



General Assembly

February Session, 2022

**Amendment**

LCO No. 5219



Offered by:

SEN. LOONEY, 11<sup>th</sup> Dist.  
SEN. DUFF, 25<sup>th</sup> Dist.  
SEN. ANWAR, 3<sup>rd</sup> Dist.  
SEN. KELLY, 21<sup>st</sup> Dist.  
REP. LINEHAN, 103<sup>rd</sup> Dist.  
REP. STEINBERG, 136<sup>th</sup> Dist.  
SEN. CABRERA, 17<sup>th</sup> Dist.  
SEN. CASSANO, 4<sup>th</sup> Dist.  
SEN. COHEN, 12<sup>th</sup> Dist.  
SEN. DAUGHERTY ABRAMS, 13<sup>th</sup> Dist.  
SEN. FLEXER, 29<sup>th</sup> Dist.  
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SEN. MCCRORY, 2<sup>nd</sup> Dist.  
SEN. MILLER P., 27<sup>th</sup> Dist.  
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SEN. KISSEL, 7<sup>th</sup> Dist.  
SEN. HWANG, 28<sup>th</sup> Dist.  
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SEN. WITKOS, 8<sup>th</sup> Dist.  
SEN. CICARELLA, 34<sup>th</sup> Dist.

To: Subst. Senate Bill No. 2

File No. 276

Cal. No. 207

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

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

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

8 Sec. 2. (NEW) (*Effective July 1, 2022*) (a) There is established a Social  
9 Determinants of Mental Health Fund, which shall be a separate,  
10 nonlapsing account within the General Fund. The account shall contain  
11 any moneys required by law to be deposited in the account, the  
12 resources of which shall be used by the Commissioner of Children and  
13 Families to assist families in covering the cost of mental health services  
14 and treatment for their children. The commissioner shall establish  
15 eligibility criteria for families to receive such assistance based on social  
16 determinants of mental health, with a goal toward reducing racial,  
17 ethnic, gender and socioeconomic mental health disparities. As used in  
18 this section, "social determinants of mental health" includes, but is not  
19 limited to, discrimination and social exclusion, adverse early life  
20 experiences, low educational attainment, poor educational quality and  
21 educational inequality, poverty, income inequality and living in  
22 socioeconomically deprived neighborhoods, food insecurity,  
23 unemployment, underemployment and job insecurity, poor housing  
24 quality and housing instability, impact of climate change, adverse  
25 features of the structures and systems in which persons live or work and  
26 poor access to health care.

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

31 Sec. 3. (NEW) (*Effective July 1, 2022*) Not later than July 1, 2023, the  
32 Department of Education, in collaboration with the governing authority  
33 for intramural and interscholastic athletics, shall develop a mental  
34 health plan for student athletes to raise awareness of mental health  
35 resources available to student athletes. Such plan shall be made

36 available to local and regional boards of education and implemented in  
37 accordance with the provisions of section 4 of this act. Such plan shall  
38 include, but need not be limited to, provisions relating to (1) access to  
39 the mental health services team for the school district, (2) screening and  
40 recognizing appropriate referrals for student athletes, (3)  
41 communication among members of the mental health services team, (4)  
42 the management of administration of student athlete medications, (5)  
43 crisis intervention services, (6) the mitigation of risk to student athletes,  
44 and (7) transition care for those student athletes leaving intramural or  
45 interscholastic athletics by means of graduation, dismissal or  
46 suspension. The department shall make such plan available on its  
47 Internet web site and provide technical assistance to local and regional  
48 boards of education in the implementation of the plan.

49 Sec. 4. (NEW) (*Effective July 1, 2022*) For the school year commencing  
50 July 1, 2023, and each school year thereafter, each local and regional  
51 board of education shall implement the mental health plan for student  
52 athletes, developed pursuant to section 3 of this act, for the school  
53 district.

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

56 [A local or regional board of education may establish a] The  
57 Department of Education, in collaboration with the Labor Department,  
58 shall administer the Pipeline for Connecticut's Future program. Under  
59 the program, [a local or regional board of education shall partner with]  
60 the department shall (1) assist local and regional boards of education in  
61 enhancing existing partnerships or establishing new partnerships with  
62 providers of child care services, early childhood education programs or  
63 mental health services, as well as any additional fields such as  
64 manufacturing, computer programming or the culinary arts, and one or  
65 more local businesses, to offer a pathways program (A) that assists  
66 students in (i) obtaining occupational licenses, (ii) participating in  
67 apprenticeship opportunities, and (iii) gaining immediate job skills, (B)  
68 that provides (i) industry-specific class time and cooperative work

69 placements, (ii) on-site and apprenticeship training, and (iii) course  
70 credit and occupational licenses to students upon completion, and (C)  
71 that may lead to a diploma, credential, certificate or license upon  
72 graduation in early child care, education or mental health services, and  
73 any additional fields, such as manufacturing, computer programming  
74 or the culinary arts, and (2) provide incentives to local and regional  
75 boards of education for establishing such partnerships.

76 Sec. 6. (*Effective July 1, 2022*) The Neag School of Education at The  
77 University of Connecticut shall conduct a study of the impact of social  
78 media and mobile telephone usage on the mental health of students in  
79 grades kindergarten to twelve, inclusive. Such study shall include, but  
80 need not be limited to, an evaluation of the mental health of students  
81 related to social media and phone usage across the elementary, middle  
82 and high school levels and how such usage impacts the educational  
83 experience for students and the school climate. Not later than January 1,  
84 2024, the Neag School of Education shall submit a report on its findings  
85 and any recommendations to the joint standing committee of the  
86 General Assembly having cognizance of matters relating to children and  
87 public health, in accordance with the provisions of section 11-4a of the  
88 general statutes.

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

92 (3) A "family child care home" which consists of a private family  
93 home [caring] providing care (A) for (i) not more than six children,  
94 including the provider's own children not in school full time, [where the  
95 children are cared] without the presence or assistance of an assistant or  
96 substitute staff member approved by the Commissioner of Early  
97 Childhood, pursuant to section 19a-87b, present and assisting the  
98 provider, or (ii) not more than nine children, including the provider's  
99 own children, with the presence and assistance of such approved  
100 assistant or substitute staff member, and (B) for not less than three or  
101 more than twelve hours during a twenty-four-hour period and where

102 care is given on a regularly recurring basis except that care may be  
103 provided in excess of twelve hours but not more than seventy-two  
104 consecutive hours to accommodate a need for extended care or  
105 intermittent short-term overnight care. During the regular school year,  
106 for providers described in subparagraph (A)(i) of this subdivision, a  
107 maximum of three additional children who are in school full time,  
108 including [the] such provider's own children, shall be permitted, except  
109 that if [the] such provider has more than three children who are such  
110 provider's own children and in school full time, all of [the] such  
111 provider's own children shall be permitted. During the summer months  
112 when regular school is not in session, for providers described in  
113 subparagraph (A)(i) of this subdivision, a maximum of three additional  
114 children who are otherwise enrolled in school full time [, including the  
115 provider's own children,] shall be permitted if there is such an approved  
116 assistant or substitute staff member [approved by the Commissioner of  
117 Early Childhood, pursuant to section 19a-87b,] present and assisting  
118 [the] such provider, except that [(A)] (i) if [the] such provider has more  
119 than three such additional children who are [the] such provider's own  
120 children, all of [the] such provider's own children shall be permitted,  
121 and [(B)] (ii) such approved assistant or substitute staff member shall  
122 not be required if all of such additional children are [the] such provider's  
123 own children;

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

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

136 (a) Each local and regional board of education shall require each  
137 school under its jurisdiction to (1) offer all full day students a daily lunch  
138 period of not less than twenty minutes, and (2) include in the regular  
139 school day for each student enrolled in elementary school time devoted  
140 to physical exercise of not less than twenty minutes in total, except that  
141 a planning and placement team may develop a different schedule for a  
142 child requiring special education and related services in accordance  
143 with chapter 164 and the Individuals With Disabilities Education Act,  
144 20 USC 1400 et seq., as amended from time to time. In the event of a  
145 conflict with this section and any provision of chapter 164, such other  
146 provision of chapter 164 shall be deemed controlling. Nothing in this  
147 subsection shall prevent a local or regional board of education from  
148 including an additional amount of time, beyond the twenty minutes  
149 required for physical exercise, devoted to undirected play during the  
150 regular school day for each student enrolled in elementary school.

151 (b) [Not later than October 1, 2019, each local and regional board of  
152 education shall adopt a policy, as the board deems appropriate,  
153 concerning the issue regarding any school employee being involved in  
154 preventing a student from participating in the entire time devoted to  
155 physical exercise or undirected play in the regular school day, pursuant  
156 to subsection (a) of this section, as a form of discipline.] For the school  
157 year commencing July 1, 2022, and each school year thereafter, each  
158 local and regional board of education shall adopt a policy, as the board  
159 deems appropriate, concerning the circumstances when a school  
160 employee may prevent or otherwise restrict a student from participating  
161 in the entire time devoted to physical exercise in the regular school day,  
162 pursuant to subsection (a) of this section, as a form of discipline. Such  
163 policy shall (1) permit such prevention or restriction (A) when a student  
164 poses a danger to the health or safety of other students or school  
165 personnel, or (B) when such prevention or restriction is limited to the  
166 period devoted to physical exercise that is the shortest in duration if  
167 there are two or more periods devoted to physical exercise in a school  
168 day, provided the period of time devoted to physical exercise that such  
169 student may participate in during such school day is at least twenty

170 minutes in duration, (2) only permit such prevention or restriction once  
171 during a school week, unless such student is a danger to the health or  
172 safety of other students or school personnel, (3) not include any  
173 provisions that such board determines are unreasonably restrictive or  
174 punitive, (4) distinguish between (A) discipline imposed prior to the  
175 start of such time devoted to physical exercise and discipline imposed  
176 during such time devoted to physical exercise, and (B) discipline that (i)  
177 prevents or otherwise restricts a student from participating in such time  
178 devoted to physical exercise prior to such time devoted to physical  
179 exercise, and (ii) methods used to redirect a student's behavior during  
180 such time devoted to physical exercise, and (5) not permit such  
181 prevention or restriction if a student does not complete such student's  
182 work on time or for such student's academic performance. For purposes  
183 of this section, "school employee" means [(1)] (A) a teacher, substitute  
184 teacher, school administrator, school superintendent, guidance  
185 counselor, school counselor, psychologist, social worker, nurse,  
186 physician, school paraprofessional or coach employed by a local or  
187 regional board of education or working in a public elementary, middle  
188 or high school; or [(2)] (B) any other individual who, in the performance  
189 of his or her duties, has regular contact with students and who provides  
190 services to or on behalf of students enrolled in a public elementary,  
191 middle or high school, pursuant to a contract with the local or regional  
192 board of education.

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

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

204 regional board of education prescribes.

205 Sec. 11. (NEW) (*Effective July 1, 2022*) For the school year commencing  
206 July 1, 2022, and each school year thereafter, the Department of  
207 Education shall provide annual notice to local and regional boards of  
208 education about Get Outside and Play for Children's Mental Health  
209 Day, as proclaimed pursuant to subdivision (104) of subsection (a) of  
210 section 10-29a of the general statutes, as amended by this act, and  
211 include with such notice any suggestions or materials for suitable  
212 exercises that may be held in observance of such day.

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

216 (a) Subject to the provisions of this section, funds appropriated to the  
217 lead agency for purposes of section 17a-248, sections 17a-248b to 17a-  
218 248f, inclusive, this section and sections 38a-490a and 38a-516a shall not  
219 be used to satisfy a financial commitment for services that would have  
220 been paid from another public or private source but for the enactment  
221 of said sections, except for federal funds available pursuant to Part C of  
222 the Individuals with Disabilities Education Act, 20 USC 1431 et seq.,  
223 except that whenever considered necessary to prevent the delay in the  
224 receipt of appropriate early intervention services by the eligible child or  
225 family in a timely fashion, funds provided under said sections may be  
226 used to pay the service provider pending reimbursement from the  
227 public or private source that has ultimate responsibility for the payment.

228 (b) Nothing in section 17a-248, sections 17a-248b to 17a-248f,  
229 inclusive, this section and sections 38a-490a and 38a-516a shall be  
230 construed to permit the Department of Social Services or any other state  
231 agency to reduce medical assistance pursuant to this chapter or other  
232 assistance or services available to eligible children. Notwithstanding  
233 any provision of the general statutes, costs incurred for early  
234 intervention services that otherwise qualify as medical assistance that  
235 are furnished to an eligible child who is also eligible for benefits



236 pursuant to this chapter shall be considered medical assistance for  
237 purposes of payments to providers and state reimbursement to the  
238 extent that federal financial participation is available for such services.

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

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

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

256 (f) With respect to early intervention services rendered prior to June  
257 16, 2021, the commissioner shall develop and implement procedures to  
258 hold a recipient harmless for the impact of pursuit of payment for such  
259 services against lifetime insurance limits.

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

268 17a-219b, subsection (a) of section 17a-219c, sections 17a-248, 17a-248b  
269 to 17a-248f, inclusive, this section, and sections 38a-490a and 38a-516a.

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

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

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

292 (a) The Commissioner of Early Childhood shall adopt regulations, in  
293 accordance with the provisions of chapter 54, to carry out the purposes  
294 of sections 19a-77 to 19a-80, inclusive, as amended by this act, and 19a-  
295 82 to 19a-87, inclusive, and to assure that child care centers and group  
296 child care homes meet the health, educational and social needs of  
297 children utilizing such child care centers and group child care homes.  
298 Such regulations shall (1) specify that before being permitted to attend  
299 any child care center or group child care home, each child shall be

300 protected as age-appropriate by adequate immunization against  
301 diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella,  
302 haemophilus influenzae type B and any other vaccine required by the  
303 schedule of active immunization adopted pursuant to section 19a-7f, (2)  
304 specify conditions under which child care center directors and teachers  
305 and group child care home providers may administer tests to monitor  
306 glucose levels in a child with diagnosed diabetes mellitus, and  
307 administer medicinal preparations, including controlled drugs specified  
308 in the regulations by the commissioner, to a child receiving child care  
309 services at such child care center or group child care home pursuant to  
310 the written order of a physician licensed to practice medicine or a dentist  
311 licensed to practice dental medicine in this or another state, or an  
312 advanced practice registered nurse licensed to prescribe in accordance  
313 with section 20-94a, or a physician assistant licensed to prescribe in  
314 accordance with section 20-12d, and the written authorization of a  
315 parent or guardian of such child, (3) specify that an operator of a child  
316 care center or group child care home, licensed before January 1, 1986, or  
317 an operator who receives a license after January 1, 1986, for a facility  
318 licensed prior to January 1, 1986, shall provide a minimum of thirty  
319 square feet per child of total indoor usable space, free of furniture except  
320 that needed for the children's purposes, exclusive of toilet rooms,  
321 bathrooms, coatrooms, kitchens, halls, isolation room or other rooms  
322 used for purposes other than the activities of the children, (4) specify  
323 that a child care center or group child care home licensed after January  
324 1, 1986, shall provide thirty-five square feet per child of total indoor  
325 usable space, (5) establish appropriate child care center staffing  
326 requirements for employees certified in cardiopulmonary resuscitation  
327 by the American Red Cross, the American Heart Association, the  
328 National Safety Council, American Safety and Health Institute, Medic  
329 First Aid International, Inc. or an organization using guidelines for  
330 cardiopulmonary resuscitation and emergency cardiovascular care  
331 published by the American Heart Association and International Liaison  
332 Committee on Resuscitation, (6) specify that a child care center or group  
333 child care home (A) shall not deny services to a child on the basis of a  
334 child's known or suspected allergy or because a child has a prescription

335 for an automatic prefilled cartridge injector or similar automatic  
336 injectable equipment used to treat an allergic reaction, or for injectable  
337 equipment used to administer glucagon, (B) shall, not later than three  
338 weeks after such child's enrollment in such a center or home, have staff  
339 trained in the use of such equipment on-site during all hours when such  
340 a child is on-site, (C) shall require such child's parent or guardian to  
341 provide the injector or injectable equipment and a copy of the  
342 prescription for such medication and injector or injectable equipment  
343 upon enrollment of such child, and (D) shall require a parent or  
344 guardian enrolling such a child to replace such medication and  
345 equipment prior to its expiration date, (7) specify that a child care center  
346 or group child care home (A) shall not deny services to a child on the  
347 basis of a child's diagnosis of asthma or because a child has a  
348 prescription for an inhalant medication to treat asthma, and (B) shall,  
349 not later than three weeks after such child's enrollment in such a center  
350 or home, have staff trained in the administration of such medication on-  
351 site during all hours when such a child is on-site, [and] (8) establish  
352 physical plant requirements for licensed child care centers and licensed  
353 group child care homes that exclusively serve school-age children, (9)  
354 specify that a child care center or group child care home shall  
355 immediately notify the parent or guardian of a child enrolled in such  
356 center or home if such child exhibits or develops an illness or is injured  
357 while in the care of such center or home, (10) specify that a child care  
358 center or group child care home shall create a written record of any such  
359 illness or injury, which shall, (A) include, but not be limited to, (i) a  
360 description of such illness or injury, (ii) the date, time of occurrence and  
361 location of such illness or injury, (iii) any responsive action taken by an  
362 employee of such center or home, and (iv) whether such child was  
363 transported to a hospital emergency room, doctor's office or other  
364 medical facility as a result of such illness or injury, (B) be provided to  
365 the parent or guardian of such child not later than the next business day,  
366 and (C) be maintained by such center or home for a period of not less  
367 than two years and be made immediately available upon the request of  
368 the Office of Early Childhood, and (11) specify that a child care center  
369 or group child care home shall maintain any video recordings created at

370 such center or home for a period of not less than thirty days, and make  
371 such recordings immediately available upon the request of the Office of  
372 Early Childhood. When establishing such requirements, the Office of  
373 Early Childhood shall give consideration to child care centers and group  
374 child care homes that are located in private or public school buildings.  
375 With respect to [this] subdivision [only] (8) of this subsection, the  
376 commissioner shall implement policies and procedures necessary to  
377 implement the physical plant requirements established pursuant to this  
378 subdivision while in the process of adopting such policies and  
379 procedures in regulation form. Until replaced by policies and  
380 procedures implemented pursuant to this subdivision, any physical  
381 plant requirement specified in the office's regulations that is generally  
382 applicable to child care centers and group child care homes shall  
383 continue to be applicable to such centers and homes that exclusively  
384 serve school-age children. The commissioner shall post notice of the  
385 intent to adopt regulations pursuant to this subdivision on the  
386 eRegulations System not later than twenty days after the date of  
387 implementation of such policies and procedures. Policies and  
388 procedures implemented pursuant to this subdivision shall be valid  
389 until the time final regulations are adopted. For purposes of this  
390 subsection, "illness" means fever, vomiting, diarrhea, rash, headache,  
391 persistent coughing, persistent crying or any other condition deemed an  
392 illness by the Commissioner of Early Childhood.

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

396 (f) The commissioner shall adopt regulations, in accordance with the  
397 provisions of chapter 54, to ensure that family child care homes, as  
398 described in section 19a-77, meet the health, educational and social  
399 needs of children utilizing such homes. Such regulations shall (1) ensure  
400 that the family child care home is treated as a residence, and not an  
401 institutional facility, [. Such regulations shall] (2) specify that each child  
402 be protected as age-appropriate by adequate immunization against  
403 diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella,

404 haemophilus influenzae type B and any other vaccine required by the  
405 schedule of active immunization adopted pursuant to section 19a-7f<sub>2</sub> [. Such regulations shall also] (3) specify conditions under which family  
406 child care home providers may administer tests to monitor glucose  
407 levels in a child with diagnosed diabetes mellitus, and administer  
408 medicinal preparations, including controlled drugs specified in the  
409 regulations by the commissioner, to a child receiving child care services  
410 at a family child care home pursuant to a written order of a physician  
411 licensed to practice medicine in this or another state, an advanced  
412 practice registered nurse licensed to prescribe in accordance with  
413 section 20-94a or a physician assistant licensed to prescribe in  
414 accordance with section 20-12d, and the written authorization of a  
415 parent or guardian of such child, [. Such regulations shall] (4) specify  
416 appropriate standards for extended care and intermittent short-term  
417 overnight care, (5) specify that a family child care home shall  
418 immediately notify the parent or guardian of a child enrolled in such  
420 home if such child exhibits or develops an illness or is injured while in  
421 the care of such home, (6) specify that a family child care home shall  
422 create a written record of any such illness or injury, which shall, (A)  
423 include, but not be limited to, (i) a description of such illness or injury,  
424 (ii) the date, time of occurrence and location of such illness or injury, (iii)  
425 any responsive action taken by an employee of such home, and (iv)  
426 whether such child was transported to a hospital emergency room,  
427 doctor's office or other medical facility as a result of such illness or  
428 injury, (B) be provided to the parent or guardian of such child not later  
429 than the next business day, and (C) be maintained by such home for a  
430 period of not less than two years and be made immediately available  
431 upon the request of the Office of Early Childhood, and (7) specify that a  
432 family child care home shall maintain any video recordings created at  
433 such home for a period of not less than thirty days, and make such  
434 recordings immediately available upon the request of the Office of Early  
435 Childhood. The commissioner shall inform each licensee, by way of a  
436 plain language summary provided not later than sixty days after the  
437 regulation's effective date, of any new or changed regulations adopted  
438 under this subsection with which a licensee must comply. For purposes

439 of this subsection, "illness" means fever, vomiting, diarrhea, rash,  
440 headache, persistent coughing, persistent crying or any other condition  
441 deemed an illness by the Commissioner of Early Childhood.

442 Sec. 16. (NEW) (*Effective July 1, 2022*) (a) Not later than January 1,  
443 2023, the Department of Children and Families shall establish a policy  
444 concerning the management and expenditure of Social Security  
445 disability insurance benefit payments received by, or on behalf of,  
446 children and youths in the care and custody of the Commissioner of  
447 Children and Families. Such policy shall include, but not be limited to,  
448 (1) a requirement that any such payments be deposited into a trust  
449 account maintained for the purpose of receiving such deposits, (2) a  
450 requirement that records be maintained concerning the total sum and  
451 remaining balance of such payments deposited on behalf of each child  
452 or youth receiving such payments, and (3) guidelines concerning the  
453 management and oversight of such account and permissible and  
454 impermissible withdrawals from such account by children or youths or  
455 the guardians of such children or youths.

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

458 (c) No Social Security disability insurance benefit received by a child  
459 or youth in the care and custody of the Commissioner of Children and  
460 Families shall be utilized by the Department of Children and Families  
461 to offset the cost of such child or youth's care.

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

467 (b) The Commissioner of Public Health, within available  
468 appropriations, shall establish a grant program to provide such  
469 providers with a fifty per cent match for costs associated with paying  
470 the salaries of licensed social workers providing counseling and other

471 services to children receiving primary health care from such providers.  
472 The commissioner shall (1) prescribe forms and criteria for such  
473 providers to apply and qualify for grant funds; and (2) require such  
474 providers to report to the commissioner on use of the funds to expand  
475 behavioral health care for children.

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

489 Sec. 19. (NEW) (*Effective July 1, 2022*) Not later than January 1, 2023,  
490 each pharmacy, as defined in section 20-635 of the general statutes, shall  
491 post a sign in a conspicuous place on the premises of such pharmacy,  
492 notifying consumers that they may visit the Internet web site of the  
493 Department of Consumer Protection for information concerning the safe  
494 storage of prescription drugs and disposal of unused and expired  
495 prescription drugs.

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



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

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

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

528 (b) The Commissioner of Social Services, in consultation with the  
529 Office of the State Comptroller, shall conduct a study to identify ways  
530 in which the state may provide financial assistance to employees of child  
531 care facilities for out-of-pocket costs associated with the provision of  
532 medical care to such employees. Not later than January 1, 2024, the  
533 commissioner of Social Services shall submit a report, in accordance  
534 with the provisions of section 11-4a of the general statutes, to the joint  
535 standing committee of the General Assembly having cognizance of  
536 matters relating to children. Such report shall include the findings of

537 such study, including, but not limited to, an analysis of whether such  
538 employees may be eligible for participation in any state employee health  
539 insurance plan under development, and any legislative  
540 recommendations.

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

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

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

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

565       (e) The speaker of the House of Representatives and the president pro  
566 tempore of the Senate shall select the chairpersons of the task force from  
567 among the members of the task force. Such chairpersons shall schedule  
568 the first meeting of the task force, which shall be held not later than sixty

569 days after the effective date of this section.

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

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

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

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

595 (2) For purposes of this subsection, (A) "independent licensed  
596 behavioral health clinician" means a psychologist licensed under  
597 chapter 383 of the general statutes, marital and family therapist licensed  
598 under chapter 383a of the general statutes, clinical social worker  
599 licensed under chapter 383b of the general statutes or professional  
600 counselor licensed under chapter 383c of the general statutes, (B)

601 "associate licensed behavioral health clinician" means a marital and  
602 family therapy associate licensed under chapter 383a of the general  
603 statutes, master social worker licensed under chapter 383b of the general  
604 statutes or professional counselor associate licensed under chapter 383c  
605 of the general statutes, and (C) "private practice" means a practice  
606 setting that does not require a facility or institutional license and  
607 includes both solo and group practices of independent licensed  
608 behavioral health clinicians.

609       Sec. 26. (NEW) (*Effective from passage*) (a) The Commissioner of Public  
610 Health, in consultation with the Commissioner of Early Childhood, shall  
611 develop and implement a plan to establish licensure by reciprocity or  
612 endorsement of a person who (1) is (A) a speech and language  
613 pathologist licensed or certified to provide speech and language  
614 pathology services, or entitled to provide speech and language  
615 pathology services under a different designation, in another state  
616 having requirements for practicing in such capacity that are  
617 substantially similar to or higher than the requirements in force in this  
618 state, or (B) an occupational therapist licensed or certified to provide  
619 occupational therapy services, or entitled to provide occupational  
620 therapy services under a different designation, in another state having  
621 requirements for practicing in such capacity that are substantially  
622 similar to or higher than the requirements in force in this state, (2) has  
623 no disciplinary action or unresolved complaint pending against such  
624 person, and (3) intends to provide early intervention services under the  
625 employment of an early intervention service program participating in  
626 the birth-to-three program established pursuant to section 17a-248b of  
627 the general statutes. When developing and implementing such plan, the  
628 Commissioner of Public Health shall consider eliminating barriers to the  
629 expedient licensure of such persons in order to immediately address the  
630 needs of children receiving early intervention services under the birth-  
631 to-three program. The provisions of any interstate licensure compact  
632 regarding a speech and language pathologist or occupational therapist  
633 adopted by the state shall supersede any program of licensure by  
634 reciprocity or endorsement implemented under this section for such

635 speech and language pathologist or occupational therapist.

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

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

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

648 (b) The council shall consist of the following members: (1) The  
649 Secretary of the Office of Policy and Management, or the secretary's  
650 designee; (2) the Commissioners of Children and Families, Consumer  
651 Protection, Correction, Education, Mental Health and Addiction  
652 Services, Public Health, Emergency Services and Public Protection,  
653 Aging and Disability Services and Social Services, and the Insurance  
654 Commissioner, or their designees; (3) the Chief Court Administrator, or  
655 the Chief Court Administrator's designee; (4) the chairperson of the  
656 Board of Regents for Higher Education, or the chairperson's designee;  
657 (5) the president of The University of Connecticut, or the president's  
658 designee; (6) the Chief State's Attorney, or the Chief State's Attorney's  
659 designee; (7) the Chief Public Defender, or the Chief Public Defender's  
660 designee; [and] (8) the Child Advocate, or the Child Advocate's  
661 designee; and (9) the cochairpersons and ranking members of the joint  
662 standing committees of the General Assembly having cognizance of  
663 matters relating to public health, criminal justice and appropriations, or  
664 their designees. The Commissioner of Mental Health and Addiction  
665 Services and the Commissioner of Children and Families shall be  
666 cochairpersons of the council and may jointly appoint up to seven

667 individuals to the council as follows: (A) Two individuals in recovery  
668 from a substance use disorder or representing an advocacy group for  
669 individuals with a substance use disorder; (B) a provider of community-  
670 based substance abuse services for adults; (C) a provider of community-  
671 based substance abuse services for adolescents; (D) an addiction  
672 medicine physician; (E) a family member of an individual in recovery  
673 from a substance use disorder; and (F) an emergency medicine  
674 physician currently practicing in a Connecticut hospital. The  
675 cochairpersons of the council may establish subcommittees and  
676 working groups and may appoint individuals other than members of  
677 the council to serve as members of the subcommittees or working  
678 groups. Such individuals may include, but need not be limited to: (i)  
679 Licensed alcohol and drug counselors; (ii) pharmacists; (iii) municipal  
680 police chiefs; (iv) emergency medical services personnel; and (v)  
681 representatives of organizations that provide education, prevention,  
682 intervention, referrals, rehabilitation or support services to individuals  
683 with substance use disorder or chemical dependency.

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

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

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

696 (a) [Not later than January 1, 2022, the] The Commissioner of Public  
697 Health shall establish, within available resources, a program to provide  
698 three-year grants to community-based providers of primary care

699 services in order to expand access to health care for the uninsured. The  
700 grants may be awarded to community-based providers of primary care  
701 for (1) funding for direct services, (2) recruitment and retention of  
702 primary care clinicians and registered nurses through subsidizing of  
703 salaries or through a loan repayment program, and (3) capital  
704 expenditures. The community-based providers of primary care under  
705 the direct service program shall provide, or arrange access to, primary  
706 and preventive services, behavioral health services, referrals to specialty  
707 services, including rehabilitative and mental health services, inpatient  
708 care, prescription drugs, basic diagnostic laboratory services, health  
709 education and outreach to alert people to the availability of services.  
710 Primary care clinicians and registered nurses participating in the state  
711 loan repayment program or receiving subsidies shall provide services  
712 to the uninsured based on a sliding fee schedule, provide free care if  
713 necessary, accept Medicare assignment and participate as Medicaid  
714 providers, or provide nursing services in school-based health centers  
715 and expanded school health sites, as such terms are defined in section  
716 19a-6r. The commissioner may adopt regulations, in accordance with  
717 the provisions of chapter 54, to establish eligibility criteria, services to  
718 be provided by participants, the sliding fee schedule, reporting  
719 requirements and the loan repayment program. For the purposes of this  
720 section, "primary care clinicians" includes family practice physicians,  
721 general practice osteopaths, obstetricians and gynecologists, internal  
722 medicine physicians, pediatricians, dentists, certified nurse midwives,  
723 advanced practice registered nurses, physician assistants, [and] dental  
724 hygienists, psychiatrists, psychologists, licensed clinical social workers,  
725 licensed marriage and family therapists and licensed professional  
726 counselors.

727 (b) Funds appropriated for the state loan repayment program shall  
728 not lapse until fifteen months following the end of the fiscal year for  
729 which such funds were appropriated. For the fiscal year ending June 30,  
730 2023, the department shall expend at least one million six hundred  
731 thousand dollars of the funds appropriated for the state loan repayment  
732 program for repayments for physicians. Any remaining funds may be

733 expended for other health care providers. For purposes of this section,  
734 "physician" means any physician licensed pursuant to chapter 370 who  
735 (1) graduated from a medical school in the state or completed his or her  
736 medical residency program at a hospital licensed under chapter 368v,  
737 and (2) is employed as a physician in the state.

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

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



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

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

775 (12) "Telehealth provider" means (A) any physician licensed under  
776 chapter 370, physical therapist licensed under chapter 376, chiropractor  
777 licensed under chapter 372, naturopath licensed under chapter 373,  
778 podiatrist licensed under chapter 375, occupational therapist licensed  
779 under chapter 376a, optometrist licensed under chapter 380, registered  
780 nurse or advanced practice registered nurse licensed under chapter 378,  
781 physician assistant licensed under chapter 370, psychologist licensed  
782 under chapter 383, marital and family therapist licensed under chapter  
783 383a, clinical social worker or master social worker licensed under  
784 chapter 383b, alcohol and drug counselor licensed under chapter 376b,  
785 professional counselor licensed under chapter 383c, dietitian-  
786 nutritionist certified under chapter 384b, speech and language  
787 pathologist licensed under chapter 399, respiratory care practitioner  
788 licensed under chapter 381a, audiologist licensed under chapter 397a,  
789 pharmacist licensed under chapter 400j or paramedic licensed pursuant  
790 to chapter 384d who is providing health care or other health services  
791 through the use of telehealth within such person's scope of practice and  
792 in accordance with the standard of care applicable to the profession, and  
793 (B) on and after July 1, 2024, an appropriately licensed, certified or  
794 registered physician, naturopath, registered nurse, advanced practice  
795 registered nurse, physician assistant, psychologist, marital and family  
796 therapist, clinical social worker, master social worker, alcohol and drug  
797 counselor, professional counselor, dietitian-nutritionist, nurse-midwife,  
798 behavior analyst, music therapist or art therapist, in another state or  
799 territory of the United States or the District of Columbia, who (i)  
800 provides telehealth services under any relevant order issued pursuant

801 to section 33 of this act, (ii) provides mental or behavioral health care  
802 through the use of telehealth within such person's scope of practice and  
803 in accordance with the standard of care applicable to the profession, and  
804 (iii) maintains professional liability insurance, or other indemnity  
805 against liability for professional malpractice, in an amount that is equal  
806 to or greater than that required for similarly licensed, certified or  
807 registered Connecticut mental or behavioral health care providers.

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

811 (h) No telehealth provider or hospital shall charge a facility fee for  
812 telehealth services. Such prohibition shall apply to hospital telehealth  
813 services whether provided on campus or otherwise. For purposes of this  
814 subsection, "hospital" has the same meaning as provided in section 19a-  
815 490 and "campus" has the same meaning as provided in section 19a-  
816 508c.

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

820 (a) As used in this section:

821 (1) "Asynchronous" has the same meaning as provided in section 19a-  
822 906 of the general statutes, as amended by this act.

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

826 (3) "Facility fee" has the same meaning as provided in section 19a-  
827 508c of the general statutes.

828 (4) "Health record" has the same meaning as provided in section 19a-  
829 906 of the general statutes, as amended by this act.

830 (5) "Medical history" has the same meaning as provided in section  
831 19a-906 of the general statutes, as amended by this act.

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

835 (7) "Originating site" has the same meaning as provided in section  
836 19a-906 of the general statutes, as amended by this act.

837 (8) "Peripheral devices" has the same meaning as provided in section  
838 19a-906 of the general statutes, as amended by this act.

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

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

843 (11) "Synchronous" has the same meaning as provided in section 19a-  
844 906 of the general statutes, as amended by this act.

845 (12) "Telehealth" means the mode of delivering health care or other  
846 health services via information and communication technologies to  
847 facilitate the diagnosis, consultation and treatment, education, care  
848 management and self-management of a patient's physical, oral and  
849 mental health, and includes interaction between the patient at the  
850 originating site and the telehealth provider at a distant site, synchronous  
851 interactions, asynchronous store and forward transfers or remote  
852 patient monitoring, but does not include interaction through [(A)]  
853 facsimile, texting or electronic mail. [, or (B) audio-only telephone unless  
854 the telehealth provider is (i) in-network, or (ii) a provider enrolled in the  
855 Connecticut medical assistance program providing such health care or  
856 other health services to a Connecticut medical assistance program  
857 recipient.]

858 (13) "Telehealth provider" means any person who is (A) [an in-  
859 network provider or a provider enrolled in the Connecticut medical

860 assistance program] providing health care or other health services [to a  
861 Connecticut medical assistance program recipient] through the use of  
862 telehealth within such person's scope of practice and in accordance with  
863 the standard of care applicable to such person's profession, and (B) (i) a  
864 physician or physician assistant licensed under chapter 370 of the  
865 general statutes, physical therapist or physical therapist assistant  
866 licensed under chapter 376 of the general statutes, chiropractor licensed  
867 under chapter 372 of the general statutes, naturopath licensed under  
868 chapter 373 of the general statutes, podiatrist licensed under chapter 375  
869 of the general statutes, occupational therapist or occupational therapy  
870 assistant licensed under chapter 376a of the general statutes, optometrist  
871 licensed under chapter 380 of the general statutes, registered nurse or  
872 advanced practice registered nurse licensed under chapter 378 of the  
873 general statutes, psychologist licensed under chapter 383 of the general  
874 statutes, marital and family therapist licensed under chapter 383a of the  
875 general statutes, clinical social worker or master social worker licensed  
876 under chapter 383b of the general statutes, alcohol and drug counselor  
877 licensed under chapter 376b of the general statutes, professional  
878 counselor licensed under chapter 383c of the general statutes, dietitian-  
879 nutritionist certified under chapter 384b of the general statutes, speech  
880 and language pathologist licensed under chapter 399 of the general  
881 statutes, respiratory care practitioner licensed under chapter 381a of the  
882 general statutes, audiologist licensed under chapter 397a of the general  
883 statutes, pharmacist licensed under chapter 400j of the general statutes,  
884 paramedic licensed pursuant to chapter 384d of the general statutes,  
885 nurse-midwife licensed under chapter 377 of the general statutes,  
886 dentist licensed under chapter 379 of the general statutes, behavior  
887 analyst licensed under chapter 382a of the general statutes, genetic  
888 counselor licensed under chapter 383d of the general statutes, music  
889 therapist certified in the manner described in chapter 383f of the general  
890 statutes, art therapist [certified] licensed in the manner described in  
891 chapter 383g of the general statutes or athletic trainer licensed under  
892 chapter 375a of the general statutes, or (ii) an appropriately licensed,  
893 certified or registered physician, physician assistant, physical therapist,  
894 physical therapist assistant, chiropractor, naturopath, podiatrist,

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

910 (b) (1) Notwithstanding the provisions of section 19a-906 of the  
911 general statutes, as amended by this act, during the period beginning on  
912 [the effective date of this section] May 10, 2021, and ending on June 30,  
913 [2023] 2024, a telehealth provider may only provide a telehealth service  
914 to a patient when the telehealth provider:

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

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

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

925 (D) Conforms to the standard of care applicable to the telehealth  
926 provider's profession and expected for in-person care as appropriate to

927 the patient's age and presenting condition, except when the standard of  
928 care requires the use of diagnostic testing and performance of a physical  
929 examination, such testing or examination may be carried out through  
930 the use of peripheral devices appropriate to the patient's condition; and

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

933 (2) Notwithstanding the provisions of section 19a-906 of the general  
934 statutes, as amended by this act, if a telehealth provider provides a  
935 telehealth service to a patient during the period beginning on [the  
936 effective date of this section] May 10, 2021, and ending on June 30, [2023]  
937 2024, the telehealth provider shall, at the time of the telehealth  
938 provider's first telehealth interaction with a patient, inform the patient  
939 concerning the treatment methods and limitations of treatment using a  
940 telehealth platform, including, but not limited to, the limited duration  
941 of the relevant provisions of this section and sections 3 to 7, inclusive, of  
942 [this act] public act 21-9, as amended by this act, and, after providing the  
943 patient with such information, obtain the patient's consent to provide  
944 telehealth services. The telehealth provider shall document such notice  
945 and consent in the patient's health record. If a patient later revokes such  
946 consent, the telehealth provider shall document the revocation in the  
947 patient's health record.

948 (c) Notwithstanding the provisions of this section or title 20 of the  
949 general statutes, no telehealth provider shall, during the period  
950 beginning on [the effective date of this section] May 10, 2021, and ending  
951 on June 30, [2023] 2024, prescribe any schedule I, II or III controlled  
952 substance through the use of telehealth, except a schedule II or III  
953 controlled substance other than an opioid drug, as defined in section 20-  
954 14o of the general statutes, in a manner fully consistent with the Ryan  
955 Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as  
956 amended from time to time, for the treatment of a person with a  
957 psychiatric disability or a person with a substance use disorder, as  
958 defined in section 17a-458 of the general statutes, including, but not  
959 limited to, medication-assisted treatment. A telehealth provider using

960 telehealth to prescribe a schedule II or III controlled substance pursuant  
961 to this subsection shall electronically [submit] transmit the prescription  
962 pursuant to section 21a-249 of the general statutes, as amended by [this  
963 act] public act 21-9.

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

974 (e) During the period beginning on [the effective date of this section]  
975 May 10, 2021, and ending on June 30, [2023] 2024, any consent or  
976 revocation of consent under this section shall be obtained from or  
977 communicated by the patient, or the patient's legal guardian,  
978 conservator or other authorized representative, as applicable.

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

985 (2) Notwithstanding the provisions of section 19a-906 of the general  
986 statutes, as amended by this act, and subdivision (1) of this subsection,  
987 a telehealth provider that is an in-network provider or a provider  
988 enrolled in the Connecticut medical assistance program that provides  
989 telehealth services to a Connecticut medical assistance program  
990 recipient, may, during the period beginning on [the effective date of this  
991 section] May 10, 2021, and ending on June 30, [2023] 2024, use any

992 information or communication technology in accordance with the  
993 directions, modifications or revisions, if any, made by the Office for  
994 Civil Rights of the United States Department of Health and Human  
995 Services to the provisions of the Health Insurance Portability and  
996 Accountability Act of 1996 P.L. 104-191, as amended from time to time,  
997 or the rules and regulations adopted thereunder.

998 (g) Notwithstanding any provision of the general statutes, nothing in  
999 this section shall, during the period beginning on [the effective date of  
1000 this section] May 10, 2021, and ending on June 30, [2023] 2024, prohibit  
1001 a health care provider from: (1) Providing on-call coverage pursuant to  
1002 an agreement with another health care provider or such health care  
1003 provider's professional entity or employer; (2) consulting with another  
1004 health care provider concerning a patient's care; (3) ordering care for  
1005 hospital outpatients or inpatients; or (4) using telehealth for a hospital  
1006 inpatient, including for the purpose of ordering medication or treatment  
1007 for such patient in accordance with the Ryan Haight Online Pharmacy  
1008 Consumer Protection Act, 21 USC 829(e), as amended from time to time.  
1009 As used in this subsection, "health care provider" means a person or  
1010 entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to  
1011 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399  
1012 or 400j of the general statutes or licensed or certified pursuant to chapter  
1013 368d or 384d of the general statutes.

1014 (h) Notwithstanding any provision of the general statutes, no  
1015 telehealth provider shall charge a facility fee for a telehealth service  
1016 provided during the period beginning on [the effective date of this  
1017 section] May 10, 2021, and ending on June 30, [2023] 2024.

1018 (i) (1) Notwithstanding any provision of the general statutes, no  
1019 telehealth provider shall provide health care or health services to a  
1020 patient through telehealth during the period beginning on [the effective  
1021 date of this section] May 10, 2021, and ending on June 30, [2023] 2024,  
1022 unless the telehealth provider has determined whether or not the patient  
1023 has health coverage for such health care or health services.



1024 (2) Notwithstanding any provision of the general statutes, a  
1025 telehealth provider who provides health care or health services to a  
1026 patient through telehealth during the period beginning on [the effective  
1027 date of this section] May 10, 2021, and ending on June 30, [2023] 2024,  
1028 shall:

1029 (A) Accept as full payment for such health care or health services:

1030 (i) An amount that is equal to the amount that Medicare reimburses  
1031 for such health care or health services if the telehealth provider  
1032 determines that the patient does not have health coverage for such  
1033 health care or health services; or

1034 (ii) The amount that the patient's health coverage reimburses, and  
1035 any coinsurance, copayment, deductible or other out-of-pocket expense  
1036 imposed by the patient's health coverage, for such health care or health  
1037 services if the telehealth provider determines that the patient has health  
1038 coverage for such health care or health services. If the patient's health  
1039 coverage uses a provider network, the amount of such reimbursement,  
1040 and such coinsurance, copayment, deductible or other out-of-pocket  
1041 expense, shall not exceed the in-network amount regardless of the  
1042 network status of such telehealth provider.

1043 (3) If a telehealth provider determines that a patient is unable to pay  
1044 for any health care or health services described in subdivisions (1) and  
1045 (2) of this subsection, the provider shall offer to the patient financial  
1046 assistance, if such provider is otherwise required to offer to the patient  
1047 such financial assistance, under any applicable state or federal law.

1048 (j) Subject to compliance with all applicable federal requirements,  
1049 notwithstanding any provision of the general statutes, state licensing  
1050 standards or any regulation adopted thereunder, a telehealth provider  
1051 may provide telehealth services pursuant to the provisions of this  
1052 section from any location.

1053 (k) Notwithstanding the provisions of section 19a-906 of the general  
1054 statutes, as amended by this act, during the period beginning on [the

1055 effective date of this section] May 10, 2021, and ending on June 30, [2023]  
1056 2024, any Connecticut entity, institution or health care provider that  
1057 engages or contracts with a telehealth provider that is licensed, certified  
1058 or registered in another state or territory of the United States or the  
1059 District of Columbia to provide health care or other health services shall  
1060 verify the credentials of such provider in the state in which he or she is  
1061 licensed, certified or registered, ensure that such [a] provider is in good  
1062 standing in such state, and confirm that such provider maintains  
1063 professional liability insurance or other indemnity against liability for  
1064 professional malpractice in an amount that is equal to or greater than  
1065 that required for similarly licensed, certified or registered Connecticut  
1066 health care providers.

1067 (l) Notwithstanding sections 4-168 to 4-174, inclusive, of the general  
1068 statutes, from the period beginning on [the effective date of this section]  
1069 May 10, 2021, and ending on June 30, [2023] 2024, the Commissioner of  
1070 Public Health may temporarily waive, modify or suspend any  
1071 regulatory requirements adopted by the Commissioner of Public Health  
1072 or any boards or commissions under chapters 368a, 368d, 368v, 369 to  
1073 381a, inclusive, 382a, 383 to 388, inclusive, 397a, 398, 399, 400a, 400c, 400j  
1074 and 474 of the general statutes as the Commissioner of Public Health  
1075 deems necessary to reduce the spread of COVID-19 and to protect the  
1076 public health for the purpose of providing residents of this state with  
1077 telehealth services from out-of-state practitioners.

1078 Sec. 33. (NEW) (*Effective July 1, 2022*) The Commissioner of Public  
1079 Health may issue an order authorizing telehealth providers who are not  
1080 licensed, certified or registered to practice in this state to provide  
1081 telehealth services to patients in this state. Such order may be of limited  
1082 duration and limited to one or more types of providers described in  
1083 subdivision (13) of subsection (a) of section 1 of public act 21-9, as  
1084 amended by this act, or subdivision (12) of subsection (a) of section 19a-  
1085 906 of the general statutes, as amended by this act. The commissioner  
1086 may impose conditions including, but not limited to, a requirement that  
1087 any telehealth provider providing telehealth services to patients in this  
1088 state pursuant to such order shall submit an application for licensure,

1089 certification or registration, as applicable. The commissioner may  
1090 suspend or revoke any authorization provided pursuant to this section  
1091 to a telehealth provider who violates any condition imposed by the  
1092 commissioner or applicable requirements for the provision of telehealth  
1093 services under the law. Any such order issued pursuant to this section  
1094 shall not constitute a regulation, as defined in section 4-166 of the  
1095 general statutes.

1096 Sec. 34. Subsection (c) of section 21a-249 of the 2022 supplement to  
1097 the general statutes is repealed and the following is substituted in lieu  
1098 thereof (*Effective from passage*):

1099 (c) A licensed practitioner shall not be required to electronically  
1100 transmit a prescription when:

1101 (1) Electronic transmission is not available due to a temporary  
1102 technological or electrical failure. In the event of a temporary  
1103 technological or electrical failure, the practitioner shall, without undue  
1104 delay, reasonably attempt to correct any cause for the failure that is  
1105 within his or her control. A practitioner who issues a prescription, but  
1106 fails to electronically transmit the prescription, as permitted by this  
1107 subsection, shall document the reason for the practitioner's failure to  
1108 electronically transmit the prescription in the patient's medical record  
1109 as soon as practicable, but in no instance more than seventy-two hours  
1110 following the end of the temporary technological or electrical failure  
1111 that prevented the electronic transmittal of the prescription. For  
1112 purposes of this subdivision, "temporary technological or electrical  
1113 failure" means failure of a computer system, application or device or the  
1114 loss of electrical power to such system, application or device, or any  
1115 other service interruption to such system, application or device that  
1116 reasonably prevents the practitioner from utilizing his or her certified  
1117 application to electronically transmit the prescription in accordance  
1118 with subsection (b) of this section;

1119 (2) The practitioner reasonably determines that it would be  
1120 impractical for the patient to obtain substances prescribed by an

1121 electronically transmitted prescription in a timely manner and that such  
1122 delay would adversely impact the patient's medical condition, provided  
1123 if such prescription is for a controlled substance, the quantity of such  
1124 controlled substance does not exceed a five-day supply for the patient,  
1125 if the controlled substance was used in accordance with the directions  
1126 for use. A practitioner who issues a prescription, but fails to  
1127 electronically transmit the prescription, as permitted by this subsection,  
1128 shall document the reason for the practitioner's failure to electronically  
1129 transmit the prescription in the patient's medical record;

1130 (3) The prescription is to be dispensed by a pharmacy located outside  
1131 this state. A practitioner who issues a prescription, but fails to  
1132 electronically transmit the prescription, as permitted by this subsection,  
1133 shall document the reason for the practitioner's failure to electronically  
1134 transmit the prescription in the patient's medical record;

1135 (4) Use of an electronically transmitted prescription may negatively  
1136 impact patient care, such as a prescription containing two or more  
1137 products to be compounded by a pharmacist, a prescription for direct  
1138 administration to a patient by parenteral, intravenous, intramuscular,  
1139 subcutaneous or intraspinal infusion, a prescription that contains long  
1140 or complicated directions, a prescription that requires certain elements  
1141 to be included by the federal Food and Drug and Administration, or an  
1142 oral prescription communicated to a pharmacist by a health care  
1143 practitioner for a patient in a chronic and convalescent nursing home,  
1144 licensed pursuant to chapter 368v; or

1145 (5) The practitioner demonstrates, in a form and manner prescribed  
1146 by the commissioner, that such practitioner does not have the  
1147 technological capacity to issue an electronically transmitted  
1148 [prescriptions] prescription. For the purposes of this subsection,  
1149 "technological capacity" means possession of a computer system,  
1150 hardware or device that can be used to electronically transmit controlled  
1151 substance prescriptions consistent with the requirements of the federal  
1152 Controlled Substances Act, 21 USC 801, as amended from time to time.  
1153 The provisions of this subdivision shall not apply to a practitioner when

1154 such practitioner is prescribing as a telehealth provider, as defined in  
1155 section 19a-906, as amended by this act, section 1 of public act 20-2 of  
1156 the July special session or section 1 of public act 21-9, as amended by  
1157 this act, as applicable, pursuant to subsection (c) of section 19a-906,  
1158 subsection (c) of section 1 of public act 20-2 of the July special session or  
1159 subsection (c) of section 1 of public act 21-9, as amended by this act, as  
1160 applicable.

1161 Sec. 35. Section 3 of public act 21-9 is repealed and the following is  
1162 substituted in lieu thereof (*Effective from passage*):

1163 (a) For the purposes of this section:

1164 (1) "Asynchronous" has the same meaning as provided in section 19a-  
1165 906 of the general statutes, as amended by this act;

1166 (2) "Originating site" has the same meaning as provided in section  
1167 19a-906 of the general statutes, as amended by this act;

1168 (3) "Remote patient monitoring" has the same meaning as provided  
1169 in section 19a-906 of the general statutes, as amended by this act;

1170 (4) "Store and forward transfer" has the same meaning as provided in  
1171 section 19a-906 of the general statutes, as amended by this act;

1172 (5) "Synchronous" has the same meaning as provided in section 19a-  
1173 906 of the general statutes, as amended by this act;

1174 (6) "Telehealth" means the mode of delivering health care or other  
1175 health services via information and communication technologies to  
1176 facilitate the diagnosis, consultation and treatment, education, care  
1177 management and self-management of an insured's physical, oral and  
1178 mental health, and includes interaction between the insured at the  
1179 originating site and the telehealth provider at a distant site, synchronous  
1180 interactions, asynchronous store and forward transfers or remote  
1181 patient monitoring, but does not include interaction through (A)  
1182 facsimile, texting or electronic mail, or (B) audio-only telephone if the  
1183 policy described in subsection (b) of this section uses a provider network

1184 and the telehealth provider is out-of-network; and

1185 (7) "Telehealth provider" means any person who (A) provides health  
1186 care or other health services through the use of telehealth within such  
1187 person's scope of practice and in accordance with the standard of care  
1188 applicable to such person's profession, and (B) is (i) a physician or  
1189 physician assistant licensed under chapter 370 of the general statutes,  
1190 physical therapist or physical therapist assistant licensed under chapter  
1191 376 of the general statutes, chiropractor licensed under chapter 372 of  
1192 the general statutes, naturopath licensed under chapter 373 of the  
1193 general statutes, podiatrist licensed under chapter 375 of the general  
1194 statutes, occupational therapist or occupational therapy assistant  
1195 licensed under chapter 376a of the general statutes, optometrist licensed  
1196 under chapter 380 of the general statutes, registered nurse or advanced  
1197 practice registered nurse licensed under chapter 378 of the general  
1198 statutes, psychologist licensed under chapter 383 of the general statutes,  
1199 marital and family therapist licensed under chapter 383a of the general  
1200 statutes, clinical social worker or master social worker licensed under  
1201 chapter 383b of the general statutes, alcohol and drug counselor licensed  
1202 under chapter 376b of the general statutes, professional counselor  
1203 licensed under chapter 383c of the general statutes, dietitian-nutritionist  
1204 certified under chapter 384b of the general statutes, speech and  
1205 language pathologist licensed under chapter 399 of the general statutes,  
1206 respiratory care practitioner licensed under chapter 381a of the general  
1207 statutes, audiologist licensed under chapter 397a of the general statutes,  
1208 pharmacist licensed under chapter 400j of the general statutes,  
1209 paramedic licensed pursuant to chapter 384d of the general statutes,  
1210 nurse-midwife licensed under chapter 377 of the general statutes,  
1211 dentist licensed under chapter 379 of the general statutes, behavior  
1212 analyst licensed under chapter 382a of the general statutes, genetic  
1213 counselor licensed under chapter 383d of the general statutes, music  
1214 therapist certified in the manner described in chapter 383f of the general  
1215 statutes, art therapist [certified] licensed in the manner described in  
1216 chapter 383g of the general statutes or athletic trainer licensed under  
1217 chapter 375a of the general statutes, or (ii) an in-network and

1218 appropriately licensed, certified or registered physician, physician  
1219 assistant, physical therapist, physical therapist assistant, chiropractor,  
1220 naturopath, podiatrist, occupational therapist, occupational therapy  
1221 assistant, optometrist, registered nurse, advanced practice registered  
1222 nurse, psychologist, marital and family therapist, clinical social worker,  
1223 master social worker, alcohol and drug counselor, professional  
1224 counselor, dietitian-nutritionist, speech and language pathologist,  
1225 respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-  
1226 midwife, dentist, behavior analyst, genetic counselor, music therapist,  
1227 art therapist or athletic trainer, in another state or territory of the United  
1228 States or the District of Columbia, that provides telehealth services  
1229 pursuant to his or her authority under any relevant order issued by the  
1230 Commissioner of Public Health and maintains professional liability  
1231 insurance, or other indemnity against liability for professional  
1232 malpractice, in an amount that is equal to or greater than that required  
1233 for similarly licensed, certified or registered Connecticut health care  
1234 providers.

1235 (b) Notwithstanding any provision of the general statutes, each  
1236 individual health insurance policy that provides coverage of the type  
1237 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of  
1238 the general statutes that is effective at any time during the period  
1239 beginning on [the effective date of this section] May 10, 2021, and ending  
1240 on June 30, [2023] 2024, shall, at all times that the policy remains in effect  
1241 during such period, provide coverage for medical advice, diagnosis,  
1242 care or treatment provided through telehealth, to the same extent  
1243 coverage is provided for such advice, diagnosis, care or treatment when  
1244 provided to the insured in person. The policy shall not, at any time  
1245 during such period, exclude coverage for a service that is appropriately  
1246 provided through telehealth because such service is provided through  
1247 telehealth or a telehealth platform selected by an in-network telehealth  
1248 provider.

1249 (c) Notwithstanding any provision of the general statutes, no  
1250 telehealth provider who receives a reimbursement for a covered service  
1251 provided through telehealth in accordance with subsection (b) of this

1252 section shall seek any payment for such service from the insured who  
1253 received such service, except for any coinsurance, copayment,  
1254 deductible or other out-of-pocket expense set forth in the insured's  
1255 policy. Such amount shall be deemed by the telehealth provider to be  
1256 payment in full.

1257 (d) Nothing in this section shall prohibit or limit a health insurer,  
1258 health care center, hospital service corporation, medical service  
1259 corporation or other entity from conducting utilization review for  
1260 telehealth services, provided such utilization review is conducted in the  
1261 same manner and uses the same clinical review criteria as a utilization  
1262 review for an in-person consultation for the same service. Except as  
1263 provided in subsection (b) or (c) of this section, the coverage required  
1264 under subsection (b) of this section shall be subject to the same terms  
1265 and conditions applicable to all other benefits under the policy  
1266 providing such coverage.

1267 (e) The provisions of this section shall apply to a high deductible  
1268 health plan, as that term is used in subsection (f) of section 38a-493 of  
1269 the general statutes, to the maximum extent permitted by federal law,  
1270 except if such plan is used to establish a medical savings account or an  
1271 Archer MSA pursuant to Section 220 of the Internal Revenue Code of  
1272 1986, as amended from time to time, or any subsequent corresponding  
1273 internal revenue code of the United States, as amended from time to  
1274 time, or a health savings account pursuant to Section 223 of said Internal  
1275 Revenue Code of 1986, as amended from time to time. The provisions of  
1276 this section shall apply to such plan to the maximum extent that (1) is  
1277 permitted by federal law, and (2) does not disqualify such account for  
1278 the deduction allowed under said Section 220 or 223, as applicable.

1279 Sec. 36. Section 4 of public act 21-9 is repealed and the following is  
1280 substituted in lieu thereof (*Effective from passage*):

1281 (a) For the purposes of this section:

1282 (1) "Asynchronous" has the same meaning as provided in section 19a-  
1283 906 of the general statutes, as amended by this act;



1284 (2) "Originating site" has the same meaning as provided in section  
1285 19a-906 of the general statutes, as amended by this act;

1286 (3) "Remote patient monitoring" has the same meaning as provided  
1287 in section 19a-906 of the general statutes, as amended by this act;

1288 (4) "Store and forward transfer" has the same meaning as provided in  
1289 section 19a-906 of the general statutes, as amended by this act;

1290 (5) "Synchronous" has the same meaning as provided in section 19a-  
1291 906 of the general statutes, as amended by this act;

1292 (6) "Telehealth" means the mode of delivering health care or other  
1293 health services via information and communication technologies to  
1294 facilitate the diagnosis, consultation and treatment, education, care  
1295 management and self-management of an insured's physical, oral and  
1296 mental health, and includes interaction between the insured at the  
1297 originating site and the telehealth provider at a distant site, synchronous  
1298 interactions, asynchronous store and forward transfers or remote  
1299 patient monitoring, but does not include interaction through (A)  
1300 facsimile, texting or electronic mail, or (B) audio-only telephone if the  
1301 policy described in subsection (b) of this section uses a provider network  
1302 and the telehealth provider is out-of-network; and

1303 (7) "Telehealth provider" means any person who (A) provides health  
1304 care or other health services through the use of telehealth within such  
1305 person's scope of practice and in accordance with the standard of care  
1306 applicable to such person's profession, and (B) is (i) a physician or  
1307 physician assistant licensed under chapter 370 of the general statutes,  
1308 physical therapist or physical therapist assistant licensed under chapter  
1309 376 of the general statutes, chiropractor licensed under chapter 372 of  
1310 the general statutes, naturopath licensed under chapter 373 of the  
1311 general statutes, podiatrist licensed under chapter 375 of the general  
1312 statutes, occupational therapist or occupational therapy assistant  
1313 licensed under chapter 376a of the general statutes, optometrist licensed  
1314 under chapter 380 of the general statutes, registered nurse or advanced  
1315 practice registered nurse licensed under chapter 378 of the general

1316 statutes, psychologist licensed under chapter 383 of the general statutes,  
1317 marital and family therapist licensed under chapter 383a of the general  
1318 statutes, clinical social worker or master social worker licensed under  
1319 chapter 383b of the general statutes, alcohol and drug counselor licensed  
1320 under chapter 376b of the general statutes, professional counselor  
1321 licensed under chapter 383c of the general statutes, dietitian-nutritionist  
1322 certified under chapter 384b of the general statutes, speech and  
1323 language pathologist licensed under chapter 399 of the general statutes,  
1324 respiratory care practitioner licensed under chapter 381a of the general  
1325 statutes, audiologist licensed under chapter 397a of the general statutes,  
1326 pharmacist licensed under chapter 400j of the general statutes,  
1327 paramedic licensed pursuant to chapter 384d of the general statutes,  
1328 nurse-midwife licensed under chapter 377 of the general statutes,  
1329 dentist licensed under chapter 379 of the general statutes, behavior  
1330 analyst licensed under chapter 382a of the general statutes, genetic  
1331 counselor licensed under chapter 383d of the general statutes, music  
1332 therapist certified in the manner described in chapter 383f of the general  
1333 statutes, art therapist [certified] licensed in the manner described in  
1334 chapter 383g of the general statutes or athletic trainer licensed under  
1335 chapter 375a of the general statutes, or (ii) an in-network and  
1336 appropriately licensed, certified or registered physician, physician  
1337 assistant, physical therapist, physical therapist assistant, chiropractor,  
1338 naturopath, podiatrist, occupational therapist, occupational therapy  
1339 assistant, optometrist, registered nurse, advanced practice registered  
1340 nurse, psychologist, marital and family therapist, clinical social worker,  
1341 master social worker, alcohol and drug counselor, professional  
1342 counselor, dietitian-nutritionist, speech and language pathologist,  
1343 respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-  
1344 midwife, dentist, behavior analyst, genetic counselor, music therapist,  
1345 art therapist or athletic trainer, in another state or territory of the United  
1346 States or the District of Columbia, that provides telehealth services  
1347 pursuant to his or her authority under any relevant order issued by the  
1348 Commissioner of Public Health and maintains professional liability  
1349 insurance, or other indemnity against liability for professional  
1350 malpractice, in an amount that is equal to or greater than that required

1351 for similarly licensed, certified or registered Connecticut health care  
1352 providers.

1353 (b) Notwithstanding any provision of the general statutes, each  
1354 group health insurance policy that provides coverage of the type  
1355 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of  
1356 the general statutes that is effective at any time during the period  
1357 beginning on [the effective date of this section] May 10, 2021, and ending  
1358 on June 30, [2023] 2024, shall, at all times that the policy remains in effect  
1359 during such period, provide coverage for medical advice, diagnosis,  
1360 care or treatment provided through telehealth, to the same extent  
1361 coverage is provided for such advice, diagnosis, care or treatment when  
1362 provided to the insured in person. The policy shall not, at any time  
1363 during such period, exclude coverage for a service that is appropriately  
1364 provided through telehealth because such service is provided through  
1365 telehealth or a telehealth platform selected by an in-network telehealth  
1366 provider.

1367 (c) Notwithstanding any provision of the general statutes, no  
1368 telehealth provider who receives a reimbursement for a covered service  
1369 provided through telehealth in accordance with subsection (b) of this  
1370 section shall seek any payment for such service from the insured who  
1371 received such service, except for any coinsurance, copayment,  
1372 deductible or other out-of-pocket expense set forth in the insured's  
1373 policy. Such amount shall be deemed by the telehealth provider to be  
1374 payment in full.

1375 (d) Nothing in this section shall prohibit or limit a health insurer,  
1376 health care center, hospital service corporation, medical service  
1377 corporation or other entity from conducting utilization review for  
1378 telehealth services, provided such utilization review is conducted in the  
1379 same manner and uses the same clinical review criteria as a utilization  
1380 review for an in-person consultation for the same service. Except as  
1381 provided in subsection (b) or (c) of this section, the coverage required  
1382 under subsection (b) of this section shall be subject to the same terms  
1383 and conditions applicable to all other benefits under the policy

1384 providing such coverage.

1385 (e) The provisions of this section shall apply to a high deductible  
1386 health plan, as that term is used in subsection (f) of section 38a-520 of  
1387 the general statutes, to the maximum extent permitted by federal law,  
1388 except if such plan is used to establish a medical savings account or an  
1389 Archer MSA pursuant to Section 220 of the Internal Revenue Code of  
1390 1986, as amended from time to time, or any subsequent corresponding  
1391 internal revenue code of the United States, as amended from time to  
1392 time, or a health savings account pursuant to Section 223 of said Internal  
1393 Revenue Code of 1986, as amended from time to time. The provisions of  
1394 this section shall apply to such plan to the maximum extent that (1) is  
1395 permitted by federal law, and (2) does not disqualify such account for  
1396 the deduction allowed under said Section 220 or 223, as applicable.

1397 Sec. 37. Section 5 of public act 21-9 is repealed the following is  
1398 substituted in lieu thereof (*Effective from passage*):

1399 (a) As used in this section:

1400 (1) "Health carrier" has the same meaning as provided in section 38a-  
1401 1080 of the general statutes;

1402 (2) "Insured" has the same meaning as provided in section 38a-1 of  
1403 the general statutes;

1404 (3) "Telehealth" has the same meaning as provided in sections 3 and  
1405 4 of [this act] public act 21-9, as amended by this act; and

1406 (4) "Telehealth provider" has the same meaning as provided in  
1407 sections 3 and 4 of [this act] public act 21-9, as amended by this act.

1408 (b) Notwithstanding any provision of the general statutes, no health  
1409 carrier shall reduce the amount of a reimbursement paid to a telehealth  
1410 provider for covered health care or health services that the telehealth  
1411 provider appropriately provided to an insured through telehealth  
1412 during the period beginning on [the effective date of this section] May  
1413 10, 2021, and ending on June 30, [2023] 2024, because the telehealth

1414 provider provided such health care or health services to the patient  
1415 through telehealth and not in person.

1416 Sec. 38. Section 7 of public act 21-9 is repealed and the following is  
1417 substituted in lieu thereof (*Effective from passage*):

1418 (a) As used in this section:

1419 (1) "Advanced practice registered nurse" means an advanced practice  
1420 registered nurse licensed pursuant to chapter 378 of the general statutes;

1421 (2) "Physician" has the same meaning as provided in section 21a-408  
1422 of the general statutes;

1423 (3) "Qualifying patient" has the same meaning as provided in section  
1424 21a-408 of the general statutes; and

1425 (4) "Written certification" has the same meaning as provided in  
1426 section 21a-408 of the general statutes.

1427 (b) Notwithstanding the provisions of sections 21a-408 to 21a-408n,  
1428 inclusive, of the general statutes, or any other section, regulation, rule,  
1429 policy or procedure concerning the certification of medical marijuana  
1430 patients, a physician or advanced practice registered nurse may issue a  
1431 written certification to a qualifying patient and provide any follow-up  
1432 care using telehealth services during the period beginning on [the  
1433 effective date of this section] May 10, 2021, and ending on June 30, [2023]  
1434 2024, provided all other requirements for issuing the written  
1435 certification to the qualifying patient and all recordkeeping  
1436 requirements are satisfied.

1437 Sec. 39. Section 38a-499a of the general statutes is repealed and the  
1438 following is substituted in lieu thereof (*Effective July 1, 2024*):

1439 (a) As used in this section, "telehealth" has the same meaning as  
1440 provided in section 19a-906, as amended by this act.

1441 (b) Each individual health insurance policy providing coverage of the

1442 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
1443 of the general statutes delivered, issued for delivery, renewed, amended  
1444 or continued in this state shall provide coverage for medical advice,  
1445 diagnosis, care or treatment provided through telehealth, to the extent  
1446 coverage is provided for such advice, diagnosis, care or treatment when  
1447 provided through in-person consultation between the insured and a  
1448 health care provider licensed in the state. Such coverage shall be subject  
1449 to the same terms and conditions applicable to all other benefits under  
1450 such policy.

1451 (c) No such policy shall: (1) Exclude a service for coverage solely  
1452 because such service is provided only through telehealth and not  
1453 through in-person consultation between the insured and a health care  
1454 provider licensed in the state, provided telehealth is appropriate for the  
1455 provision of such service; or (2) be required to reimburse a treating or  
1456 consulting health care provider for the technical fees or technical costs  
1457 for the provision of telehealth services.

1458 (d) Nothing in this section shall prohibit or limit a health insurer,  
1459 health care center, hospital service corporation, medical service  
1460 corporation or other entity from conducting utilization review for  
1461 telehealth services, provided such utilization review is conducted in the  
1462 same manner and uses the same clinical review criteria as a utilization  
1463 review for an in-person consultation for the same service.

1464 Sec. 40. Section 38a-526a of the general statutes is repealed and the  
1465 following is substituted in lieu thereof (*Effective July 1, 2024*):

1466 (a) As used in this section, "telehealth" has the same meaning as  
1467 provided in section 19a-906, as amended by this act.

1468 (b) Each group health insurance policy providing coverage of the  
1469 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
1470 of the general statutes delivered, issued for delivery, renewed, amended  
1471 or continued in this state shall provide coverage for medical advice,  
1472 diagnosis, care or treatment provided through telehealth, to the extent  
1473 coverage is provided for such advice, diagnosis, care or treatment when

1474 provided through in-person consultation between the insured and a  
1475 health care provider licensed in the state. Such coverage shall be subject  
1476 to the same terms and conditions applicable to all other benefits under  
1477 such policy.

1478 (c) No such policy shall: (1) Exclude a service for coverage solely  
1479 because such service is provided only through telehealth and not  
1480 through in-person consultation between the insured and a health care  
1481 provider, provided telehealth is appropriate for the provision of such  
1482 service; or (2) be required to reimburse a treating or consulting health  
1483 care provider licensed in the state for the technical fees or technical costs  
1484 for the provision of telehealth services.

1485 (d) Nothing in this section shall prohibit or limit a health insurer,  
1486 health care center, hospital service corporation, medical service  
1487 corporation or other entity from conducting utilization review for  
1488 telehealth services, provided such utilization review is conducted in the  
1489 same manner and uses the same clinical review criteria as a utilization  
1490 review for an in-person consultation for the same service.

1491 Sec. 41. (*Effective from passage*) The executive director of the Office of  
1492 Health Strategy, established under section 19a-754a of the general  
1493 statutes, shall conduct a study regarding the provision of, and coverage  
1494 for, telehealth services in this state. Such study shall include, but need  
1495 not be limited to, an examination of (1) the feasibility and impact of  
1496 expanding access to telehealth services, telehealth providers and  
1497 coverage for telehealth services in this state beginning on July 1, 2024,  
1498 and (2) any means available to reduce or eliminate obstacles to patient  
1499 access to telehealth services, telehealth providers and coverage for  
1500 telehealth services in this state, including, but not limited to, any means  
1501 available to reduce patient costs for telehealth services and coverage for  
1502 telehealth services in this state. Not later than January 1, 2023, the  
1503 executive director shall submit a report on the findings of such study, in  
1504 accordance with the provisions of section 11-4a of the general statutes,  
1505 to the joint standing committees of the General Assembly having  
1506 cognizance of matters relating to public health, human services and

1507 insurance.

1508       Sec. 42. (*Effective October 1, 2022*) The Psychology Interjurisdictional  
1509 Compact is hereby enacted into law and entered into by the state of  
1510 Connecticut with any and all states legally joining therein in accordance  
1511 with its terms. The compact is substantially as follows:

1512       "PSYCHOLOGY INTERJURISDICTIONAL COMPACT

1513       ARTICLE I

1514       PURPOSE

1515       Whereas, states license psychologists in order to protect the public  
1516 through verification of education, training and experience and ensure  
1517 accountability for professional practice; and

1518       Whereas, the compact is intended to regulate the day-to-day practice  
1519 of telepsychology, including, but not limited to, the provision of  
1520 psychological services using telecommunication technologies, by  
1521 psychologists across state boundaries in the performance of their  
1522 psychological practice as assigned by an appropriate authority; and

1523       Whereas, the compact is intended to regulate the temporary in-  
1524 person, face-to-face practice of psychology by psychologists across state  
1525 boundaries for thirty days within a calendar year in the performance of  
1526 their psychological practice as assigned by an appropriate authority;  
1527 and

1528       Whereas, the compact is intended to authorize state psychology  
1529 regulatory authorities to afford legal recognition, in a manner consistent  
1530 with the terms of the compact, to psychologists licensed in another state;  
1531 and

1532       Whereas, the compact recognizes that states have a vested interest in  
1533 protecting the public's health and safety through their licensing and  
1534 regulation of psychologists and that such state licensing and regulation  
1535 will best protect public health and safety; and



1536 Whereas, the compact shall not apply when a psychologist is licensed  
1537 in both the home and receiving states; and

1538 Whereas, the compact shall not apply to permanent in-person, face-  
1539 to-face practice, it shall allow for authorization of temporary  
1540 psychological practice.

1541 Consistent with such principles, the compact is designed to achieve  
1542 the following purposes and objectives:

1543 (1) Increase public access to professional psychological services by  
1544 allowing for telepsychological practice across state lines and temporary  
1545 in-person, face-to-face services in a state which the psychologist is not  
1546 licensed to practice psychology;

1547 (2) Enhance the states' ability to protect the public's health and safety,  
1548 especially client or patient safety;

1549 (3) Encourage the cooperation of compact states in the areas of  
1550 psychology licensure and regulation;

1551 (4) Facilitate the exchange of information between compact states  
1552 regarding licensure, adverse actions and disciplinary history of  
1553 psychologists;

1554 (5) Promote compliance with the laws governing psychological  
1555 practice in each compact state; and

1556 (6) Invest all compact states with the authority to hold licensed  
1557 psychologists accountable through the mutual recognition of compact  
1558 state licenses.

1559 ARTICLE II

1560 DEFINITIONS

1561 (1) "Adverse action" means any action taken by a state psychology  
1562 regulatory authority that finds a violation of a statute or regulation that  
1563 is identified by the state psychology regulatory authority as discipline

1564 and is a matter of public record.

1565 (2) "Association of State and Provincial Psychology Boards" means  
1566 the recognized membership organization composed of state and  
1567 provincial psychology regulatory authorities responsible for the  
1568 licensure and registration of psychologists throughout the United States  
1569 and Canada.

1570 (3) "Authority to practice interjurisdictional telepsychology" means a  
1571 licensed psychologist's authority to practice telepsychology, within the  
1572 limits authorized under the compact, in another compact state.

1573 (4) "Bylaws" means the bylaws established by the Psychology  
1574 Interjurisdictional Compact Commission pursuant to Article X of the  
1575 compact for the governance of said commission, or for directing and  
1576 controlling the actions and conduct of said commission.

1577 (5) "Client or patient" means the recipient of psychological services,  
1578 whether psychological services are delivered in the context of  
1579 healthcare, corporate, supervision or consulting services.

1580 (6) "Commissioner" means the voting representative appointed by  
1581 each state psychology regulatory authority pursuant to Article X of the  
1582 compact.

1583 (7) "Compact" means the Psychology Interjurisdictional Compact.

1584 (8) "Compact state" means a state, the District of Columbia or United  
1585 States territory that has enacted the compact and that has not withdrawn  
1586 pursuant to subsection (c) of Article XIII of the compact, or been  
1587 terminated pursuant to subsection (b) of Article XII of the compact.

1588 (9) "Coordinated licensure information system" or "coordinated  
1589 database" means an integrated process for collecting, storing and  
1590 sharing information on psychologists' licensure and enforcement  
1591 activities related to psychology licensure laws, that is administered by  
1592 the recognized membership organization composed of state and  
1593 provincial psychology regulatory authorities.

1594 (10) "Confidentiality" means the principle that data or information is  
1595 not made available or disclosed to unauthorized persons or processes.

1596 (11) "Day" means any part of a day in which psychological work is  
1597 performed.

1598 (12) "Distant state" means the compact state where a psychologist is  
1599 physically present, not through the use of telecommunications  
1600 technologies, to provide temporary in-person, face-to-face  
1601 psychological services.

1602 (13) "E.Passport" means the certificate issued by the Association of  
1603 State and Provincial Psychology Boards that promotes the  
1604 standardization in the criteria of interjurisdictional telepsychology  
1605 practice and facilitates the process for licensed psychologists to provide  
1606 telepsychological services across state lines.

1607 (14) "Executive board" means a group of directors elected or  
1608 appointed to act on behalf of, and within the powers granted to them  
1609 by, the commission.

1610 (15) "Home state" means a compact state where a psychologist is  
1611 licensed to practice psychology, provided (A) if the psychologist is  
1612 licensed in more than one compact state and is practicing under the  
1613 Authorization to Practice Interjurisdictional Telepsychology, the home  
1614 state is the compact state where the psychologist is physically present  
1615 when delivering telepsychological services, and (B) if the psychologist  
1616 is licensed in more than one compact state and is practicing under the  
1617 temporary authorization to practice, the home state is any compact state  
1618 where the psychologist is licensed.

1619 (16) "Identity history summary" means a summary of information  
1620 retained by the Federal Bureau of Investigation, or said bureau's  
1621 designee with similar authority, in connection with arrests and, in some  
1622 instances, federal employment, naturalization, or military service.

1623 (17) "In-person, face-to-face" (A) means interactions in which the

1624 psychologist and the client or patient are in the same physical space, and  
1625 (B) does not include interactions that may occur through the use of  
1626 telecommunication technologies.

1627 (18) "IPC" means the Interjurisdictional Practice Certificate issued by  
1628 the Association of State and Provincial Psychology Boards that grants  
1629 temporary authority to practice based on notification to the state  
1630 psychology regulatory authority of intention to practice temporarily,  
1631 and verification of one's qualifications for such practice.

1632 (19) "License" means authorization by a state psychology regulatory  
1633 authority to engage in the independent practice of psychology, which  
1634 practice would be unlawful without the authorization.

1635 (20) "Noncompact state" means any state that is not a compact state.

1636 (21) "Psychologist" means an individual licensed for the independent  
1637 practice of psychology.

1638 (22) "Psychology Interjurisdictional Compact Commission" or  
1639 "commission" means the national administration of which all compact  
1640 states are members.

1641 (23) "Receiving state" means a compact state where the client or  
1642 patient is physically located when the telepsychological services are  
1643 delivered.

1644 (24) "Rule" means a written statement by the Psychology  
1645 Interjurisdictional Compact Commission promulgated pursuant to  
1646 Article XI of the compact that is of general applicability, implements,  
1647 interprets or prescribes a policy or provision of the compact, or an  
1648 organizational, procedural or practice requirement of the commission,  
1649 and has the force and effect of statutory law in a compact state,  
1650 including, but not limited to, the amendment, repeal or suspension of  
1651 an existing rule.

1652 (25) "Significant investigatory information" means:

1653 (A) Investigative information that a state psychology regulatory  
1654 authority, after a preliminary inquiry that includes notification and an  
1655 opportunity to respond if required by state law, has reason to believe, if  
1656 proven true, would indicate more than a violation of state statute or  
1657 ethics code that would be considered more substantial than minor  
1658 infraction; or

1659 (B) Investigative information that indicates that the psychologist  
1660 represents an immediate threat to public health and safety regardless of  
1661 whether the psychologist has been notified or had an opportunity to  
1662 respond.

1663 (26) "State" means a state, commonwealth, territory or possession of  
1664 the United States, or the District of Columbia.

1665 (27) "State psychology regulatory authority" means the board, office  
1666 or other agency with the legislative mandate to license and regulate the  
1667 practice of psychology.

1668 (28) "Telepsychology" means the provision of psychological services  
1669 using telecommunication technologies.

1670 (29) "Temporary authorization to practice" means a licensed  
1671 psychologist's authority to conduct temporary in-person, face-to-face  
1672 practice, within the limits authorized under the compact, in another  
1673 compact state.

1674 (30) "Temporary in-person, face-to-face practice" means the practice  
1675 of psychology by a psychologist who is physically present, not through  
1676 the use of telecommunications technologies, in the distant state for not  
1677 more than thirty days in a calendar year and based on notification to the  
1678 distant state.

1679 ARTICLE III

1680 HOME STATE LICENSURE

1681 (a) The home state shall be a compact state where a psychologist is

1682 licensed to practice psychology.

1683 (b) A psychologist may hold one or more compact state licenses at a  
1684 time. If the psychologist is licensed in more than one compact state, the  
1685 home state is the compact state where the psychologist is physically  
1686 present when the services are delivered as authorized by the authority  
1687 to practice interjurisdictional telepsychology under the terms of the  
1688 compact.

1689 (c) Any compact state may require a psychologist not previously  
1690 licensed in a compact state to obtain and retain a license to be authorized  
1691 to practice in the compact state under circumstances not authorized by  
1692 the authority to practice interjurisdictional telepsychology under the  
1693 terms of the compact.

1694 (d) Any compact state may require a psychologist to obtain and retain  
1695 a license to be authorized to practice in a compact state under  
1696 circumstances not authorized by a temporary authorization to practice  
1697 under the terms of the compact.

1698 (e) A home state's license authorizes a psychologist to practice in a  
1699 receiving state under the authority to practice interjurisdictional  
1700 telepsychology only if the compact state:

1701 (1) Currently requires the psychologist to hold an active E.Passport;

1702 (2) Has a mechanism in place for receiving and investigating  
1703 complaints about licensed individuals;

1704 (3) Notifies the commission, in compliance with the terms of the  
1705 compact, of any adverse action or significant investigatory information  
1706 regarding a licensed individual;

1707 (4) Requires an identity history summary of all applicants at initial  
1708 licensure, including, but not limited to, the use of the results of  
1709 fingerprints or other biometric data checks compliant with the  
1710 requirements of the Federal Bureau of Investigation, or said bureau's  
1711 designee with similar authority, not later than ten years after activation

1712 of the compact; and

1713 (5) Complies with the bylaws and rules of the commission.

1714 (f) A home state's license grants a temporary authorization to practice  
1715 to a psychologist in a distant state only if the compact state:

1716 (1) Currently requires the psychologist to hold an active IPC;

1717 (2) Has a mechanism in place for receiving and investigating  
1718 complaints about licensed individuals;

1719 (3) Notifies the commission, in compliance with the terms of the  
1720 compact, of any adverse action or significant investigatory information  
1721 regarding a licensed individual;

1722 (4) Requires an identity history summary of all applicants at initial  
1723 licensure, including, but not limited to, the use of the results of  
1724 fingerprints or other biometric data checks compliant with the  
1725 requirements of the Federal Bureau of Investigation, or said bureau's  
1726 designee with similar authority, not later than ten years after activation  
1727 of the compact; and

1728 (5) Complies with the bylaws and rules of the commission.

1729 ARTICLE IV

1730 COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

1731 (a) Compact states shall recognize the right of a psychologist, licensed  
1732 in a compact state in conformance with Article III of the compact, to  
1733 practice telepsychology in receiving states in which the psychologist is  
1734 not licensed, under the authority to practice interjurisdictional  
1735 telepsychology as provided in the compact.

1736 (b) To exercise the authority to practice interjurisdictional  
1737 telepsychology under the terms and provisions of the compact, a  
1738 psychologist licensed to practice in a compact state shall:

1739 (1) Hold a graduate degree in psychology from an institution of  
1740 higher education that was, at the time the degree was awarded:

1741 (A) Regionally accredited by an accrediting body recognized by the  
1742 United States Department of Education to grant graduate degrees, or  
1743 authorized by provincial statute or royal charter to grant doctoral  
1744 degrees; or

1745 (B) A foreign college or university deemed to be equivalent to an  
1746 institution of higher education described in subparagraph (A) of this  
1747 subdivision by a foreign credential evaluation service that is a member  
1748 of the National Association of Credential Evaluation Services or by a  
1749 recognized foreign credential evaluation service; and

1750 (2) Hold a graduate degree in psychology from a psychology  
1751 program that meets the following criteria:

1752 (A) The program, wherever it may be administratively housed, shall  
1753 be clearly identified and labeled as a psychology program. Such  
1754 program shall specify in pertinent institutional catalogues and  
1755 brochures its intent to educate and train professional psychologists;

1756 (B) The psychology program shall stand as a recognizable, coherent,  
1757 organizational entity within the institution;

1758 (C) There shall be a clear authority and primary responsibility for the  
1759 core and specialty areas whether or not the program cuts across  
1760 administrative lines;

1761 (D) The program shall consist of an integrated, organized sequence  
1762 of study;

1763 (E) There shall be an identifiable psychology faculty sufficient in size  
1764 and breadth to carry out its responsibilities;

1765 (F) The designated director of the program shall be a psychologist  
1766 and a member of the core faculty;



1767 (G) The program shall have an identifiable body of students who are  
1768 matriculated in such program for a degree;

1769 (H) The program shall include supervised practicum, internship or  
1770 field training appropriate to the practice of psychology;

1771 (I) The curriculum shall encompass a minimum of three academic  
1772 years of full-time graduate study for a doctoral degree and a minimum  
1773 of one academic year of full-time graduate study for a master's degree;  
1774 and

1775 (J) The program shall include an acceptable residency, as defined by  
1776 the rules of the commission.

1777 (3) Possess a current, full and unrestricted license to practice  
1778 psychology in a home state that is a compact state;

1779 (4) Have no history of adverse action that violates the rules of the  
1780 commission;

1781 (5) Have no criminal record history reported on an identity history  
1782 summary that violates the rules of the commission;

1783 (6) Possess a current, active E.Passport;

1784 (7) Provide (A) attestations regarding areas of intended practice,  
1785 conformity with standards of practice, competence in telepsychology  
1786 technology, criminal background and knowledge and adherence to  
1787 legal requirements in the home and receiving states, and (B) a release of  
1788 information to allow for primary source verification in a manner  
1789 specified by the commission; and

1790 (8) Meet other criteria as defined by the rules of the commission.

1791 (c) The home state maintains authority over the license of any  
1792 psychologist practicing in a receiving state under the authority to  
1793 practice interjurisdictional telepsychology.

1794 (d) A psychologist practicing in a receiving state under the authority

1795 to practice interjurisdictional telepsychology shall be subject to the  
1796 receiving state's scope of practice. A receiving state may, in accordance  
1797 with such state's due process law, limit or revoke a psychologist's  
1798 authority to practice interjurisdictional telepsychology in the receiving  
1799 state and may take any other necessary actions under the receiving  
1800 state's applicable law to protect the health and safety of the receiving  
1801 state's citizens. If a receiving state takes action, the state shall promptly  
1802 notify the home state and the commission.

1803 (e) If a psychologist's license in any home state, another compact state  
1804 or any authority to practice interjurisdictional telepsychology in any  
1805 receiving state, is restricted, suspended or otherwise limited, the  
1806 E.Passport shall be revoked and the psychologist shall not be eligible to  
1807 practice telepsychology in a compact state under the authority to  
1808 practice interjurisdictional telepsychology.

1809 ARTICLE V

1810 COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

1811 (a) Compact states shall recognize the right of a psychologist, licensed  
1812 in a compact state in conformance with Article III of the compact, to  
1813 practice temporarily in other compact states in which the psychologist  
1814 is not licensed, as provided in the compact.

1815 (b) To exercise the temporary authorization to practice under the  
1816 terms and provisions of the compact, a psychologist licensed to practice  
1817 in a compact state shall:

1818 (1) Hold a graduate degree in psychology from an institution of  
1819 higher education that was, at the time the degree was awarded:

1820 (A) Regionally accredited by an accrediting body recognized by the  
1821 United States Department of Education to grant graduate degrees, or  
1822 authorized by provincial statute or royal charter to grant doctoral  
1823 degrees; or

1824 (B) A foreign college or university deemed to be equivalent to an

1825 institution of higher education described in subparagraph (A) of this  
1826 subdivision by a foreign credential evaluation service that is a member  
1827 of the National Association of Credential Evaluation Services or by a  
1828 recognized foreign credential evaluation service; and

1829 (2) Hold a graduate degree in psychology that meets the following  
1830 criteria:

1831 (A) The program, wherever it may be administratively housed, shall  
1832 be clearly identified and labeled as a psychology program. Such  
1833 program shall specify in pertinent institutional catalogues and  
1834 brochures its intent to educate and train professional psychologists;

1835 (B) The psychology program shall stand as a recognizable, coherent,  
1836 organizational entity within the institution;

1837 (C) There shall be a clear authority and primary responsibility for the  
1838 core and specialty areas whether or not the program cuts across  
1839 administrative lines;

1840 (D) The program shall consist of an integrated, organized sequence  
1841 of study;

1842 (E) There shall be an identifiable psychology faculty sufficient in size  
1843 and breadth to carry out its responsibilities;

1844 (F) The designated director of the program shall be a psychologist  
1845 and a member of the core faculty;

1846 (G) The program shall have an identifiable body of students who are  
1847 matriculated in such program for a degree;

1848 (H) The program shall include supervised practicum, internship or  
1849 field training appropriate to the practice of psychology;

1850 (I) The curriculum shall encompass a minimum of three academic  
1851 years of full-time graduate study for a doctoral degree and a minimum  
1852 of one academic year of full-time graduate study for a master's degree;

1853 and

1854 (J) The program includes an acceptable residency, as defined by the  
1855 rules of the commission;

1856 (3) Possess a current, full and unrestricted license to practice  
1857 psychology in a home state that is a compact state;

1858 (4) No history of adverse action that violates the rules of the  
1859 commission;

1860 (5) No criminal record history that violates the rules of the  
1861 commission;

1862 (6) Possess a current, active IPC;

1863 (7) Provide attestations regarding areas of intended practice and  
1864 work experience and provide a release of information to allow for  
1865 primary source verification in a manner specified by the commission;  
1866 and

1867 (8) Meet other criteria, as defined by the rules of the commission.

1868 (c) A psychologist practicing in a distant state under the temporary  
1869 authorization to practice shall practice within the scope of practice  
1870 authorized by the distant state.

1871 (d) A psychologist practicing in a distant state under the temporary  
1872 authorization to practice shall be subject to the distant state's authority  
1873 and law. A distant state may, in accordance with such state's due process  
1874 law, limit or revoke a psychologist's temporary authorization to practice  
1875 in the distant state and may take any other necessary actions under the  
1876 distant state's applicable law to protect the health and safety of the  
1877 distant state's citizens. If a distant state takes action, the state shall  
1878 promptly notify the home state and the commission.

1879 (e) If a psychologist's license in any home state or another compact  
1880 state, or any temporary authorization to practice in any distant state, is

1881 restricted, suspended or otherwise limited, the IPC shall be revoked and  
1882 the psychologist shall not be eligible to practice in a compact state under  
1883 the temporary authorization to practice.

1884 ARTICLE VI

1885 CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A  
1886 RECEIVING STATE

1887 A psychologist may practice in a receiving state under the authority  
1888 to practice interjurisdictional telepsychology only in the performance of  
1889 the scope of practice for psychology as assigned by an appropriate state  
1890 psychology regulatory authority, as defined in the rules of the  
1891 commission, and under the following circumstances:

1892 (1) The psychologist initiates a client or patient contact in a home state  
1893 via telecommunications technologies with a client or patient in a  
1894 receiving state; and

1895 (2) The psychologist complies with any other conditions regarding  
1896 telepsychology that are set forth in the rules promulgated by the  
1897 commission.

1898 ARTICLE VII

1899 ADVERSE ACTIONS

1900 (a) A home state shall have the power to impose adverse action  
1901 against a psychologist's license issued by the home state. A distant state  
1902 shall have the power to take adverse action on a psychologist's  
1903 temporary authorization to practice in such distant state.

1904 (b) A receiving state may take adverse action on a psychologist's  
1905 authority to practice interjurisdictional telepsychology in such receiving  
1906 state. A home state may take adverse action against a psychologist based  
1907 on an adverse action taken by a distant state regarding temporary in-  
1908 person, face-to-face practice.

1909 (c) If a home state takes adverse action against a psychologist's  
1910 license, the psychologist's (1) authority to practice interjurisdictional  
1911 telepsychology is terminated, (2) E.Passport is revoked, (3) temporary  
1912 authorization to practice is terminated, and (4) IPC is revoked. All home  
1913 state disciplinary orders that impose adverse action shall be reported to  
1914 the commission in accordance with the rules promulgated by the  
1915 commission. A compact state shall report adverse actions in accordance  
1916 with the rules of the commission. If discipline is reported on a  
1917 psychologist, the psychologist shall not be eligible for telepsychology or  
1918 temporary in-person, face-to-face practice in accordance with the rules  
1919 of the commission. Other actions may be imposed as determined by the  
1920 rules promulgated by the commission.

1921 (d) A home state's psychology regulatory authority shall investigate  
1922 and take appropriate action with respect to reported inappropriate  
1923 conduct engaged in by a licensee that occurred in a receiving state as it  
1924 would if such conduct had occurred by a licensee in the home state. In  
1925 such cases, the home state's law shall control in determining any adverse  
1926 action against a psychologist's license.

1927 (e) A distant state's psychology regulatory authority shall investigate  
1928 and take appropriate action with respect to reported inappropriate  
1929 conduct engaged in by a psychologist practicing under temporary  
1930 authorization to practice that occurred in that distant state as it would if  
1931 such conduct had occurred by a licensee within the home state. In such  
1932 cases, the distant state's law shall control in determining any adverse  
1933 action against a psychologist's temporary authorization to practice.

1934 (f) Nothing in the compact shall override a compact state's decision  
1935 that a psychologist's participation in an alternative program may be  
1936 used in lieu of adverse action and that such participation shall remain  
1937 nonpublic if required by the compact state's law. Compact states shall  
1938 require psychologists who enter any alternative programs to not  
1939 provide telepsychology services under the authority to practice  
1940 interjurisdictional telepsychology or provide temporary psychological  
1941 services under the temporary authorization to practice in any other

1942 compact state during the term of the alternative program.

1943 (g) No other judicial or administrative remedies shall be available to  
1944 a psychologist if the compact state imposes an adverse action pursuant  
1945 to subsection (c) of this article.

1946 ARTICLE VIII

1947 ADDITIONAL AUTHORITIES INVESTED IN A COMPACT  
1948 STATE'S PSYCHOLOGY REGULATORY AUTHORITY

1949 (a) In addition to any other powers granted under state law, a  
1950 compact state's psychology regulatory authority shall have the  
1951 authority under the compact to do the following:

1952 (1) Issue subpoenas, for both hearings and investigations, that require  
1953 the attendance and testimony of witnesses and the production of  
1954 evidence. Subpoenas issued by a compact state's psychology regulatory  
1955 authority for the attendance and testimony of witnesses or the  
1956 production of evidence from another compact state shall be enforced in  
1957 the latter compact state by any court of competent jurisdiction,  
1958 according to such court's practice and procedure in considering  
1959 subpoenas issued in its own proceedings. The issuing state psychology  
1960 regulatory authority shall pay any witness fees, travel expenses, mileage  
1961 and other fees required by the service statutes of the state where the  
1962 witnesses are or evidence is located; and

1963 (2) Issue cease and desist or injunctive relief orders to revoke a  
1964 psychologist's authority to practice interjurisdictional telepsychology or  
1965 temporary authorization to practice.

1966 (b) During the course of any investigation, a psychologist may not  
1967 change the psychologist's home state licensure. A home state  
1968 psychology regulatory authority is authorized to complete any pending  
1969 investigations of a psychologist and to take any actions appropriate  
1970 under its law. The home state psychology regulatory authority shall  
1971 promptly report the conclusions of such investigations to the

1972 commission. Once an investigation has been completed, and pending  
1973 the outcome of such investigation, the psychologist may change his or  
1974 her home state licensure. The commission shall promptly notify the new  
1975 home state of any such decisions as provided in the rules of the  
1976 commission. All information provided to the commission or distributed  
1977 by compact states pursuant to the psychologist shall be confidential,  
1978 filed under seal and used for investigatory or disciplinary matters. The  
1979 commission may create additional rules for mandated or discretionary  
1980 sharing of information by compact states.

1981 ARTICLE IX

1982 COORDINATED LICENSURE INFORMATION SYSTEM

1983 (a) The commission shall provide for the development and  
1984 maintenance of a coordinated licensure information system and  
1985 reporting system containing licensure and disciplinary action  
1986 information on all psychologists to whom the compact is applicable in  
1987 all compact states as defined by the rules of the commission.

1988 (b) Notwithstanding any other provision of the general statutes, a  
1989 compact state shall submit a uniform data set to the coordinated  
1990 database on all licensees as required by the rules of the commission,  
1991 including, but not limited to, the following:

1992 (1) Identifying information;

1993 (2) Licensure data;

1994 (3) Significant investigatory information;

1995 (4) Adverse actions against a psychologist's license;

1996 (5) An indicator that a psychologist's authority to practice  
1997 interjurisdictional telepsychology or temporary authorization to  
1998 practice is revoked;

1999 (6) Nonconfidential information related to alternative program



2000 participation information;

2001 (7) Any denial of application for licensure, and the reasons for such  
2002 denial; and

2003 (8) Other information that may facilitate the administration of the  
2004 compact, as determined by the rules of the commission.

2005 (c) The coordinated database administrator shall promptly notify all  
2006 compact states of any adverse action taken against, or significant  
2007 investigative information on, any licensee in a compact state.

2008 (d) Compact states reporting information to the coordinated database  
2009 may designate information that may not be shared with the public  
2010 without the express permission of the compact state reporting the  
2011 information.

2012 (e) Any information submitted to the coordinated database that is  
2013 subsequently required to be expunged by the law of the compact state  
2014 reporting the information shall be removed from the coordinated  
2015 database.

2016 ARTICLE X

2017 ESTABLISHMENT OF THE PSYCHOLOGY  
2018 INTERJURISDICTIONAL COMPACT COMMISSION

2019 (a) The compact states hereby create and establish a joint public  
2020 agency known as the Psychology Interjurisdictional Compact  
2021 Commission.

2022 (1) The commission is a body politic and an instrumentality of the  
2023 compact states.

2024 (2) Venue is proper and judicial proceedings by or against the  
2025 commission shall be brought solely and exclusively in a court of  
2026 competent jurisdiction where the principal office of the commission is  
2027 located. The commission may waive venue and jurisdictional defenses

2028 to the extent it adopts or consents to participate in alternative dispute  
2029 resolution proceedings.

2030 (3) Nothing in the compact shall be construed to be a waiver of  
2031 sovereign immunity.

2032 (b) (1) The commission shall consist of one voting representative  
2033 appointed by each compact state who shall serve as such state's  
2034 commissioner. The state psychology regulatory authority shall appoint  
2035 its delegate. The delegate shall be empowered to act on behalf of the  
2036 compact state. The delegate shall be limited to the following:

2037 (A) An executive director, executive secretary or similar executive;

2038 (B) A current member of the state psychology regulatory authority of  
2039 a compact state; or

2040 (C) A designee empowered with the appropriate delegate authority  
2041 to act on behalf of the compact state.

2042 (2) Any commissioner may be removed or suspended from office as  
2043 provided by the law of the state from which the commissioner is  
2044 appointed. Any vacancy occurring in the commission shall be filled in  
2045 accordance with the laws of the compact state in which the vacancy  
2046 exists.

2047 (3) Each commissioner shall be entitled to one vote with regard to the  
2048 promulgation of rules and creation of bylaws and shall otherwise have  
2049 an opportunity to participate in the business and affairs of the  
2050 commission. A commissioner shall vote in person or by such other  
2051 means as provided in the bylaws. The bylaws may provide for  
2052 commissioners' participation in meetings by telephone or other means  
2053 of communication.

2054 (4) The commission shall meet at least once during each calendar  
2055 year. Additional meetings shall be held as set forth in the bylaws.

2056 (5) All meetings shall be open to the public, and public notice of

2057 meetings shall be given in the same manner as required under the  
2058 rulemaking provisions in Article XI of the compact.

2059 (6) The commission may convene in a closed, nonpublic meeting if  
2060 the commission has to discuss the following:

2061 (A) Noncompliance of a compact state with its obligations under the  
2062 compact;

2063 (B) The employment, compensation, discipline or other personnel  
2064 matters, practices or procedures related to specific employees or other  
2065 matters related to the commission's internal personnel practices and  
2066 procedures;

2067 (C) Current, threatened or reasonably anticipated litigation against  
2068 the commission;

2069 (D) Negotiation of contracts for the purchase or sale of goods, services  
2070 or real estate;

2071 (E) Accusation against any person of a crime or formally censuring  
2072 any person;

2073 (F) Disclosure of trade secrets or commercial or financial information  
2074 which is privileged or confidential;

2075 (G) Disclosure of information of a personal nature where disclosure  
2076 would constitute a clearly unwarranted invasion of personal privacy;

2077 (H) Disclosure of investigatory records compiled for law enforcement  
2078 purposes;

2079 (I) Disclosure of information related to any investigatory reports  
2080 prepared by or on behalf of or for use of the commission or other  
2081 committee charged with responsibility for investigation or  
2082 determination of compliance issues pursuant to the compact; or

2083 (J) Matters specifically exempted from disclosure by federal and state  
2084 statute.

2085 (7) If a meeting, or portion of a meeting, is closed pursuant to the  
2086 provisions of subdivision (6) of this subsection, the commission's legal  
2087 counsel or designee shall certify that the meeting may be closed and  
2088 shall reference each relevant exempting provision. The commission  
2089 shall keep minutes that fully and clearly describe all matters discussed  
2090 in a meeting and shall provide a full and accurate summary of actions  
2091 taken, of any person participating in the meeting, and the reasons  
2092 therefore, including, but not limited to, a description of the views  
2093 expressed. All documents considered in connection with an action shall  
2094 be identified in such minutes. All minutes and documents of a closed  
2095 meeting shall remain under seal, subject to release only by a majority  
2096 vote of the commission or order of a court of competent jurisdiction.

2097 (c) The commission shall, by a majority vote of the commissioners,  
2098 prescribe bylaws or rules to govern its conduct as may be necessary or  
2099 appropriate to carry out the purposes and exercise the powers of the  
2100 compact, including, but not limited to:

2101 (1) Establishing the fiscal year of the commission;

2102 (2) Providing reasonable standards and procedures for the following:

2103 (A) The establishment and meetings of other committees; and

2104 (B) Governing any general or specific delegation of any authority or  
2105 function of the commission;

2106 (3) Providing reasonable procedures for calling and conducting  
2107 meetings of the commission, ensuring reasonable advance notice of all  
2108 meetings and providing an opportunity for attendance of such meetings  
2109 by interested parties, with enumerated exceptions designed to protect  
2110 the public's interest, the privacy of individuals at such meetings and  
2111 proprietary information, including, but not limited to, trade secrets. The  
2112 commission may meet in closed session only after a majority of the  
2113 commissioners vote to close a meeting to the public in whole or in part.  
2114 As soon as practicable, the commission shall make public a copy of the  
2115 vote to close the meeting revealing the vote of each commissioner with

2116 no proxy votes allowed;

2117 (4) Establishing the titles, duties and authority and reasonable  
2118 procedures for the election of the officers of the commission;

2119 (5) Providing reasonable standards and procedures for the  
2120 establishment of the personnel policies and programs of the  
2121 commission. Notwithstanding any civil service law or other similar law  
2122 of any compact state, the bylaws shall exclusively govern the personnel  
2123 policies and programs of the commission;

2124 (6) Promulgating a code of ethics to address permissible and  
2125 prohibited activities of commission members and employees;

2126 (7) Providing a mechanism for concluding the operations of the  
2127 commission and the equitable disposition of any surplus funds that may  
2128 exist after the termination of the compact after the payment or reserving  
2129 of all of its debts and obligations;

2130 (8) The commission shall publish its bylaws in a convenient form and  
2131 file a copy thereof and a copy of any amendment thereto, with the  
2132 appropriate agency or officer in each of the compact states;

2133 (9) The commission shall maintain its financial records in accordance  
2134 with the bylaws; and

2135 (10) The commission shall meet and take such actions as are  
2136 consistent with the provisions of the compact and the bylaws.

2137 (d) The commission may:

2138 (1) Promulgate uniform rules to facilitate and coordinate  
2139 implementation and administration of the compact, which rules shall  
2140 have the force and effect of law and shall be binding in all compact  
2141 states;

2142 (2) Bring and prosecute legal proceedings or actions in the name of  
2143 the commission, provided the standing of any state psychology

2144 regulatory authority or other regulatory body responsible for  
2145 psychology licensure to sue or be sued under applicable law shall not  
2146 be affected;

2147 (3) Purchase and maintain insurance and bonds;

2148 (4) Borrow, accept or contract for services of personnel, including, but  
2149 not limited to, employees of a compact state;

2150 (5) Hire employees, elect or appoint officers, fix compensation, define  
2151 duties, grant such individuals appropriate authority to carry out the  
2152 purposes of the compact and to establish the commission's personnel  
2153 policies and programs relating to conflicts of interest, qualifications of  
2154 personnel and other related personnel matters;

2155 (6) Accept any appropriate donations and grants of money,  
2156 equipment, supplies, materials and services and to receive, utilize and  
2157 dispose of the same; provided the commission shall strive at all times to  
2158 avoid any appearance of impropriety or conflict of interest;

2159 (7) Lease, purchase, accept appropriate gifts or donations of, or  
2160 otherwise own, hold, improve or use, any property, real, personal or  
2161 mixed, provided the commission shall strive at all times to avoid any  
2162 appearance of impropriety;

2163 (8) Sell, convey, mortgage, pledge, lease, exchange, abandon or  
2164 otherwise dispose of any property real, personal or mixed;

2165 (9) Establish a budget and make expenditures;

2166 (10) Borrow money;

2167 (11) Appoint committees, including, but not limited to, advisory  
2168 committees comprised of members, state regulators, state legislators or  
2169 their representatives and consumer representatives, and such other  
2170 interested persons as may be designated in the compact and the bylaws;

2171 (12) Provide and receive information from, and to cooperate with,

2172 law enforcement agencies;

2173 (13) Adopt and use an official seal; and

2174 (14) Perform such other functions as may be necessary or appropriate  
2175 to achieve the purposes of the compact consistent with the state  
2176 regulation of psychology licensure, temporary in-person, face-to-face  
2177 practice and telepsychology practice.

2178 (e) (1) The elected officers shall serve as the executive board, which  
2179 shall have the power to act on behalf of the commission according to the  
2180 terms of the compact. The executive board shall be comprised of the  
2181 following six members:

2182 (A) Five voting members who are elected from the membership of the  
2183 commission by the commission; and

2184 (B) One ex-officio, nonvoting member from the recognized  
2185 membership organization composed of state and provincial psychology  
2186 regulatory authorities.

2187 (2) The ex-officio member shall have served as staff or member on a  
2188 state psychology regulatory authority and shall be selected by its  
2189 respective organization.

2190 (3) The commission may remove any member of the executive board  
2191 as provided in the bylaws.

2192 (4) The executive board shall meet at least annually.

2193 (5) The executive board shall have the following duties and  
2194 responsibilities:

2195 (A) Recommend to the entire commission changes to the rules or  
2196 bylaws, changes to the compact legislation, fees paid by compact states,  
2197 including, but not limited to, annual dues, and any other applicable fees;

2198 (B) Ensure compact administration services are appropriately  
2199 provided, contractually or otherwise;

- 
- 2200 (C) Prepare and recommend the budget;
- 2201 (D) Maintain financial records on behalf of the commission;
- 2202 (E) Monitor compact compliance of member states and provide  
2203 compliance reports to the commission;
- 2204 (F) Establish additional committees as necessary; and
- 2205 (G) Other duties as provided in rules or bylaws.
- 2206 (f) The commission:
- 2207 (1) Shall pay, or provide for the payment of the reasonable expenses  
2208 of its establishment, organization and ongoing activities.
- 2209 (2) May accept any and all appropriate revenue sources, donations  
2210 and grants of money, equipment, supplies, materials and services.
- 2211 (3) May levy on and collect an annual assessment from each compact  
2212 state or impose fees on other parties to cover the cost of the operations  
2213 and activities of the commission and its staff. Such assessment and fees  
2214 shall be in a total amount sufficient to cover the commission's annual  
2215 budget as approved each year for which revenue is not provided by  
2216 other sources. The aggregate annual assessment amount shall be  
2217 allocated based upon a formula to be determined by the commission.  
2218 The commission shall promulgate a rule under this subdivision that is  
2219 binding upon all compact states.
- 2220 (4) Shall not incur obligations of any kind prior to securing the funds  
2221 adequate to meet such obligations, or pledge the credit of any of the  
2222 compact states, except by and with the authority of the compact state.
- 2223 (5) Shall keep accurate accounts of all receipts and disbursements.  
2224 The receipts and disbursements of the commission shall be subject to the  
2225 audit and accounting procedures established under its bylaws. All  
2226 receipts and disbursements of funds handled by the commission shall  
2227 be audited yearly by a certified or licensed public accountant and the



2228 report of the audit shall be included in and become part of the annual  
2229 report of the commission.

2230 (g) (1) The members, officers, executive director, employees and  
2231 representatives of the commission shall be immune from suit and  
2232 liability, either personally or in their official capacity, for any claim for  
2233 damage to or loss of property or personal injury or other civil liability  
2234 caused by or arising out of any actual or alleged act, error or omission  
2235 that occurred, or that the person against whom the claim is made had a  
2236 reasonable basis for believing occurred within the scope of commission  
2237 employment, duties or responsibilities, provided nothing in this  
2238 subdivision shall be construed to protect any such person from suit or  
2239 liability for any damage, loss, injury or liability caused by the intentional  
2240 or wilful or wanton misconduct of such person.

2241 (2) The commission shall defend any member, officer, executive  
2242 director, employee or representative of the commission in any civil  
2243 action seeking to impose liability arising out of any actual or alleged act,  
2244 error or omission that occurred within the scope of commission  
2245 employment, duties or responsibilities, or that the person against whom  
2246 the claim is made had a reasonable basis for believing occurred within  
2247 the scope of commission employment, duties or responsibilities,  
2248 provided (A) nothing in this subdivision shall be construed to prohibit  
2249 such person from retaining his or her own counsel, and (B) the actual or  
2250 alleged act, error or omission did not result from such person's  
2251 intentional or wilful or wanton misconduct.

2252 (3) The commission shall indemnify and hold harmless any member,  
2253 officer, executive director, employee or representative of the  
2254 commission for the amount of any settlement or judgment obtained  
2255 against such person arising out of any actual or alleged act, error or  
2256 omission that occurred within the scope of commission employment,  
2257 duties or responsibilities, or that such person had a reasonable basis for  
2258 believing occurred within the scope of commission employment, duties  
2259 or responsibilities, provided the actual or alleged act, error or omission  
2260 did not result from the intentional or wilful or wanton misconduct of

2261 such person.

2262 ARTICLE XI

2263 RULEMAKING

2264 (a) The commission shall exercise its rulemaking powers pursuant to  
2265 the criteria set forth in this Article and the rules adopted thereunder.  
2266 Rules and amendments shall become binding as of the date specified in  
2267 each rule or amendment.

2268 (b) If a majority of the legislatures of the compact states rejects a rule,  
2269 by enactment of a statute or resolution in the same manner used to adopt  
2270 the compact, then such rule shall have no further force and effect in any  
2271 compact state.

2272 (c) Rules, or amendments to the rules, shall be adopted at a regular  
2273 or special meeting of the commission.

2274 (d) Prior to promulgation and adoption of a final rule or rules by the  
2275 commission, and at least sixty days prior to the scheduled date of the  
2276 meeting at which the rule will be considered and voted upon, the  
2277 commission shall file a notice of proposed rulemaking as follows:

2278 (1) On the Internet web site of the commission; and

2279 (2) On the Internet web site of each compact state's psychology  
2280 regulatory authority or the publication in which each state would  
2281 otherwise publish proposed rules.

2282 (e) The notice of proposed rulemaking shall include the following:

2283 (1) The proposed time, date and location of the meeting in which the  
2284 rule will be considered and voted upon;

2285 (2) The text of the proposed rule or amendment and the reason for  
2286 the proposed rule;

2287 (3) A request for comments on the proposed rule from any interested

2288 person; and

2289 (4) The manner in which interested persons may submit to the  
2290 commission (A) notice of their intention to attend the public hearing,  
2291 and (B) written comments.

2292 (f) Prior to adoption of a proposed rule, the commission shall allow  
2293 persons to submit written data, facts, opinions and arguments, which  
2294 shall be made available to the public.

2295 (g) The commission shall grant an opportunity for a public hearing  
2296 before it adopts a rule or amendment if a hearing is requested by the  
2297 following:

2298 (1) At least twenty-five persons who submit written comments  
2299 independently of each other;

2300 (2) A governmental subdivision or agency; or

2301 (3) A duly appointed person in an association that has at least twenty-  
2302 five members.

2303 (h) If a hearing is held on the proposed rule or amendment, the  
2304 commission shall publish the location, time and date of the scheduled  
2305 public hearing.

2306 (1) All persons wishing to be heard at the hearing shall notify the  
2307 executive director of the commission or other designated member in  
2308 writing of their desire to appear and testify at the hearing not less than  
2309 five business days prior to the scheduled date of the hearing.

2310 (2) Hearings shall be conducted in a manner providing each person  
2311 who wishes to comment a fair and reasonable opportunity to comment  
2312 orally or in writing.

2313 (3) No transcript of the hearing is required, unless a written request  
2314 for a transcript is made, in which case the person requesting the  
2315 transcript shall bear the cost of producing the transcript. A recording

2316 may be made in lieu of a transcript under the same terms and conditions  
2317 as a transcript. The provisions of this subdivision shall not preclude the  
2318 commission from making a transcript or recording of the hearing if it so  
2319 chooses.

2320 (4) Nothing in this subsection shall be construed as requiring a  
2321 separate hearing on each rule. Rules may be grouped for the  
2322 convenience of the commission at hearings required under this  
2323 subsection.

2324 (i) Following the scheduled hearing date, or by the close of business  
2325 on the scheduled hearing date if the hearing was not held, the  
2326 commission shall consider all written and oral comments received.

2327 (j) The commission shall, by majority vote of all members, take final  
2328 action on the proposed rule and shall determine the effective date of the  
2329 rule, if any, based on the rulemaking record and the full text of the rule.

2330 (k) If no written notice of intent to attend the public hearing by  
2331 interested parties is received, the commission may proceed with  
2332 promulgation of the proposed rule without a public hearing.

2333 (l) Upon determination that an emergency exists, the commission  
2334 may consider and adopt an emergency rule without prior notice,  
2335 opportunity for comment or hearing, provided the usual rulemaking  
2336 procedures described in the compact and in this subsection shall be  
2337 retroactively applied to the rule as soon as reasonably possible, in no  
2338 event later than ninety days after the effective date of the rule. For the  
2339 purposes of this subsection, "emergency rule" means a rule that shall be  
2340 adopted immediately in order to:

2341 (1) Meet an imminent threat to public health, safety or welfare;

2342 (2) Prevent a loss of commission or compact state funds;

2343 (3) Meet a deadline for the promulgation of an administrative rule  
2344 that is established by federal law or rule; or

2345 (4) Protect public health and safety.

2346 (m) The commission, or an authorized committee of the commission,  
2347 may direct revisions to a previously adopted rule or amendment for  
2348 purposes of correcting typographical errors, errors in format, errors in  
2349 consistency or grammatical errors. Public notice of any revisions shall  
2350 be posted on the Internet web site of the commission. The revision shall  
2351 be subject to challenge by any person for a period of thirty days after  
2352 posting. The revision may be challenged only on grounds that the  
2353 revision results in a material change to a rule. A challenge shall be made  
2354 in writing, and delivered to the chair of the commission prior to the end  
2355 of the notice period. If no challenge is made, the revision shall take effect  
2356 without further action. If the revision is challenged, the revision may not  
2357 take effect without the approval of the commission.

2358 ARTICLE XII

2359 OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

2360 (a) (1) The executive, legislative and judicial branches of state  
2361 government in each compact state shall enforce the compact and take all  
2362 actions necessary and appropriate to effectuate the compact's purposes  
2363 and intent. The provisions of the compact and the rules promulgated  
2364 under the compact shall have standing as statutory law.

2365 (2) All courts shall take judicial notice of the compact and the rules in  
2366 any judicial or administrative proceeding in a compact state pertaining  
2367 to the subject matter of the compact that may affect the powers,  
2368 responsibilities or actions of the commission.

2369 (3) The commission shall be entitled to receive service of process in  
2370 any such proceeding, and shall have standing to intervene in such  
2371 proceeding for all purposes. Failure to provide service of process to the  
2372 commission shall render a judgment or order void as to the commission,  
2373 the compact or promulgated rules.

2374 (b) (1) If the commission determines that a compact state has

2375 defaulted in the performance of its obligations or responsibilities under  
2376 the compact or the promulgated rules, the commission shall perform the  
2377 following actions:

2378 (A) Provide written notice to the defaulting state and other compact  
2379 states of the nature of the default, the proposed means of remedying the  
2380 default or any other action to be taken by the commission; and

2381 (B) Provide remedial training and specific technical assistance  
2382 regarding the default.

2383 (2) If a state in default fails to remedy the default, the defaulting state  
2384 may be terminated from the compact upon an affirmative vote of a  
2385 majority of the compact states, and all rights, privileges and benefits  
2386 conferred by the compact shall be terminated on the effective date of  
2387 termination of the defaulting state. A remedy of the default does not  
2388 relieve the offending state of obligations or liabilities incurred during  
2389 the period of default.

2390 (3) Termination of membership in the compact shall be imposed only  
2391 after all other means of securing compliance have been exhausted.  
2392 Notice of intent to suspend or terminate shall be submitted by the  
2393 commission to the governor, the majority and minority leaders of the  
2394 defaulting state's legislature, and each of the compact states.

2395 (4) A compact state that has been terminated shall be responsible for  
2396 all assessments, obligations and liabilities incurred through the effective  
2397 date of termination, including, but not limited to, obligations that extend  
2398 beyond the effective date of termination.

2399 (5) The commission shall not bear any costs incurred by the state that  
2400 is found to be in default or that has been terminated from the compact,  
2401 unless agreed upon in writing between the commission and the  
2402 defaulting state.

2403 (6) The defaulting state may appeal the action of the commission by  
2404 petitioning the United States District Court for the State of Georgia or

2405 the federal district where the compact has its principal offices. The  
2406 prevailing member shall be awarded all costs of such litigation,  
2407 including, but not limited to, reasonable attorney's fees.

2408 (c) (1) Upon request by a compact state, the commission shall attempt  
2409 to resolve disputes related to the compact that arise among compact  
2410 states and between compact and noncompact states.

2411 (2) The commission shall promulgate a rule providing for both  
2412 mediation and binding dispute resolution for disputes that arise before  
2413 the commission.

2414 (d) (1) The commission, in the reasonable exercise of its discretion,  
2415 shall enforce the provisions and rules of the compact.

2416 (2) By majority vote, the commission may initiate legal action in the  
2417 United States District Court for the State of Georgia or the federal district  
2418 where the compact has its principal offices against a compact state in  
2419 default to enforce compliance with the provisions of the compact and its  
2420 promulgated rules and bylaws. The relief sought may include both  
2421 injunctive relief and damages. In the event judicial enforcement is  
2422 necessary, the prevailing member shall be awarded all costs of such  
2423 litigation, including, but not limited to, reasonable attorney's fees.

2424 (3) The remedies set forth in the compact shall not be the exclusive  
2425 remedies of the commission. The commission may pursue any other  
2426 remedies available under federal or state law.

## 2427 ARTICLE XIII

### 2428 DATE OF IMPLEMENTATION OF THE PSYCHOLOGY 2429 INTERJURISDICTIONAL COMPACT COMMISSION AND 2430 ASSOCIATED RULES, WITHDRAWAL AND AMENDMENTS

2431 (a) The compact shall come into effect on the date on which the  
2432 compact is enacted into law in the seventh compact state. The provisions  
2433 that become effective at such time shall be limited to the powers granted  
2434 to the commission relating to assembly and the promulgation of rules.

2435 Thereafter, the commission shall meet and exercise rulemaking powers  
2436 necessary to the implementation and administration of the compact.

2437 (b) Any state that joins the compact subsequent to the commission's  
2438 initial adoption of the rules shall be subject to the rules as they exist on  
2439 the date on which the compact becomes law in such state. Any rule that  
2440 has been previously adopted by the commission shall have the full force  
2441 and effect of law on the day the compact becomes law in such state.

2442 (c) Any compact state may withdraw from the compact by enacting a  
2443 statute repealing the same.

2444 (1) A compact state's withdrawal shall not take effect until six months  
2445 after enactment of the repealing statute.

2446 (2) Withdrawal shall not affect the continuing requirement of the  
2447 withdrawing state's psychology regulatory authority to comply with the  
2448 investigative and adverse action reporting requirements set forth in  
2449 Article VII of this section prior to the effective date of withdrawal.

2450 (d) Nothing contained in the compact shall be construed to invalidate  
2451 or prevent any psychology licensure agreement or other cooperative  
2452 arrangement between a compact state and a noncompact state that does  
2453 not conflict with the provisions of the compact.

2454 (e) The compact may be amended by the compact states. No  
2455 amendment to the compact shall become effective and binding upon  
2456 any compact state until it is enacted into the law of all compact states.

2457 ARTICLE XIV

2458 CONSTRUCTION AND SEVERABILITY

2459 The compact shall be liberally construed so as to effectuate the  
2460 purposes thereof. If the compact is held contrary to the constitution of  
2461 any state member of the compact, the compact shall remain in full force  
2462 and effect as to the remaining compact states."



2463 Sec. 43. (NEW) (*Effective October 1, 2022*) The Interstate Medical  
2464 Licensure Compact is hereby enacted into law and entered into by the  
2465 state of Connecticut with any and all states legally joining therein in  
2466 accordance with its terms. The compact is substantially as follows:

2467 "INTERSTATE MEDICAL LICENSURE COMPACT

2468 SECTION 1. PURPOSE

2469 In order to strengthen access to health care, and in recognition of the  
2470 advances in the delivery of health care, the member states of the  
2471 Interstate Medical Licensure Compact have allied in common purpose  
2472 to develop a comprehensive process that complements the existing  
2473 licensing and regulatory authority of state medical boards, provides a  
2474 streamlined process that allows physicians to become licensed in  
2475 multiple states, thereby enhancing the portability of a medical license  
2476 and ensuring the safety of patients. The compact creates another  
2477 pathway for licensure and does not otherwise change a state's existing  
2478 licensure requirements for physicians. The compact also adopts the  
2479 prevailing standard for licensure and affirms that the practice of  
2480 medicine occurs where the patient is located at the time of the physician-  
2481 patient encounter, and therefore, requires the physician to be under the  
2482 jurisdiction of the state medical board where the patient is located. State  
2483 medical boards that participate in the compact retain the jurisdiction to  
2484 impose an adverse action against a license to practice medicine in such  
2485 state issued to a physician through the procedures in the compact.

2486 SECTION 2. DEFINITIONS

2487 As used in section 1, this section, and sections 3 to 24, inclusive, of the  
2488 compact:

2489 (1) "Bylaws" means those bylaws established by the Interstate  
2490 Commission pursuant to section 11 of the compact.

2491 (2) "Commissioner" means the voting representative appointed by  
2492 each member board pursuant to section 11 of the compact.

- 2493 (3) "Compact" means the Interstate Medical Licensure Compact.
- 2494 (4) "Conviction" means a finding by a court that an individual is  
2495 guilty of a criminal offense through adjudication, or entry of a plea of  
2496 guilt or no contest to the charge by the offender. Evidence of an entry of  
2497 a conviction of a criminal offense by the court shall be considered final  
2498 for purposes of disciplinary action by a member board.
- 2499 (5) "Expedited license" means a full and unrestricted medical license  
2500 granted by a member state to an eligible physician through the process  
2501 set forth in the compact.
- 2502 (6) "Interstate Commission" means the interstate commission created  
2503 pursuant to section 11 of the compact.
- 2504 (7) "License" means authorization by a member state for a physician  
2505 to engage in the practice of medicine, which would be unlawful without  
2506 authorization.
- 2507 (8) "Medical Practice Act" means laws and regulations governing the  
2508 practice of allopathic and osteopathic medicine within a member state.
- 2509 (9) "Member board" means a state agency in a member state that acts  
2510 in the sovereign interests of the state by protecting the public through  
2511 licensure, regulation and education of physicians as directed by the state  
2512 government.
- 2513 (10) "Member state" means a state that has enacted the compact.
- 2514 (11) "Practice of medicine" means the clinical prevention, diagnosis  
2515 or treatment of human disease, injury or condition requiring a physician  
2516 to obtain and maintain a license in compliance with the Medical Practice  
2517 Act of a member state.
- 2518 (12) "Physician" means any person who:
- 2519 (A) Is a graduate of a medical school accredited by the Liaison  
2520 Committee on Medical Education, the Commission on Osteopathic

2521 College Accreditation or a medical school listed in the International  
2522 Medical Education Directory or its equivalent;

2523 (B) Passed each component of the United States Medical Licensing  
2524 Examination or the Comprehensive Osteopathic Medical Licensing  
2525 Examination within three attempts, or any of said examination's  
2526 predecessor examinations accepted by a state medical board as an  
2527 equivalent examination for licensure purposes;

2528 (C) Successfully completed graduate medical education approved by  
2529 the Accreditation Council for Graduate Medical Education or the  
2530 American Osteopathic Association;

2531 (D) Holds specialty certification or a time-unlimited specialty  
2532 certificate recognized by the American Board of Medical Specialties or  
2533 the American Osteopathic Association's Bureau of Osteopathic  
2534 Specialists;

2535 (E) Possesses a full and unrestricted license to engage in the practice  
2536 of medicine issued by a member board;

2537 (F) Has never been convicted, received adjudication, deferred  
2538 adjudication, community supervision or deferred disposition for any  
2539 offense by a court of appropriate jurisdiction;

2540 (G) Has never held a license authorizing the practice of medicine  
2541 subjected to discipline by a licensing agency in any state, federal or  
2542 foreign jurisdiction, excluding any action related to nonpayment of fees  
2543 related to a license;

2544 (H) Has never had a controlled substance license or permit  
2545 suspended or revoked by a state or the United States Drug Enforcement  
2546 Administration; and

2547 (I) Is not under active investigation by a licensing agency or law  
2548 enforcement authority in any state, federal or foreign jurisdiction.

2549 (13) "Offense" means a felony, gross misdemeanor or crime of moral

2550 turpitude.

2551 (14) "Rule" means a written statement by the Interstate Commission  
2552 promulgated pursuant to section 12 of the compact that is of general  
2553 applicability, implements, interprets or prescribes a policy or provision  
2554 of the compact, or an organizational, procedural or practice requirement  
2555 of the Interstate Commission, and has the force and effect of statutory  
2556 law in a member state, and includes the amendment, repeal or  
2557 suspension of an existing rule.

2558 (15) "State" means any state, commonwealth, district or territory of  
2559 the United States.

2560 (16) "State of principal license" means a member state where a  
2561 physician holds a license to practice medicine and that has been  
2562 designated as such by the physician for purposes of registration and  
2563 participation in the compact.

#### 2564 SECTION 3. ELIGIBILITY

2565 (a) A physician shall meet the eligibility requirements set forth in  
2566 subparagraphs (A) to (I), inclusive, of subdivision (12) of section 2 of the  
2567 compact to receive an expedited license under the terms and provisions  
2568 of the compact.

2569 (b) A physician who does not meet the requirements set forth in  
2570 subparagraphs (A) to (I), inclusive, of subdivision (12) of section 2 of the  
2571 compact may obtain a license to practice medicine in a member state if  
2572 the individual complies with all laws and requirements, other than the  
2573 compact, relating to the issuance of a license to practice medicine in such  
2574 state.

#### 2575 SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE

2576 (a) A physician shall designate a member state as the state of principal  
2577 license for purposes of registration for expedited licensure through the  
2578 compact if the physician possesses a full and unrestricted license to  
2579 practice medicine in such state, and the state is:

- 2580 (1) The state of principal residence for the physician;
- 2581 (2) The state where at least twenty-five per cent of the practice of  
2582 medicine occurs;
- 2583 (3) The location of the physician's employer; or
- 2584 (4) If no state qualifies under subdivision (1), (2) or (3) of this  
2585 subsection, the state designated as state of residence for purpose of  
2586 federal income tax.
- 2587 (b) A physician may redesignate a member state as state of principal  
2588 license at any time, provided the state meets the requirements of  
2589 subsection (a) of this section.
- 2590 (c) The Interstate Commission is authorized to develop rules to  
2591 facilitate redesignation of another member state as the state of principal  
2592 license.
- 2593 SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED  
2594 LICENSURE
- 2595 (a) A physician seeking licensure through the compact shall file an  
2596 application for an expedited license with the member board of the state  
2597 selected by the physician as the state of principal license.
- 2598 (b) Upon receipt of an application for an expedited license, the  
2599 member board within the state selected as the state of principal license  
2600 shall evaluate whether the physician is eligible for expedited licensure  
2601 and issue a letter of qualification, verifying or denying the physician's  
2602 eligibility, to the Interstate Commission.
- 2603 (1) Static qualifications, including, but not limited to, verification of  
2604 medical education, graduate medical education, results of any medical  
2605 or licensing examination and other qualifications as determined by the  
2606 Interstate Commission through rule, shall not be subject to additional  
2607 primary source verification where already primary source verified by  
2608 the state of principal license.

2609 (2) The member board within the state selected as the state of  
2610 principal license shall, in the course of verifying eligibility, perform a  
2611 criminal background check of an applicant, including, but not limited  
2612 to, the use of the results of fingerprint or other biometric data checks  
2613 compliant with the requirements of the Federal Bureau of Investigation,  
2614 with the exception of federal employees who have suitability  
2615 determination in accordance with 5 CFR 731.202.

2616 (3) Appeal on the determination of eligibility shall be made to the  
2617 member state where the application was filed and shall be subject to the  
2618 law of such state.

2619 (c) Upon verification in subsection (b) of this section, a physician  
2620 eligible for an expedited license shall complete the registration process  
2621 established by the Interstate Commission to receive a license in a  
2622 member state selected pursuant to subsection (a) of this section,  
2623 including, but not limited to, the payment of any applicable fees.

2624 (d) After receiving verification of eligibility under subsection (b) of  
2625 this section and any fees under subsection (c) of this section, a member  
2626 board shall issue an expedited license to the physician. This license shall  
2627 authorize the physician to practice medicine in the issuing state  
2628 consistent with the Medical Practice Act and all applicable laws and  
2629 regulations of the issuing member board and member state.

2630 (e) An expedited license shall be valid for a period consistent with the  
2631 licensure period in the member state and in the same manner as  
2632 required for other physicians holding a full and unrestricted license in  
2633 the member state.

2634 (f) An expedited license obtained through the compact shall be  
2635 terminated if a physician fails to maintain a license in the state of  
2636 principal licensure for a nondisciplinary reason, without redesignation  
2637 of a new state of principal licensure.

2638 (g) The Interstate Commission is authorized to develop rules  
2639 regarding the application process, including, but not limited to,

2640 payment of any applicable fees, and the issuance of an expedited license.

2641 SECTION 6. FEES FOR EXPEDITED LICENSURE

2642 (a) A member state issuing an expedited license authorizing the  
2643 practice of medicine in such state may impose a fee for a license issued  
2644 or renewed through the compact.

2645 (b) The Interstate Commission is authorized to develop rules  
2646 regarding fees for expedited licenses.

2647 SECTION 7. RENEWAL AND CONTINUED PARTICIPATION

2648 (a) A physician seeking to renew an expedited license granted in a  
2649 member state shall complete a renewal process with the Interstate  
2650 Commission if the physician:

2651 (1) Maintains a full and unrestricted license in a state of principal  
2652 license;

2653 (2) Has not been convicted or received adjudication, deferred  
2654 adjudication, community supervision or deferred disposition for any  
2655 offense by a court of appropriate jurisdiction;

2656 (3) Has not had a license authorizing the practice of medicine subject  
2657 to discipline by a licensing agency in any state, federal or foreign  
2658 jurisdiction, excluding any action related to nonpayment of fees related  
2659 to a license; and

2660 (4) Has not had a controlled substance license or permit suspended  
2661 or revoked by a state or the United States Drug Enforcement  
2662 Administration.

2663 (b) Physicians shall comply with all continuing professional  
2664 development or continuing medical education requirements for  
2665 renewal of a license issued by a member state.

2666 (c) The Interstate Commission shall collect any renewal fees charged  
2667 for the renewal of a license and distribute the fees to the applicable

2668 member board.

2669 (d) Upon receipt of any renewal fees collected in subsection (c) of this  
2670 section, a member board shall renew the physician's license.

2671 (e) Physician information collected by the Interstate Commission  
2672 during the renewal process shall be distributed to all member boards.

2673 (f) The Interstate Commission is authorized to develop rules to  
2674 address renewal of licenses obtained through the compact.

2675 SECTION 8. COORDINATED INFORMATION SYSTEM

2676 (a) The Interstate Commission shall establish a database of all  
2677 physicians licensed, or who have applied for licensure, under section 5  
2678 of the compact.

2679 (b) Notwithstanding any other provision of law, member boards shall  
2680 report to the Interstate Commission any public action or complaint  
2681 against a licensed physician who has applied or received an expedited  
2682 license through the compact.

2683 (c) Member boards shall report disciplinary or investigatory  
2684 information determined as necessary and proper by rule of the  
2685 Interstate Commission.

2686 (d) Member boards may report any nonpublic complaint or any  
2687 disciplinary or investigatory information not required by subsection (c)  
2688 of the compact to the Interstate Commission.

2689 (e) Member boards shall share complaint or disciplinary information  
2690 about a physician upon request of another member board.

2691 (f) All information provided to the Interstate Commission or  
2692 distributed by member boards shall be confidential, filed under seal and  
2693 used only for investigatory or disciplinary matters.

2694 (g) The Interstate Commission is authorized to develop rules for  
2695 mandated or discretionary sharing of information by member boards.



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2696 SECTION 9. JOINT INVESTIGATIONS

2697 (a) Licensure and disciplinary records of physicians are deemed  
2698 investigative.

2699 (b) In addition to the authority granted to a member board by its  
2700 respective Medical Practice Act or other applicable state law, a member  
2701 board may participate with other member boards in joint investigations  
2702 of physicians licensed by the member boards.

2703 (c) A subpoena issued by a member state shall be enforceable in other  
2704 member states.

2705 (d) Member boards may share any investigative, litigation or  
2706 compliance materials in furtherance of any joint or individual  
2707 investigation initiate under the compact.

2708 (e) Any member state may investigate actual or alleged violations of  
2709 the statutes authorizing the practice of medicine in any other member  
2710 state in which a physician holds a license to practice medicine.

2711 SECTION 10. DISCIPLINARY ACTIONS

2712 (a) Any disciplinary action taken by any member board against a  
2713 physician licensed through the compact shall be deemed unprofessional  
2714 conduct that may be subject to discipline by other member boards, in  
2715 addition to any violation of the Medical Practice Act or regulations in  
2716 such state.

2717 (b) If a license granted to a physician by the member board in the state  
2718 of principal license is revoked, surrendered or relinquished in lieu of  
2719 discipline, or suspended, then all licenses issued to the physician by  
2720 member boards shall automatically be placed, without further action  
2721 necessary by any member board, on the same status. If the member  
2722 board in the state of principal license subsequently reinstates the  
2723 physician's license, a license issued to the physician by any other  
2724 member board shall remain encumbered until such respective member  
2725 board takes action to reinstate the license in a manner consistent with

2726 the Medical Practice Act of such state.

2727 (c) If disciplinary action is taken against a physician by a member  
2728 board not in the state of principal license, any other member board may  
2729 deem the action conclusive as to matter of law and fact decided, and  
2730 perform one of the following actions:

2731 (1) Impose the same or any lesser sanction against the physician,  
2732 provided such sanctions are consistent with the Medical Practice Act of  
2733 such state; or

2734 (2) Pursue separate disciplinary action against the physician under its  
2735 respective Medical Practice Act, regardless of the action taken in other  
2736 member states.

2737 (d) If a license granted to a physician by a member board is revoked,  
2738 surrendered or relinquished in lieu of discipline, or suspended, then any  
2739 license issued to the physician by any other member board shall be  
2740 suspended, automatically and immediately without further action  
2741 necessary by the other member board, for ninety days upon entry of the  
2742 order by the disciplining board, to permit the member board to  
2743 investigate the basis for the action under the Medical Practice Act of  
2744 such state. A member board may terminate the automatic suspension of  
2745 the license it issued prior to the completion of the ninety-day suspension  
2746 period in a manner consistent with the Medical Practice Act of such  
2747 state.

2748 SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT  
2749 COMMISSION

2750 (a) The member states hereby create the Interstate Medical Licensure  
2751 Compact Commission.

2752 (b) The purpose of the Interstate Commission is the administration of  
2753 the compact, which is a discretionary state function.

2754 (c) The Interstate Commission shall be a body corporate and joint  
2755 agency of the member states and shall have all the responsibilities,

2756 powers, and duties set forth in the compact, and such additional powers  
2757 as may be conferred upon it by a subsequent concurrent action of the  
2758 respective legislatures of the member states in accordance with the  
2759 terms of the compact.

2760 (d) The Interstate Commission shall consist of two voting  
2761 representatives appointed by each member state who shall serve as  
2762 commissioners. In states where allopathic and osteopathic physicians  
2763 are regulated by separate member boards, or if the licensing and  
2764 disciplinary authority is split between separate member boards, or if the  
2765 licensing and disciplinary authority is split between multiple member  
2766 boards within a member state, the member state shall appoint one  
2767 representative from each member board. A commissioner shall be the  
2768 following:

2769 (1) An allopathic or osteopathic physician appointed to a member  
2770 board;

2771 (2) An executive director, executive secretary or similar executive of  
2772 a member board; or

2773 (3) A member of the public appointed to a member board.

2774 (e) The Interstate Commission shall meet at least once each calendar  
2775 year. A portion of such meeting shall be a business meeting to address  
2776 such matters as may properly come before the commission, including,  
2777 but not limited to, the election of officers. The chairperson may call  
2778 additional meetings and shall call for a meeting upon the request of a  
2779 majority of the member states.

2780 (f) The bylaws may provide for meetings of the Interstate  
2781 Commission to be conducted by telecommunication or electronic  
2782 communication.

2783 (g) Each commissioner participating at a meeting of the Interstate  
2784 Commission is entitled to one vote. A majority of commissioners shall  
2785 constitute a quorum for the transaction of business, unless a larger

2786 quorum is required by the bylaws of the Interstate Commission. A  
2787 commissioner shall not delegate a vote to another commissioner. In the  
2788 absence of its commissioner, a member state may delegate voting  
2789 authority for a specified meeting to another person from such state who  
2790 shall meet the requirements of subsection (d) of this section.

2791 (h) The Interstate Commission shall provide public notice of all  
2792 meetings and all meetings shall be open to the public. The Interstate  
2793 Commission may close a meeting, in full or in portion, where it  
2794 determines by a two-thirds vote of the commissioners present that an  
2795 open meeting would be likely to:

2796 (1) Relate solely to the internal personnel practice and procedures of  
2797 the Interstate Commission;

2798 (2) Include a discussion of matters specifically exempted from  
2799 disclosure by federal statute;

2800 (3) Include a discussion of trade secrets or commercial or financial  
2801 information that is privileged or confidential;

2802 (4) Involve accusing a person of a crime, or formally censuring a  
2803 person;

2804 (5) Include a discussion of information of a personal nature where  
2805 disclosure would constitute a clearly unwarranted invasion of personal  
2806 privacy;

2807 (6) Include a discussion of investigative records compiled for law  
2808 enforcement purposes; or

2809 (7) Specifically relate to the participation in a civil action or other legal  
2810 proceeding.

2811 (i) The Interstate Commission shall keep minutes of all meetings,  
2812 which minutes shall fully describe all matters discussed in a meeting  
2813 and shall provide a full and accurate summary of actions taken,  
2814 including, but not limited to, a record of any roll call votes.

2815 (j) The Interstate Commission shall make its information and official  
2816 records, to the extent not otherwise designated in the compact or by its  
2817 rules, available to the public for inspection.

2818 (k) The Interstate Commission shall establish an executive committee,  
2819 which shall include officers, members and others as determined by the  
2820 bylaws. The executive committee shall have the power to act on behalf  
2821 of the Interstate Commission, with the exception of rulemaking, during  
2822 periods when the Interstate Commission is not in session. When acting  
2823 on behalf of the Interstate Commission, the executive committee shall  
2824 oversee the administration of the compact, including, but not limited to,  
2825 enforcement and compliance with the provisions of the compact, its  
2826 bylaws and rules and other such duties as necessary.

2827 (l) The Interstate Commission shall establish other committees for  
2828 governance and administration of the compact.

2829 SECTION 12. POWERS AND DUTIES OF THE INTERSTATE  
2830 COMMISSION

2831 The powers and duties of the Interstate Commission are as follows:

2832 (1) Oversee and maintain the administration of the compact;

2833 (2) Promulgate rules that shall be binding to the extent and in the  
2834 manner provided for in the compact;

2835 (3) Issue, upon the request of a member state or member board,  
2836 advisory opinions concerning the meaning or interpretation of the  
2837 compact, its bylaws, rules and actions;

2838 (4) Enforce compliance with compact provisions, the rules  
2839 promulgated by the Interstate Commission and the bylaws, using all  
2840 necessary and proper means, including, but not limited to, the use of  
2841 judicial process;

2842 (5) Establish and appoint committees, including, but not limited to,  
2843 an executive committee as required by section 11 of the compact, that

2844 shall have the power to act on behalf of the Interstate Commission in  
2845 carrying out its powers and duties;

2846 (6) Pay, or provide for the payment of the expenses related to the  
2847 establishment, organization and ongoing activities of the Interstate  
2848 Commission;

2849 (7) Establish and maintain one or more offices;

2850 (8) Borrow, accept, hire or contract for services of personnel;

2851 (9) Purchase and maintain insurance and bonds;

2852 (10) Employ an executive director who shall have such powers to  
2853 employ, select or appoint employees, agents or consultants, and to  
2854 determine the qualifications, define the duties and fix the compensation  
2855 of such employees, agents or consultants;

2856 (11) Establish personnel policies and programs relating to conflicts of  
2857 interest, rates of compensation and qualifications of personnel;

2858 (12) Accept donations and grants of money, equipment, supplies,  
2859 materials and services, and receive, utilize and dispose of such money,  
2860 equipment, supplies, material and services in a manner consistent with  
2861 the conflict of interest policies established by the Interstate Commission;

2862 (13) Lease, purchase, accept contributions or donations of, or  
2863 otherwise own, hold, improve or use, any property, real, personal or  
2864 mixed;

2865 (14) Sell, convey, mortgage, pledge, lease, exchange, abandon or  
2866 otherwise dispose of any property, real, personal or mixed;

2867 (15) Establish a budget and make expenditures;

2868 (16) Adopt a seal and bylaws governing the management and  
2869 operation of the Interstate Commission;

2870 (17) Report annually to the legislatures and governors of the member

2871 states concerning the activities of the Interstate Commission during the  
2872 preceding year. Such report shall also include reports of financial audits  
2873 and any recommendations that may have been adopted by the Interstate  
2874 Commission;

2875 (18) Coordinate education, training and public awareness regarding  
2876 the compact, its implementation and its operation;

2877 (19) Maintain records in accordance with the bylaws;

2878 (20) Seek and obtain trademarks, copyrights and patents; and

2879 (21) Perform such functions as may be necessary or appropriate to  
2880 achieve the purpose of the compact.

#### 2881 SECTION 13. FINANCE POWERS

2882 (a) The Interstate Commission may levy on and collect an annual  
2883 assessment from each member state to cover the cost of the operations  
2884 and activities of the Interstate Commission and its staff. The total  
2885 assessment shall be sufficient to cover the annual budget approved each  
2886 year for which revenue is not provided by other sources. The aggregate  
2887 annual assessment amount shall be allocated upon a formula to be  
2888 determined by the Interstate Commission, which shall promulgate a  
2889 rule binding upon all member states.

2890 (b) The Interstate Commission shall not incur obligations of any kind  
2891 prior to securing the funds adequate to meet the same.

2892 (c) The Interstate Commission shall not pledge the credit of any of the  
2893 member states, except by, and with the authority of, the member state.

2894 (d) The Interstate Commission shall be subject to a yearly financial  
2895 audit conducted by a certified or licensed accountant and the report of  
2896 the audit shall be included in the annual report of the Interstate  
2897 Commission.

#### 2898 SECTION 14. ORGANIZATION AND OPERATION OF THE

## 2899 INTERSTATE COMMISSION

2900 (a) The Interstate Commission shall, by a majority of commissioners  
2901 present and voting, adopt bylaws to govern its conduct as may be  
2902 necessary or appropriate to carry out the purposes of the compact not  
2903 later than twelve months after the first Interstate Commission meeting.

2904 (b) The Interstate Commission shall elect or appoint annually from  
2905 among its commissioners a chairperson, a vice-chairperson and a  
2906 treasurer, each of whom shall have such authority and duties as may be  
2907 specified in the bylaws. The chairperson, or in the chairperson's absence  
2908 or disability, the vice-chairperson, shall preside at all meetings of the  
2909 Interstate Commission.

2910 (c) Officers elected or appointed pursuant to subsection (b) of this  
2911 section shall serve without remuneration for the Interstate Commission.

2912 (d) The officers and employees of the Interstate Commission shall be  
2913 immune from suit and liability, either personally or in their official  
2914 capacity, for a claim for damage to or loss of property or personal injury  
2915 or other civil liability caused or arising out of, or relating to, an actual or  
2916 alleged act, error or omission that occurred, or that such person had a  
2917 reasonable basis for believing occurred, within the scope of Interstate  
2918 Commission employment, duties or responsibilities, provided such  
2919 person shall not be protected from suit or liability for damage, loss,  
2920 injury, or liability caused by the intentional or wilful and wanton  
2921 misconduct of such person.

2922 (e) The liability of the executive director and employees of the  
2923 Interstate Commission or representatives of the Interstate Commission,  
2924 acting within the scope of such person's employment or duties for acts,  
2925 errors or omissions occurring within such person's state, may not exceed  
2926 the limits of liability set forth under the constitution and laws of such  
2927 state for state officials, employees and agents. The Interstate  
2928 Commission is considered to be an instrumentality of the states for the  
2929 purpose of any such action. Nothing in this subsection shall be  
2930 construed to protect such person from suit or liability for damage, loss,



2931 injury or liability caused by the intentional or wilful and wanton  
2932 misconduct of such person.

2933 (f) The Interstate Commission shall defend the executive director, its  
2934 employees and, subject to the approval of the attorney general or other  
2935 appropriate legal counsel of the member state represented by an  
2936 Interstate Commission representative, such Interstate Commission  
2937 representative in any civil action seeking to impose liability arising out  
2938 of an actual or alleged act, error or omission that occurred within the  
2939 scope of Interstate Commission employment, duties or responsibilities,  
2940 or that the defendant had a reasonable basis for believing occurred  
2941 within the scope of Interstate Commission employment, duties or  
2942 responsibilities, provided the actual or alleged act, error or omission did  
2943 not result from intentional or wilful and wanton misconduct on the part  
2944 of such person.

2945 (g) To the extent not covered by the state involved, member state or  
2946 the Interstate Commission, the representatives or employees of the  
2947 Interstate Commission shall be held harmless in the amount of a  
2948 settlement or judgment, including, but not limited to, attorney's fees and  
2949 costs, obtained against such persons arising out of an actual or alleged  
2950 act, error or omission that occurred within the scope of the Interstate  
2951 Commission employment, duties or responsibilities, or that such  
2952 persons had a reasonable basis for believing occurred within the scope  
2953 of Interstate Commission employment, duties or responsibilities,  
2954 provided the actual or alleged act, error or omission did not result from  
2955 intentional or wilful and wanton misconduct on the part of such person.

2956 SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE  
2957 COMMISSION

2958 (a) The Interstate Commission shall promulgate reasonable rules in  
2959 order to effectively and efficiently achieve the purpose of the compact.  
2960 Notwithstanding the foregoing, if the Interstate Commission exercises  
2961 its rulemaking authority in a manner that is beyond the scope of the  
2962 purposes of the compact, or the powers granted under the compact, then

2963 such an action by the Interstate Commission shall be invalid and have  
2964 no force or effect.

2965 (b) Rules deemed appropriate for the operations of the Interstate  
2966 Commission shall be made pursuant to a rulemaking process that  
2967 substantially conforms to the "Model State Administrative Procedure  
2968 Act" of 2010, as amended from time to time.

2969 (c) Not later than thirty days after a rule is promulgated, any person  
2970 may file a petition for judicial review of the rule in the United States  
2971 District Court for the District of Columbia or the federal district where  
2972 the Interstate Commission has its principal offices, provided the filing  
2973 of such a petition shall not stay or otherwise prevent the rule from  
2974 becoming effective unless the court finds that the petitioner has a  
2975 substantial likelihood of success. The court shall give deference to the  
2976 actions of the Interstate Commission consistent with applicable law and  
2977 shall not find the rule to be unlawful if the rule represents a reasonable  
2978 exercise of the authority granted to the Interstate Commission.

#### 2979 SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

2980 (a) The executive, legislative and judicial branches of state  
2981 government in each member state shall enforce the compact and take all  
2982 actions necessary and appropriate to effectuate the compact's purposes  
2983 and intent. The provisions of the compact and the rules promulgated  
2984 under the compact shall have standing as statutory law, but shall not  
2985 override existing state authority to regulate the practice of medicine.

2986 (b) All courts shall take judicial notice of the compact and the rules in  
2987 any judicial or administrative proceeding in a member state pertaining  
2988 to the subject matter of the compact that may affect the powers,  
2989 responsibilities or actions of the Interstate Commission.

2990 (c) The Interstate Commission shall be entitled to receive all services  
2991 of process in any such proceeding, and shall have standing to intervene  
2992 in the proceeding for all purposes. Failure to provide service of process  
2993 to the Interstate Commission shall render a judgment or order void as

2994 to the Interstate Commission, the compact or promulgated rules.

2995 SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT

2996 (a) The Interstate Commission, in the reasonable exercise of its  
2997 discretion, shall enforce the provisions and rules of the compact.

2998 (b) The Interstate Commission may, by majority vote of the  
2999 commissioners, initiate legal action in the United States Court for the  
3000 District of Columbia, or, at the discretion of the Interstate Commission,  
3001 in the federal district where the Interstate Commission has its principal  
3002 offices, to enforce compliance with the provisions of the compact, and  
3003 its promulgated rules and bylaws, against a member state in default.  
3004 The relief sought may include both injunctive relief and damages. If  
3005 judicial enforcement is necessary, the prevailing party shall be awarded  
3006 all costs of such litigation, including, but not limited to, reasonable  
3007 attorney's fees.

3008 (c) The remedies set forth in the compact shall not be the exclusive  
3009 remedies of the Interstate Commission. The Interstate Commission may  
3010 avail itself of any other remedies available under state law or regulation  
3011 of a profession.

3012 SECTION 18. DEFAULT PROCEDURES

3013 (a) The grounds for default include, but are not limited to, failure of  
3014 a member state to perform such obligations or responsibilities imposed  
3015 upon it by the compact, or the rules and bylaws of the Interstate  
3016 Commission promulgated under the compact.

3017 (b) If the Interstate Commission determines that a member state has  
3018 defaulted in the performance of its obligations or responsibilities under  
3019 the compact, or the bylaws or promulgated rules, the Interstate  
3020 Commission shall take the following actions:

3021 (1) Provide written notice to the defaulting state and other member  
3022 states of the nature of the default, the means of curing the default and  
3023 any action taken by the Interstate Commission. The Interstate

3024 Commission shall specify the conditions by which the defaulting state  
3025 shall cure its default; and

3026 (2) Provide remedial training and specific technical assistance  
3027 regarding the default.

3028 (c) If the defaulting state fails to cure the default, the defaulting state  
3029 shall be terminated from the compact upon an affirmative vote of a  
3030 majority of the commissioners and all rights, privileges and benefits  
3031 conferred by the compact shall terminate on the effective date of  
3032 termination. A cure of the default shall not relieve the offending state of  
3033 obligations or liabilities incurred during the period of the default.

3034 (d) Termination of membership in the compact shall be imposed only  
3035 after all other means of securing compliance have been exhausted.  
3036 Notice of intent to terminate shall be given by the Interstate Commission  
3037 to the governor, the majority and minority leaders of the defaulting  
3038 state's legislature and each of the member states.

3039 (e) The Interstate Commission shall establish rules and procedures to  
3040 address licenses and physicians that are materially impacted by the  
3041 termination of a member state, or the withdrawal of a member state.

3042 (f) The member state that has been terminated is responsible for all  
3043 dues, obligations and liabilities incurred through the effective date of  
3044 termination, including, but not limited to, obligations the performance  
3045 of which extends beyond the effective date of termination.

3046 (g) The Interstate Commission shall not bear any costs relating to any  
3047 state that has been found to be in default or that has been terminated  
3048 from the compact, unless otherwise mutually agreed upon in writing  
3049 between the Interstate Commission and the defaulting state.

3050 (h) The defaulting state may appeal the action of the Interstate  
3051 Commission by petitioning the United States District Court for the  
3052 District of Columbia or the federal district where the Interstate  
3053 Commission has its principal offices. The prevailing party shall be

3054 awarded all costs of such litigation, including, but not limited to,  
3055 reasonable attorney's fees.

3056 SECTION 19. DISPUTE RESOLUTION

3057 (a) The Interstate Commission shall attempt, upon the request of a  
3058 member state, to resolve disputes that are subject to the compact and  
3059 may arise among member states or member boards.

3060 (b) The Interstate Commission shall promulgate rules providing for  
3061 both mediation and binding dispute resolution as appropriate.

3062 SECTION 20. MEMBER STATES, EFFECTIVE DATE AND  
3063 AMENDMENT

3064 (a) Any state is eligible to become a member of the compact.

3065 (b) The compact shall become effective and binding upon legislative  
3066 enactment of the compact into law by not less than seven states.  
3067 Thereafter, it shall become effective and binding on a state upon  
3068 enactment of the compact into law by such state.

3069 (c) The governors of nonmember states, or their designees, shall be  
3070 invited to participate in the activities of the Interstate Commission on a  
3071 nonvoting basis prior to adoption of the compact by all states.

3072 (d) The Interstate Commission may propose amendments to the  
3073 compact for enactment by the member states. No amendment shall  
3074 become effective and binding upon the Interstate Commission and the  
3075 member states unless and until it is enacted into law by unanimous  
3076 consent of the member states.

3077 SECTION 21. WITHDRAWAL

3078 (a) Once effective, the compact shall continue in force and remain  
3079 binding upon every member state, provided a member state may  
3080 withdraw from the compact by specifically repealing the statute that  
3081 enacted the compact into law.

3082 (b) Withdrawal from the compact shall be done by the enactment of  
3083 a statute repealing the compact, but shall not take effect until one year  
3084 after the effective date of such statute and until written notice of the  
3085 withdrawal has been given by the withdrawing state to the governor of  
3086 each other member state.

3087 (c) The withdrawing state shall immediately notify the chairperson  
3088 of the Interstate Commission in writing upon the introduction of  
3089 legislation repealing the compact in the withdrawing state.

3090 (d) The Interstate Commission shall notify the other member states of  
3091 the withdrawing state's intent to withdraw not later than sixty days after  
3092 its receipt of notice provided under subsection (c) of this section.

3093 (e) The withdrawing state is responsible for all dues, obligations and  
3094 liabilities incurred through the effective date of withdrawal, including,  
3095 but not limited to, obligations, the performance of which extend beyond  
3096 the effective date of withdrawal.

3097 (f) Reinstatement following withdrawal of a member state shall occur  
3098 upon the withdrawing state reenacting the compact or upon such later  
3099 date as determined by the Interstate Commission.

3100 (g) The Interstate Commission is authorized to develop rules to  
3101 address the impact of the withdrawal of a member state on licenses  
3102 granted in other member states to physicians who designated the  
3103 withdrawing member state as the state of principal license.

## 3104 SECTION 22. DISSOLUTION

3105 (a) The compact shall dissolve effective upon the date of the  
3106 withdrawal or default of the member state that reduces the membership  
3107 of the compact to one member state.

3108 (b) Upon the dissolution of the compact, the compact becomes null  
3109 and void and shall be of no further force or effect, and the business and  
3110 affairs of the Interstate Commission shall be concluded, and surplus  
3111 funds shall be distributed in accordance with the bylaws.

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3112 SECTION 23. SEVERABILITY AND CONSTRUCTION

3113 (a) The provisions of the compact shall be severable, and if any  
3114 phrase, clause, sentence or provision of the compact is deemed  
3115 unenforceable, the remaining provisions of the compact shall be  
3116 enforceable.

3117 (b) The provisions of the compact shall be liberally construed to  
3118 effectuate its purposes.

3119 (c) Nothing in the compact shall be construed to prohibit the  
3120 applicability of other interstate compacts to which the member states are  
3121 members.

3122 SECTION 24. BINDING EFFECT OF COMPACT AND OTHER  
3123 LAWS

3124 (a) Nothing in the compact prevents the enforcement of any other law  
3125 of a member state that is not inconsistent with the compact.

3126 (b) All laws in a member state in conflict with the compact are  
3127 superseded to the extent of the conflict.

3128 (c) All lawful actions of the Interstate Commission, including, but not  
3129 limited to, all rules and bylaws promulgated by said commission, are  
3130 binding upon the member states.

3131 (d) All agreements between the Interstate Commission and the  
3132 member states are binding in accordance with the terms of such  
3133 agreements.

3134 (e) If any provision of the compact exceeds the constitutional limits  
3135 imposed on the legislature of any member state, such provision shall be  
3136 ineffective to the extent of the conflict with the constitutional provision  
3137 in question in such member state."

3138 Sec. 44. (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023,  
3139 the Office of Early Childhood shall hire two full-time employees to

3140 provide technical assistance and business consulting services for  
3141 providers of child care services, as described in section 19a-77 of the  
3142 general statutes, as amended by this act, in the state.

3143 Sec. 45. Section 10-19q of the general statutes is repealed and the  
3144 following is substituted in lieu thereof (*Effective July 1, 2022*):

3145 (a) The Department of Children and Families shall administer, within  
3146 available appropriations, an enhancement grant program for youth  
3147 service bureaus. The department shall annually award grants in the  
3148 amounts of: (1) Three thousand three hundred dollars to youth service  
3149 bureaus that serve a town with a population of not more than eight  
3150 thousand or towns with a total combined population of not more than  
3151 eight thousand; (2) five thousand dollars to youth service bureaus that  
3152 serve a town with a population greater than eight thousand, but not  
3153 more than seventeen thousand or towns with a total combined  
3154 population greater than eight thousand, but not more than seventeen  
3155 thousand; (3) six thousand two hundred fifty dollars to youth service  
3156 bureaus that serve a town with population greater than seventeen  
3157 thousand, but not more than thirty thousand or towns with a total  
3158 combined population greater than seventeen thousand, but not more  
3159 than thirty thousand; (4) seven thousand five hundred fifty dollars to  
3160 youth service bureaus that serve a town with a population greater than  
3161 thirty thousand, but not more than one hundred thousand or towns  
3162 with a total combined population greater than thirty thousand, but not  
3163 more than one hundred thousand; and (5) ten thousand dollars to youth  
3164 service bureaus that serve a town with a population greater than one  
3165 hundred thousand or towns with a total combined population greater  
3166 than one hundred thousand.

3167 (b) (1) For the fiscal year ending June 30, 2023, if the amount  
3168 appropriated for grants payable to youth service bureaus under this  
3169 section exceeds the amount appropriated for such grants for the fiscal  
3170 year ending June 30, 2022, the amount of such excess shall be distributed  
3171 proportionately among the youth service bureaus.



3172 [(b)] (2) Notwithstanding the provisions of this section, for the fiscal  
 3173 year ending June 30, [2020] 2024, and each fiscal year thereafter, the  
 3174 amount of grants payable to youth service bureaus shall be [(1)] (A)  
 3175 reduced proportionately if the total of such grants in such year exceeds  
 3176 the amount appropriated for such grants for such year, or [(2)] (B)  
 3177 increased proportionately if the total of such grants in such year is less  
 3178 than the amount appropriated for such grants in such year.

3179 Sec. 46. (Effective July 1, 2022) For the fiscal year ending June 30, 2023,  
 3180 the Department of Public Health shall hire a health program associate  
 3181 for the Office of Emergency Medical Services, established pursuant to  
 3182 section 19a-178 of the general statutes, to administer mobile integrated  
 3183 health care programs in accordance with the provisions of section 19a-  
 3184 180 of the general statutes."

|   |  |              |
|---|--|--------------|
| This act shall take effect as follows and shall amend the following sections: |  |              |
| Section 1   | July 1, 2022   | New section  |
| Sec. 2  | July 1, 2022   | New section  |
| Sec. 3  | July 1, 2022   | New section  |
| Sec. 4  | July 1, 2022   | New section  |
| Sec. 5  | July 1, 2022   | 10-21k       |
| Sec. 6  | July 1, 2022   | New section  |
| Sec. 7  | July 1, 2022   | 19a-77(a)(3) |
| Sec. 8  | July 1, 2022   | New section  |
| Sec. 9  | from passage   | 10-221o      |
| Sec. 10   | October 1, 2022  | 10-29a(a)    |
| Sec. 11   | July 1, 2022   | New section  |
| Sec. 12   | July 1, 2022   | 17a-248g     |
| Sec. 13   | October 1, 2022, and applicable to assessment years commencing on or after October 1, 2022 | New section  |
| Sec. 14   | July 1, 2022   | 19a-79(a)    |
| Sec. 15   | July 1, 2022   | 19a-87b(f)   |
| Sec. 16   | July 1, 2022   | New section  |
| Sec. 17   | July 1, 2022   | New section  |
| Sec. 18   | July 1, 2022   | New section  |

|         |                        |                 |
|---------|------------------------|-----------------|
| Sec. 19 | <i>July 1, 2022</i>    | New section     |
| Sec. 20 | <i>July 1, 2022</i>    | New section     |
| Sec. 21 | <i>October 1, 2022</i> | New section     |
| Sec. 22 | <i>from passage</i>    | New section     |
| Sec. 23 | <i>from passage</i>    | New section     |
| Sec. 24 | <i>from passage</i>    | New section     |
| Sec. 25 | <i>July 1, 2022</i>    | 17b-28e         |
| Sec. 26 | <i>from passage</i>    | New section     |
| Sec. 27 | <i>July 1, 2022</i>    | 17a-667         |
| Sec. 28 | <i>from passage</i>    | 19a-7d          |
| Sec. 29 | <i>July 1, 2022</i>    | New section     |
| Sec. 30 | <i>from passage</i>    | 19a-906(a)(12)  |
| Sec. 31 | <i>from passage</i>    | 19a-906(h)      |
| Sec. 32 | <i>from passage</i>    | PA 21-9, Sec. 1 |
| Sec. 33 | <i>July 1, 2022</i>    | New section     |
| Sec. 34 | <i>from passage</i>    | 21a-249(c)      |
| Sec. 35 | <i>from passage</i>    | PA 21-9, Sec. 3 |
| Sec. 36 | <i>from passage</i>    | PA 21-9, Sec. 4 |
| Sec. 37 | <i>from passage</i>    | PA 21-9, Sec. 5 |
| Sec. 38 | <i>from passage</i>    | PA 21-9, Sec. 7 |
| Sec. 39 | <i>July 1, 2024</i>    | 38a-499a        |
| Sec. 40 | <i>July 1, 2024</i>    | 38a-526a        |
| Sec. 41 | <i>from passage</i>    | New section     |
| Sec. 42 | <i>October 1, 2022</i> | New section     |
| Sec. 43 | <i>October 1, 2022</i> | New section     |
| Sec. 44 | <i>July 1, 2022</i>    | New section     |
| Sec. 45 | <i>July 1, 2022</i>    | 10-19q          |
| Sec. 46 | <i>July 1, 2022</i>    | New section     |