  
1094 of a short-term acute care general hospital, provided termination of  
1095 outpatient surgical services due to (A) insufficient patient volume, or (B)  
1096 the termination of any subspecialty surgical service, shall not require  
1097 certificate of need approval;
- 1098 (8) The termination of an emergency department by a short-term  
1099 acute care general hospital;
- 1100 (9) The establishment of cardiac services, including inpatient and

1101 outpatient cardiac catheterization, interventional cardiology and  
1102 cardiovascular surgery;

1103 (10) The acquisition of computed tomography scanners, magnetic  
1104 resonance imaging scanners, positron emission tomography scanners or  
1105 positron emission tomography-computed tomography scanners, by any  
1106 person, physician, provider, short-term acute care general hospital or  
1107 children's hospital, except (A) as provided for in subdivision (22) of  
1108 subsection (b) of this section, and (B) a certificate of need issued by the  
1109 unit shall not be required where such scanner is a replacement for a  
1110 scanner that was previously acquired through certificate of need  
1111 approval or a certificate of need determination;

1112 (11) The acquisition of nonhospital based linear accelerators;

1113 (12) An increase in the licensed bed capacity of a health care facility,  
1114 except as provided in subdivision (23) of subsection (b) of this section;

1115 (13) The acquisition of equipment utilizing technology that has not  
1116 previously been utilized in the state;

1117 (14) An increase of two or more operating rooms within any three-  
1118 year period, commencing on and after October 1, 2010, by an outpatient  
1119 surgical facility, as defined in section 19a-493b, or by a short-term acute  
1120 care general hospital; and

1121 (15) The termination of inpatient or outpatient services offered by a  
1122 hospital or other facility or institution operated by the state that  
1123 provides services that are eligible for reimbursement under Title XVIII  
1124 or XIX of the federal Social Security Act, 42 USC 301, as amended.

1125 (b) A certificate of need shall not be required for:

1126 (1) Health care facilities owned and operated by the federal  
1127 government;

1128 (2) The establishment of offices by a licensed private practitioner,  
1129 whether for individual or group practice, except when a certificate of

1130 need is required in accordance with the requirements of section 19a-  
1131 493b or subdivision (3), (10) or (11) of subsection (a) of this section;

1132 (3) A health care facility operated by a religious group that  
1133 exclusively relies upon spiritual means through prayer for healing;

1134 (4) Residential care homes, as defined in subsection (c) of section 19a-  
1135 490, and nursing homes and rest homes, as defined in subsection (o) of  
1136 section 19a-490;

1137 (5) An assisted living services agency, as defined in section 19a-490;

1138 (6) Home health agencies, as defined in section 19a-490;

1139 (7) Hospice services, as described in section 19a-122b;

1140 (8) Outpatient rehabilitation facilities;

1141 (9) Outpatient chronic dialysis services;

1142 (10) Transplant services;

1143 (11) Free clinics, as defined in section 19a-630;

1144 (12) School-based health centers and expanded school health sites, as  
1145 such terms are defined in section 19a-6r, community health centers, as  
1146 defined in section 19a-490a, not-for-profit outpatient clinics licensed in  
1147 accordance with the provisions of chapter 368v and federally qualified  
1148 health centers;

1149 (13) A program licensed or funded by the Department of Children  
1150 and Families, provided such program is not a psychiatric residential  
1151 treatment facility;

1152 (14) Any nonprofit facility, institution or provider that has a contract  
1153 with, or is certified or licensed to provide a service for, a state agency or  
1154 department for a service that would otherwise require a certificate of  
1155 need. The provisions of this subdivision shall not apply to a short-term  
1156 acute care general hospital or children's hospital, or a hospital or other

1157 facility or institution operated by the state that provides services that are  
1158 eligible for reimbursement under Title XVIII or XIX of the federal Social  
1159 Security Act, 42 USC 301, as amended;

1160 (15) A health care facility operated by a nonprofit educational  
1161 institution exclusively for students, faculty and staff of such institution  
1162 and their dependents;

1163 (16) An outpatient clinic or program operated exclusively by or  
1164 contracted to be operated exclusively by a municipality, municipal  
1165 agency, municipal board of education or a health district, as described  
1166 in section 19a-241;

1167 (17) A residential facility for persons with intellectual disability  
1168 licensed pursuant to section 17a-227 and certified to participate in the  
1169 Title XIX Medicaid program as an intermediate care facility for  
1170 individuals with intellectual disabilities;

1171 (18) Replacement of existing imaging equipment if such equipment  
1172 was acquired through certificate of need approval or a certificate of need  
1173 determination, provided a health care facility, provider, physician or  
1174 person notifies the unit of the date on which the equipment is replaced  
1175 and the disposition of the replaced equipment;

1176 (19) Acquisition of cone-beam dental imaging equipment that is to be  
1177 used exclusively by a dentist licensed pursuant to chapter 379;

1178 (20) The partial or total elimination of services provided by an  
1179 outpatient surgical facility, as defined in section 19a-493b, except as  
1180 provided in subdivision (6) of subsection (a) of this section and section  
1181 19a-639e;

1182 (21) The termination of services for which the Department of Public  
1183 Health has requested the facility to relinquish its license; [or]

1184 (22) Acquisition of any equipment by any person that is to be used  
1185 exclusively for scientific research that is not conducted on humans; or

1186 (23) On or before June 30, 2026, an increase in the licensed bed  
1187 capacity of a mental health facility, provided (A) the mental health  
1188 facility demonstrates to the unit, in a form and manner prescribed by  
1189 the unit, that it accepts reimbursement for any covered benefit provided  
1190 to a covered individual under: (i) An individual or group health  
1191 insurance policy providing coverage of the type specified in  
1192 subdivisions (1), (2), (4), (11) and (12) of section 38a-469; (ii) a self-  
1193 insured employee welfare benefit plan established pursuant to the  
1194 federal Employee Retirement Income Security Act of 1974, as amended  
1195 from time to time; or (iii) HUSKY Health, as defined in section 17b-290,  
1196 and (B) if the mental health facility does not accept or stops accepting  
1197 reimbursement for any covered benefit provided to a covered  
1198 individual under a policy, plan or program described in clause (i), (ii) or  
1199 (iii) of subparagraph (A) of this subdivision, a certificate of need for such  
1200 increase in the licensed bed capacity shall be required.

1201 (c) (1) Any person, health care facility or institution that is unsure  
1202 whether a certificate of need is required under this section, or (2) any  
1203 health care facility that proposes to relocate pursuant to section 19a-639c  
1204 shall send a letter to the unit that describes the project and requests that  
1205 the unit make a determination as to whether a certificate of need is  
1206 required. In the case of a relocation of a health care facility, the letter  
1207 shall include information described in section 19a-639c. A person, health  
1208 care facility or institution making such request shall provide the unit  
1209 with any information the unit requests as part of its determination  
1210 process.

1211 (d) The executive director of the Office of Health Strategy may  
1212 implement policies and procedures necessary to administer the  
1213 provisions of this section while in the process of adopting such policies  
1214 and procedures as regulation, provided the executive director holds a  
1215 public hearing prior to implementing the policies and procedures and  
1216 posts notice of intent to adopt regulations on the office's Internet web  
1217 site and the eRegulations System not later than twenty days after the  
1218 date of implementation. Policies and procedures implemented pursuant  
1219 to this section shall be valid until the time final regulations are adopted.

1220 (e) On or before June 30, 2026, a mental health facility seeking to  
1221 increase licensed bed capacity without applying for a certificate of need,  
1222 as permitted pursuant to subdivision (23) of subsection (b) of this  
1223 section, shall notify the Office of Health Strategy, in a form and manner  
1224 prescribed by the executive director of said office, regarding (1) such  
1225 facility's intent to increase licensed bed capacity, (2) the address of such  
1226 facility, and (3) a description of all services that are being or will be  
1227 provided at such facility.

1228 (f) Not later than January 1, 2025, the executive director of the Office  
1229 of Health Strategy shall report to the Governor and, in accordance with  
1230 the provisions of section 11-4a, to the joint standing committee of the  
1231 General Assembly having cognizance of matters relating to public  
1232 health concerning the executive director's recommendations, if any,  
1233 regarding the establishment of an expedited certificate of need process  
1234 for mental health facilities.

1235 Sec. 32. (NEW) (*Effective from passage*) (a) There is established a Mental  
1236 and Behavioral Health Treatment Fund, which shall be a separate,  
1237 nonlapsing account within the General Fund. The account shall contain  
1238 any moneys required by law to be deposited in the account, the  
1239 resources of which shall be used by the Commissioner of Children and  
1240 Families to assist families with the cost of obtaining (1) a drug or  
1241 treatment prescribed for a child by a health care provider for the  
1242 treatment of a mental or behavioral health condition if the cost of such  
1243 drug or treatment is not covered by insurance or Medicaid, and (2)  
1244 intensive evidence-based services or other intensive services to treat  
1245 mental and behavioral health conditions in children and adolescents,  
1246 including, but not limited to, intensive in-home child and adolescent  
1247 psychiatric services and services provided by an intensive outpatient  
1248 program, if the cost of such services is not covered by insurance or  
1249 Medicaid. The Commissioner of Children and Families shall establish  
1250 eligibility criteria for families to receive such assistance. Such eligibility  
1251 requirements (A) shall include that a family has sought and been denied  
1252 coverage or reimbursement for such drug or treatment or such intensive  
1253 services by the family's health carrier, and (B) may include, but need not



1254 be limited to, a family's financial need. Not later than January 1, 2023,  
1255 the Commissioner of Children and Families shall begin accepting  
1256 applications for such assistance.

1257 (b) The Commissioner of Children and Families may accept on behalf  
1258 of the fund any federal funds or private grants or gifts made for  
1259 purposes of this section. The commissioner shall use such funds to make  
1260 grants to families for the purposes described in this section.

1261 (c) Not later than January 1, 2023, the Departments of Children and  
1262 Families and Consumer Protection and the Office of Policy and  
1263 Management shall post in a conspicuous location on their respective  
1264 Internet web sites a description of the grant program, including, but not  
1265 limited to, the eligibility requirements and application process for the  
1266 grant program. Not later than January 1, 2023, the Department of  
1267 Children and Families shall (1) post such description on the Internet web  
1268 site administered by the department that contains information  
1269 regarding resources for connecting children and families to behavioral  
1270 health services, (2) include such description on the documents  
1271 developed by the department pursuant to section 17a-22r of the general  
1272 statutes, and (3) provide such description to the 2-1-1 Infoline program  
1273 operated by the United Way of Connecticut. The Secretary of the Office  
1274 of Policy and Management may request that another state agency post  
1275 such description on such agency's Internet web site.

1276 (d) On or before January 1, 2024, and annually thereafter, the  
1277 Commissioner of Children and Families shall report, in accordance with  
1278 the provisions of section 11-4a of the general statutes, to the joint  
1279 standing committee of the General Assembly having cognizance of  
1280 matters relating to public health regarding the effectiveness of the grant  
1281 program established under subsection (b) of this section.

1282 Sec. 33. (NEW) (*Effective from passage*) On or before January 1, 2023,  
1283 the Department of Public Health, in consultation with the Department  
1284 of Children and Families, shall develop or procure, in consultation with  
1285 a representative of a children's hospital located in the state and the

1286 Connecticut chapter of a national professional association of  
1287 pediatricians and of a national professional association of child and  
1288 adolescent psychiatrists, a pediatric mental health, behavioral health  
1289 and substance use disorder screening tool to be completed by a child  
1290 and, where appropriate, the child's parent or guardian prior to or during  
1291 the child's appointment with the child's pediatrician or during the  
1292 child's visit to an emergency department. Said departments shall  
1293 establish standards regarding the minimum age at which such screening  
1294 tool should first be utilized for a child. Such screening tool shall include  
1295 questions geared toward assisting the pediatrician or emergency  
1296 department physician in diagnosing common mental health and  
1297 behavioral health conditions and substance use disorders that may  
1298 require specialized treatment. On or before January 1, 2023, the  
1299 Department of Public Health, in collaboration with the Departments of  
1300 Children and Families and Mental Health and Addiction Services, shall  
1301 make the screening tool available to all pediatricians and emergency  
1302 department physicians in the state, free of charge, and make  
1303 recommendations to pediatricians and emergency department  
1304 physicians for its effective use. Pediatricians and emergency department  
1305 physicians shall use the screening tool developed pursuant to this  
1306 section as a supplement to the existing methods used to diagnose a  
1307 mental health or behavioral health condition or a substance use  
1308 disorder. Pediatricians shall provide such screening tool to each patient  
1309 on an annual basis. Emergency department physicians shall provide  
1310 such screening tool to each emergency department patient who is under  
1311 the age of eighteen and at least the age determined by the Departments  
1312 of Public Health and Children and Families, or the parents or guardian  
1313 of such patient, prior to such patient's discharge from the emergency  
1314 department and, to the extent possible and as soon as practicable, send  
1315 a copy of such completed screening tool to such patient's pediatrician or  
1316 primary care provider.

1317 Sec. 34. (NEW) (*Effective July 1, 2022*) (a) As used in this section and  
1318 section 35 of this act, "designated staff member" means a teacher, school  
1319 administrator, school counselor, school counselor, psychologist, social

1320 worker, nurse, physician or school paraeducator employed by a local or  
1321 regional board of education or working in a public middle school or  
1322 high school.

1323 (b) Not later than January 1, 2023, the Department of Children and  
1324 Families shall, in collaboration with the Department of Education,  
1325 develop a peer-to-peer mental health support program that provides  
1326 services to aid students in grades six to twelve, inclusive, in problem  
1327 solving, decision making, conflict resolution and stress management.  
1328 Such program shall be made available to local and regional boards of  
1329 education, local health departments, district departments of health,  
1330 youth services bureaus established pursuant to section 10-19m of the  
1331 general statutes, municipal social service agencies and other youth-  
1332 serving organizations approved by the Department of Children and  
1333 Families. In developing such program, the department shall utilize best  
1334 practices and may use existing models of peer-to-peer counseling.

1335 (c) On and after January 1, 2023, the Department of Children and  
1336 Families shall, in collaboration with the Department of Education,  
1337 provide training to (1) designated staff members selected by the  
1338 superintendent of schools pursuant to section 35 of this act, and (2)  
1339 employees of local health departments, district departments of health,  
1340 youth service bureaus established pursuant to section 10-19m of the  
1341 general statutes, municipal social service agencies and other youth-  
1342 serving organizations selected pursuant to section 35 of this act, on how  
1343 to implement the peer-to-peer mental health support program and  
1344 provide instruction, guidance and supervision to students participating  
1345 in such program.

1346 Sec. 35. (NEW) (*Effective July 1, 2022*) For the school year commencing  
1347 July 1, 2023, and each school year thereafter, any local or regional board  
1348 of education, in collaboration with the Departments of Children and  
1349 Families and Education, may administer the peer-to-peer mental health  
1350 support program developed pursuant to section 34 of this act. The  
1351 superintendent of schools for the local or regional school district  
1352 administering such program shall select one or more designated staff

1353 members to complete the training described in section 34 of this act.  
1354 Such program shall be provided to participating students in grades six  
1355 to twelve, inclusive.

1356 Sec. 36. (NEW) (*Effective July 1, 2022*) On and after July 1, 2023, any  
1357 local health department, district department of health, youth service  
1358 bureau established pursuant to section 10-19m of the general statutes,  
1359 municipal social service agency or other youth-serving organization  
1360 approved by the Department of Children and Families, in collaboration  
1361 with the Department of Education, may administer the peer-to-peer  
1362 mental health support program developed pursuant to section 34 of this  
1363 act. The entity administering the program shall select one or more  
1364 employees to complete the training described in section 34 of this act.  
1365 The program shall be provided to participating students in grades six to  
1366 twelve, inclusive.

1367 Sec. 37. (NEW) (*Effective July 1, 2022*) (a) For purposes of this section,  
1368 (1) "children with behavioral health needs" means children who are  
1369 suffering from one or more mental disorders as defined in the most  
1370 recent edition of the American Psychiatric Association's "Diagnostic and  
1371 Statistical Manual of Mental Disorders", and (2) "in-home respite care  
1372 services" means in-home care for children with behavioral health needs,  
1373 provided in order to afford such children's parents or guardians respite  
1374 from caregiving.

1375 (b) There is established an account to be known as the "Department  
1376 of Children and Families in-home respite care services fund" which shall  
1377 be a separate, nonlapsing account within the General Fund. The account  
1378 shall contain any moneys required by law to be deposited in the account.  
1379 Moneys in the account shall be expended by the Commissioner of  
1380 Children and Families for the purposes of funding the in-home respite  
1381 care services program established pursuant to subsection (c) of this  
1382 section.

1383 (c) Not later than January 1, 2023, the Commissioner of Children and  
1384 Families shall establish a program to provide in-home respite care

1385 services. Such program shall be administered by the Department of  
1386 Children and Families through contracts for services with providers of  
1387 such services or by means of a direct subsidy paid to parents and  
1388 guardians to enable such parents and guardians to purchase such  
1389 services.

1390 (d) The Commissioner of Children and Families may adopt  
1391 regulations, in accordance with the provisions of chapter 54 of the  
1392 general statutes, to implement the provisions of this section, including,  
1393 but not limited to, eligibility criteria for participation in the in-home  
1394 respite care services program. The commissioner shall implement  
1395 policies and procedures necessary to administer the provisions of this  
1396 section prior to adoption of such regulations, provided the  
1397 commissioner shall publish notice of intent to adopt such regulations on  
1398 the department's Internet web site and the eRegulations System not later  
1399 than twenty days after implementation of such policies and procedures.  
1400 Any such policies and procedures shall be valid until such regulations  
1401 are adopted.

1402 Sec. 38. (NEW) (*Effective from passage*) (a) On or before January 1, 2023,  
1403 the Department of Public Health shall establish and administer a child  
1404 and adolescent psychiatrist grant program. The program shall provide  
1405 incentive grants to employers of child and adolescent psychiatrists for  
1406 recruiting and hiring new child and adolescent psychiatrists and  
1407 retaining child and adolescent psychiatrists who are in their employ.  
1408 The Commissioner of Public Health shall establish eligibility  
1409 requirements, priority categories, funding limitations and the  
1410 application process for the grant program. Such priority categories shall  
1411 include, but need not be limited to, nonhospital employers. The  
1412 commissioner, in consultation with the Office of Health Strategy, shall  
1413 distribute incentive grant funds equitably with regard to the type of  
1414 employer and location of such employer.

1415 (b) Not later than January 1, 2024, and annually thereafter, the  
1416 Commissioner of Public Health shall report, in accordance with the  
1417 provisions of section 11-4a of the general statutes, to the joint standing

1418 committee of the General Assembly having cognizance of matters  
1419 relating to public health regarding the number and demographics of the  
1420 employers who applied for and received incentive grants from the child  
1421 and adolescent psychiatrist grant program established under subsection  
1422 (a) of this section, the use of incentive grant funds by such recipients and  
1423 any other information deemed pertinent by the commissioner.

1424       Sec. 39. (NEW) (*Effective from passage*) On or before January 1, 2023,  
1425 the Department of Mental Health and Addiction Services, in  
1426 collaboration with the Department of Children and Families, shall (1)  
1427 provide for the design, plan and implementation of a multiyear, state-  
1428 wide advertising campaign, including, but not limited to, television,  
1429 radio and Internet web site advertisements, promoting the availability  
1430 of all of the mental health, behavioral health and substance use disorder  
1431 services in the state, including, but not limited to, the difference between  
1432 9-1-1, 9-8-8 and 2-1-1, and informing residents how to obtain such  
1433 services, and (2) establish and regularly update an Internet web site  
1434 connected with such advertising campaign that includes, but is not  
1435 limited to, a comprehensive listing of providers of mental health,  
1436 behavioral health and substance use disorder services in the state. The  
1437 Commissioner of Mental Health and Addiction Services shall solicit  
1438 cooperation and participation from such providers in such advertising  
1439 campaign, including, but not limited to, soliciting any available funds.  
1440 Said commissioner may hire consultants with expertise in advertising to  
1441 assist in implementing the provisions of this section.

1442       Sec. 40. (NEW) (*Effective from passage*) (a) The peer-to-peer support  
1443 program for parents and caregivers of children with mental and  
1444 behavioral health issues that is operated by an administrative services  
1445 organization that contracts with the Department of Children and  
1446 Families shall use state funds allocated for such program to provide  
1447 services to parents and caregivers of children with mental and  
1448 behavioral health issues who are not covered for such services under (1)  
1449 HUSKY Health, as defined in section 17b-290 of the general statutes, or  
1450 (2) an individual or group health insurance policy. The Commissioner  
1451 of Children and Families may adopt policies and procedures for

1452 administration of the program for such parents and caregivers.

1453 (b) If the program described in subsection (a) of this section exhausts  
1454 the state funds allocated under said subsection, the program may  
1455 continue to provide services to parents and caregivers of children with  
1456 mental and behavioral health issues who are covered under HUSKY  
1457 Health.

1458 Sec. 41. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this  
1459 section:

1460 (1) "Licensed mental health professional" means: (A) A licensed  
1461 professional counselor or professional counselor, both as defined in  
1462 section 20-195aa of the general statutes; (B) a person who is under  
1463 professional supervision, as defined in section 20-195aa of the general  
1464 statutes; (C) a physician licensed pursuant to chapter 370 of the general  
1465 statutes, who is certified in psychiatry by the American Board of  
1466 Psychiatry and Neurology; (D) an advanced practice registered nurse  
1467 licensed pursuant to chapter 378 of the general statutes, who is certified  
1468 as a psychiatric and mental health clinical nurse specialist or nurse  
1469 practitioner by the American Nurses Credentialing Center; (E) a  
1470 psychologist licensed pursuant to chapter 383 of the general statutes; (F)  
1471 a marital and family therapist licensed pursuant to chapter 383a of the  
1472 general statutes; (G) a licensed clinical social worker licensed pursuant  
1473 to chapter 383b of the general statutes; or (H) an alcohol and drug  
1474 counselor licensed under chapter 376b of the general statutes;

1475 (2) "Mental health wellness examination" means a screening or  
1476 assessment that seeks to identify any behavioral or mental health needs  
1477 and appropriate resources for treatment. The examination may include:  
1478 (A) Observation; (B) a behavioral health screening; (C) education and  
1479 consultation on healthy lifestyle changes; (D) referrals to ongoing  
1480 treatment, mental health services and other necessary supports; (E)  
1481 discussion of potential options for medication; (F) age-appropriate  
1482 screenings or observations to understand the mental health history,  
1483 personal history and mental or cognitive state of the person being

1484 examined; and (G) if appropriate, relevant input from an adult through  
1485 screenings, interviews or questions;

1486 (3) "Primary care provider" has the same meaning as provided in  
1487 section 19a-7o of the general statutes; and

1488 (4) "Primary care" has the same meaning as provided in section 19a-  
1489 7o of the general statutes.

1490 (b) (1) Each individual health insurance policy providing coverage of  
1491 the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
1492 469 of the general statutes and delivered, issued for delivery, renewed,  
1493 amended or continued in this state on or after January 1, 2023, (A) shall  
1494 provide coverage for two mental health wellness examinations per year  
1495 that are performed by a licensed mental health professional or primary  
1496 care provider, and (B) shall not require prior authorization of such  
1497 examinations.

1498 (2) The mental health wellness examinations: (A) May each be  
1499 provided by a primary care provider as part of a preventive visit; and  
1500 (B) shall be covered with no patient cost-sharing.

1501 (c) The provisions of this section shall apply to a high deductible  
1502 health plan, as that term is used in subsection (f) of section 38a-493 of  
1503 the general statutes, to the maximum extent permitted by federal law,  
1504 except if such plan is used to establish a medical savings account or an  
1505 Archer MSA pursuant to Section 220 of the Internal Revenue Code of  
1506 1986, as amended from time to time, or any subsequent corresponding  
1507 Internal Revenue Code of the United States, as amended from time to  
1508 time, or a health savings account pursuant to Section 223 of said Internal  
1509 Revenue Code of 1986, as amended from time to time, the provisions of  
1510 this section shall apply to such plan to the maximum extent that (1) is  
1511 permitted by federal law, and (2) does not disqualify such account for  
1512 the deduction allowed under said Section 220 or 223, as applicable.

1513 Sec. 42. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this  
1514 section:



1515 (1) "Licensed mental health professional" means: (A) A licensed  
1516 professional counselor or professional counselor, as defined in section  
1517 20-195aa of the general statutes; (B) a person who is under professional  
1518 supervision, as defined in section 20-195aa of the general statutes; (C) a  
1519 physician licensed pursuant to chapter 370 of the general statutes, who  
1520 is certified in psychiatry by the American Board of Psychiatry and  
1521 Neurology; (D) an advanced practice registered nurse licensed pursuant  
1522 to chapter 378 of the general statutes, who is certified as a psychiatric  
1523 and mental health clinical nurse specialist or nurse practitioner by the  
1524 American Nurses Credentialing Center; (E) a psychologist licensed  
1525 pursuant to chapter 383 of the general statutes; (F) a marital and family  
1526 therapist licensed pursuant to chapter 383a of the general statutes; (G) a  
1527 licensed clinical social worker licensed pursuant to chapter 383b of the  
1528 general statutes; or (H) an alcohol and drug counselor licensed under  
1529 chapter 376b of the general statutes;

1530 (2) "Mental health wellness examination" means a screening or  
1531 assessment that seeks to identify any behavioral or mental health needs  
1532 and appropriate resources for treatment. The examination may include:  
1533 (A) Observation; (B) a behavioral health screening; (C) education and  
1534 consultation on healthy lifestyle changes; (D) referrals to ongoing  
1535 treatment, mental health services and other necessary supports; (E)  
1536 discussion of potential options for medication; (F) age-appropriate  
1537 screenings or observations to understand the mental health history,  
1538 personal history and mental or cognitive state of the person being  
1539 examined; and (G) if appropriate, relevant input from an adult through  
1540 screenings, interviews or questions;

1541 (3) "Primary care provider" has the same meaning as provided in  
1542 section 19a-7o of the general statutes; and

1543 (4) "Primary care" has the same meaning as provided in section 19a-  
1544 7o of the general statutes.

1545 (b) (1) Each group health insurance policy providing coverage of the  
1546 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469

1547 of the general statutes and delivered, issued for delivery, renewed,  
1548 amended or continued in this state on or after January 1, 2023, (A) shall  
1549 provide coverage for two mental health wellness examinations per year  
1550 that are performed by a licensed mental health professional or primary  
1551 care provider, and (B) shall not require prior authorization of such  
1552 examinations.

1553 (2) The mental health wellness examinations: (A) May each be  
1554 provided by a primary care provider as part of a preventive visit; and  
1555 (B) shall be covered with no patient cost-sharing.

1556 (c) The provisions of this section shall apply to a high deductible  
1557 health plan, as that term is used in subsection (f) of section 38a-520 of  
1558 the general statutes, to the maximum extent permitted by federal law,  
1559 except if such plan is used to establish a medical savings account or an  
1560 Archer MSA pursuant to Section 220 of the Internal Revenue Code of  
1561 1986, as amended from time to time, or any subsequent corresponding  
1562 Internal Revenue Code of the United States, as amended from time to  
1563 time, or a health savings account pursuant to Section 223 of said Internal  
1564 Revenue Code, as amended from time to time, the provisions of this  
1565 section shall apply to such plan to the maximum extent that (1) is  
1566 permitted by federal law, and (2) does not disqualify such account for  
1567 the deduction allowed under said Section 220 or 223, as applicable.

1568 Sec. 43. Subsections (a) and (b) of section 38a-488a of the general  
1569 statutes are repealed and the following is substituted in lieu thereof  
1570 (*Effective January 1, 2023*):

1571 (a) For the purposes of this section:

1572 (1) (A) "Mental or nervous conditions" means mental disorders, as  
1573 defined in the most recent edition of the American Psychiatric  
1574 Association's "Diagnostic and Statistical Manual of Mental Disorders".

1575 (B) "Mental or nervous conditions" does not include [(A)] (i)  
1576 intellectual disability, [(B)] (ii) specific learning disorders, [(C)] (iii)  
1577 motor disorders, [(D)] (iv) communication disorders, [(E)] (v) caffeine-

1578 related disorders, [(F)] (vi) relational problems, and [(G)] (vii) other  
1579 conditions that may be a focus of clinical attention, that are not  
1580 otherwise defined as mental disorders in the most recent edition of the  
1581 American Psychiatric Association's "Diagnostic and Statistical Manual  
1582 of Mental Disorders". [;]

1583 (2) ["benefits payable"] "Benefits payable" means the usual,  
1584 customary and reasonable charges for treatment deemed necessary  
1585 under generally accepted medical standards, except that in the case of a  
1586 managed care plan, as defined in section 38a-478, "benefits payable"  
1587 means the payments agreed upon in the contract between a managed  
1588 care organization, as defined in section 38a-478, and a provider, as  
1589 defined in section 38a-478. [;]

1590 (3) ["acute treatment services"] "Acute treatment services" means  
1591 twenty-four-hour medically supervised treatment for a substance use  
1592 disorder, that is provided in a medically managed or medically  
1593 monitored inpatient facility. [; and]

1594 (4) ["clinical stabilization services"] "Clinical stabilization services"  
1595 means twenty-four-hour clinically managed postdetoxification  
1596 treatment, including, but not limited to, relapse prevention, family  
1597 outreach, aftercare planning and addiction education and counseling.

1598 (b) Each individual health insurance policy providing coverage of the  
1599 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
1600 delivered, issued for delivery, renewed, amended or continued in this  
1601 state shall provide benefits for the diagnosis and treatment of mental or  
1602 nervous conditions. Benefits payable include, but need not be limited to:

1603 (1) General inpatient hospitalization, including in state-operated  
1604 facilities;

1605 (2) Medically necessary acute treatment services and medically  
1606 necessary clinical stabilization services;

1607 (3) General hospital outpatient services, including at state-operated

- 1608 facilities;
- 1609 (4) Psychiatric inpatient hospitalization, including in state-operated  
1610 facilities;
- 1611 (5) Psychiatric outpatient hospital services, including at state-  
1612 operated facilities;
- 1613 (6) Intensive outpatient services, including at state-operated facilities;
- 1614 (7) Partial hospitalization, including at state-operated facilities;
- 1615 (8) Intensive, home-based or evidence-based services designed to  
1616 address specific mental or nervous conditions in a child or adolescent;
- 1617 (9) Evidence-based family-focused therapy that specializes in the  
1618 treatment of juvenile substance use disorders;
- 1619 (10) Short-term family therapy intervention;
- 1620 (11) Nonhospital inpatient detoxification;
- 1621 (12) Medically monitored detoxification;
- 1622 (13) Ambulatory detoxification;
- 1623 (14) Inpatient services at psychiatric residential treatment facilities;
- 1624 (15) Rehabilitation services provided in residential treatment  
1625 facilities, general hospitals, psychiatric hospitals or psychiatric facilities;
- 1626 (16) Observation beds in acute hospital settings;
- 1627 (17) Psychological and neuropsychological testing conducted by an  
1628 appropriately licensed health care provider;
- 1629 (18) Trauma screening conducted by a licensed behavioral health  
1630 professional;
- 1631 (19) Depression screening, including maternal depression screening,

1632 conducted by a licensed behavioral health professional;

1633 (20) Substance use screening conducted by a licensed behavioral  
1634 health professional;

1635 Sec. 44. Subsections (a) and (b) of section 38a-514 of the general  
1636 statutes are repealed and the following is substituted in lieu thereof  
1637 (*Effective January 1, 2023*):

1638 (a) For the purposes of this section:

1639 (1) (A) "Mental or nervous conditions" means mental disorders, as  
1640 defined in the most recent edition of the American Psychiatric  
1641 Association's "Diagnostic and Statistical Manual of Mental Disorders".

1642 (B) "Mental or nervous conditions" does not include ~~[(A)] (i)~~  
1643 intellectual disability, ~~[(B)] (ii)~~ specific learning disorders, ~~[(C)] (iii)~~  
1644 motor disorders, ~~[(D)] (iv)~~ communication disorders, ~~[(E)] (v)~~ caffeine-  
1645 related disorders, ~~[(F)] (vi)~~ relational problems, and ~~[(G)] (vii)~~ other  
1646 conditions that may be a focus of clinical attention, that are not  
1647 otherwise defined as mental disorders in the most recent edition of the  
1648 American Psychiatric Association's "Diagnostic and Statistical Manual  
1649 of Mental Disorders". [;]

1650 (2) ["benefits payable"] "Benefits payable" means the usual,  
1651 customary and reasonable charges for treatment deemed necessary  
1652 under generally accepted medical standards, except that in the case of a  
1653 managed care plan, as defined in section 38a-478, "benefits payable"  
1654 means the payments agreed upon in the contract between a managed  
1655 care organization, as defined in section 38a-478, and a provider, as  
1656 defined in section 38a-478. [;]

1657 (3) ["acute treatment services"] "Acute treatment services" means  
1658 twenty-four-hour medically supervised treatment for a substance use  
1659 disorder, that is provided in a medically managed or medically  
1660 monitored inpatient facility. [; and]

1661 (4) ["clinical stabilization services"] "Clinical stabilization services"

1662 means twenty-four-hour clinically managed postdetoxification  
1663 treatment, including, but not limited to, relapse prevention, family  
1664 outreach, aftercare planning and addiction education and counseling.

1665 (b) Except as provided in subsection (j) of this section, each group  
1666 health insurance policy providing coverage of the type specified in  
1667 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,  
1668 issued for delivery, renewed, amended or continued in this state shall  
1669 provide benefits for the diagnosis and treatment of mental or nervous  
1670 conditions. Benefits payable include, but need not be limited to:

1671 (1) General inpatient hospitalization, including in state-operated  
1672 facilities;

1673 (2) Medically necessary acute treatment services and medically  
1674 necessary clinical stabilization services;

1675 (3) General hospital outpatient services, including at state-operated  
1676 facilities;

1677 (4) Psychiatric inpatient hospitalization, including in state-operated  
1678 facilities;

1679 (5) Psychiatric outpatient hospital services, including at state-  
1680 operated facilities;

1681 (6) Intensive outpatient services, including at state-operated facilities;

1682 (7) Partial hospitalization, including at state-operated facilities;

1683 (8) Intensive, home-based or evidence-based services designed to  
1684 address specific mental or nervous conditions in a child or adolescent;

1685 (9) Evidence-based family-focused therapy that specializes in the  
1686 treatment of juvenile substance use disorders;

1687 (10) Short-term family therapy intervention;

1688 (11) Nonhospital inpatient detoxification;

- 1689 (12) Medically monitored detoxification;
- 1690 (13) Ambulatory detoxification;
- 1691 (14) Inpatient services at psychiatric residential treatment facilities;
- 1692 (15) Rehabilitation services provided in residential treatment  
1693 facilities, general hospitals, psychiatric hospitals or psychiatric facilities;
- 1694 (16) Observation beds in acute hospital settings;
- 1695 (17) Psychological and neuropsychological testing conducted by an  
1696 appropriately licensed health care provider;
- 1697 (18) Trauma screening conducted by a licensed behavioral health  
1698 professional;
- 1699 (19) Depression screening, including maternal depression screening,  
1700 conducted by a licensed behavioral health professional; and
- 1701 (20) Substance use screening conducted by a licensed behavioral  
1702 health professional. [;]

1703 Sec. 45. (NEW) (*Effective July 1, 2022*) (a) As used in this section,  
1704 "clerkship" means a program in which a candidate for a doctoral degree  
1705 based on a program of studies whose content was primarily  
1706 psychological at an educational institution approved in accordance with  
1707 section 20-189 of the general statutes, works as a psychological assessor  
1708 or psychotherapist for between twelve and sixteen hours per week and  
1709 during which the candidate was supervised by an agency-affiliated  
1710 psychologist and at least one core faculty member of the doctoral degree  
1711 program.

1712 (b) On or before January 1, 2023, the Department of Public Health  
1713 shall establish an incentive program to encourage doctoral degree  
1714 candidates to serve at least one semester-long clerkship at a facility  
1715 licensed or operated by the Department of Children and Families, or for  
1716 any other state agency as deemed appropriate by the Commissioner of

1717 Children and Families. Any person who serves at least one semester-  
1718 long clerkship at such facility may renew such person's license issued  
1719 under chapter 383 of the general statutes once every two years for the  
1720 first four years such person is licensed under said chapter.

1721 Sec. 46. Section 19a-179f of the general statutes is repealed and the  
1722 following is substituted in lieu thereof (*Effective October 1, 2022*):

1723 (a) A licensed or certified emergency medical services organization  
1724 or provider may transport a patient by ambulance to an alternate  
1725 destination, in consultation with the medical director of a sponsor  
1726 hospital.

1727 (b) On or before January 1, 2024, the Office of Emergency Medical  
1728 Services shall develop protocols for a licensed or certified emergency  
1729 medical services organization or provider to transport a pediatric  
1730 patient with mental or behavioral health needs by ambulance to an  
1731 urgent crisis center. As used in this subsection, "urgent crisis center"  
1732 means a center licensed by the Department of Children and Families  
1733 that is dedicated to treating children's urgent mental or behavioral  
1734 health needs.

1735 [(b)] (c) Any ambulance used for transport to an alternate destination  
1736 under subsection (a) or (b) of this section shall meet the requirements  
1737 for a basic level ambulance, as prescribed in regulations adopted  
1738 pursuant to section 19a-179, including requirements concerning  
1739 medically necessary supplies and services.

1740 Sec. 47. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this  
1741 section:

1742 (1) "Collaborative Care Model" means the integrated delivery of  
1743 behavioral health and primary care services by a primary care team that  
1744 includes a primary care provider, a behavioral care manager, a  
1745 psychiatric consultant and a database used by the behavioral care  
1746 manager to track patient progress;



1747 (2) "CPT code" means a code number under the Current Procedural  
1748 Terminology system developed by the American Medical Association;  
1749 and

1750 (3) "HCPCS code" means a code number under the Healthcare  
1751 Common Procedure Coding System developed by the federal Centers  
1752 for Medicare and Medicaid Services.

1753 (b) Each individual health insurance policy providing coverage of the  
1754 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
1755 of the general statutes and delivered, issued for delivery, renewed,  
1756 amended or continued in this state on or after January 1, 2023, shall  
1757 provide coverage for health care services that a primary care provider  
1758 provides to an insured under the Collaborative Care Model. Such  
1759 services shall include, but need not be limited to, services with a CPT  
1760 code of 99484, 99492, 99493 or 99494 or HCPCS code of G2214, or any  
1761 subsequent corresponding code.

1762 Sec. 48. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this  
1763 section:

1764 (1) "Collaborative Care Model" means the integrated delivery of  
1765 behavioral health and primary care services by a primary care team that  
1766 includes a primary care provider, a behavioral care manager, a  
1767 psychiatric consultant and a database used by the behavioral care  
1768 manager to track patient progress;

1769 (2) "CPT code" means a code number under the Current Procedural  
1770 Terminology system developed by the American Medical Association;  
1771 and

1772 (3) "HCPCS code" means a code number under the Healthcare  
1773 Common Procedure Coding System developed by the federal Centers  
1774 for Medicare and Medicaid Services.

1775 (b) Each group health insurance policy providing coverage of the  
1776 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469

1777 of the general statutes and delivered, issued for delivery, renewed,  
1778 amended or continued in this state on or after January 1, 2023, shall  
1779 provide coverage for health care services that a primary care provider  
1780 provides to an insured under the Collaborative Care Model. Such  
1781 services shall include, but need not be limited to, services with a CPT  
1782 code of 99484, 99492, 99493 or 99494 or HCPCS code of G2214, or any  
1783 subsequent corresponding code.

1784 Sec. 49. Section 38a-477aa of the general statutes is repealed and the  
1785 following is substituted in lieu thereof (*Effective January 1, 2023*):

1786 (a) As used in this section:

1787 (1) "Emergency condition" has the same meaning as "emergency  
1788 medical condition", as provided in section 38a-591a. [;]

1789 (2) "Emergency services" means, with respect to an emergency  
1790 condition, (A) a medical screening examination as required under  
1791 Section 1867 of the Social Security Act, as amended from time to time,  
1792 that is within the capability of a hospital emergency department,  
1793 including ancillary services routinely available to such department to  
1794 evaluate such condition, and (B) such further medical examinations and  
1795 treatment required under said Section 1867 to stabilize such individual  
1796 [.] that are within the capability of the hospital staff and facilities. [;]

1797 (3) "Health care plan" means an individual or a group health  
1798 insurance policy or health benefit plan that provides coverage of the  
1799 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
1800 469. [;]

1801 (4) "Health care provider" means an individual licensed to provide  
1802 health care services under chapters 370 to 373, inclusive, chapters 375 to  
1803 383b, inclusive, and chapters 384a to 384c, inclusive. [;]

1804 (5) "Health carrier" means an insurance company, health care center,  
1805 hospital service corporation, medical service corporation, fraternal  
1806 benefit society or other entity that delivers, issues for delivery, renews,

1807 amends or continues a health care plan in this state. [;]

1808 (6) (A) "Surprise bill" means a bill for health care services, other than  
1809 emergency services or urgent crisis center services, received by an  
1810 insured for services rendered by an out-of-network health care  
1811 provider, where such services were rendered by (i) such out-of-network  
1812 provider at an in-network facility, during a service or procedure  
1813 performed by an in-network provider or during a service or procedure  
1814 previously approved or authorized by the health carrier and the insured  
1815 did not knowingly elect to obtain such services from such out-of-  
1816 network provider, or (ii) a clinical laboratory, as defined in section 19a-  
1817 30, that is an out-of-network provider, upon the referral of an in-  
1818 network provider.

1819 (B) "Surprise bill" does not include a bill for health care services  
1820 received by an insured when an in-network health care provider was  
1821 available to render such services and the insured knowingly elected to  
1822 obtain such services from another health care provider who was out-of-  
1823 network.

1824 (7) "Urgent crisis center" means a center licensed by the Department  
1825 of Children and Families that is dedicated to treating children's urgent  
1826 mental or behavioral health needs.

1827 (8) "Urgent crisis center services" means pediatric mental and  
1828 behavioral health services provided at an urgent crisis center.

1829 (b) (1) No health carrier shall require prior authorization for  
1830 rendering emergency services or urgent crisis center services to an  
1831 insured.

1832 (2) No health carrier shall impose, for emergency services rendered  
1833 to an insured by an out-of-network health care provider or urgent crisis  
1834 center services rendered to an insured at an out-of-network urgent crisis  
1835 center, a coinsurance, copayment, deductible or other out-of-pocket  
1836 expense that is greater than the coinsurance, copayment, deductible or  
1837 other out-of-pocket expense that would be imposed if such emergency

1838 services were rendered by an in-network health care provider or such  
1839 urgent crisis center services were rendered at an in-network urgent  
1840 crisis center.

1841 (3) (A) If emergency services were rendered to an insured by an out-  
1842 of-network health care provider, such health care provider may bill the  
1843 health carrier directly and the health carrier shall reimburse such health  
1844 care provider the greatest of the following amounts: (i) The amount the  
1845 insured's health care plan would pay for such services if rendered by an  
1846 in-network health care provider; (ii) the usual, customary and  
1847 reasonable rate for such services; or (iii) the amount Medicare would  
1848 reimburse for such services. As used in this subparagraph, "usual,  
1849 customary and reasonable rate" means the eightieth percentile of all  
1850 charges for the particular health care service performed by a health care  
1851 provider in the same or similar specialty and provided in the same  
1852 geographical area, as reported in a benchmarking database maintained  
1853 by a nonprofit organization specified by the Insurance Commissioner.  
1854 Such organization shall not be affiliated with any health carrier.

1855 (B) If urgent crisis center services were rendered to an insured at an  
1856 out-of-network urgent crisis center, such urgent crisis center may bill  
1857 the health carrier directly for such urgent crisis center services. The  
1858 health carrier shall reimburse such out-of-network urgent crisis center  
1859 or insured, as applicable, for such urgent crisis center services at the in-  
1860 network rate under the insured's health care plan as payment in full,  
1861 unless such health carrier and urgent crisis center agree otherwise.

1862 [(B)] (C) Nothing in subparagraph (A) or (B) of this subdivision shall  
1863 be construed to prohibit [such] a health carrier and out-of-network  
1864 health care provider or urgent crisis center from agreeing to a [greater]  
1865 reimbursement amount that is greater than the minimum  
1866 reimbursement amount established in subparagraph (A) or (B) of this  
1867 subdivision, as applicable.

1868 (c) With respect to a surprise bill:

1869 (1) An insured shall only be required to pay the applicable

1870 coinsurance, copayment, deductible or other out-of-pocket expense that  
1871 would be imposed for such health care services if such services were  
1872 rendered by an in-network health care provider; and

1873 (2) A health carrier shall reimburse the out-of-network health care  
1874 provider or insured, as applicable, for health care services rendered at  
1875 the in-network rate under the insured's health care plan as payment in  
1876 full, unless such health carrier and health care provider agree otherwise.

1877 (d) If health care services were rendered to an insured by an out-of-  
1878 network health care provider and the health carrier failed to inform such  
1879 insured, if such insured was required to be informed, of the network  
1880 status of such health care provider pursuant to subdivision (3) of  
1881 subsection (d) of section 38a-591b, the health carrier shall not impose a  
1882 coinsurance, copayment, deductible or other out-of-pocket expense that  
1883 is greater than the coinsurance, copayment, deductible or other out-of-  
1884 pocket expense that would be imposed if such services were rendered  
1885 by an in-network health care provider.

1886 (e) The provisions of this section shall apply to a high deductible  
1887 health plan, as that term is used in subsection (f) of section 38a-493 or  
1888 subsection (f) of section 38a-520, as applicable, to the maximum extent  
1889 permitted by federal law, except if such plan is used to establish a  
1890 medical savings account or an Archer MSA pursuant to Section 220 of  
1891 the Internal Revenue Code of 1986, or any subsequent corresponding  
1892 internal revenue code of the United States, as amended from time to  
1893 time, or a health savings account pursuant to Section 223 of said Internal  
1894 Revenue Code, as amended from time to time, the provisions of this  
1895 section shall apply to such plan to the maximum extent that (1) is  
1896 permitted by federal law, and (2) does not disqualify such account for  
1897 the deduction allowed under said Section 220 or 223, as applicable.

1898 Sec. 50. Subsection (b) of section 20-7f of the general statutes is  
1899 repealed and the following is substituted in lieu thereof (*Effective January*  
1900 *1, 2023*):

1901 (b) It shall be an unfair trade practice in violation of chapter 735a for

1902 any health care provider to request payment from an enrollee, other  
1903 than a coinsurance, copayment, deductible or other out-of-pocket  
1904 expense, for (1) health care services or a facility fee, as defined in section  
1905 19a-508c, covered under a health care plan, (2) emergency services, or  
1906 services rendered to an insured at an urgent crisis center, as defined in  
1907 section 19a-179f, as amended by this act, covered under a health care  
1908 plan and rendered by an out-of-network health care provider, or (3) a  
1909 surprise bill, as defined in section 38a-477aa, as amended by this act.

1910 Sec. 51. Subdivision (3) of subsection (c) of section 38a-193 of the  
1911 general statutes is repealed and the following is substituted in lieu  
1912 thereof (*Effective January 1, 2023*):

1913 (3) No participating provider, or agent, trustee or assignee thereof,  
1914 may: (A) Maintain any action at law against a subscriber or enrollee to  
1915 collect sums owed by the health care center; (B) request payment from  
1916 a subscriber or enrollee for such sums; (C) request payment from a  
1917 subscriber or enrollee for covered emergency services, or services  
1918 rendered to an insured at an urgent crisis center, as defined in section  
1919 38a-477aa, as amended by this act, that are provided by an out-of-  
1920 network provider; or (D) request payment from a subscriber or enrollee  
1921 for a surprise bill, as defined in section 38a-477aa, as amended by this  
1922 act. For purposes of this subdivision "request payment" includes, but is  
1923 not limited to, submitting a bill for services not actually owed or  
1924 submitting for such services an invoice or other communication  
1925 detailing the cost of the services that is not clearly marked with the  
1926 phrase "THIS IS NOT A BILL". The contract between a health care center  
1927 and a participating provider shall inform the participating provider that  
1928 pursuant to section 20-7f, as amended by this act, it is an unfair trade  
1929 practice in violation of chapter 735a for any health care provider to  
1930 request payment from a subscriber or an enrollee, other than a  
1931 coinsurance, copayment, deductible or other out-of-pocket expense, for  
1932 covered medical or emergency services or facility fees, as defined in  
1933 section 19a-508c, or services rendered to an insured at an urgent crisis  
1934 center, as defined in section 38a-477aa, as amended by this act, or  
1935 surprise bills, or to report to a credit reporting agency an enrollee's

1936 failure to pay a bill for such services when a health care center has  
1937 primary responsibility for payment of such services, fees or bills.

1938 Sec. 52. Subdivision (1) of subsection (c) of section 38a-472f of the  
1939 general statutes is repealed and the following is substituted in lieu  
1940 thereof (*Effective January 1, 2023*):

1941 (c) (1) (A) Each health carrier shall establish and maintain a network  
1942 that includes a sufficient number and appropriate types of participating  
1943 providers, including those that serve predominantly low-income,  
1944 medically underserved individuals, to assure that all covered benefits  
1945 will be accessible to all such health carrier's covered persons without  
1946 unreasonable travel or delay.

1947 (B) Covered persons shall have access to emergency services [ as  
1948 defined in section 38a-477aa] and, to the extent urgent crisis center  
1949 services are available, urgent crisis center services, twenty-four hours a  
1950 day, seven days a week. For the purposes of this subparagraph,  
1951 "emergency services" and "urgent crisis center services" have the same  
1952 meanings as provided in section 38a-477aa, as amended by this act.

1953 Sec. 53. Subsection (h) of section 38a-488a of the general statutes is  
1954 repealed and the following is substituted in lieu thereof (*Effective January*  
1955 *1, 2023*):

1956 (h) Except in the case of emergency services, services rendered to an  
1957 insured at an urgent crisis center, as defined in section 38a-477aa, as  
1958 amended by this act, or [in the case of] services for which an individual  
1959 has been referred by a physician or an advanced practice registered  
1960 nurse affiliated with a health care center, nothing in this section shall be  
1961 construed to require a health care center to provide benefits under this  
1962 section through facilities that are not affiliated with the health care  
1963 center.

1964 Sec. 54. Subsection (h) of section 38a-514 of the general statutes is  
1965 repealed and the following is substituted in lieu thereof (*Effective January*  
1966 *1, 2023*):

1967 (h) Except in the case of emergency services, services rendered to an  
1968 insured at an urgent crisis center, as defined in section 38a-477aa, as  
1969 amended by this act, or [in the case of] services for which an individual  
1970 has been referred by a physician affiliated with a health care center,  
1971 nothing in this section shall be construed to require a health care center  
1972 to provide benefits under this section through facilities that are not  
1973 affiliated with the health care center.

1974 Sec. 55. (NEW) (*Effective January 1, 2023*) (a) No individual health  
1975 insurance policy providing coverage of the type specified in  
1976 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
1977 statutes delivered, issued for delivery, renewed, amended or continued  
1978 in this state on or after January 1, 2023, that provides coverage for acute  
1979 inpatient psychiatric services shall require prior authorization for such  
1980 services that are provided to an insured: (1) Following the insured's  
1981 admission to a hospital emergency department; (2) upon the referral of  
1982 the insured's treating physician licensed pursuant to chapter 370 of the  
1983 general statutes, psychologist licensed pursuant to chapter 383 of the  
1984 general statutes or advanced practice registered nurse licensed pursuant  
1985 to chapter 378 of the general statutes if (A) there is imminent danger to  
1986 the insured's health or safety, or (B) the insured poses an imminent  
1987 danger to the health or safety of others; or (3) at an urgent crisis center,  
1988 as defined in section 38a-477aa of the general statutes, as amended by  
1989 this act. Nothing in this section shall preclude a health carrier from using  
1990 other forms of utilization review, including, but not limited to,  
1991 concurrent and retrospective review.

1992 (b) Any health care provider who refers an insured for the acute  
1993 inpatient psychiatric services described in subsection (a) of this section  
1994 shall provide to the insured, at the time of such referral, a written notice  
1995 disclosing that the insured may: (1) Incur out-of-pocket costs if such  
1996 services are not covered by such insured's health insurance policy; and  
1997 (2) choose to wait for an in-network bed for such services or risk  
1998 incurring costs for out-of-network care if such services are provided on  
1999 an out-of-network basis.



2000 (c) Any health care provider who provides the acute inpatient  
2001 psychiatric services described in subsection (a) of this section shall  
2002 provide to the insured, at the time the insured is admitted for such  
2003 services, a written notice disclosing to the insured that the insured may:  
2004 (1) Incur out-of-pocket costs if such services are not covered by such  
2005 insured's health insurance policy; and (2) choose to wait for an in-  
2006 network bed for such services or risk incurring costs for out-of-network  
2007 care if such services are provided on an out-of-network basis.

2008 (d) The provisions of this section shall apply to a high deductible  
2009 health plan, as that term is used in subsection (f) of section 38a-493 of  
2010 the general statutes, to the maximum extent permitted by federal law,  
2011 except if such plan is used to establish a medical savings account or an  
2012 Archer MSA pursuant to Section 220 of the Internal Revenue Code of  
2013 1986, or any subsequent corresponding internal revenue code of the  
2014 United States, as amended from time to time, or a health savings account  
2015 pursuant to Section 223 of said Internal Revenue Code, as amended  
2016 from time to time, the provisions of this section shall apply to such plan  
2017 to the maximum extent that (1) is permitted by federal law; and (2) does  
2018 not disqualify such account for the deduction allowed under said  
2019 Section 220 or 223, as applicable.

2020 Sec. 56. (NEW) (*Effective January 1, 2023*) (a) No group health  
2021 insurance policy providing coverage of the type specified in  
2022 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
2023 statutes delivered, issued for delivery, renewed, amended or continued  
2024 in this state on or after January 1, 2023, that provides coverage for acute  
2025 inpatient psychiatric services shall require prior authorization for such  
2026 services that are provided to an insured: (1) Following the insured's  
2027 admission to a hospital emergency department; (2) upon the referral of  
2028 the insured's treating physician licensed pursuant to chapter 370 of the  
2029 general statutes, psychologist licensed pursuant to chapter 383 of the  
2030 general statutes or advanced practice registered nurse licensed pursuant  
2031 to chapter 378 of the general statutes if (A) there is imminent danger to  
2032 the insured's health or safety, or (B) the insured poses an imminent  
2033 danger to the health or safety of others; or (3) at an urgent crisis center,

2034 as defined in section 38a-477aa of the general statutes, as amended by  
2035 this act. Nothing in this section shall preclude a health carrier from using  
2036 other forms of utilization review, including, but not limited to,  
2037 concurrent and retrospective review.

2038 (b) Any health care provider who refers an insured for the acute  
2039 inpatient psychiatric services described in subsection (a) of this section  
2040 shall provide to the insured, at the time of such referral, a written notice  
2041 disclosing that the insured may: (1) Incur out-of-pocket costs if such  
2042 services are not covered by such insured's health insurance policy; and  
2043 (2) choose to wait for an in-network bed for such services or risk  
2044 incurring costs for out-of-network care if such services are provided on  
2045 an out-of-network basis.

2046 (c) Any health care provider who provides the acute inpatient  
2047 psychiatric services described in subsection (a) of this section shall  
2048 provide to the insured, at the time the insured is admitted for such  
2049 services, a written notice disclosing to the insured that the insured may:  
2050 (1) Incur out-of-pocket costs if such services are not covered by such  
2051 insured's health insurance policy; and (2) choose to wait for an in-  
2052 network bed for such services or risk incurring costs for out-of-network  
2053 care if such services are provided on an out-of-network basis.

2054 (d) The provisions of this section shall apply to a high deductible  
2055 health plan, as that term is used in subsection (f) of section 38a-520 of  
2056 the general statutes, to the maximum extent permitted by federal law,  
2057 except if such plan is used to establish a medical savings account or an  
2058 Archer MSA pursuant to Section 220 of the Internal Revenue Code of  
2059 1986, or any subsequent corresponding internal revenue code of the  
2060 United States, as amended from time to time, or a health savings account  
2061 pursuant to Section 223 of said Internal Revenue Code, as amended  
2062 from time to time, the provisions of this section shall apply to such plan  
2063 to the maximum extent that (1) is permitted by federal law; and (2) does  
2064 not disqualify such account for the deduction allowed under said  
2065 Section 220 or 223, as applicable.

2066       Sec. 57. (*Effective from passage*) (a) The Office of Health Strategy shall  
2067 study the rates at which health carriers delivering, issuing for delivery,  
2068 renewing, amending or continuing individual and group health  
2069 insurance policies in this state, and third-party administrators licensed  
2070 under section 38a-720a of the general statutes, reimburse health care  
2071 providers for covered physical, mental and behavioral health benefits.  
2072 Such study shall include, but need not be limited to, an assessment of  
2073 the: (1) Viability of implementing in this state a sliding scale of  
2074 reimbursement rates; (2) extent to which reimbursement rates for  
2075 covered mental and behavioral health benefits would need to increase  
2076 in order to provide a financial incentive to (A) attract additional health  
2077 care providers to provide covered mental and behavioral health benefits  
2078 to individuals in this state, and (B) encourage health care providers who  
2079 provide covered mental and behavioral health benefits to accept new  
2080 patients in this state; (3) potential aggregate savings that would accrue  
2081 to health carriers in this state if insureds were to receive greater access  
2082 to health care providers who provide covered mental and behavioral  
2083 health benefits; (4) reimbursement rates for covered mental and  
2084 behavioral health benefits provided by private health insurance policies  
2085 in comparison to reimbursement rates for such benefits provided by the  
2086 state or other governmental payors; (5) reimbursement rates for covered  
2087 mental and behavioral health benefits provided to children in  
2088 comparison to reimbursement rates for such benefits provided to adults;  
2089 and (6) number of children who are referred for covered mental and  
2090 behavioral health benefits in comparison to the number of children who  
2091 receive such benefits.

2092       (b) In conducting the study, the Office of Health Strategy may (1)  
2093 coordinate with the Insurance Department, and (2) gather information  
2094 needed to conduct the study from the all-payer claims database.

2095       (c) (1) Not later than January 1, 2023, the Office of Health Strategy  
2096 shall submit an interim report, in accordance with the provisions of  
2097 section 11-4a of the general statutes, to the joint standing committees of  
2098 the General Assembly having cognizance of matters relating to  
2099 insurance and public health disclosing the results of the study

2100 conducted pursuant to subsections (a) and (b) of this section.

2101 (2) Not later than January 1, 2024, the Office of Health Strategy shall  
2102 submit a final report, in accordance with the provisions of section 11-4a  
2103 of the general statutes, to said committees disclosing the results of such  
2104 study.

2105 Sec. 58. (*Effective from passage*) (a) As used in this section, "HUSKY  
2106 Health" has the same meaning as provided in section 17b-290 of the  
2107 general statutes.

2108 (b) The Office of Health Strategy, in consultation with the Insurance  
2109 Commissioner and the Commissioner of Social Services, shall conduct a  
2110 study to determine whether payment parity exists between (1)  
2111 providers of behavioral and mental health services and providers of  
2112 other medical services in the private insurance market, (2) such  
2113 providers within the HUSKY Health program, and (3) HUSKY Health  
2114 program behavioral and mental health providers and their counterparts  
2115 in the private insurance market.

2116 (c) The study shall also include, but not be limited to: (1) What rate  
2117 increases may be necessary to encourage more private providers to offer  
2118 behavioral and mental health services to HUSKY Health program  
2119 members, (2) an estimate of the amount such increases would cost the  
2120 state annually, and (3) potential state savings on other health care costs  
2121 annually if access to behavioral and mental health providers by HUSKY  
2122 Health program members is expanded.

2123 (d) (1) Not later than January 1, 2023, the executive director of the  
2124 Office of Health Strategy shall submit an interim report, in accordance  
2125 with the provisions of section 11-4a of the general statutes, to the joint  
2126 standing committees of the General Assembly having cognizance of  
2127 matters relating to human services, insurance, public health and  
2128 appropriations and the budgets of state agencies disclosing the results  
2129 of the study conducted pursuant to subsections (b) and (c) of this  
2130 section.

2131 (2) Not later than January 1, 2024, the executive director of said office  
2132 shall submit a final report, in accordance with the provisions of section  
2133 11-4a of the general statutes, to such joint standing committees  
2134 disclosing the results of such study.

2135 Sec. 59. (NEW) (*Effective July 1, 2022*) (a) As used in this section:

2136 (1) "Collaborative Care Model" or "CoCM" means the integrated  
2137 delivery of behavioral health and primary care services by a primary  
2138 care team that includes a primary care provider, a behavioral care  
2139 manager, a psychiatric consultant and a data base used by the  
2140 behavioral care manager to track patient progress;

2141 (2) "CoCM codes" means a billing system developed by the Centers  
2142 for Medicare and Medicaid Services that provide Medicare rates for  
2143 services provided in the Collaborative Care Model; and

2144 (3) "HUSKY Health" has the same meaning as provided in section  
2145 17b-290 of the general statutes.

2146 (b) To the extent permissible under federal law, the Commissioner of  
2147 Social Services shall implement a Medicaid reimbursement system that  
2148 incentivizes collaboration between primary care providers and  
2149 behavioral and mental health care providers on an integrated care plan  
2150 for a HUSKY Health program member. Such reimbursement system  
2151 shall recognize that multiple providers may be involved in providing  
2152 care. The commissioner may adopt the Collaborative Care Model to  
2153 expand access to behavioral and mental health services for HUSKY  
2154 Health program members and utilize the CoCM codes approved by the  
2155 Centers for Medicare and Medicaid Services to provide reimbursement  
2156 to participating providers. The commissioner may take into  
2157 consideration the potential impact on federal reimbursement when  
2158 implementing such system.

2159 Sec. 60. (NEW) (*Effective July 1, 2022*) (a) There is established a Youth  
2160 Service Corps grant program to be administered by the Department of  
2161 Economic and Community Development for the purpose of providing

2162 grants to municipalities of priority school districts, as described in  
2163 section 10-266p of the general statutes, to establish local Youth Service  
2164 Corps programs. Such programs shall provide paid community-based  
2165 service learning and academic and workforce development programs to  
2166 youth and young adults in the state in accordance with the provisions  
2167 of section 61 of this act.

2168 (b) Not later than October 1, 2022, the Commissioner of Economic and  
2169 Community Development shall develop an application process and  
2170 selection criteria for Youth Service Corps program grants.

2171 (c) Not later than January 1, 2023, and annually thereafter, the  
2172 Commissioner of Economic and Community Development shall award  
2173 a grant to each municipality selected to participate in the program in the  
2174 amount of ten thousand dollars per youth or young adult participating  
2175 in such municipality's local Youth Service Corps program plus fifteen  
2176 per cent of such amount for program administration expenses. Such  
2177 municipalities may use such grants to (1) administer the local Youth  
2178 Service Corps program, and (2) award a subgrant of not more than ten  
2179 thousand dollars to any youth or young adult participating in a local  
2180 Youth Service Corps program to support or subsidize such youth or  
2181 young adult's participation in program activities.

2182 (d) Not later than December 1, 2023, and annually thereafter, each  
2183 municipality that received a Youth Service Corps program grant shall  
2184 submit a report evaluating its local Youth Service Corps program to the  
2185 Commissioners of Economic and Community Development and  
2186 Children and Families in a form and manner prescribed by the  
2187 Commissioner of Economic and Community Development.

2188 (e) Not later than January 1, 2024, and annually thereafter, the  
2189 Commissioner of Economic and Community Development, in  
2190 consultation with the Commissioner of Children and Families, shall  
2191 report, in accordance with the provisions of section 11-4a of the general  
2192 statutes, to the joint standing committees of the General Assembly  
2193 having cognizance of matters relating to commerce and children

2194 regarding the Youth Service Corps grant program.

2195 (f) There is established an account to be known as the "youth service  
2196 corps grant program account" which shall be a separate, nonlapsing  
2197 account within the General Fund. The account shall contain any moneys  
2198 required by law to be deposited in the account. Moneys in the account  
2199 shall be expended by the Commissioner of Economic and Community  
2200 Development for the purposes of providing grants to municipalities of  
2201 priority school districts, as described in section 10-266p of the general  
2202 statutes, to establish local Youth Service Corps programs that provide  
2203 paid community-based service learning and academic and workforce  
2204 development programs to youth and young adults in the state in  
2205 accordance with the provisions of section 61 of this act.

2206 Sec. 61. (NEW) (*Effective July 1, 2022*) Each municipality of a priority  
2207 school district, as described in section 10-266p of the general statutes,  
2208 selected to receive a Youth Service Corps program grant pursuant to  
2209 section 60 of this act shall operate, establish or demonstrate plans to  
2210 establish a local Youth Service Corps program that has the following  
2211 characteristics:

2212 (1) Youth participation in the local Youth Service Corps program  
2213 shall be by referral only. Such referral shall be made by a school official,  
2214 juvenile probation officer, the Commissioner of Children and Families,  
2215 or the commissioner's designee, or an employee of a community  
2216 organization designated by the municipality or the municipality's Youth  
2217 Service Corps program administrator to make such referrals.  
2218 Participants in a local Youth Service Corps program shall be youths or  
2219 young adults between the ages of sixteen and twenty-four, inclusive,  
2220 who are showing signs of disengagement or disconnection from school,  
2221 the workplace or the community;

2222 (2) The local Youth Service Corps program shall focus on youth or  
2223 young adults who are involved with the justice system, involved with  
2224 the Department of Children and Families, in foster care or experiencing  
2225 homelessness;

2226 (3) The local Youth Service Corps program shall be administered by  
2227 a local community-based organization with expertise in providing  
2228 youth or young adult services and workforce development programs.  
2229 Such organization shall work with local municipal officials to identify  
2230 potential local service project opportunities for such program;

2231 (4) Each youth or young adult participant in a local Youth Service  
2232 Corps program shall develop an individual success plan in which such  
2233 participant shall identify goals relating to education, workforce or  
2234 behavioral development. In support of such goals, the local Youth  
2235 Service Corps program shall provide (A) year-long, part-time  
2236 employment with flexible hours with public or private employers  
2237 screened and approved by the administrator of the program, (B)  
2238 community-based service learning projects selected by the  
2239 administrator of the program, (C) a transition plan for such participant  
2240 detailing such goals and steps to be taken to accomplish such goals, and  
2241 (D) other activities approved by the administrator of the program; and

2242 (5) Each Youth Service Corps program administrator shall evaluate  
2243 each youth and young adult participant using performance indicators  
2244 applicable to such participant, including, but not limited to, education  
2245 outcomes, career competency development, training completion and  
2246 positive behavior changes to measure whether the goals for such  
2247 participant are being achieved.

2248 Sec. 62. Subsection (f) of section 46b-38b of the 2022 supplement to  
2249 the general statutes is repealed and the following is substituted in lieu  
2250 thereof (*Effective July 1, 2022*):

2251 (f) It shall be the responsibility of the peace officer at the scene of a  
2252 family violence incident to provide immediate assistance to the victim.  
2253 Such assistance shall include, but need not be limited to: (1) Assisting  
2254 the victim to obtain medical treatment if such treatment is required; (2)  
2255 notifying the victim of the right to file an affidavit for a warrant for  
2256 arrest; (3) informing the victim of services available, including  
2257 providing the victim with (A) contact information for a regional family



2258 violence organization that employs, or provides referrals to, counselors  
2259 who are trained in providing trauma-informed care; ~~[(4)] and (B) on~~  
2260 and after January 1, 2023, a copy of the information concerning services  
2261 and resources available to victims of domestic violence published  
2262 pursuant to section 10-10g, as amended by this act; (4) on and after  
2263 January 1, 2023, if there is a child at the scene, providing the victim a  
2264 copy of the documents concerning behavioral and mental health  
2265 evaluation and treatment resources available to children developed  
2266 pursuant to section 17a-22r for the mental health region in which such  
2267 victim is located; (5) referring the victim to the Office of Victim Services;  
2268 and [(5)] (6) providing assistance in accordance with the uniform  
2269 protocols for treating victims of family violence whose immigration  
2270 status is questionable, established pursuant to subsection (i) of this  
2271 section. In cases where the officer has determined that no cause exists  
2272 for an arrest, assistance shall include: (A) Assistance as provided in  
2273 subdivisions (1) to [(5)] (6), inclusive, of this subsection; and (B)  
2274 remaining at the scene for a reasonable time until, in the reasonable  
2275 judgment of the officer, the likelihood of further imminent violence has  
2276 been eliminated. For the purposes of this subsection, "trauma-informed  
2277 care" means services (i) directed by a thorough understanding of the  
2278 neurological, biological, psychological and social effects of trauma and  
2279 violence on a person; and (ii) delivered by a regional family violence  
2280 organization that employs, or provides referrals to, counselors who: (I)  
2281 Make available to the victim of family violence resources on trauma  
2282 exposure, its impact and treatment; (II) engage in efforts to strengthen  
2283 the resilience and protective factors of victims of family violence who  
2284 are impacted by and vulnerable to trauma; (III) emphasize continuity of  
2285 care and collaboration among organizations that provide services to  
2286 children; and (IV) maintain professional relationships for referral and  
2287 consultation purposes with programs and persons with expertise in  
2288 trauma-informed care.

2289 Sec. 63. (NEW) (*Effective July 1, 2022*) On and after January 1, 2023,  
2290 each police officer, as defined in section 46b-15 of the general statutes,  
2291 and emergency medical technician, as defined in section 19a-904 of the

2292 general statutes, shall maintain, in any vehicle used by such officer or  
2293 technician in the course of his or her duties, copies of documents  
2294 concerning (1) behavioral and mental health evaluation and treatment  
2295 resources available to children, developed pursuant to section 17a-22r  
2296 of the general statutes for the mental health region in which such  
2297 technician is located; and (2) services and resources available to victims  
2298 of domestic violence, published pursuant to section 10-10g of the  
2299 general statutes, as amended by this act. Such officer or technician may  
2300 provide a copy of such documents to any person or family of a person  
2301 who such technician determines may benefit from the services or  
2302 resources described in such documents.

2303 Sec. 64. Subsection (a) of section 10-10g of the general statutes is  
2304 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
2305 *2022*):

2306 (a) Not later than December 1, ~~[2019]~~ 2022, and annually thereafter,  
2307 the Office of Victim Services within the Judicial Department, in  
2308 consultation with the Connecticut Coalition Against Domestic Violence,  
2309 shall compile information concerning services and resources available  
2310 to victims of domestic violence and provide such information  
2311 electronically to the Department of Education, and electronically and in  
2312 hard copies to (1) the Division of State Police within the Department of  
2313 Emergency Services and Public Protection, (2) each municipal police  
2314 department, and (3) each ambulance company and organization,  
2315 whether public, private or voluntary, that offers transportation or  
2316 treatment services to patients under emergency conditions. Such  
2317 information shall include, but need not be limited to, ~~[(1)]~~ ~~(A)~~ referrals  
2318 available to counseling and supportive services, including, but not  
2319 limited to, the Safe at Home program administered by the Office of the  
2320 Secretary of the State, shelter services, medical services, domestic abuse  
2321 hotlines, legal counseling and advocacy, mental health care and  
2322 financial assistance, and ~~[(2)]~~ ~~(B)~~ procedures to voluntarily and  
2323 confidentially identify eligibility for referrals to such counseling and  
2324 supportive services. [The Office of Victim Services within the Judicial  
2325 Department shall annually review such information and inform the

2326 Department of Education of any necessary revisions.] Such information  
2327 shall be translated into, and provided in, multiple languages, including,  
2328 but not limited to, English, Polish, Portuguese and Spanish.

2329 Sec. 65. Section 54-209 of the 2022 supplement to the general statutes  
2330 is repealed and the following is substituted in lieu thereof (*Effective*  
2331 *October 1, 2022*):

2332 (a) The Office of Victim Services or, on review, a victim compensation  
2333 commissioner, may order the payment of compensation in accordance  
2334 with the provisions of sections 54-201 to 54-218, inclusive, for personal  
2335 injury or death which resulted from: (1) An attempt to prevent the  
2336 commission of crime or to apprehend a suspected criminal or in aiding  
2337 or attempting to aid a police officer so to do, (2) the commission or  
2338 attempt to commit by another of any crime as provided in section 53a-  
2339 24, (3) any crime that occurred outside the territorial boundaries of the  
2340 United States that would be considered a crime within this state,  
2341 provided the victim of such crime is a resident of this state, [or] (4) any  
2342 crime involving international terrorism as defined in 18 USC 2331, as  
2343 amended from time to time, or (5) an incident of child abuse  
2344 substantiated by the Department of Children and Families on or after  
2345 October 1, 2022, provided the individual determined by said  
2346 department to be responsible for the abuse of the child pursuant to  
2347 section 17a-101g is placed on the department's child abuse and neglect  
2348 registry established pursuant to section 17a-101k.

2349 (b) The Office of Victim Services or, on review, a victim compensation  
2350 commissioner, may also order the payment of compensation in  
2351 accordance with the provisions of sections 54-201 to 54-218, inclusive,  
2352 for personal injury or death that resulted from the operation of a motor  
2353 vehicle, water vessel, snow mobile or all-terrain vehicle by another  
2354 person who was subsequently convicted with respect to such operation  
2355 for a violation of subsection (a) or subdivision (1) of subsection (b) of  
2356 section 14-224, section 14-227a or 14-227m, subdivision (1) or (2) of  
2357 subsection (a) of section 14-227n, subdivision (3) of section 14-386a or  
2358 section 15-132a, 15-140l, 15-140n, 53a-56b or 53a-60d. In the absence of a

2359 conviction, the Office of Victim Services or, on review, a victim  
2360 compensation commissioner, may order payment of compensation  
2361 under this section if, upon consideration of all circumstances  
2362 determined to be relevant, the office or commissioner, as the case may  
2363 be, reasonably concludes that another person has operated a motor  
2364 vehicle in violation of subsection (a) or subdivision (1) of subsection (b)  
2365 of section 14-224, section 14-227a or 14-227m, subdivision (1) or (2) of  
2366 subsection (a) of section 14-227n, subdivision (3) of section 14-386a or  
2367 section 15-132a, 15-140l, 15-140n, 53a-56b or 53a-60d.

2368 (c) Except as provided in subsection (b) of this section, no act  
2369 involving the operation of a motor vehicle which results in injury shall  
2370 constitute a crime for the purposes of sections 54-201 to 54-218,  
2371 inclusive, unless the injuries were intentionally inflicted through the use  
2372 of the vehicle.

2373 (d) In instances where a violation of section 53a-70b of the general  
2374 statutes, revision of 1958, revised to January 1, 2019, or section 53-21,  
2375 53a-70, 53a-70a, 53a-70c, 53a-71, 53a-72a, 53a-72b, 53a-73a, 53a-82, [or]  
2376 53a-83b, 53a-90a, 53a-192a, 53a-196, 53a-196a, 53a-196b or 53a-196i, or  
2377 family violence, as defined in section 46b-38a, has been alleged, the  
2378 Office of Victim Services or, on review, a victim compensation  
2379 commissioner, may order compensation be paid if (1) the personal  
2380 injury has been disclosed to: (A) A physician or surgeon licensed under  
2381 chapter 370; (B) a resident physician or intern in any hospital in this  
2382 state, whether or not licensed; (C) a physician assistant licensed under  
2383 chapter 370; (D) an advanced practice registered nurse, registered nurse  
2384 or practical nurse licensed under chapter 378; (E) a psychologist licensed  
2385 under chapter 383; (F) a police officer; (G) a mental health professional;  
2386 (H) an emergency medical services provider licensed or certified under  
2387 chapter 368d; (I) an alcohol and drug counselor licensed or certified  
2388 under chapter 376b; (J) a marital and family therapist licensed under  
2389 chapter 383a; (K) a domestic violence counselor or a sexual assault  
2390 counselor, as defined in section 52-146k; (L) a professional counselor  
2391 licensed under chapter 383c; (M) a clinical social worker licensed under  
2392 chapter 383b; (N) an employee of the Department of Children and

2393 Families; (O) an employee of a [child] children's advocacy center,  
2394 [established pursuant to] as defined in section 17a-106a; or (P) a school  
2395 principal, a school teacher, a school guidance counselor or a school  
2396 counselor, or (2) the personal injury is reported in an application for a  
2397 restraining order under section 46b-15 or an application for a civil  
2398 protection order under section 46b-16a or on the record to the court,  
2399 provided such restraining order or civil protection order was granted in  
2400 the Superior Court following a hearing, and (3) the office or  
2401 commissioner, as the case may be, reasonably concludes that a violation  
2402 of any of said sections has occurred.

2403 (e) Evidence of an order for the payment of compensation by the  
2404 Office of Victim Services or a victim compensation commissioner in  
2405 accordance with the provisions of sections 54-201 to 54-218, inclusive,  
2406 shall not be admissible in any civil proceeding to prove the liability of  
2407 any person for such personal injury or death or in any criminal  
2408 proceeding to prove the guilt or innocence of any person for any crime.

2409 Sec. 66. (NEW) (*Effective October 1, 2022*) Any employee of the  
2410 Department of Children and Families or a children's advocacy center, as  
2411 defined in section 17a-106a of the general statutes, to whom a personal  
2412 injury resulting from any conduct described in subdivision (5) of  
2413 subsection (a) of section 54-209 of the general statutes, as amended by  
2414 this act, is disclosed by the (1) person who suffered such injury, or (2)  
2415 parent, guardian or legal representative of such person, shall provide  
2416 such person, or such person's parent, guardian or legal representative  
2417 verbal and written notice (A) that such person may be eligible for  
2418 compensation pursuant to sections 54-201 to 54-218, inclusive, of the  
2419 general statutes, and (B) of the application process described in section  
2420 54-204 of the general statutes, and types and amounts of compensation  
2421 that may be awarded pursuant to sections 54-201 to 54-218, inclusive, of  
2422 the general statutes.

2423 Sec. 67. (NEW) (*Effective from passage*) On and after July 1, 2022, the  
2424 term "emotional disability" shall be used in lieu of "emotional  
2425 disturbance" by the Department of Education and local and regional

2426 boards of education for purposes of the administration and provision of  
2427 special education and related services in the state under chapter 164 of  
2428 the general statutes. As used in this section, "emotional disability" has  
2429 the same meaning as "emotional disturbance" in the Individuals with  
2430 Disabilities Education Act, 20 USC 1400, et seq., as amended from time  
2431 to time.

2432       Sec. 68. (*Effective July 1, 2022*) (a) There is established a child and  
2433 adolescent psychiatry working group to develop a plan to increase the  
2434 number of psychiatry residency and child and adolescent psychiatry  
2435 fellowship placements in the state. Such plan shall maximize state and  
2436 federal funding sources and provide psychiatry residents and child and  
2437 adolescent psychiatry fellows with the opportunity to treat children and  
2438 adolescents in the state who are uninsured, underinsured or eligible for  
2439 benefits under HUSKY B.

2440       (b) The working group shall consist of the following members:

2441       (1) Two appointed by the speaker of the House of Representatives,  
2442 one of whom shall be a representative of a federally qualified health  
2443 center, and one of whom shall be a member of the joint standing  
2444 committee of the General Assembly having cognizance of matters  
2445 relating to public health;

2446       (2) Two appointed by the president pro tempore of the Senate, one of  
2447 whom shall be a faculty member of a psychiatry residency program in  
2448 the state, and one of whom shall be a member of the joint standing  
2449 committee of the General Assembly having cognizance of matters  
2450 relating to public health;

2451       (3) One appointed by the majority leader of the House of  
2452 Representatives, who shall be a representative of a federally qualified  
2453 health center;

2454       (4) One appointed by the majority leader of the Senate, who shall be  
2455 a practicing child and adolescent psychiatrist in the state;

2456 (5) One appointed by the minority leader of the House of  
2457 Representatives, who shall be a member of the joint standing committee  
2458 of the General Assembly having cognizance of matters relating to public  
2459 health;

2460 (6) One appointed by the minority leader of the Senate, who shall be  
2461 a member of the joint standing committee of the General Assembly  
2462 having cognizance of matters relating to public health;

2463 (7) The Commissioner of Public Health, or the commissioner's  
2464 designee; and

2465 (8) The Commissioner of Social Services, or the commissioner's  
2466 designee.

2467 (c) All initial appointments to the working group shall be made not  
2468 later than thirty days after the effective date of this section. Any vacancy  
2469 shall be filled by the appointing authority.

2470 (d) The speaker of the House of Representatives and the president  
2471 pro tempore of the Senate shall each select a co-chairperson of the  
2472 working group from among the members of the working group. Such  
2473 chairpersons shall schedule the first meeting of the working group,  
2474 which shall be held not later than sixty days after the effective date of  
2475 this section.

2476 (e) The administrative staff of the joint standing committee of the  
2477 General Assembly having cognizance of matters relating to public  
2478 health shall serve as the administrative staff of the working group.

2479 (f) Not later than January 1, 2023, the working group shall, in  
2480 accordance with the provisions of section 11-4a of the general statutes,  
2481 submit a report to the joint standing committee of the General Assembly  
2482 having cognizance of matters relating to public health regarding its  
2483 findings and recommendations including, but not limited to, (1) the  
2484 working group's activities, research findings and any recommendations  
2485 for proposed legislative changes, and (2) any potential sources of

2486 funding for additional psychiatry residency and child and adolescent  
2487 psychiatry fellowship placements in the state.

2488       Sec. 69. (*Effective July 1, 2022*) (a) The Department of Public Health  
2489 may, within available resources, issue a grant-in-aid in the amount of  
2490 one hundred fifty thousand dollars, for the fiscal year ending June 30,  
2491 2023, to a children's hospital in the state for the purpose of coordinating  
2492 a mental and behavioral health training and consultation program, from  
2493 January 1, 2023, to January 1, 2025, inclusive, which shall be made  
2494 available to all pediatricians practicing in the state to help them gain the  
2495 knowledge, experience and confidence necessary to effectively treat  
2496 pediatric mental and behavioral health issues.

2497       (b) Not later than January 1, 2023, and annually thereafter until  
2498 January 1, 2025, the children's hospital that receives a grant-in-aid  
2499 pursuant to subsection (a) of this section shall report, in accordance with  
2500 the provisions of section 11-4a of the general statutes, to the joint  
2501 standing committee of the General Assembly having cognizance of  
2502 matters relating to public health regarding the hospital's coordination of  
2503 the mental and behavioral health training and consultation program, the  
2504 number of pediatrician participants, the outcomes of such program and  
2505 any other information deemed relevant by the hospital.

2506       Sec. 70. (NEW) (*Effective from passage*) (a) There is established a  
2507 Behavioral and Mental Health Policy and Oversight Committee. The  
2508 committee shall evaluate the availability and efficacy of prevention,  
2509 early intervention, and mental health treatment services and options for  
2510 children from birth to age eighteen and make recommendations to the  
2511 General Assembly and executive agencies regarding the governance  
2512 and administration of the mental health care system for children. The  
2513 committee shall be within the Legislative Department.

2514       (b) The committee shall consist of the following members:

2515       (1) The chairpersons and ranking members of the joint standing  
2516 committees of the General Assembly having cognizance of matters  
2517 relating to public health, human services, children and appropriations



2518 and the budgets of state agencies, or their designees;

2519 (2) Three appointed by the speaker of the House of Representatives,  
2520 one of whom shall be a member of the General Assembly and two of  
2521 whom shall be providers of mental, emotional or behavioral health  
2522 services for children in the state;

2523 (3) Three appointed by the president pro tempore of the Senate, one  
2524 of whom shall be a member of the General Assembly and two of whom  
2525 shall be representatives of private advocacy groups that provide  
2526 services for children and families in the state;

2527 (4) Two appointed by the majority leader of the House of  
2528 Representatives, who shall be representatives of children's hospitals;

2529 (5) One appointed by the majority leader of the Senate, who shall be  
2530 a representative of public school superintendents in the state;

2531 (6) Two appointed by the minority leader of the House of  
2532 Representatives, who shall be representatives of families with children  
2533 who have been diagnosed with mental, emotional or behavioral health  
2534 disorders;

2535 (7) Two appointed by the minority leader of the Senate, who shall be  
2536 providers of mental or behavioral health services;

2537 (8) The Commissioners of Children and Families, Correction,  
2538 Developmental Services, Early Childhood, Education, Insurance,  
2539 Mental Health and Addiction Services, Public Health and Social  
2540 Services, or their designees;

2541 (9) The executive director of the Office of Health Strategy, or the  
2542 executive director's designee;

2543 (10) The Child Advocate, or the Child Advocate's designee;

2544 (11) The Healthcare Advocate, or the Healthcare Advocate's  
2545 designee;

2546 (12) The executive director of the Court Support Services Division of  
2547 the Judicial Branch, or the executive director's designee;

2548 (13) The executive director of the Commission on Women, Children,  
2549 Seniors, Equity and Opportunity, or the executive director's designee;

2550 (14) The Secretary of the Office of Policy and Management, or the  
2551 secretary's designee; and

2552 (15) One representative from each administrative services  
2553 organization under contract with the Department of Social Services to  
2554 provide such services for recipients of assistance under the HUSKY  
2555 Health program, who shall be ex-officio nonvoting members.

2556 (c) Any member of the committee appointed under subdivisions (1)  
2557 to (7), inclusive, of subsection (b) of this section may be a member of the  
2558 General Assembly.

2559 (d) Any vacancy shall be filled by the appointing authority.

2560 (e) The Secretary of the Office of Policy and Management, or the  
2561 secretary's designee, and a member of the General Assembly selected  
2562 jointly by the speaker of the House of Representatives and the president  
2563 pro tempore of the Senate from among the members serving pursuant  
2564 to subdivision (1), (2) or (3) of subsection (b) of this section shall be co-  
2565 chairpersons of the committee. Such co-chairpersons shall schedule the  
2566 first meeting of the committee, which shall be held not later than sixty  
2567 days after May 4, 2022.

2568 (f) Members of the committee shall serve without compensation,  
2569 except for necessary expenses incurred in the performance of their  
2570 duties.

2571 (g) Not later than January 1, 2023, the committee shall report, in  
2572 accordance with section 11-4a of the general statutes, to the joint  
2573 standing committees of the General Assembly having cognizance of  
2574 matters relating to appropriations and the budgets of state agencies,  
2575 public health, human services and children, and the Secretary of the

2576 Office of Policy and Management, regarding the following:

2577 (1) Any statutory and budgetary changes needed concerning the  
2578 mental health system of prevention, development and treatment that  
2579 the committee recommends to (A) improve developmental, mental  
2580 health and behavioral health outcomes for children; (B) improve  
2581 transparency and accountability with respect to state-funded services  
2582 for children and youth with an emphasis on goals identified by the  
2583 committee for community-based programs and facility-based  
2584 interventions; and (C) promote the efficient sharing of information by  
2585 state and state-funded agencies to ensure the regular collection and  
2586 reporting of data regarding children and families' access to, utilization  
2587 of and benefit from services necessary to promote public health and  
2588 mental and behavioral health outcomes for children and youth and their  
2589 families.

2590 (2) The gaps in services identified by the committee with respect to  
2591 children and families involved in the mental health system, and  
2592 recommendations to address such gaps in services;

2593 (3) Strengths and barriers identified by the committee that support or  
2594 impede the mental health needs of children and youth with specific  
2595 recommendations for reforms;

2596 (4) An examination of the way state agencies can work collaboratively  
2597 through school-based efforts and other processes to improve mental  
2598 health and developmental outcomes for children;

2599 (5) An examination of disproportionate access and outcomes across  
2600 the mental health care system for children of color;

2601 (6) An examination of disproportionate access and outcomes across  
2602 the mental health care system for children with developmental  
2603 disabilities;

2604 (7) A plan to ensure a quality assurance framework for facilities and  
2605 programs that are part of the mental health care system and are operated

2606 privately or by the state that includes data regarding efficacy and  
2607 outcomes; and

2608 (8) A governance structure for the children's mental health system  
2609 that will best facilitate the public policy and healthcare goals of the state  
2610 to ensure that all children and families can access high-quality mental  
2611 health care.

2612 (h) The committee shall complete its duties under this section after  
2613 requesting consultation with one or more organizations that focus on  
2614 the quality of services for children or research related to the well-being  
2615 of children, including, but not limited to, The Child Health and  
2616 Development Institute or Connecticut Voices for Children. The  
2617 committee may accept administrative support and technical and  
2618 research assistance from any such organization. The committee shall  
2619 work in collaboration with any results-first initiative implemented  
2620 pursuant to any section of the general statutes or any public or special  
2621 act.

2622 (i) The committee shall be given access to data collected by the state  
2623 on matters related to children's behavioral health from the relevant state  
2624 agencies or directly from contracted administrative service  
2625 organizations, as applicable.

2626 (j) The committee shall include two or more subcommittees chaired  
2627 by a member of the committee to inform its recommendations. The  
2628 subcommittees may focus on: Workforce-related issues, school-based  
2629 health, prevention, and intermediate or acute care. All subcommittees  
2630 shall examine gaps, reimbursement rates, parity in the outcomes of  
2631 services and the efficacy of services.

2632 (k) The committee shall establish a time frame for reviewing and  
2633 making follow-up reports on the status or progress of the committee's  
2634 recommendations and activities. Each report submitted by the  
2635 committee pursuant to this subsection shall include specific  
2636 recommendations to improve outcomes related to children's mental,  
2637 emotional or behavioral health and a timeline indicating dates by which

2638 specific tasks or outcomes should be achieved.

2639 (l) The committee shall develop a strategic plan that integrates the  
2640 recommendations identified pursuant to subsection (g) of this section.  
2641 The plan may include short-term, medium-term and long-term goals. In  
2642 developing the plan, the committee shall collaborate with any state  
2643 agency with responsibilities relating to the mental health system.

2644 (m) Not later than August 1, 2023, the committee shall report, in  
2645 accordance with section 11-4a of the general statutes, such plan together  
2646 with an account of progress made toward the full implementation of  
2647 such plan and any recommendations concerning the implementation of  
2648 identified goals in the plan to the joint standing committees of the  
2649 General Assembly having cognizance of matters relating to  
2650 appropriations and the budgets of state agencies, public health, human  
2651 services and children, and the Secretary of the Office of Policy and  
2652 Management.

2653 Sec. 71. Subsection (e) of section 38a-591d of the general statutes is  
2654 repealed and the following is substituted in lieu thereof (*Effective January*  
2655 *1, 2023*):

2656 (e) Each health carrier shall provide promptly to a covered person  
2657 and, if applicable, the covered person's authorized representative a  
2658 notice of an adverse determination.

2659 (1) Such notice may be provided in writing or by electronic means  
2660 and shall set forth, in a manner calculated to be understood by the  
2661 covered person or the covered person's authorized representative:

2662 (A) Information sufficient to identify the benefit request or claim  
2663 involved, including the date of service, if applicable, the health care  
2664 professional and the claim amount;

2665 (B) The specific reason or reasons for the adverse determination,  
2666 including, upon request, a listing of the relevant clinical review criteria,  
2667 including professional criteria and medical or scientific evidence and a

2668 description of the health carrier's standard, if any, that were used in  
2669 reaching the denial;

2670 (C) Reference to the specific health benefit plan provisions on which  
2671 the determination is based;

2672 (D) A description of any additional material or information necessary  
2673 for the covered person to perfect the benefit request or claim, including  
2674 an explanation of why the material or information is necessary to perfect  
2675 the request or claim;

2676 (E) A description of the health carrier's internal grievance process that  
2677 includes (i) the health carrier's expedited review procedures, (ii) any  
2678 time limits applicable to such process or procedures, (iii) the contact  
2679 information for the organizational unit designated to coordinate the  
2680 review on behalf of the health carrier, and (iv) a statement that the  
2681 covered person or, if applicable, the covered person's authorized  
2682 representative is entitled, pursuant to the requirements of the health  
2683 carrier's internal grievance process, to receive from the health carrier,  
2684 free of charge upon request, reasonable access to and copies of all  
2685 documents, records, communications and other information and  
2686 evidence regarding the covered person's benefit request;

2687 (F) (i) (I) A copy of the specific rule, guideline, protocol or other  
2688 similar criterion the health carrier relied upon to make the adverse  
2689 determination, or (II) a statement that a specific rule, guideline, protocol  
2690 or other similar criterion of the health carrier was relied upon to make  
2691 the adverse determination and that a copy of such rule, guideline,  
2692 protocol or other similar criterion will be provided to the covered person  
2693 free of charge upon request, with instructions for requesting such copy,  
2694 and (ii) the links to such rule, guideline, protocol or other similar  
2695 criterion on such health carrier's Internet web site;

2696 (G) If the adverse determination is based on medical necessity or an  
2697 experimental or investigational treatment or similar exclusion or limit,  
2698 the written statement of the scientific or clinical rationale for the adverse  
2699 determination and (i) an explanation of the scientific or clinical rationale

2700 used to make the determination that applies the terms of the health  
2701 benefit plan to the covered person's medical circumstances or (ii) a  
2702 statement that an explanation will be provided to the covered person  
2703 free of charge upon request, and instructions for requesting a copy of  
2704 such explanation;

2705 (H) A statement explaining the right of the covered person to contact  
2706 the commissioner's office or the Office of the Healthcare Advocate at  
2707 any time for assistance or, upon completion of the health carrier's  
2708 internal grievance process, to file a civil action in a court of competent  
2709 jurisdiction. Such statement shall include the contact information for  
2710 said offices; and

2711 (I) A statement, expressed in language approved by the Healthcare  
2712 Advocate and prominently displayed on the first page or cover sheet of  
2713 the notice using a call-out box and large or bold text, that if the covered  
2714 person or the covered person's authorized representative chooses to file  
2715 a grievance of an adverse determination, (i) such appeals are sometimes  
2716 successful, (ii) such covered person or covered person's authorized  
2717 representative may benefit from free assistance from the Office of the  
2718 Healthcare Advocate, which can assist such covered person or covered  
2719 person's authorized representative with the filing of a grievance  
2720 pursuant to 42 USC 300gg-93, as amended from time to time, (iii) such  
2721 covered person or covered person's authorized representative is entitled  
2722 and encouraged to submit supporting documentation for the health  
2723 carrier's consideration during the review of an adverse determination,  
2724 including narratives from such covered person or covered person's  
2725 authorized representative and letters and treatment notes from such  
2726 covered person's health care professional, and (iv) such covered person  
2727 or covered person's authorized representative has the right to ask such  
2728 covered person's health care professional for such letters or treatment  
2729 notes.

2730 (2) Upon request pursuant to subparagraph (E) of subdivision (1) of  
2731 this subsection, the health carrier shall provide such copies in  
2732 accordance with subsection (a) of section 38a-591n.

2733 Sec. 72. Subsection (e) of section 38a-591e of the general statutes is  
2734 repealed and the following is substituted in lieu thereof (*Effective January*  
2735 *1, 2023*):

2736 (e) (1) The notice required under subsection (d) of this section shall  
2737 set forth, in a manner calculated to be understood by the covered person  
2738 or the covered person's authorized representative:

2739 (A) The titles and qualifying credentials of the clinical peer or peers  
2740 participating in the review process;

2741 (B) Information sufficient to identify the claim involved with respect  
2742 to the grievance, including the date of service, if applicable, the health  
2743 care professional and the claim amount;

2744 (C) A statement of such clinical peer's or peers' understanding of the  
2745 covered person's grievance;

2746 (D) The clinical peer's or peers' decision in clear terms and the health  
2747 benefit plan contract basis or scientific or clinical rationale for such  
2748 decision in sufficient detail for the covered person to respond further to  
2749 the health carrier's position;

2750 (E) Reference to the evidence or documentation used as the basis for  
2751 the decision;

2752 (F) For a decision that upholds the adverse determination:

2753 (i) The specific reason or reasons for the final adverse determination,  
2754 including the denial code and its corresponding meaning, as well as a  
2755 description of the health carrier's standard, if any, that was used in  
2756 reaching the denial;

2757 (ii) Reference to the specific health benefit plan provisions on which  
2758 the decision is based;

2759 (iii) A statement that the covered person may receive from the health  
2760 carrier, free of charge and upon request, reasonable access to and copies



2761 of, all documents, records, communications and other information and  
2762 evidence not previously provided regarding the adverse determination  
2763 under review;

2764 (iv) If the final adverse determination is based on a health carrier's  
2765 internal rule, guideline, protocol or other similar criterion, (I) the  
2766 specific rule, guideline, protocol or other similar criterion, or (II) a  
2767 statement that a specific rule, guideline, protocol or other similar  
2768 criterion of the health carrier was relied upon to make the final adverse  
2769 determination and that a copy of such rule, guideline, protocol or other  
2770 similar criterion will be provided to the covered person free of charge  
2771 upon request and instructions for requesting such copy;

2772 (v) If the final adverse determination is based on medical necessity or  
2773 an experimental or investigational treatment or similar exclusion or  
2774 limit, the written statement of the scientific or clinical rationale for the  
2775 final adverse determination and (I) an explanation of the scientific or  
2776 clinical rationale used to make the determination that applies the terms  
2777 of the health benefit plan to the covered person's medical circumstances,  
2778 or (II) a statement that an explanation will be provided to the covered  
2779 person free of charge upon request and instructions for requesting a  
2780 copy of such explanation;

2781 (vi) A statement describing the procedures for obtaining an external  
2782 review of the final adverse determination;

2783 (G) If applicable, the following statement: "You and your plan may  
2784 have other voluntary alternative dispute resolution options such as  
2785 mediation. One way to find out what may be available is to contact your  
2786 state Insurance Commissioner."; and

2787 (H) A statement, expressed in language approved by the Healthcare  
2788 Advocate and prominently displayed on the first page or cover sheet of  
2789 the notice using a call-out box and large or bold text, disclosing the  
2790 covered person's right to contact the commissioner's office or the Office  
2791 of the Healthcare Advocate at any time. Such disclosure shall include  
2792 the contact information for said offices.

2793 (2) Upon request pursuant to subparagraph (F)(iii) of subdivision (1)  
2794 of this subsection, the health carrier shall provide such copies in  
2795 accordance with subsection (b) of section 38a-591n.

2796 Sec. 73. Subsection (d) of section 38a-591f of the general statutes is  
2797 repealed and the following is substituted in lieu thereof (*Effective January*  
2798 *1, 2023*):

2799 (d) (1) The written decision issued pursuant to subsection (c) of this  
2800 section shall contain:

2801 (A) The titles and qualifying credentials of the individual or  
2802 individuals participating in the review process;

2803 (B) A statement of such individual's or individuals' understanding of  
2804 the covered person's grievance;

2805 (C) The individual's or individuals' decision in clear terms and the  
2806 health benefit plan contract basis for such decision in sufficient detail for  
2807 the covered person to respond further to the health carrier's position;

2808 (D) Reference to the documents, communications, information and  
2809 evidence used as the basis for the decision; and

2810 (E) For a decision that upholds the adverse determination, a  
2811 statement (i) that the covered person may receive from the health  
2812 carrier, free of charge and upon request, reasonable access to and copies  
2813 of, all documents, communications, information and evidence  
2814 regarding the adverse determination that is the subject of the final  
2815 adverse determination, and (ii) disclosing the covered person's right to  
2816 contact the Office of the Healthcare Advocate at any time, and that such  
2817 covered person may benefit from free assistance from the Office of the  
2818 Healthcare Advocate, which can assist such covered person with the  
2819 filing of a grievance pursuant to 42 USC 300gg-93, as amended from  
2820 time to time. Such disclosure shall be expressed in language approved  
2821 by the Healthcare Advocate and prominently displayed on the first page  
2822 or cover sheet of the notice using a call-out box and large or bold text,

2823 and shall include the contact information for said office.

2824 (2) Upon request pursuant to subparagraph (E) of subdivision (1) of  
 2825 this subsection, the health carrier shall provide such copies in  
 2826 accordance with subsection (b) of section 38a-591n."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>October 1, 2022</i>	19a-14d
Sec. 3	<i>July 1, 2022</i>	20-195n
Sec. 4	<i>from passage</i>	20-195t
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>July 1, 2022</i>	17a-22ff(b) and (c)
Sec. 8	<i>July 1, 2022</i>	New section
Sec. 9	<i>October 1, 2022</i>	New section
Sec. 10	<i>from passage</i>	17a-20a
Sec. 11	<i>July 1, 2022</i>	38a-1041
Sec. 12	<i>from passage</i>	New section
Sec. 13	<i>July 1, 2022</i>	New section
Sec. 14	<i>from passage</i>	New section
Sec. 15	<i>from passage</i>	New section
Sec. 16	<i>July 1, 2022</i>	10-198a(b)
Sec. 17	<i>July 1, 2022</i>	New section
Sec. 18	<i>July 1, 2022</i>	New section
Sec. 19	<i>July 1, 2022</i>	New section
Sec. 20	<i>July 1, 2022</i>	10-220(c)
Sec. 21	<i>July 1, 2022</i>	10-198e
Sec. 22	<i>October 1, 2022</i>	28-24(a)(1)
Sec. 23	<i>October 1, 2022</i>	28-29a
Sec. 24	<i>October 1, 2022</i>	29-1t(b)
Sec. 25	<i>October 1, 2022</i>	New section
Sec. 26	<i>from passage</i>	New section
Sec. 27	<i>from passage</i>	New section
Sec. 28	<i>July 1, 2022</i>	New section
Sec. 29	<i>October 1, 2022</i>	New section
Sec. 30	<i>October 1, 2022</i>	New section
Sec. 31	<i>from passage</i>	19a-638

Sec. 32	<i>from passage</i>	New section
Sec. 33	<i>from passage</i>	New section
Sec. 34	July 1, 2022	New section
Sec. 35	July 1, 2022	New section
Sec. 36	July 1, 2022	New section
Sec. 37	July 1, 2022	New section
Sec. 38	<i>from passage</i>	New section
Sec. 39	<i>from passage</i>	New section
Sec. 40	<i>from passage</i>	New section
Sec. 41	January 1, 2023	New section
Sec. 42	January 1, 2023	New section
Sec. 43	January 1, 2023	38a-488a(a) and (b)
Sec. 44	January 1, 2023	38a-514(a) and (b)
Sec. 45	July 1, 2022	New section
Sec. 46	October 1, 2022	19a-179f
Sec. 47	January 1, 2023	New section
Sec. 48	January 1, 2023	New section
Sec. 49	January 1, 2023	38a-477aa
Sec. 50	January 1, 2023	20-7f(b)
Sec. 51	January 1, 2023	38a-193(c)(3)
Sec. 52	January 1, 2023	38a-472f(c)(1)
Sec. 53	January 1, 2023	38a-488a(h)
Sec. 54	January 1, 2023	38a-514(h)
Sec. 55	January 1, 2023	New section
Sec. 56	January 1, 2023	New section
Sec. 57	<i>from passage</i>	New section
Sec. 58	<i>from passage</i>	New section
Sec. 59	July 1, 2022	New section
Sec. 60	July 1, 2022	New section
Sec. 61	July 1, 2022	New section
Sec. 62	July 1, 2022	46b-38b(f)
Sec. 63	July 1, 2022	New section
Sec. 64	July 1, 2022	10-10g(a)
Sec. 65	October 1, 2022	54-209
Sec. 66	October 1, 2022	New section
Sec. 67	<i>from passage</i>	New section
Sec. 68	July 1, 2022	New section
Sec. 69	July 1, 2022	New section
Sec. 70	<i>from passage</i>	New section
Sec. 71	January 1, 2023	38a-591d(e)

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Sec. 72	<i>January 1, 2023</i>	38a-591e(e)
Sec. 73	<i>January 1, 2023</i>	38a-591f(d)