



General Assembly

Amendment

February Session, 2022

LCO No. 5125



Offered by:

SEN. LOONEY, 11th Dist.

SEN. DUFF, 25th Dist.

SEN. ANWAR, 3rd Dist.

To: Subst. Senate Bill No. 2

File No. 276

Cal. No. 207

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

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 July 1, 2022*):

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 from passage*):

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 becomes ill or is injured while in the care of
357 such center or home, (10) specify that a child care center or group child
358 care home shall create a written record of any illness or injury described
359 in subdivision (9) of this subsection, which shall, (A) include, but not be
360 limited to, (i) a description of such illness or injury, (ii) the date, time of
361 occurrence and location of such illness or injury, (iii) any responsive
362 action taken by an employee of such center or home, and (iv) whether
363 such child was transported to a hospital emergency room, doctor's office
364 or other medical facility as a result of such illness or injury, (B) be
365 provided to the parent or guardian of such child not later than the next
366 business day, and (C) be maintained by such center or home for a period
367 of not less than two years and be made immediately available upon the
368 request of the Office of Early Childhood, and (11) specify that a child
369 care center or group child care home shall maintain any video
370 recordings created at such center or home for a period of not less than
371 thirty days, and make such recordings immediately available upon the
372 request of the Office of Early Childhood. When establishing such
373 requirements, the Office of Early Childhood shall give consideration to
374 child care centers and group child care homes that are located in private
375 or public school buildings. With respect to [this] subdivision [only] (8)
376 of this subsection, the commissioner shall implement policies and
377 procedures necessary to implement the physical plant requirements
378 established pursuant to this subdivision while in the process of adopting
379 such policies and procedures in regulation form. Until replaced by
380 policies and procedures implemented pursuant to this subdivision, any

381 physical plant requirement specified in the office's regulations that is
382 generally applicable to child care centers and group child care homes
383 shall continue to be applicable to such centers and homes that
384 exclusively serve school-age children. The commissioner shall post
385 notice of the intent to adopt regulations pursuant to this subdivision on
386 the 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.

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

393 (f) The commissioner shall adopt regulations, in accordance with the
394 provisions of chapter 54, to ensure that family child care homes, as
395 described in section 19a-77, meet the health, educational and social
396 needs of children utilizing such homes. Such regulations shall (1) ensure
397 that the family child care home is treated as a residence, and not an
398 institutional facility, [. Such regulations shall] (2) specify that each child
399 be protected as age-appropriate by adequate immunization against
400 diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella,
401 haemophilus influenzae type B and any other vaccine required by the
402 schedule of active immunization adopted pursuant to section 19a-7f, [.
403 Such regulations shall also] (3) specify conditions under which family
404 child care home providers may administer tests to monitor glucose
405 levels in a child with diagnosed diabetes mellitus, and administer
406 medicinal preparations, including controlled drugs specified in the
407 regulations by the commissioner, to a child receiving child care services
408 at a family child care home pursuant to a written order of a physician
409 licensed to practice medicine in this or another state, an advanced
410 practice registered nurse licensed to prescribe in accordance with
411 section 20-94a or a physician assistant licensed to prescribe in
412 accordance with section 20-12d, and the written authorization of a
413 parent or guardian of such child, [. Such regulations shall] (4) specify
414 appropriate standards for extended care and intermittent short-term

415 overnight care, (5) specify that a family child care home shall
416 immediately notify the parent or guardian of a child enrolled in such
417 home if such child becomes ill or is injured while in the care of such
418 home, (6) specify that a family child care home shall create a written
419 record of any illness or injury described in subdivision (5) of this
420 subsection, which shall, (A) include, but not be limited to, (i) a
421 description of such illness or injury, (ii) the date, time of occurrence and
422 location of such illness or injury, (iii) any responsive action taken by an
423 employee of such home, and (iv) whether such child was transported to
424 a hospital emergency room, doctor's office or other medical facility as a
425 result of such illness or injury, (B) be provided to the parent or guardian
426 of such child not later than the next business day, and (C) be maintained
427 by such home for a period of not less than two years and be made
428 immediately available upon the request of the Office of Early
429 Childhood, and (7) specify that a family child care home shall maintain
430 any video recordings created at such home for a period of not less than
431 thirty days, and make such recordings immediately available upon the
432 request of the Office of Early Childhood. The commissioner shall inform
433 each licensee, by way of a plain language summary provided not later
434 than sixty days after the regulation's effective date, of any new or
435 changed regulations adopted under this subsection with which a
436 licensee must comply.

437 Sec. 16. (NEW) (*Effective July 1, 2022*) (a) Not later than January 1,
438 2023, the Department of Children and Families shall establish a policy
439 concerning the management and expenditure of Social Security
440 disability insurance benefit payments received by, or on behalf of,
441 children and youths in the care and custody of the Commissioner of
442 Children and Families. Such policy shall include, but not be limited to,
443 (1) a requirement that any such payments be deposited into a trust
444 account maintained for the purpose of receiving such deposits, (2) a
445 requirement that records be maintained concerning the total sum and
446 remaining balance of such payments deposited on behalf of each child
447 or youth receiving such payments, and (3) guidelines concerning the
448 management and oversight of such account and permissible and

449 impermissible withdrawals from such account by children or youths or
450 the guardians of such children or youths.

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

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

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

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

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

481 prescription drugs and cannabis and cannabis products. Not later than
482 December 15, 2022, the department shall publish such documents on its
483 Internet web site.

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

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

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

508 Sec. 22. (*Effective from passage*) The Commissioner of Revenue Services
509 shall conduct a study to identify options for establishing a tax credit
510 against the personal income tax for taxpayers with dependent children
511 enrolled in child care. Not later than January 1, 2023, the commissioner
512 shall submit a report, in accordance with the provisions of section 11-4a

513 of the general statutes, to the joint standing committee of the General
514 Assembly having cognizance of matters relating to children. Such report
515 shall include the findings of such study and any legislative
516 recommendations.

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

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

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

546 improve students' mental and physical well-being.

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

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

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

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

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

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

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

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

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

604 Sec. 26. (NEW) (*Effective from passage*) (a) The Commissioner of Public
605 Health, in consultation with the Commissioner of Early Childhood, shall
606 develop and implement a plan to establish licensure by reciprocity or
607 endorsement of a person who (1) is (A) a speech and language
608 pathologist licensed or certified to provide speech and language

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

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

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

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

642 Addiction Services.

643 (b) The council shall consist of the following members: (1) The
644 Secretary of the Office of Policy and Management, or the secretary's
645 designee; (2) the Commissioners of Children and Families, Consumer
646 Protection, Correction, Education, Mental Health and Addiction
647 Services, Public Health, Emergency Services and Public Protection,
648 Aging and Disability Services and Social Services, and the Insurance
649 Commissioner, or their designees; (3) the Chief Court Administrator, or
650 the Chief Court Administrator's designee; (4) the chairperson of the
651 Board of Regents for Higher Education, or the chairperson's designee;
652 (5) the president of The University of Connecticut, or the president's
653 designee; (6) the Chief State's Attorney, or the Chief State's Attorney's
654 designee; (7) the Chief Public Defender, or the Chief Public Defender's
655 designee; [and] (8) the Child Advocate, or the Child Advocate's
656 designee; and (9) the cochairpersons and ranking members of the joint
657 standing committees of the General Assembly having cognizance of
658 matters relating to public health, criminal justice and appropriations, or
659 their designees. The Commissioner of Mental Health and Addiction
660 Services and the Commissioner of Children and Families shall be
661 cochairpersons of the council and may jointly appoint up to seven
662 individuals to the council as follows: (A) Two individuals in recovery
663 from a substance use disorder or representing an advocacy group for
664 individuals with a substance use disorder; (B) a provider of community-
665 based substance abuse services for adults; (C) a provider of community-
666 based substance abuse services for adolescents; (D) an addiction
667 medicine physician; (E) a family member of an individual in recovery
668 from a substance use disorder; and (F) an emergency medicine
669 physician currently practicing in a Connecticut hospital. The
670 cochairpersons of the council may establish subcommittees and
671 working groups and may appoint individuals other than members of
672 the council to serve as members of the subcommittees or working
673 groups. Such individuals may include, but need not be limited to: (i)
674 Licensed alcohol and drug counselors; (ii) pharmacists; (iii) municipal
675 police chiefs; (iv) emergency medical services personnel; and (v)

676 representatives of organizations that provide education, prevention,
677 intervention, referrals, rehabilitation or support services to individuals
678 with substance use disorder or chemical dependency.

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

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

688 Sec. 28. Section 17b-245b of the general statutes is repealed and the
689 following is substituted in lieu thereof (*Effective July 1, 2022*):

690 (a) The Commissioner of Social Services shall, consistent with federal
691 law, [make changes to the cost-based reimbursement methodology in
692 the Medicaid program for federally qualified health centers. To the
693 extent permitted by federal law, the commissioner may reimburse a
694 federally qualified health center under the Medicaid program for
695 multiple medical, behavioral health or dental services provided to an
696 individual during the course of a calendar day, irrespective of the type
697 of service provided. On or before January 1, 2008, the commissioner
698 shall report to the joint standing committees of the General Assembly
699 having cognizance of matters relating to appropriations and the budgets
700 of state agencies and human services on the status of the changes to the
701 cost-based reimbursement methodology.] reimburse federally qualified
702 health centers on an all-inclusive encounter rate per client encounter
703 based on the prospective payment system required by 42 USC
704 1396a(bb). Any patient encounter with more than one health
705 professional for the same type of service and multiple interactions with
706 the same health professional that occur on the same day shall constitute
707 a single encounter for purposes of reimbursement, except when the

708 patient, after the first encounter, suffers illness or injury requiring
709 additional diagnosis and treatment. A federally qualified health center
710 shall be reimbursed in accordance with the requirements prescribed in
711 section 17b-262-1002 of the regulations of Connecticut state agencies.

712 (b) A federally qualified health center shall not provide
713 nonemergency periodic dental services on different dates of service for
714 the purpose of billing for separate encounters. Any nonemergency
715 periodic dental service, including, but not limited to, (1) an examination,
716 (2) prophylaxis, and (3) radiographs, including bitewings, complete
717 series and periapical imaging, if warranted, shall be completed in one
718 visit. A second visit to complete any service normally included during
719 the course of a nonemergency periodic dental visit shall not be eligible
720 for reimbursement unless (A) medically necessary, and (B) such medical
721 necessity is clearly documented in the patient's dental record.

722 Sec. 29. Section 19a-7d of the 2022 supplement to the general statutes
723 is repealed and the following is substituted in lieu thereof (*Effective from*
724 *passage*):

725 (a) [Not later than January 1, 2022, the] The Commissioner of Public
726 Health shall establish, within available resources, a program to provide
727 three-year grants to community-based providers of primary care
728 services in order to expand access to health care for the uninsured. The
729 grants may be awarded to community-based providers of primary care
730 for (1) funding for direct services, (2) recruitment and retention of
731 primary care clinicians and registered nurses through subsidizing of
732 salaries or through a loan repayment program, and (3) capital
733 expenditures. The community-based providers of primary care under
734 the direct service program shall provide, or arrange access to, primary
735 and preventive services, behavioral health services, referrals to specialty
736 services, including rehabilitative and mental health services, inpatient
737 care, prescription drugs, basic diagnostic laboratory services, health
738 education and outreach to alert people to the availability of services.
739 Primary care clinicians and registered nurses participating in the state
740 loan repayment program or receiving subsidies shall provide services

741 to the uninsured based on a sliding fee schedule, provide free care if
742 necessary, accept Medicare assignment and participate as Medicaid
743 providers, or provide nursing services in school-based health centers
744 and expanded school health sites, as such terms are defined in section
745 19a-6r. The commissioner may adopt regulations, in accordance with
746 the provisions of chapter 54, to establish eligibility criteria, services to
747 be provided by participants, the sliding fee schedule, reporting
748 requirements and the loan repayment program. For the purposes of this
749 section, "primary care clinicians" includes family practice physicians,
750 general practice osteopaths, obstetricians and gynecologists, internal
751 medicine physicians, pediatricians, dentists, certified nurse midwives,
752 advanced practice registered nurses, physician assistants, [and] dental
753 hygienists, psychiatrists, psychologists, licensed clinical social workers,
754 licensed marriage and family therapists and licensed professional
755 counselors.

756 (b) Funds appropriated for the state loan repayment program shall
757 not lapse until fifteen months following the end of the fiscal year for
758 which such funds were appropriated. For the fiscal year ending June 30,
759 2023, the department shall expend at least one million six hundred
760 thousand dollars of the funds appropriated for the state loan repayment
761 program for repayments for physicians. Any remaining funds may be
762 expended for other health care providers. For purposes of this section,
763 "physician" means any physician licensed pursuant to chapter 370 who
764 (1) graduated from a medical school in the state or completed his or her
765 medical residency program at a hospital licensed under chapter 368v,
766 and (2) is employed as a physician in the state.

767 Sec. 30. (Effective July 1, 2022) (a) On or before January 1, 2023, the
768 Commissioner of Public Health shall convene a working group to advise
769 the commissioner regarding methods to enhance physician recruitment
770 in the state. The working group shall examine issues that include, but
771 need not be limited to, (1) recruiting, retaining and compensating
772 primary care, psychiatric and behavioral health care providers; (2) the
773 potential effectiveness of student loan forgiveness; (3) barriers to
774 recruiting and retaining physicians as a result of covenants not to

775 compete, as defined in section 20-14p of the general statutes; (4) access
776 to health care providers; (5) the effect, if any, of the health insurance
777 landscape on limiting health care access; (6) barriers to physician
778 participation in health care networks; and (7) assistance for graduate
779 medical education training.

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

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

801 Sec. 31. Subdivision (12) of subsection (a) of section 19a-906 of the
802 general statutes is repealed and the following is substituted in lieu
803 thereof (*Effective from passage*):

804 (12) "Telehealth provider" means (A) any physician licensed under
805 chapter 370, physical therapist licensed under chapter 376, chiropractor
806 licensed under chapter 372, naturopath licensed under chapter 373,

807 podiatrist licensed under chapter 375, occupational therapist licensed
808 under chapter 376a, optometrist licensed under chapter 380, registered
809 nurse or advanced practice registered nurse licensed under chapter 378,
810 physician assistant licensed under chapter 370, psychologist licensed
811 under chapter 383, marital and family therapist licensed under chapter
812 383a, clinical social worker or master social worker licensed under
813 chapter 383b, alcohol and drug counselor licensed under chapter 376b,
814 professional counselor licensed under chapter 383c, dietitian-
815 nutritionist certified under chapter 384b, speech and language
816 pathologist licensed under chapter 399, respiratory care practitioner
817 licensed under chapter 381a, audiologist licensed under chapter 397a,
818 pharmacist licensed under chapter 400j or paramedic licensed pursuant
819 to chapter 384d who is providing health care or other health services
820 through the use of telehealth within such person's scope of practice and
821 in accordance with the standard of care applicable to the profession, and
822 (B) on and after July 1, 2024, an appropriately licensed, certified or
823 registered physician, naturopath, registered nurse, advanced practice
824 registered nurse, physician assistant, psychologist, marital and family
825 therapist, clinical social worker, master social worker, alcohol and drug
826 counselor, professional counselor, dietitian-nutritionist, nurse-midwife,
827 behavior analyst, music therapist or art therapist, in another state or
828 territory of the United States or the District of Columbia, who (i)
829 provides telehealth services under any relevant order issued pursuant
830 to section 34 of this act, (ii) provides mental or behavioral health care
831 through the use of telehealth within such person's scope of practice and
832 in accordance with the standard of care applicable to the profession, and
833 (iii) maintains professional liability insurance, or other indemnity
834 against liability for professional malpractice, in an amount that is equal
835 to or greater than that required for similarly licensed, certified or
836 registered Connecticut mental or behavioral health care providers.

837 Sec. 32. Subsection (h) of section 19a-906 of the general statutes is
838 repealed and the following is substituted in lieu thereof (*Effective from*
839 *passage*):

840 (h) No telehealth provider or hospital shall charge a facility fee for

841 telehealth services. Such prohibition shall apply to hospital telehealth
842 services whether provided on campus or otherwise. For purposes of this
843 subsection, "hospital" has the same meaning as provided in section 19a-
844 490 and "campus" has the same meaning as provided in section 19a-
845 508c.

846 Sec. 33. Section 1 of public act 21-9, as amended by section 3 of public
847 act 21-133, is repealed and the following is substituted in lieu thereof
848 (*Effective from passage*):

849 (a) As used in this section:

850 (1) "Asynchronous" has the same meaning as provided in section 19a-
851 906 of the general statutes, as amended by this act.

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

855 (3) "Facility fee" has the same meaning as provided in section 19a-
856 508c of the general statutes.

857 (4) "Health record" has the same meaning as provided in section 19a-
858 906 of the general statutes, as amended by this act.

859 (5) "Medical history" has the same meaning as provided in section
860 19a-906 of the general statutes, as amended by this act.

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

864 (7) "Originating site" has the same meaning as provided in section
865 19a-906 of the general statutes, as amended by this act.

866 (8) "Peripheral devices" has the same meaning as provided in section
867 19a-906 of the general statutes, as amended by this act.

868 (9) "Remote patient monitoring" has the same meaning as provided

869 in section 19a-906 of the general statutes, as amended by this act.

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

872 (11) "Synchronous" has the same meaning as provided in section 19a-
873 906 of the general statutes, as amended by this act.

874 (12) "Telehealth" means the mode of delivering health care or other
875 health services via information and communication technologies to
876 facilitate the diagnosis, consultation and treatment, education, care
877 management and self-management of a patient's physical, oral and
878 mental health, and includes interaction between the patient at the
879 originating site and the telehealth provider at a distant site, synchronous
880 interactions, asynchronous store and forward transfers or remote
881 patient monitoring, but does not include interaction through [(A)]
882 facsimile, texting or electronic mail. [, or (B) audio-only telephone unless
883 the telehealth provider is (i) in-network, or (ii) a provider enrolled in the
884 Connecticut medical assistance program providing such health care or
885 other health services to a Connecticut medical assistance program
886 recipient.]

887 (13) "Telehealth provider" means any person who is (A) [an in-
888 network provider or a provider enrolled in the Connecticut medical
889 assistance program] providing health care or other health services [to a
890 Connecticut medical assistance program recipient] through the use of
891 telehealth within such person's scope of practice and in accordance with
892 the standard of care applicable to such person's profession, and (B) (i) a
893 physician or physician assistant licensed under chapter 370 of the
894 general statutes, physical therapist or physical therapist assistant
895 licensed under chapter 376 of the general statutes, chiropractor licensed
896 under chapter 372 of the general statutes, naturopath licensed under
897 chapter 373 of the general statutes, podiatrist licensed under chapter 375
898 of the general statutes, occupational therapist or occupational therapy
899 assistant licensed under chapter 376a of the general statutes, optometrist
900 licensed under chapter 380 of the general statutes, registered nurse or

901 advanced practice registered nurse licensed under chapter 378 of the
902 general statutes, psychologist licensed under chapter 383 of the general
903 statutes, marital and family therapist licensed under chapter 383a of the
904 general statutes, clinical social worker or master social worker licensed
905 under chapter 383b of the general statutes, alcohol and drug counselor
906 licensed under chapter 376b of the general statutes, professional
907 counselor licensed under chapter 383c of the general statutes, dietitian-
908 nutritionist certified under chapter 384b of the general statutes, speech
909 and language pathologist licensed under chapter 399 of the general
910 statutes, respiratory care practitioner licensed under chapter 381a of the
911 general statutes, audiologist licensed under chapter 397a of the general
912 statutes, pharmacist licensed under chapter 400j of the general statutes,
913 paramedic licensed pursuant to chapter 384d of the general statutes,
914 nurse-midwife licensed under chapter 377 of the general statutes,
915 dentist licensed under chapter 379 of the general statutes, behavior
916 analyst licensed under chapter 382a of the general statutes, genetic
917 counselor licensed under chapter 383d of the general statutes, music
918 therapist certified in the manner described in chapter 383f of the general
919 statutes, art therapist [certified] licensed in the manner described in
920 chapter 383g of the general statutes or athletic trainer licensed under
921 chapter 375a of the general statutes, or (ii) an appropriately licensed,
922 certified or registered physician, physician assistant, physical therapist,
923 physical therapist assistant, chiropractor, naturopath, podiatrist,
924 occupational therapist, occupational therapy assistant, optometrist,
925 registered nurse, advanced practice registered nurse, psychologist,
926 marital and family therapist, clinical social worker, master social
927 worker, alcohol and drug counselor, professional counselor, dietitian-
928 nutritionist, speech and language pathologist, respiratory care
929 practitioner, audiologist, pharmacist, paramedic, nurse-midwife,
930 dentist, behavior analyst, genetic counselor, music therapist, art
931 therapist or athletic trainer, in another state or territory of the United
932 States or the District of Columbia, that provides telehealth services
933 pursuant to his or her authority under any relevant order issued by the
934 Commissioner of Public Health and maintains professional liability
935 insurance, or other indemnity against liability for professional

936 malpractice, in an amount that is equal to or greater than that required
937 for similarly licensed, certified or registered Connecticut health care
938 providers.

939 (b) (1) Notwithstanding the provisions of section 19a-906 of the
940 general statutes, as amended by this act, during the period beginning on
941 [the effective date of this section] May 10, 2021, and ending on June 30,
942 [2023] 2024, a telehealth provider may only provide a telehealth service
943 to a patient when the telehealth provider:

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

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

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

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

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

962 (2) Notwithstanding the provisions of section 19a-906 of the general
963 statutes, as amended by this act, if a telehealth provider provides a
964 telehealth service to a patient during the period beginning on [the
965 effective date of this section] May 10, 2021, and ending on June 30, [2023]

966 2024, the telehealth provider shall, at the time of the telehealth
967 provider's first telehealth interaction with a patient, inform the patient
968 concerning the treatment methods and limitations of treatment using a
969 telehealth platform, including, but not limited to, the limited duration
970 of the relevant provisions of this section and sections 3 to 7, inclusive, of
971 [this act] public act 21-9, as amended by this act, and, after providing the
972 patient with such information, obtain the patient's consent to provide
973 telehealth services. The telehealth provider shall document such notice
974 and consent in the patient's health record. If a patient later revokes such
975 consent, the telehealth provider shall document the revocation in the
976 patient's health record.

977 (c) Notwithstanding the provisions of this section or title 20 of the
978 general statutes, no telehealth provider shall, during the period
979 beginning on [the effective date of this section] May 10, 2021, and ending
980 on June 30, [2023] 2024, prescribe any schedule I, II or III controlled
981 substance through the use of telehealth, except a schedule II or III
982 controlled substance other than an opioid drug, as defined in section 20-
983 14o of the general statutes, in a manner fully consistent with the Ryan
984 Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as
985 amended from time to time, for the treatment of a person with a
986 psychiatric disability or a person with a substance use disorder, as
987 defined in section 17a-458 of the general statutes, including, but not
988 limited to, medication-assisted treatment. A telehealth provider using
989 telehealth to prescribe a schedule II or III controlled substance pursuant
990 to this subsection shall electronically [submit] transmit the prescription
991 pursuant to section 21a-249 of the general statutes, as amended by [this
992 act] public act 21-9.

993 (d) During the period beginning on [the effective date of this section]
994 May 10, 2021, and ending on June 30, [2023] 2024, each telehealth
995 provider shall, at the time of the initial telehealth interaction, ask the
996 patient whether the patient consents to the telehealth provider's
997 disclosure of records concerning the telehealth interaction to the
998 patient's primary care provider. If the patient consents to such
999 disclosure, the telehealth provider shall provide records of all telehealth

1000 interactions during such period to the patient's primary care provider,
1001 in a timely manner, in accordance with the provisions of sections 20-7b
1002 to 20-7e, inclusive, of the general statutes.

1003 (e) During the period beginning on [the effective date of this section]
1004 May 10, 2021, and ending on June 30, [2023] 2024, any consent or
1005 revocation of consent under this section shall be obtained from or
1006 communicated by the patient, or the patient's legal guardian,
1007 conservator or other authorized representative, as applicable.

1008 (f) (1) The provision of telehealth services and health records
1009 maintained and disclosed as part of a telehealth interaction shall comply
1010 with all provisions of the Health Insurance Portability and
1011 Accountability Act of 1996, P.L. 104-191, as amended from time to time,
1012 and the rules and regulations adopted thereunder, that are applicable to
1013 such provision, maintenance or disclosure.

1014 (2) Notwithstanding the provisions of section 19a-906 of the general
1015 statutes, as amended by this act, and subdivision (1) of this subsection,
1016 a telehealth provider that is an in-network provider or a provider
1017 enrolled in the Connecticut medical assistance program that provides
1018 telehealth services to a Connecticut medical assistance program
1019 recipient, may, during the period beginning on [the effective date of this
1020 section] May 10, 2021, and ending on June 30, [2023] 2024, use any
1021 information or communication technology in accordance with the
1022 directions, modifications or revisions, if any, made by the Office for
1023 Civil Rights of the United States Department of Health and Human
1024 Services to the provisions of the Health Insurance Portability and
1025 Accountability Act of 1996 P.L. 104-191, as amended from time to time,
1026 or the rules and regulations adopted thereunder.

1027 (g) Notwithstanding any provision of the general statutes, nothing in
1028 this section shall, during the period beginning on [the effective date of
1029 this section] May 10, 2021, and ending on June 30, [2023] 2024, prohibit
1030 a health care provider from: (1) Providing on-call coverage pursuant to
1031 an agreement with another health care provider or such health care

1032 provider's professional entity or employer; (2) consulting with another
1033 health care provider concerning a patient's care; (3) ordering care for
1034 hospital outpatients or inpatients; or (4) using telehealth for a hospital
1035 inpatient, including for the purpose of ordering medication or treatment
1036 for such patient in accordance with the Ryan Haight Online Pharmacy
1037 Consumer Protection Act, 21 USC 829(e), as amended from time to time.
1038 As used in this subsection, "health care provider" means a person or
1039 entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to
1040 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399
1041 or 400j of the general statutes or licensed or certified pursuant to chapter
1042 368d or 384d of the general statutes.

1043 (h) Notwithstanding any provision of the general statutes, no
1044 telehealth provider shall charge a facility fee for a telehealth service
1045 provided during the period beginning on [the effective date of this
1046 section] May 10, 2021, and ending on June 30, [2023] 2024.

1047 (i) (1) Notwithstanding any provision of the general statutes, no
1048 telehealth provider shall provide health care or health services to a
1049 patient through telehealth during the period beginning on [the effective
1050 date of this section] May 10, 2021, and ending on June 30, [2023] 2024,
1051 unless the telehealth provider has determined whether or not the patient
1052 has health coverage for such health care or health services.

1053 (2) Notwithstanding any provision of the general statutes, a
1054 telehealth provider who provides health care or health services to a
1055 patient through telehealth during the period beginning on [the effective
1056 date of this section] May 10, 2021, and ending on June 30, [2023] 2024,
1057 shall:

1058 (A) Accept as full payment for such health care or health services:

1059 (i) An amount that is equal to the amount that Medicare reimburses
1060 for such health care or health services if the telehealth provider
1061 determines that the patient does not have health coverage for such
1062 health care or health services; or

1063 (ii) The amount that the patient's health coverage reimburses, and
1064 any coinsurance, copayment, deductible or other out-of-pocket expense
1065 imposed by the patient's health coverage, for such health care or health
1066 services if the telehealth provider determines that the patient has health
1067 coverage for such health care or health services. If the patient's health
1068 coverage uses a provider network, the amount of such reimbursement,
1069 and such coinsurance, copayment, deductible or other out-of-pocket
1070 expense, shall not exceed the in-network amount regardless of the
1071 network status of such telehealth provider.

1072 (3) If a telehealth provider determines that a patient is unable to pay
1073 for any health care or health services described in subdivisions (1) and
1074 (2) of this subsection, the provider shall offer to the patient financial
1075 assistance, if such provider is otherwise required to offer to the patient
1076 such financial assistance, under any applicable state or federal law.

1077 (j) Subject to compliance with all applicable federal requirements,
1078 notwithstanding any provision of the general statutes, state licensing
1079 standards or any regulation adopted thereunder, a telehealth provider
1080 may provide telehealth services pursuant to the provisions of this
1081 section from any location.

1082 (k) Notwithstanding the provisions of section 19a-906 of the general
1083 statutes, as amended by this act, during the period beginning on [the
1084 effective date of this section] May 10, 2021, and ending on June 30, [2023]
1085 2024, any Connecticut entity, institution or health care provider that
1086 engages or contracts with a telehealth provider that is licensed, certified
1087 or registered in another state or territory of the United States or the
1088 District of Columbia to provide health care or other health services shall
1089 verify the credentials of such provider in the state in which he or she is
1090 licensed, certified or registered, ensure that such [a] provider is in good
1091 standing in such state, and confirm that such provider maintains
1092 professional liability insurance or other indemnity against liability for
1093 professional malpractice in an amount that is equal to or greater than
1094 that required for similarly licensed, certified or registered Connecticut
1095 health care providers.

1096 (l) Notwithstanding sections 4-168 to 4-174, inclusive, of the general
1097 statutes, from the period beginning on [the effective date of this section]
1098 May 10, 2021, and ending on June 30, [2023] 2024, the Commissioner of
1099 Public Health may temporarily waive, modify or suspend any
1100 regulatory requirements adopted by the Commissioner of Public Health
1101 or any boards or commissions under chapters 368a, 368d, 368v, 369 to
1102 381a, inclusive, 382a, 383 to 388, inclusive, 397a, 398, 399, 400a, 400c, 400j
1103 and 474 of the general statutes as the Commissioner of Public Health
1104 deems necessary to reduce the spread of COVID-19 and to protect the
1105 public health for the purpose of providing residents of this state with
1106 telehealth services from out-of-state practitioners.

1107 Sec. 34. (NEW) (*Effective July 1, 2022*) The Commissioner of Public
1108 Health may issue an order authorizing telehealth providers who are not
1109 licensed, certified or registered to practice in this state to provide
1110 telehealth services to patients in this state. Such order may be of limited
1111 duration and limited to one or more types of providers described in
1112 subdivision (13) of subsection (a) of section 1 of public act 21-9, as
1113 amended by this act, or subdivision (12) of subsection (a) of section 19a-
1114 906 of the general statutes, as amended by this act. The commissioner
1115 may impose conditions including, but not limited to, a requirement that
1116 any telehealth provider providing telehealth services to patients in this
1117 state pursuant to such order shall submit an application for licensure,
1118 certification or registration, as applicable. The commissioner may
1119 suspend or revoke any authorization provided pursuant to this section
1120 to a telehealth provider who violates any condition imposed by the
1121 commissioner or applicable requirements for the provision of telehealth
1122 services under the law. Any such order issued pursuant to this section
1123 shall not constitute a regulation, as defined in section 4-166 of the
1124 general statutes.

1125 Sec. 35. Subsection (c) of section 21a-249 of the 2022 supplement to
1126 the general statutes is repealed and the following is substituted in lieu
1127 thereof (*Effective from passage*):

1128 (c) A licensed practitioner shall not be required to electronically

1129 transmit a prescription when:

1130 (1) Electronic transmission is not available due to a temporary
1131 technological or electrical failure. In the event of a temporary
1132 technological or electrical failure, the practitioner shall, without undue
1133 delay, reasonably attempt to correct any cause for the failure that is
1134 within his or her control. A practitioner who issues a prescription, but
1135 fails to electronically transmit the prescription, as permitted by this
1136 subsection, shall document the reason for the practitioner's failure to
1137 electronically transmit the prescription in the patient's medical record
1138 as soon as practicable, but in no instance more than seventy-two hours
1139 following the end of the temporary technological or electrical failure
1140 that prevented the electronic transmittal of the prescription. For
1141 purposes of this subdivision, "temporary technological or electrical
1142 failure" means failure of a computer system, application or device or the
1143 loss of electrical power to such system, application or device, or any
1144 other service interruption to such system, application or device that
1145 reasonably prevents the practitioner from utilizing his or her certified
1146 application to electronically transmit the prescription in accordance
1147 with subsection (b) of this section;

1148 (2) The practitioner reasonably determines that it would be
1149 impractical for the patient to obtain substances prescribed by an
1150 electronically transmitted prescription in a timely manner and that such
1151 delay would adversely impact the patient's medical condition, provided
1152 if such prescription is for a controlled substance, the quantity of such
1153 controlled substance does not exceed a five-day supply for the patient,
1154 if the controlled substance was used in accordance with the directions
1155 for use. A practitioner who issues a prescription, but fails to
1156 electronically transmit the prescription, as permitted by this subsection,
1157 shall document the reason for the practitioner's failure to electronically
1158 transmit the prescription in the patient's medical record;

1159 (3) The prescription is to be dispensed by a pharmacy located outside
1160 this state. A practitioner who issues a prescription, but fails to
1161 electronically transmit the prescription, as permitted by this subsection,

1162 shall document the reason for the practitioner's failure to electronically
1163 transmit the prescription in the patient's medical record;

1164 (4) Use of an electronically transmitted prescription may negatively
1165 impact patient care, such as a prescription containing two or more
1166 products to be compounded by a pharmacist, a prescription for direct
1167 administration to a patient by parenteral, intravenous, intramuscular,
1168 subcutaneous or intraspinal infusion, a prescription that contains long
1169 or complicated directions, a prescription that requires certain elements
1170 to be included by the federal Food and Drug and Administration, or an
1171 oral prescription communicated to a pharmacist by a health care
1172 practitioner for a patient in a chronic and convalescent nursing home,
1173 licensed pursuant to chapter 368v; or

1174 (5) The practitioner demonstrates, in a form and manner prescribed
1175 by the commissioner, that such practitioner does not have the
1176 technological capacity to issue an electronically transmitted
1177 [prescriptions] prescription. For the purposes of this subsection,
1178 "technological capacity" means possession of a computer system,
1179 hardware or device that can be used to electronically transmit controlled
1180 substance prescriptions consistent with the requirements of the federal
1181 Controlled Substances Act, 21 USC 801, as amended from time to time.
1182 The provisions of this subdivision shall not apply to a practitioner when
1183 such practitioner is prescribing as a telehealth provider, as defined in
1184 section 19a-906, as amended by this act, section 1 of public act 20-2 of
1185 the July special session or section 1 of public act 21-9, as amended by
1186 this act, as applicable, pursuant to subsection (c) of section 19a-906,
1187 subsection (c) of section 1 of public act 20-2 of the July special session or
1188 subsection (c) of section 1 of public act 21-9, as amended by this act, as
1189 applicable.

1190 Sec. 36. Section 3 of public act 21-9 is repealed and the following is
1191 substituted in lieu thereof (*Effective from passage*):

1192 (a) For the purposes of this section:

1193 (1) "Asynchronous" has the same meaning as provided in section 19a-

1194 906 of the general statutes, as amended by this act;

1195 (2) "Originating site" has the same meaning as provided in section
1196 19a-906 of the general statutes, as amended by this act;

1197 (3) "Remote patient monitoring" has the same meaning as provided
1198 in section 19a-906 of the general statutes, as amended by this act;

1199 (4) "Store and forward transfer" has the same meaning as provided in
1200 section 19a-906 of the general statutes, as amended by this act;

1201 (5) "Synchronous" has the same meaning as provided in section 19a-
1202 906 of the general statutes, as amended by this act;

1203 (6) "Telehealth" means the mode of delivering health care or other
1204 health services via information and communication technologies to
1205 facilitate the diagnosis, consultation and treatment, education, care
1206 management and self-management of an insured's physical, oral and
1207 mental health, and includes interaction between the insured at the
1208 originating site and the telehealth provider at a distant site, synchronous
1209 interactions, asynchronous store and forward transfers or remote
1210 patient monitoring, but does not include interaction through (A)
1211 facsimile, texting or electronic mail, or (B) audio-only telephone if the
1212 policy described in subsection (b) of this section uses a provider network
1213 and the telehealth provider is out-of-network; and

1214 (7) "Telehealth provider" means any person who (A) provides health
1215 care or other health services through the use of telehealth within such
1216 person's scope of practice and in accordance with the standard of care
1217 applicable to such person's profession, and (B) is (i) a physician or
1218 physician assistant licensed under chapter 370 of the general statutes,
1219 physical therapist or physical therapist assistant licensed under chapter
1220 376 of the general statutes, chiropractor licensed under chapter 372 of
1221 the general statutes, naturopath licensed under chapter 373 of the
1222 general statutes, podiatrist licensed under chapter 375 of the general
1223 statutes, occupational therapist or occupational therapy assistant
1224 licensed under chapter 376a of the general statutes, optometrist licensed

1225 under chapter 380 of the general statutes, registered nurse or advanced
1226 practice registered nurse licensed under chapter 378 of the general
1227 statutes, psychologist licensed under chapter 383 of the general statutes,
1228 marital and family therapist licensed under chapter 383a of the general
1229 statutes, clinical social worker or master social worker licensed under
1230 chapter 383b of the general statutes, alcohol and drug counselor licensed
1231 under chapter 376b of the general statutes, professional counselor
1232 licensed under chapter 383c of the general statutes, dietitian-nutritionist
1233 certified under chapter 384b of the general statutes, speech and
1234 language pathologist licensed under chapter 399 of the general statutes,
1235 respiratory care practitioner licensed under chapter 381a of the general
1236 statutes, audiologist licensed under chapter 397a of the general statutes,
1237 pharmacist licensed under chapter 400j of the general statutes,
1238 paramedic licensed pursuant to chapter 384d of the general statutes,
1239 nurse-midwife licensed under chapter 377 of the general statutes,
1240 dentist licensed under chapter 379 of the general statutes, behavior
1241 analyst licensed under chapter 382a of the general statutes, genetic
1242 counselor licensed under chapter 383d of the general statutes, music
1243 therapist certified in the manner described in chapter 383f of the general
1244 statutes, art therapist [certified] licensed in the manner described in
1245 chapter 383g of the general statutes or athletic trainer licensed under
1246 chapter 375a of the general statutes, or (ii) an in-network and
1247 appropriately licensed, certified or registered physician, physician
1248 assistant, physical therapist, physical therapist assistant, chiropractor,
1249 naturopath, podiatrist, occupational therapist, occupational therapy
1250 assistant, optometrist, registered nurse, advanced practice registered
1251 nurse, psychologist, marital and family therapist, clinical social worker,
1252 master social worker, alcohol and drug counselor, professional
1253 counselor, dietitian-nutritionist, speech and language pathologist,
1254 respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-
1255 midwife, dentist, behavior analyst, genetic counselor, music therapist,
1256 art therapist or athletic trainer, in another state or territory of the United
1257 States or the District of Columbia, that provides telehealth services
1258 pursuant to his or her authority under any relevant order issued by the
1259 Commissioner of Public Health and maintains professional liability

1260 insurance, or other indemnity against liability for professional
1261 malpractice, in an amount that is equal to or greater than that required
1262 for similarly licensed, certified or registered Connecticut health care
1263 providers.

1264 (b) Notwithstanding any provision of the general statutes, each
1265 individual health insurance policy that provides coverage of the type
1266 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
1267 the general statutes that is effective at any time during the period
1268 beginning on [the effective date of this section] May 10, 2021, and ending
1269 on June 30, [2023] 2024, shall, at all times that the policy remains in effect
1270 during such period, provide coverage for medical advice, diagnosis,
1271 care or treatment provided through telehealth, to the same extent
1272 coverage is provided for such advice, diagnosis, care or treatment when
1273 provided to the insured in person. The policy shall not, at any time
1274 during such period, exclude coverage for a service that is appropriately
1275 provided through telehealth because such service is provided through
1276 telehealth or a telehealth platform selected by an in-network telehealth
1277 provider.

1278 (c) Notwithstanding any provision of the general statutes, no
1279 telehealth provider who receives a reimbursement for a covered service
1280 provided through telehealth in accordance with subsection (b) of this
1281 section shall seek any payment for such service from the insured who
1282 received such service, except for any coinsurance, copayment,
1283 deductible or other out-of-pocket expense set forth in the insured's
1284 policy. Such amount shall be deemed by the telehealth provider to be
1285 payment in full.

1286 (d) Nothing in this section shall prohibit or limit a health insurer,
1287 health care center, hospital service corporation, medical service
1288 corporation or other entity from conducting utilization review for
1289 telehealth services, provided such utilization review is conducted in the
1290 same manner and uses the same clinical review criteria as a utilization
1291 review for an in-person consultation for the same service. Except as
1292 provided in subsection (b) or (c) of this section, the coverage required

1293 under subsection (b) of this section shall be subject to the same terms
1294 and conditions applicable to all other benefits under the policy
1295 providing such coverage.

1296 (e) The provisions of this section shall apply to a high deductible
1297 health plan, as that term is used in subsection (f) of section 38a-493 of
1298 the general statutes, to the maximum extent permitted by federal law,
1299 except if such plan is used to establish a medical savings account or an
1300 Archer MSA pursuant to Section 220 of the Internal Revenue Code of
1301 1986, as amended from time to time, or any subsequent corresponding
1302 internal revenue code of the United States, as amended from time to
1303 time, or a health savings account pursuant to Section 223 of said Internal
1304 Revenue Code of 1986, as amended from time to time. The provisions of
1305 this section shall apply to such plan to the maximum extent that (1) is
1306 permitted by federal law, and (2) does not disqualify such account for
1307 the deduction allowed under said Section 220 or 223, as applicable.

1308 Sec. 37. Section 4 of public act 21-9 is repealed and the following is
1309 substituted in lieu thereof (*Effective from passage*):

1310 (a) For the purposes of this section:

1311 (1) "Asynchronous" has the same meaning as provided in section 19a-
1312 906 of the general statutes, as amended by this act;

1313 (2) "Originating site" has the same meaning as provided in section
1314 19a-906 of the general statutes, as amended by this act;

1315 (3) "Remote patient monitoring" has the same meaning as provided
1316 in section 19a-906 of the general statutes, as amended by this act;

1317 (4) "Store and forward transfer" has the same meaning as provided in
1318 section 19a-906 of the general statutes, as amended by this act;

1319 (5) "Synchronous" has the same meaning as provided in section 19a-
1320 906 of the general statutes, as amended by this act;

1321 (6) "Telehealth" means the mode of delivering health care or other

1322 health services via information and communication technologies to
1323 facilitate the diagnosis, consultation and treatment, education, care
1324 management and self-management of an insured's physical, oral and
1325 mental health, and includes interaction between the insured at the
1326 originating site and the telehealth provider at a distant site, synchronous
1327 interactions, asynchronous store and forward transfers or remote
1328 patient monitoring, but does not include interaction through (A)
1329 facsimile, texting or electronic mail, or (B) audio-only telephone if the
1330 policy described in subsection (b) of this section uses a provider network
1331 and the telehealth provider is out-of-network; and

1332 (7) "Telehealth provider" means any person who (A) provides health
1333 care or other health services through the use of telehealth within such
1334 person's scope of practice and in accordance with the standard of care
1335 applicable to such person's profession, and (B) is (i) a physician or
1336 physician assistant licensed under chapter 370 of the general statutes,
1337 physical therapist or physical therapist assistant licensed under chapter
1338 376 of the general statutes, chiropractor licensed under chapter 372 of
1339 the general statutes, naturopath licensed under chapter 373 of the
1340 general statutes, podiatrist licensed under chapter 375 of the general
1341 statutes, occupational therapist or occupational therapy assistant
1342 licensed under chapter 376a of the general statutes, optometrist licensed
1343 under chapter 380 of the general statutes, registered nurse or advanced
1344 practice registered nurse licensed under chapter 378 of the general
1345 statutes, psychologist licensed under chapter 383 of the general statutes,
1346 marital and family therapist licensed under chapter 383a of the general
1347 statutes, clinical social worker or master social worker licensed under
1348 chapter 383b of the general statutes, alcohol and drug counselor licensed
1349 under chapter 376b of the general statutes, professional counselor
1350 licensed under chapter 383c of the general statutes, dietitian-nutritionist
1351 certified under chapter 384b of the general statutes, speech and
1352 language pathologist licensed under chapter 399 of the general statutes,
1353 respiratory care practitioner licensed under chapter 381a of the general
1354 statutes, audiologist licensed under chapter 397a of the general statutes,
1355 pharmacist licensed under chapter 400j of the general statutes,

1356 paramedic licensed pursuant to chapter 384d of the general statutes,
1357 nurse-midwife licensed under chapter 377 of the general statutes,
1358 dentist licensed under chapter 379 of the general statutes, behavior
1359 analyst licensed under chapter 382a of the general statutes, genetic
1360 counselor licensed under chapter 383d of the general statutes, music
1361 therapist certified in the manner described in chapter 383f of the general
1362 statutes, art therapist [certified] licensed in the manner described in
1363 chapter 383g of the general statutes or athletic trainer licensed under
1364 chapter 375a of the general statutes, or (ii) an in-network and
1365 appropriately licensed, certified or registered physician, physician
1366 assistant, physical therapist, physical therapist assistant, chiropractor,
1367 naturopath, podiatrist, occupational therapist, occupational therapy
1368 assistant, optometrist, registered nurse, advanced practice registered
1369 nurse, psychologist, marital and family therapist, clinical social worker,
1370 master social worker, alcohol and drug counselor, professional
1371 counselor, dietitian-nutritionist, speech and language pathologist,
1372 respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-
1373 midwife, dentist, behavior analyst, genetic counselor, music therapist,
1374 art therapist or athletic trainer, in another state or territory of the United
1375 States or the District of Columbia, that provides telehealth services
1376 pursuant to his or her authority under any relevant order issued by the
1377 Commissioner of Public Health and maintains professional liability
1378 insurance, or other indemnity against liability for professional
1379 malpractice, in an amount that is equal to or greater than that required
1380 for similarly licensed, certified or registered Connecticut health care
1381 providers.

1382 (b) Notwithstanding any provision of the general statutes, each
1383 group health insurance policy that provides coverage of the type
1384 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
1385 the general statutes that is effective at any time during the period
1386 beginning on [the effective date of this section] May 10, 2021, and ending
1387 on June 30, [2023] 2024, shall, at all times that the policy remains in effect
1388 during such period, provide coverage for medical advice, diagnosis,
1389 care or treatment provided through telehealth, to the same extent

1390 coverage is provided for such advice, diagnosis, care or treatment when
1391 provided to the insured in person. The policy shall not, at any time
1392 during such period, exclude coverage for a service that is appropriately
1393 provided through telehealth because such service is provided through
1394 telehealth or a telehealth platform selected by an in-network telehealth
1395 provider.

1396 (c) Notwithstanding any provision of the general statutes, no
1397 telehealth provider who receives a reimbursement for a covered service
1398 provided through telehealth in accordance with subsection (b) of this
1399 section shall seek any payment for such service from the insured who
1400 received such service, except for any coinsurance, copayment,
1401 deductible or other out-of-pocket expense set forth in the insured's
1402 policy. Such amount shall be deemed by the telehealth provider to be
1403 payment in full.

1404 (d) Nothing in this section shall prohibit or limit a health insurer,
1405 health care center, hospital service corporation, medical service
1406 corporation or other entity from conducting utilization review for
1407 telehealth services, provided such utilization review is conducted in the
1408 same manner and uses the same clinical review criteria as a utilization
1409 review for an in-person consultation for the same service. Except as
1410 provided in subsection (b) or (c) of this section, the coverage required
1411 under subsection (b) of this section shall be subject to the same terms
1412 and conditions applicable to all other benefits under the policy
1413 providing such coverage.

1414 (e) The provisions of this section shall apply to a high deductible
1415 health plan, as that term is used in subsection (f) of section 38a-520 of
1416 the general statutes, to the maximum extent permitted by federal law,
1417 except if such plan is used to establish a medical savings account or an
1418 Archer MSA pursuant to Section 220 of the Internal Revenue Code of
1419 1986, as amended from time to time, or any subsequent corresponding
1420 internal revenue code of the United States, as amended from time to
1421 time, or a health savings account pursuant to Section 223 of said Internal
1422 Revenue Code of 1986, as amended from time to time. The provisions of

1423 this section shall apply to such plan to the maximum extent that (1) is
1424 permitted by federal law, and (2) does not disqualify such account for
1425 the deduction allowed under said Section 220 or 223, as applicable.

1426 Sec. 38. Section 5 of public act 21-9 is repealed the following is
1427 substituted in lieu thereof (*Effective from passage*):

1428 (a) As used in this section:

1429 (1) "Health carrier" has the same meaning as provided in section 38a-
1430 1080 of the general statutes;

1431 (2) "Insured" has the same meaning as provided in section 38a-1 of
1432 the general statutes;

1433 (3) "Telehealth" has the same meaning as provided in sections 3 and
1434 4 of [this act] public act 21-9, as amended by this act; and

1435 (4) "Telehealth provider" has the same meaning as provided in
1436 sections 3 and 4 of [this act] public act 21-9, as amended by this act.

1437 (b) Notwithstanding any provision of the general statutes, no health
1438 carrier shall reduce the amount of a reimbursement paid to a telehealth
1439 provider for covered health care or health services that the telehealth
1440 provider appropriately provided to an insured through telehealth
1441 during the period beginning on [the effective date of this section] May
1442 10, 2021, and ending on June 30, [2023] 2024, because the telehealth
1443 provider provided such health care or health services to the patient
1444 through telehealth and not in person.

1445 Sec. 39. Section 7 of public act 21-9 is repealed and the following is
1446 substituted in lieu thereof (*Effective from passage*):

1447 (a) As used in this section:

1448 (1) "Advanced practice registered nurse" means an advanced practice
1449 registered nurse licensed pursuant to chapter 378 of the general statutes;

1450 (2) "Physician" has the same meaning as provided in section 21a-408

1451 of the general statutes;

1452 (3) "Qualifying patient" has the same meaning as provided in section
1453 21a-408 of the general statutes; and

1454 (4) "Written certification" has the same meaning as provided in
1455 section 21a-408 of the general statutes.

1456 (b) Notwithstanding the provisions of sections 21a-408 to 21a-408n,
1457 inclusive, of the general statutes, or any other section, regulation, rule,
1458 policy or procedure concerning the certification of medical marijuana
1459 patients, a physician or advanced practice registered nurse may issue a
1460 written certification to a qualifying patient and provide any follow-up
1461 care using telehealth services during the period beginning on [the
1462 effective date of this section] May 10, 2021, and ending on June 30, [2023]
1463 2024, provided all other requirements for issuing the written
1464 certification to the qualifying patient and all recordkeeping
1465 requirements are satisfied.

1466 Sec. 40. Section 38a-499a of the general statutes is repealed and the
1467 following is substituted in lieu thereof (*Effective July 1, 2024*):

1468 (a) As used in this section, "telehealth" has the same meaning as
1469 provided in section 19a-906, as amended by this act.

1470 (b) Each individual health insurance policy providing coverage of the
1471 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
1472 of the general statutes delivered, issued for delivery, renewed, amended
1473 or continued in this state shall provide coverage for medical advice,
1474 diagnosis, care or treatment provided through telehealth, to the extent
1475 coverage is provided for such advice, diagnosis, care or treatment when
1476 provided through in-person consultation between the insured and a
1477 health care provider licensed in the state. Such coverage shall be subject
1478 to the same terms and conditions applicable to all other benefits under
1479 such policy.

1480 (c) No such policy shall: (1) Exclude a service for coverage solely

1481 because such service is provided only through telehealth and not
1482 through in-person consultation between the insured and a health care
1483 provider licensed in the state, provided telehealth is appropriate for the
1484 provision of such service; or (2) be required to reimburse a treating or
1485 consulting health care provider for the technical fees or technical costs
1486 for the provision of telehealth services.

1487 (d) Nothing in this section shall prohibit or limit a health insurer,
1488 health care center, hospital service corporation, medical service
1489 corporation or other entity from conducting utilization review for
1490 telehealth services, provided such utilization review is conducted in the
1491 same manner and uses the same clinical review criteria as a utilization
1492 review for an in-person consultation for the same service.

1493 Sec. 41. Section 38a-526a of the general statutes is repealed and the
1494 following is substituted in lieu thereof (*Effective July 1, 2024*):

1495 (a) As used in this section, "telehealth" has the same meaning as
1496 provided in section 19a-906, as amended by this act.

1497 (b) Each group health insurance policy providing coverage of the
1498 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
1499 of the general statutes delivered, issued for delivery, renewed, amended
1500 or continued in this state shall provide coverage for medical advice,
1501 diagnosis, care or treatment provided through telehealth, to the extent
1502 coverage is provided for such advice, diagnosis, care or treatment when
1503 provided through in-person consultation between the insured and a
1504 health care provider licensed in the state. Such coverage shall be subject
1505 to the same terms and conditions applicable to all other benefits under
1506 such policy.

1507 (c) No such policy shall: (1) Exclude a service for coverage solely
1508 because such service is provided only through telehealth and not
1509 through in-person consultation between the insured and a health care
1510 provider, provided telehealth is appropriate for the provision of such
1511 service; or (2) be required to reimburse a treating or consulting health
1512 care provider licensed in the state for the technical fees or technical costs

1513 for the provision of telehealth services.

1514 (d) Nothing in this section shall prohibit or limit a health insurer,
1515 health care center, hospital service corporation, medical service
1516 corporation or other entity from conducting utilization review for
1517 telehealth services, provided such utilization review is conducted in the
1518 same manner and uses the same clinical review criteria as a utilization
1519 review for an in-person consultation for the same service.

1520 Sec. 42. (*Effective from passage*) The executive director of the Office of
1521 Health Strategy, established under section 19a-754a of the general
1522 statutes, shall conduct a study regarding the provision of, and coverage
1523 for, telehealth services in this state. Such study shall include, but need
1524 not be limited to, an examination of (1) the feasibility and impact of
1525 expanding access to telehealth services, telehealth providers and
1526 coverage for telehealth services in this state beginning on July 1, 2024,
1527 and (2) any means available to reduce or eliminate obstacles to patient
1528 access to telehealth services, telehealth providers and coverage for
1529 telehealth services in this state, including, but not limited to, any means
1530 available to reduce patient costs for telehealth services and coverage for
1531 telehealth services in this state. Not later than January 1, 2023, the
1532 executive director shall submit a report on the findings of such study, in
1533 accordance with the provisions of section 11-4a of the general statutes,
1534 to the joint standing committees of the General Assembly having
1535 cognizance of matters relating to public health, human services and
1536 insurance.

1537 Sec. 43. (*Effective October 1, 2022*) The Psychology Interjurisdictional
1538 Compact is hereby enacted into law and entered into by the state of
1539 Connecticut with any and all states legally joining therein in accordance
1540 with its terms. The compact is substantially as follows:

1541 "PSYCHOLOGY INTERJURISDICTIONAL COMPACT

1542 ARTICLE I

1543 PURPOSE

1544 Whereas, states license psychologists in order to protect the public
1545 through verification of education, training and experience and ensure
1546 accountability for professional practice; and

1547 Whereas, the compact is intended to regulate the day-to-day practice
1548 of telepsychology, including, but not limited to, the provision of
1549 psychological services using telecommunication technologies, by
1550 psychologists across state boundaries in the performance of their
1551 psychological practice as assigned by an appropriate authority; and

1552 Whereas, the compact is intended to regulate the temporary in-
1553 person, face-to-face practice of psychology by psychologists across state
1554 boundaries for thirty days within a calendar year in the performance of
1555 their psychological practice as assigned by an appropriate authority;
1556 and

1557 Whereas, the compact is intended to authorize state psychology
1558 regulatory authorities to afford legal recognition, in a manner consistent
1559 with the terms of the compact, to psychologists licensed in another state;
1560 and

1561 Whereas, the compact recognizes that states have a vested interest in
1562 protecting the public's health and safety through their licensing and
1563 regulation of psychologists and that such state licensing and regulation
1564 will best protect public health and safety; and

1565 Whereas, the compact shall not apply when a psychologist is licensed
1566 in both the home and receiving states; and

1567 Whereas, the compact shall not apply to permanent in-person, face-
1568 to-face practice, it shall allow for authorization of temporary
1569 psychological practice.

1570 Consistent with such principles, the compact is designed to achieve
1571 the following purposes and objectives:

1572 (1) Increase public access to professional psychological services by
1573 allowing for telepsychological practice across state lines and temporary

1574 in-person, face-to-face services in a state which the psychologist is not
1575 licensed to practice psychology;

1576 (2) Enhance the states' ability to protect the public's health and safety,
1577 especially client or patient safety;

1578 (3) Encourage the cooperation of compact states in the areas of
1579 psychology licensure and regulation;

1580 (4) Facilitate the exchange of information between compact states
1581 regarding licensure, adverse actions and disciplinary history of
1582 psychologists;

1583 (5) Promote compliance with the laws governing psychological
1584 practice in each compact state; and

1585 (6) Invest all compact states with the authority to hold licensed
1586 psychologists accountable through the mutual recognition of compact
1587 state licenses.

1588 ARTICLE II

1589 DEFINITIONS

1590 (1) "Adverse action" means any action taken by a state psychology
1591 regulatory authority that finds a violation of a statute or regulation that
1592 is identified by the state psychology regulatory authority as discipline
1593 and is a matter of public record.

1594 (2) "Association of State and Provincial Psychology Boards" means
1595 the recognized membership organization composed of state and
1596 provincial psychology regulatory authorities responsible for the
1597 licensure and registration of psychologists throughout the United States
1598 and Canada.

1599 (3) "Authority to practice interjurisdictional telepsychology" means a
1600 licensed psychologist's authority to practice telepsychology, within the
1601 limits authorized under the compact, in another compact state.

1602 (4) "Bylaws" means the bylaws established by the Psychology
1603 Interjurisdictional Compact Commission pursuant to Article X of the
1604 compact for the governance of said commission, or for directing and
1605 controlling the actions and conduct of said commission.

1606 (5) "Client or patient" means the recipient of psychological services,
1607 whether psychological services are delivered in the context of
1608 healthcare, corporate, supervision or consulting services.

1609 (6) "Commissioner" means the voting representative appointed by
1610 each state psychology regulatory authority pursuant to Article X of the
1611 compact.

1612 (7) "Compact" means the Psychology Interjurisdictional Compact.

1613 (8) "Compact state" means a state, the District of Columbia or United
1614 States territory that has enacted the compact and that has not withdrawn
1615 pursuant to subsection (c) of Article XIII of the compact, or been
1616 terminated pursuant to subsection (b) of Article XII of the compact.

1617 (9) "Coordinated licensure information system" or "coordinated
1618 database" means an integrated process for collecting, storing and
1619 sharing information on psychologists' licensure and enforcement
1620 activities related to psychology licensure laws, that is administered by
1621 the recognized membership organization composed of state and
1622 provincial psychology regulatory authorities.

1623 (10) "Confidentiality" means the principle that data or information is
1624 not made available or disclosed to unauthorized persons or processes.

1625 (11) "Day" means any part of a day in which psychological work is
1626 performed.

1627 (12) "Distant state" means the compact state where a psychologist is
1628 physically present, not through the use of telecommunications
1629 technologies, to provide temporary in-person, face-to-face
1630 psychological services.

1631 (13) "E.Passport" means the certificate issued by the Association of
1632 State and Provincial Psychology Boards that promotes the
1633 standardization in the criteria of interjurisdictional telepsychology
1634 practice and facilitates the process for licensed psychologists to provide
1635 telepsychological services across state lines.

1636 (14) "Executive board" means a group of directors elected or
1637 appointed to act on behalf of, and within the powers granted to them
1638 by, the commission.

1639 (15) "Home state" means a compact state where a psychologist is
1640 licensed to practice psychology, provided (A) if the psychologist is
1641 licensed in more than one compact state and is practicing under the
1642 Authorization to Practice Interjurisdictional Telepsychology, the home
1643 state is the compact state where the psychologist is physically present
1644 when delivering telepsychological services, and (B) if the psychologist
1645 is licensed in more than one compact state and is practicing under the
1646 temporary authorization to practice, the home state is any compact state
1647 where the psychologist is licensed.

1648 (16) "Identity history summary" means a summary of information
1649 retained by the Federal Bureau of Investigation, or said bureau's
1650 designee with similar authority, in connection with arrests and, in some
1651 instances, federal employment, naturalization, or military service.

1652 (17) "In-person, face-to-face" (A) means interactions in which the
1653 psychologist and the client or patient are in the same physical space, and
1654 (B) does not include interactions that may occur through the use of
1655 telecommunication technologies.

1656 (18) "IPC" means the Interjurisdictional Practice Certificate issued by
1657 the Association of State and Provincial Psychology Boards that grants
1658 temporary authority to practice based on notification to the state
1659 psychology regulatory authority of intention to practice temporarily,
1660 and verification of one's qualifications for such practice.

1661 (19) "License" means authorization by a state psychology regulatory

1662 authority to engage in the independent practice of psychology, which
1663 practice would be unlawful without the authorization.

1664 (20) "Noncompact state" means any state that is not a compact state.

1665 (21) "Psychologist" means an individual licensed for the independent
1666 practice of psychology.

1667 (22) "Psychology Interjurisdictional Compact Commission" or
1668 "commission" means the national administration of which all compact
1669 states are members.

1670 (23) "Receiving state" means a compact state where the client or
1671 patient is physically located when the telepsychological services are
1672 delivered.

1673 (24) "Rule" means a written statement by the Psychology
1674 Interjurisdictional Compact Commission promulgated pursuant to
1675 Article XI of the compact that is of general applicability, implements,
1676 interprets or prescribes a policy or provision of the compact, or an
1677 organizational, procedural or practice requirement of the commission,
1678 and has the force and effect of statutory law in a compact state,
1679 including, but not limited to, the amendment, repeal or suspension of
1680 an existing rule.

1681 (25) "Significant investigatory information" means:

1682 (A) Investigative information that a state psychology regulatory
1683 authority, after a preliminary inquiry that includes notification and an
1684 opportunity to respond if required by state law, has reason to believe, if
1685 proven true, would indicate more than a violation of state statute or
1686 ethics code that would be considered more substantial than minor
1687 infraction; or

1688 (B) Investigative information that indicates that the psychologist
1689 represents an immediate threat to public health and safety regardless of
1690 whether the psychologist has been notified or had an opportunity to
1691 respond.

1692 (26) "State" means a state, commonwealth, territory or possession of
1693 the United States, or the District of Columbia.

1694 (27) "State psychology regulatory authority" means the board, office
1695 or other agency with the legislative mandate to license and regulate the
1696 practice of psychology.

1697 (28) "Telepsychology" means the provision of psychological services
1698 using telecommunication technologies.

1699 (29) "Temporary authorization to practice" means a licensed
1700 psychologist's authority to conduct temporary in-person, face-to-face
1701 practice, within the limits authorized under the compact, in another
1702 compact state.

1703 (30) "Temporary in-person, face-to-face practice" means the practice
1704 of psychology by a psychologist who is physically present, not through
1705 the use of telecommunications technologies, in the distant state for not
1706 more than thirty days in a calendar year and based on notification to the
1707 distant state.

1708 ARTICLE III

1709 HOME STATE LICENSURE

1710 (a) The home state shall be a compact state where a psychologist is
1711 licensed to practice psychology.

1712 (b) A psychologist may hold one or more compact state licenses at a
1713 time. If the psychologist is licensed in more than one compact state, the
1714 home state is the compact state where the psychologist is physically
1715 present when the services are delivered as authorized by the authority
1716 to practice interjurisdictional telepsychology under the terms of the
1717 compact.

1718 (c) Any compact state may require a psychologist not previously
1719 licensed in a compact state to obtain and retain a license to be authorized
1720 to practice in the compact state under circumstances not authorized by

1721 the authority to practice interjurisdictional telepsychology under the
1722 terms of the compact.

1723 (d) Any compact state may require a psychologist to obtain and retain
1724 a license to be authorized to practice in a compact state under
1725 circumstances not authorized by a temporary authorization to practice
1726 under the terms of the compact.

1727 (e) A home state's license authorizes a psychologist to practice in a
1728 receiving state under the authority to practice interjurisdictional
1729 telepsychology only if the compact state:

1730 (1) Currently requires the psychologist to hold an active E.Passport;

1731 (2) Has a mechanism in place for receiving and investigating
1732 complaints about licensed individuals;

1733 (3) Notifies the commission, in compliance with the terms of the
1734 compact, of any adverse action or significant investigatory information
1735 regarding a licensed individual;

1736 (4) Requires an identity history summary of all applicants at initial
1737 licensure, including, but not limited to, the use of the results of
1738 fingerprints or other biometric data checks compliant with the
1739 requirements of the Federal Bureau of Investigation, or said bureau's
1740 designee with similar authority, not later than ten years after activation
1741 of the compact; and

1742 (5) Complies with the bylaws and rules of the commission.

1743 (f) A home state's license grants a temporary authorization to practice
1744 to a psychologist in a distant state only if the compact state:

1745 (1) Currently requires the psychologist to hold an active IPC;

1746 (2) Has a mechanism in place for receiving and investigating
1747 complaints about licensed individuals;

1748 (3) Notifies the commission, in compliance with the terms of the

1749 compact, of any adverse action or significant investigatory information
1750 regarding a licensed individual;

1751 (4) Requires an identity history summary of all applicants at initial
1752 licensure, including, but not limited to, the use of the results of
1753 fingerprints or other biometric data checks compliant with the
1754 requirements of the Federal Bureau of Investigation, or said bureau's
1755 designee with similar authority, not later than ten years after activation
1756 of the compact; and

1757 (5) Complies with the bylaws and rules of the commission.

1758 ARTICLE IV

1759 COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

1760 (a) Compact states shall recognize the right of a psychologist, licensed
1761 in a compact state in conformance with Article III of the compact, to
1762 practice telepsychology in receiving states in which the psychologist is
1763 not licensed, under the authority to practice interjurisdictional
1764 telepsychology as provided in the compact.

1765 (b) To exercise the authority to practice interjurisdictional
1766 telepsychology under the terms and provisions of the compact, a
1767 psychologist licensed to practice in a compact state shall:

1768 (1) Hold a graduate degree in psychology from an institution of
1769 higher education that was, at the time the degree was awarded:

1770 (A) Regionally accredited by an accrediting body recognized by the
1771 United States Department of Education to grant graduate degrees, or
1772 authorized by provincial statute or royal charter to grant doctoral
1773 degrees; or

1774 (B) A foreign college or university deemed to be equivalent to an
1775 institution of higher education described in subparagraph (A) of this
1776 subdivision by a foreign credential evaluation service that is a member
1777 of the National Association of Credential Evaluation Services or by a

1778 recognized foreign credential evaluation service; and

1779 (2) Hold a graduate degree in psychology from a psychology
1780 program that meets the following criteria:

1781 (A) The program, wherever it may be administratively housed, shall
1782 be clearly identified and labeled as a psychology program. Such
1783 program shall specify in pertinent institutional catalogues and
1784 brochures its intent to educate and train professional psychologists;

1785 (B) The psychology program shall stand as a recognizable, coherent,
1786 organizational entity within the institution;

1787 (C) There shall be a clear authority and primary responsibility for the
1788 core and specialty areas whether or not the program cuts across
1789 administrative lines;

1790 (D) The program shall consist of an integrated, organized sequence
1791 of study;

1792 (E) There shall be an identifiable psychology faculty sufficient in size
1793 and breadth to carry out its responsibilities;

1794 (F) The designated director of the program shall be a psychologist
1795 and a member of the core faculty;

1796 (G) The program shall have an identifiable body of students who are
1797 matriculated in such program for a degree;

1798 (H) The program shall include supervised practicum, internship or
1799 field training appropriate to the practice of psychology;

1800 (I) The curriculum shall encompass a minimum of three academic
1801 years of full-time graduate study for a doctoral degree and a minimum
1802 of one academic year of full-time graduate study for a master's degree;
1803 and

1804 (J) The program shall include an acceptable residency, as defined by
1805 the rules of the commission.

1806 (3) Possess a current, full and unrestricted license to practice
1807 psychology in a home state that is a compact state;

1808 (4) Have no history of adverse action that violates the rules of the
1809 commission;

1810 (5) Have no criminal record history reported on an identity history
1811 summary that violates the rules of the commission;

1812 (6) Possess a current, active E.Passport;

1813 (7) Provide (A) attestations regarding areas of intended practice,
1814 conformity with standards of practice, competence in telepsychology
1815 technology, criminal background and knowledge and adherence to
1816 legal requirements in the home and receiving states, and (B) a release of
1817 information to allow for primary source verification in a manner
1818 specified by the commission; and

1819 (8) Meet other criteria as defined by the rules of the commission.

1820 (c) The home state maintains authority over the license of any
1821 psychologist practicing in a receiving state under the authority to
1822 practice interjurisdictional telepsychology.

1823 (d) A psychologist practicing in a receiving state under the authority
1824 to practice interjurisdictional telepsychology shall be subject to the
1825 receiving state's scope of practice. A receiving state may, in accordance
1826 with such state's due process law, limit or revoke a psychologist's
1827 authority to practice interjurisdictional telepsychology in the receiving
1828 state and may take any other necessary actions under the receiving
1829 state's applicable law to protect the health and safety of the receiving
1830 state's citizens. If a receiving state takes action, the state shall promptly
1831 notify the home state and the commission.

1832 (e) If a psychologist's license in any home state, another compact state
1833 or any authority to practice interjurisdictional telepsychology in any
1834 receiving state, is restricted, suspended or otherwise limited, the
1835 E.Passport shall be revoked and the psychologist shall not be eligible to

1836 practice telepsychology in a compact state under the authority to
1837 practice interjurisdictional telepsychology.

1838 ARTICLE V

1839 COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

1840 (a) Compact states shall recognize the right of a psychologist, licensed
1841 in a compact state in conformance with Article III of the compact, to
1842 practice temporarily in other compact states in which the psychologist
1843 is not licensed, as provided in the compact.

1844 (b) To exercise the temporary authorization to practice under the
1845 terms and provisions of the compact, a psychologist licensed to practice
1846 in a compact state shall:

1847 (1) Hold a graduate degree in psychology from an institution of
1848 higher education that was, at the time the degree was awarded:

1849 (A) Regionally accredited by an accrediting body recognized by the
1850 United States Department of Education to grant graduate degrees, or
1851 authorized by provincial statute or royal charter to grant doctoral
1852 degrees; or

1853 (B) A foreign college or university deemed to be equivalent to an
1854 institution of higher education described in subparagraph (A) of this
1855 subdivision by a foreign credential evaluation service that is a member
1856 of the National Association of Credential Evaluation Services or by a
1857 recognized foreign credential evaluation service; and

1858 (2) Hold a graduate degree in psychology that meets the following
1859 criteria:

1860 (A) The program, wherever it may be administratively housed, shall
1861 be clearly identified and labeled as a psychology program. Such
1862 program shall specify in pertinent institutional catalogues and
1863 brochures its intent to educate and train professional psychologists;

1864 (B) The psychology program shall stand as a recognizable, coherent,
1865 organizational entity within the institution;

1866 (C) There shall be a clear authority and primary responsibility for the
1867 core and specialty areas whether or not the program cuts across
1868 administrative lines;

1869 (D) The program shall consist of an integrated, organized sequence
1870 of study;

1871 (E) There shall be an identifiable psychology faculty sufficient in size
1872 and breadth to carry out its responsibilities;

1873 (F) The designated director of the program shall be a psychologist
1874 and a member of the core faculty;

1875 (G) The program shall have an identifiable body of students who are
1876 matriculated in such program for a degree;

1877 (H) The program shall include supervised practicum, internship or
1878 field training appropriate to the practice of psychology;

1879 (I) The curriculum shall encompass a minimum of three academic
1880 years of full-time graduate study for a doctoral degree and a minimum
1881 of one academic year of full-time graduate study for a master's degree;
1882 and

1883 (J) The program includes an acceptable residency, as defined by the
1884 rules of the commission;

1885 (3) Possess a current, full and unrestricted license to practice
1886 psychology in a home state that is a compact state;

1887 (4) No history of adverse action that violates the rules of the
1888 commission;

1889 (5) No criminal record history that violates the rules of the
1890 commission;

1891 (6) Possess a current, active IPC;

1892 (7) Provide attestations regarding areas of intended practice and
1893 work experience and provide a release of information to allow for
1894 primary source verification in a manner specified by the commission;
1895 and

1896 (8) Meet other criteria, as defined by the rules of the commission.

1897 (c) A psychologist practicing in a distant state under the temporary
1898 authorization to practice shall practice within the scope of practice
1899 authorized by the distant state.

1900 (d) A psychologist practicing in a distant state under the temporary
1901 authorization to practice shall be subject to the distant state's authority
1902 and law. A distant state may, in accordance with such state's due process
1903 law, limit or revoke a psychologist's temporary authorization to practice
1904 in the distant state and may take any other necessary actions under the
1905 distant state's applicable law to protect the health and safety of the
1906 distant state's citizens. If a distant state takes action, the state shall
1907 promptly notify the home state and the commission.

1908 (e) If a psychologist's license in any home state or another compact
1909 state, or any temporary authorization to practice in any distant state, is
1910 restricted, suspended or otherwise limited, the IPC shall be revoked and
1911 the psychologist shall not be eligible to practice in a compact state under
1912 the temporary authorization to practice.

1913 ARTICLE VI

1914 CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A
1915 RECEIVING STATE

1916 A psychologist may practice in a receiving state under the authority
1917 to practice interjurisdictional telepsychology only in the performance of
1918 the scope of practice for psychology as assigned by an appropriate state
1919 psychology regulatory authority, as defined in the rules of the
1920 commission, and under the following circumstances:

1921 (1) The psychologist initiates a client or patient contact in a home state
1922 via telecommunications technologies with a client or patient in a
1923 receiving state; and

1924 (2) The psychologist complies with any other conditions regarding
1925 telepsychology that are set forth in the rules promulgated by the
1926 commission.

1927 ARTICLE VII

1928 ADVERSE ACTIONS

1929 (a) A home state shall have the power to impose adverse action
1930 against a psychologist's license issued by the home state. A distant state
1931 shall have the power to take adverse action on a psychologist's
1932 temporary authorization to practice in such distant state.

1933 (b) A receiving state may take adverse action on a psychologist's
1934 authority to practice interjurisdictional telepsychology in such receiving
1935 state. A home state may take adverse action against a psychologist based
1936 on an adverse action taken by a distant state regarding temporary in-
1937 person, face-to-face practice.

1938 (c) If a home state takes adverse action against a psychologist's
1939 license, the psychologist's (1) authority to practice interjurisdictional
1940 telepsychology is terminated, (2) E.Passport is revoked, (3) temporary
1941 authorization to practice is terminated, and (4) IPC is revoked. All home
1942 state disciplinary orders that impose adverse action shall be reported to
1943 the commission in accordance with the rules promulgated by the
1944 commission. A compact state shall report adverse actions in accordance
1945 with the rules of the commission. If discipline is reported on a
1946 psychologist, the psychologist shall not be eligible for telepsychology or
1947 temporary in-person, face-to-face practice in accordance with the rules
1948 of the commission. Other actions may be imposed as determined by the
1949 rules promulgated by the commission.

1950 (d) A home state's psychology regulatory authority shall investigate

1951 and take appropriate action with respect to reported inappropriate
1952 conduct engaged in by a licensee that occurred in a receiving state as it
1953 would if such conduct had occurred by a licensee in the home state. In
1954 such cases, the home state's law shall control in determining any adverse
1955 action against a psychologist's license.

1956 (e) A distant state's psychology regulatory authority shall investigate
1957 and take appropriate action with respect to reported inappropriate
1958 conduct engaged in by a psychologist practicing under temporary
1959 authorization to practice that occurred in that distant state as it would if
1960 such conduct had occurred by a licensee within the home state. In such
1961 cases, the distant state's law shall control in determining any adverse
1962 action against a psychologist's temporary authorization to practice.

1963 (f) Nothing in the compact shall override a compact state's decision
1964 that a psychologist's participation in an alternative program may be
1965 used in lieu of adverse action and that such participation shall remain
1966 nonpublic if required by the compact state's law. Compact states shall
1967 require psychologists who enter any alternative programs to not
1968 provide telepsychology services under the authority to practice
1969 interjurisdictional telepsychology or provide temporary psychological
1970 services under the temporary authorization to practice in any other
1971 compact state during the term of the alternative program.

1972 (g) No other judicial or administrative remedies shall be available to
1973 a psychologist if the compact state imposes an adverse action pursuant
1974 to subsection (c) of this article.

1975 ARTICLE VIII

1976 ADDITIONAL AUTHORITIES INVESTED IN A COMPACT 1977 STATE'S PSYCHOLOGY REGULATORY AUTHORITY

1978 (a) In addition to any other powers granted under state law, a
1979 compact state's psychology regulatory authority shall have the
1980 authority under the compact to do the following:

1981 (1) Issue subpoenas, for both hearings and investigations, that require
1982 the attendance and testimony of witnesses and the production of
1983 evidence. Subpoenas issued by a compact state's psychology regulatory
1984 authority for the attendance and testimony of witnesses or the
1985 production of evidence from another compact state shall be enforced in
1986 the latter compact state by any court of competent jurisdiction,
1987 according to such court's practice and procedure in considering
1988 subpoenas issued in its own proceedings. The issuing state psychology
1989 regulatory authority shall pay any witness fees, travel expenses, mileage
1990 and other fees required by the service statutes of the state where the
1991 witnesses are or evidence is located; and

1992 (2) Issue cease and desist or injunctive relief orders to revoke a
1993 psychologist's authority to practice interjurisdictional telepsychology or
1994 temporary authorization to practice.

1995 (b) During the course of any investigation, a psychologist may not
1996 change the psychologist's home state licensure. A home state
1997 psychology regulatory authority is authorized to complete any pending
1998 investigations of a psychologist and to take any actions appropriate
1999 under its law. The home state psychology regulatory authority shall
2000 promptly report the conclusions of such investigations to the
2001 commission. Once an investigation has been completed, and pending
2002 the outcome of such investigation, the psychologist may change his or
2003 her home state licensure. The commission shall promptly notify the new
2004 home state of any such decisions as provided in the rules of the
2005 commission. All information provided to the commission or distributed
2006 by compact states pursuant to the psychologist shall be confidential,
2007 filed under seal and used for investigatory or disciplinary matters. The
2008 commission may create additional rules for mandated or discretionary
2009 sharing of information by compact states.

2010 ARTICLE IX

2011 COORDINATED LICENSURE INFORMATION SYSTEM

2012 (a) The commission shall provide for the development and

2013 maintenance of a coordinated licensure information system and
2014 reporting system containing licensure and disciplinary action
2015 information on all psychologists to whom the compact is applicable in
2016 all compact states as defined by the rules of the commission.

2017 (b) Notwithstanding any other provision of the general statutes, a
2018 compact state shall submit a uniform data set to the coordinated
2019 database on all licensees as required by the rules of the commission,
2020 including, but not limited to, the following:

2021 (1) Identifying information;

2022 (2) Licensure data;

2023 (3) Significant investigatory information;

2024 (4) Adverse actions against a psychologist's license;

2025 (5) An indicator that a psychologist's authority to practice
2026 interjurisdictional telepsychology or temporary authorization to
2027 practice is revoked;

2028 (6) Nonconfidential information related to alternative program
2029 participation information;

2030 (7) Any denial of application for licensure, and the reasons for such
2031 denial; and

2032 (8) Other information that may facilitate the administration of the
2033 compact, as determined by the rules of the commission.

2034 (c) The coordinated database administrator shall promptly notify all
2035 compact states of any adverse action taken against, or significant
2036 investigative information on, any licensee in a compact state.

2037 (d) Compact states reporting information to the coordinated database
2038 may designate information that may not be shared with the public
2039 without the express permission of the compact state reporting the
2040 information.

2041 (e) Any information submitted to the coordinated database that is
2042 subsequently required to be expunged by the law of the compact state
2043 reporting the information shall be removed from the coordinated
2044 database.

2045 ARTICLE X

2046 ESTABLISHMENT OF THE PSYCHOLOGY
2047 INTERJURISDICTIONAL COMPACT COMMISSION

2048 (a) The compact states hereby create and establish a joint public
2049 agency known as the Psychology Interjurisdictional Compact
2050 Commission.

2051 (1) The commission is a body politic and an instrumentality of the
2052 compact states.

2053 (2) Venue is proper and judicial proceedings by or against the
2054 commission shall be brought solely and exclusively in a court of
2055 competent jurisdiction where the principal office of the commission is
2056 located. The commission may waive venue and jurisdictional defenses
2057 to the extent it adopts or consents to participate in alternative dispute
2058 resolution proceedings.

2059 (3) Nothing in the compact shall be construed to be a waiver of
2060 sovereign immunity.

2061 (b) (1) The commission shall consist of one voting representative
2062 appointed by each compact state who shall serve as such state's
2063 commissioner. The state psychology regulatory authority shall appoint
2064 its delegate. The delegate shall be empowered to act on behalf of the
2065 compact state. The delegate shall be limited to the following:

2066 (A) An executive director, executive secretary or similar executive;

2067 (B) A current member of the state psychology regulatory authority of
2068 a compact state; or

2069 (C) A designee empowered with the appropriate delegate authority
2070 to act on behalf of the compact state.

2071 (2) Any commissioner may be removed or suspended from office as
2072 provided by the law of the state from which the commissioner is
2073 appointed. Any vacancy occurring in the commission shall be filled in
2074 accordance with the laws of the compact state in which the vacancy
2075 exists.

2076 (3) Each commissioner shall be entitled to one vote with regard to the
2077 promulgation of rules and creation of bylaws and shall otherwise have
2078 an opportunity to participate in the business and affairs of the
2079 commission. A commissioner shall vote in person or by such other
2080 means as provided in the bylaws. The bylaws may provide for
2081 commissioners' participation in meetings by telephone or other means
2082 of communication.

2083 (4) The commission shall meet at least once during each calendar
2084 year. Additional meetings shall be held as set forth in the bylaws.

2085 (5) All meetings shall be open to the public, and public notice of
2086 meetings shall be given in the same manner as required under the
2087 rulemaking provisions in Article XI of the compact.

2088 (6) The commission may convene in a closed, nonpublic meeting if
2089 the commission has to discuss the following:

2090 (A) Noncompliance of a compact state with its obligations under the
2091 compact;

2092 (B) The employment, compensation, discipline or other personnel
2093 matters, practices or procedures related to specific employees or other
2094 matters related to the commission's internal personnel practices and
2095 procedures;

2096 (C) Current, threatened or reasonably anticipated litigation against
2097 the commission;

2098 (D) Negotiation of contracts for the purchase or sale of goods, services
2099 or real estate;

2100 (E) Accusation against any person of a crime or formally censuring
2101 any person;

2102 (F) Disclosure of trade secrets or commercial or financial information
2103 which is privileged or confidential;

2104 (G) Disclosure of information of a personal nature where disclosure
2105 would constitute a clearly unwarranted invasion of personal privacy;

2106 (H) Disclosure of investigatory records compiled for law enforcement
2107 purposes;

2108 (I) Disclosure of information related to any investigatory reports
2109 prepared by or on behalf of or for use of the commission or other
2110 committee charged with responsibility for investigation or
2111 determination of compliance issues pursuant to the compact; or

2112 (J) Matters specifically exempted from disclosure by federal and state
2113 statute.

2114 (7) If a meeting, or portion of a meeting, is closed pursuant to the
2115 provisions of subdivision (6) of this subsection, the commission's legal
2116 counsel or designee shall certify that the meeting may be closed and
2117 shall reference each relevant exempting provision. The commission
2118 shall keep minutes that fully and clearly describe all matters discussed
2119 in a meeting and shall provide a full and accurate summary of actions
2120 taken, of any person participating in the meeting, and the reasons
2121 therefore, including, but not limited to, a description of the views
2122 expressed. All documents considered in connection with an action shall
2123 be identified in such minutes. All minutes and documents of a closed
2124 meeting shall remain under seal, subject to release only by a majority
2125 vote of the commission or order of a court of competent jurisdiction.

2126 (c) The commission shall, by a majority vote of the commissioners,
2127 prescribe bylaws or rules to govern its conduct as may be necessary or

2128 appropriate to carry out the purposes and exercise the powers of the
2129 compact, including, but not limited to:

2130 (1) Establishing the fiscal year of the commission;

2131 (2) Providing reasonable standards and procedures for the following:

2132 (A) The establishment and meetings of other committees; and

2133 (B) Governing any general or specific delegation of any authority or
2134 function of the commission;

2135 (3) Providing reasonable procedures for calling and conducting
2136 meetings of the commission, ensuring reasonable advance notice of all
2137 meetings and providing an opportunity for attendance of such meetings
2138 by interested parties, with enumerated exceptions designed to protect
2139 the public's interest, the privacy of individuals at such meetings and
2140 proprietary information, including, but not limited to, trade secrets. The
2141 commission may meet in closed session only after a majority of the
2142 commissioners vote to close a meeting to the public in whole or in part.
2143 As soon as practicable, the commission shall make public a copy of the
2144 vote to close the meeting revealing the vote of each commissioner with
2145 no proxy votes allowed;

2146 (4) Establishing the titles, duties and authority and reasonable
2147 procedures for the election of the officers of the commission;

2148 (5) Providing reasonable standards and procedures for the
2149 establishment of the personnel policies and programs of the
2150 commission. Notwithstanding any civil service law or other similar law
2151 of any compact state, the bylaws shall exclusively govern the personnel
2152 policies and programs of the commission;

2153 (6) Promulgating a code of ethics to address permissible and
2154 prohibited activities of commission members and employees;

2155 (7) Providing a mechanism for concluding the operations of the
2156 commission and the equitable disposition of any surplus funds that may

2157 exist after the termination of the compact after the payment or reserving
2158 of all of its debts and obligations;

2159 (8) The commission shall publish its bylaws in a convenient form and
2160 file a copy thereof and a copy of any amendment thereto, with the
2161 appropriate agency or officer in each of the compact states;

2162 (9) The commission shall maintain its financial records in accordance
2163 with the bylaws; and

2164 (10) The commission shall meet and take such actions as are
2165 consistent with the provisions of the compact and the bylaws.

2166 (d) The commission may:

2167 (1) Promulgate uniform rules to facilitate and coordinate
2168 implementation and administration of the compact, which rules shall
2169 have the force and effect of law and shall be binding in all compact
2170 states;

2171 (2) Bring and prosecute legal proceedings or actions in the name of
2172 the commission, provided the standing of any state psychology
2173 regulatory authority or other regulatory body responsible for
2174 psychology licensure to sue or be sued under applicable law shall not
2175 be affected;

2176 (3) Purchase and maintain insurance and bonds;

2177 (4) Borrow, accept or contract for services of personnel, including, but
2178 not limited to, employees of a compact state;

2179 (5) Hire employees, elect or appoint officers, fix compensation, define
2180 duties, grant such individuals appropriate authority to carry out the
2181 purposes of the compact and to establish the commission's personnel
2182 policies and programs relating to conflicts of interest, qualifications of
2183 personnel and other related personnel matters;

2184 (6) Accept any appropriate donations and grants of money,

2185 equipment, supplies, materials and services and to receive, utilize and
2186 dispose of the same; provided the commission shall strive at all times to
2187 avoid any appearance of impropriety or conflict of interest;

2188 (7) Lease, purchase, accept appropriate gifts or donations of, or
2189 otherwise own, hold, improve or use, any property, real, personal or
2190 mixed, provided the commission shall strive at all times to avoid any
2191 appearance of impropriety;

2192 (8) Sell, convey, mortgage, pledge, lease, exchange, abandon or
2193 otherwise dispose of any property real, personal or mixed;

2194 (9) Establish a budget and make expenditures;

2195 (10) Borrow money;

2196 (11) Appoint committees, including, but not limited to, advisory
2197 committees comprised of members, state regulators, state legislators or
2198 their representatives and consumer representatives, and such other
2199 interested persons as may be designated in the compact and the bylaws;

2200 (12) Provide and receive information from, and to cooperate with,
2201 law enforcement agencies;

2202 (13) Adopt and use an official seal; and

2203 (14) Perform such other functions as may be necessary or appropriate
2204 to achieve the purposes of the compact consistent with the state
2205 regulation of psychology licensure, temporary in-person, face-to-face
2206 practice and telepsychology practice.

2207 (e) (1) The elected officers shall serve as the executive board, which
2208 shall have the power to act on behalf of the commission according to the
2209 terms of the compact. The executive board shall be comprised of the
2210 following six members:

2211 (A) Five voting members who are elected from the membership of the
2212 commission by the commission; and

2213 (B) One ex-officio, nonvoting member from the recognized
2214 membership organization composed of state and provincial psychology
2215 regulatory authorities.

2216 (2) The ex-officio member shall have served as staff or member on a
2217 state psychology regulatory authority and shall be selected by its
2218 respective organization.

2219 (3) The commission may remove any member of the executive board
2220 as provided in the bylaws.

2221 (4) The executive board shall meet at least annually.

2222 (5) The executive board shall have the following duties and
2223 responsibilities:

2224 (A) Recommend to the entire commission changes to the rules or
2225 bylaws, changes to the compact legislation, fees paid by compact states,
2226 including, but not limited to, annual dues, and any other applicable fees;

2227 (B) Ensure compact administration services are appropriately
2228 provided, contractually or otherwise;

2229 (C) Prepare and recommend the budget;

2230 (D) Maintain financial records on behalf of the commission;

2231 (E) Monitor compact compliance of member states and provide
2232 compliance reports to the commission;

2233 (F) Establish additional committees as necessary; and

2234 (G) Other duties as provided in rules or bylaws.

2235 (f) The commission:

2236 (1) Shall pay, or provide for the payment of the reasonable expenses
2237 of its establishment, organization and ongoing activities.

2238 (2) May accept any and all appropriate revenue sources, donations

2239 and grants of money, equipment, supplies, materials and services.

2240 (3) May levy on and collect an annual assessment from each compact
2241 state or impose fees on other parties to cover the cost of the operations
2242 and activities of the commission and its staff. Such assessment and fees
2243 shall be in a total amount sufficient to cover the commission's annual
2244 budget as approved each year for which revenue is not provided by
2245 other sources. The aggregate annual assessment amount shall be
2246 allocated based upon a formula to be determined by the commission.
2247 The commission shall promulgate a rule under this subdivision that is
2248 binding upon all compact states.

2249 (4) Shall not incur obligations of any kind prior to securing the funds
2250 adequate to meet such obligations, or pledge the credit of any of the
2251 compact states, except by and with the authority of the compact state.

2252 (5) Shall keep accurate accounts of all receipts and disbursements.
2253 The receipts and disbursements of the commission shall be subject to the
2254 audit and accounting procedures established under its bylaws. All
2255 receipts and disbursements of funds handled by the commission shall
2256 be audited yearly by a certified or licensed public accountant and the
2257 report of the audit shall be included in and become part of the annual
2258 report of the commission.

2259 (g) (1) The members, officers, executive director, employees and
2260 representatives of the commission shall be immune from suit and
2261 liability, either personally or in their official capacity, for any claim for
2262 damage to or loss of property or personal injury or other civil liability
2263 caused by or arising out of any actual or alleged act, error or omission
2264 that occurred, or that the person against whom the claim is made had a
2265 reasonable basis for believing occurred within the scope of commission
2266 employment, duties or responsibilities, provided nothing in this
2267 subdivision shall be construed to protect any such person from suit or
2268 liability for any damage, loss, injury or liability caused by the intentional
2269 or wilful or wanton misconduct of such person.

2270 (2) The commission shall defend any member, officer, executive

2271 director, employee or representative of the commission in any civil
2272 action seeking to impose liability arising out of any actual or alleged act,
2273 error or omission that occurred within the scope of commission
2274 employment, duties or responsibilities, or that the person against whom
2275 the claim is made had a reasonable basis for believing occurred within
2276 the scope of commission employment, duties or responsibilities,
2277 provided (A) nothing in this subdivision shall be construed to prohibit
2278 such person from retaining his or her own counsel, and (B) the actual or
2279 alleged act, error or omission did not result from such person's
2280 intentional or wilful or wanton misconduct.

2281 (3) The commission shall indemnify and hold harmless any member,
2282 officer, executive director, employee or representative of the
2283 commission for the amount of any settlement or judgment obtained
2284 against such person arising out of any actual or alleged act, error or
2285 omission that occurred within the scope of commission employment,
2286 duties or responsibilities, or that such person had a reasonable basis for
2287 believing occurred within the scope of commission employment, duties
2288 or responsibilities, provided the actual or alleged act, error or omission
2289 did not result from the intentional or wilful or wanton misconduct of
2290 such person.

2291 ARTICLE XI

2292 RULEMAKING

2293 (a) The commission shall exercise its rulemaking powers pursuant to
2294 the criteria set forth in this Article and the rules adopted thereunder.
2295 Rules and amendments shall become binding as of the date specified in
2296 each rule or amendment.

2297 (b) If a majority of the legislatures of the compact states rejects a rule,
2298 by enactment of a statute or resolution in the same manner used to adopt
2299 the compact, then such rule shall have no further force and effect in any
2300 compact state.

2301 (c) Rules, or amendments to the rules, shall be adopted at a regular

2302 or special meeting of the commission.

2303 (d) Prior to promulgation and adoption of a final rule or rules by the
2304 commission, and at least sixty days prior to the scheduled date of the
2305 meeting at which the rule will be considered and voted upon, the
2306 commission shall file a notice of proposed rulemaking as follows:

2307 (1) On the Internet web site of the commission; and

2308 (2) On the Internet web site of each compact state's psychology
2309 regulatory authority or the publication in which each state would
2310 otherwise publish proposed rules.

2311 (e) The notice of proposed rulemaking shall include the following:

2312 (1) The proposed time, date and location of the meeting in which the
2313 rule will be considered and voted upon;

2314 (2) The text of the proposed rule or amendment and the reason for
2315 the proposed rule;

2316 (3) A request for comments on the proposed rule from any interested
2317 person; and

2318 (4) The manner in which interested persons may submit to the
2319 commission (A) notice of their intention to attend the public hearing,
2320 and (B) written comments.

2321 (f) Prior to adoption of a proposed rule, the commission shall allow
2322 persons to submit written data, facts, opinions and arguments, which
2323 shall be made available to the public.

2324 (g) The commission shall grant an opportunity for a public hearing
2325 before it adopts a rule or amendment if a hearing is requested by the
2326 following:

2327 (1) At least twenty-five persons who submit written comments
2328 independently of each other;

2329 (2) A governmental subdivision or agency; or

2330 (3) A duly appointed person in an association that has at least twenty-
2331 five members.

2332 (h) If a hearing is held on the proposed rule or amendment, the
2333 commission shall publish the location, time and date of the scheduled
2334 public hearing.

2335 (1) All persons wishing to be heard at the hearing shall notify the
2336 executive director of the commission or other designated member in
2337 writing of their desire to appear and testify at the hearing not less than
2338 five business days prior to the scheduled date of the hearing.

2339 (2) Hearings shall be conducted in a manner providing each person
2340 who wishes to comment a fair and reasonable opportunity to comment
2341 orally or in writing.

2342 (3) No transcript of the hearing is required, unless a written request
2343 for a transcript is made, in which case the person requesting the
2344 transcript shall bear the cost of producing the transcript. A recording
2345 may be made in lieu of a transcript under the same terms and conditions
2346 as a transcript. The provisions of this subdivision shall not preclude the
2347 commission from making a transcript or recording of the hearing if it so
2348 chooses.

2349 (4) Nothing in this subsection shall be construed as requiring a
2350 separate hearing on each rule. Rules may be grouped for the
2351 convenience of the commission at hearings required under this
2352 subsection.

2353 (i) Following the scheduled hearing date, or by the close of business
2354 on the scheduled hearing date if the hearing was not held, the
2355 commission shall consider all written and oral comments received.

2356 (j) The commission shall, by majority vote of all members, take final
2357 action on the proposed rule and shall determine the effective date of the
2358 rule, if any, based on the rulemaking record and the full text of the rule.

2359 (k) If no written notice of intent to attend the public hearing by
2360 interested parties is received, the commission may proceed with
2361 promulgation of the proposed rule without a public hearing.

2362 (l) Upon determination that an emergency exists, the commission
2363 may consider and adopt an emergency rule without prior notice,
2364 opportunity for comment or hearing, provided the usual rulemaking
2365 procedures described in the compact and in this subsection shall be
2366 retroactively applied to the rule as soon as reasonably possible, in no
2367 event later than ninety days after the effective date of the rule. For the
2368 purposes of this subsection, "emergency rule" means a rule that shall be
2369 adopted immediately in order to:

2370 (1) Meet an imminent threat to public health, safety or welfare;

2371 (2) Prevent a loss of commission or compact state funds;

2372 (3) Meet a deadline for the promulgation of an administrative rule
2373 that is established by federal law or rule; or

2374 (4) Protect public health and safety.

2375 (m) The commission, or an authorized committee of the commission,
2376 may direct revisions to a previously adopted rule or amendment for
2377 purposes of correcting typographical errors, errors in format, errors in
2378 consistency or grammatical errors. Public notice of any revisions shall
2379 be posted on the Internet web site of the commission. The revision shall
2380 be subject to challenge by any person for a period of thirty days after
2381 posting. The revision may be challenged only on grounds that the
2382 revision results in a material change to a rule. A challenge shall be made
2383 in writing, and delivered to the chair of the commission prior to the end
2384 of the notice period. If no challenge is made, the revision shall take effect
2385 without further action. If the revision is challenged, the revision may not
2386 take effect without the approval of the commission.

2387 ARTICLE XII

2388 OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

2389 (a) (1) The executive, legislative and judicial branches of state
2390 government in each compact state shall enforce the compact and take all
2391 actions necessary and appropriate to effectuate the compact's purposes
2392 and intent. The provisions of the compact and the rules promulgated
2393 under the compact shall have standing as statutory law.

2394 (2) All courts shall take judicial notice of the compact and the rules in
2395 any judicial or administrative proceeding in a compact state pertaining
2396 to the subject matter of the compact that may affect the powers,
2397 responsibilities or actions of the commission.

2398 (3) The commission shall be entitled to receive service of process in
2399 any such proceeding, and shall have standing to intervene in such
2400 proceeding for all purposes. Failure to provide service of process to the
2401 commission shall render a judgment or order void as to the commission,
2402 the compact or promulgated rules.

2403 (b) (1) If the commission determines that a compact state has
2404 defaulted in the performance of its obligations or responsibilities under
2405 the compact or the promulgated rules, the commission shall perform the
2406 following actions:

2407 (A) Provide written notice to the defaulting state and other compact
2408 states of the nature of the default, the proposed means of remedying the
2409 default or any other action to be taken by the commission; and

2410 (B) Provide remedial training and specific technical assistance
2411 regarding the default.

2412 (2) If a state in default fails to remedy the default, the defaulting state
2413 may be terminated from the compact upon an affirmative vote of a
2414 majority of the compact states, and all rights, privileges and benefits
2415 conferred by the compact shall be terminated on the effective date of
2416 termination of the defaulting state. A remedy of the default does not
2417 relieve the offending state of obligations or liabilities incurred during
2418 the period of default.

2419 (3) Termination of membership in the compact shall be imposed only
2420 after all other means of securing compliance have been exhausted.
2421 Notice of intent to suspend or terminate shall be submitted by the
2422 commission to the governor, the majority and minority leaders of the
2423 defaulting state's legislature, and each of the compact states.

2424 (4) A compact state that has been terminated shall be responsible for
2425 all assessments, obligations and liabilities incurred through the effective
2426 date of termination, including, but not limited to, obligations that extend
2427 beyond the effective date of termination.

2428 (5) The commission shall not bear any costs incurred by the state that
2429 is found to be in default or that has been terminated from the compact,
2430 unless agreed upon in writing between the commission and the
2431 defaulting state.

2432 (6) The defaulting state may appeal the action of the commission by
2433 petitioning the United States District Court for the State of Georgia or
2434 the federal district where the compact has its principal offices. The
2435 prevailing member shall be awarded all costs of such litigation,
2436 including, but not limited to, reasonable attorney's fees.

2437 (c) (1) Upon request by a compact state, the commission shall attempt
2438 to resolve disputes related to the compact that arise among compact
2439 states and between compact and noncompact states.

2440 (2) The commission shall promulgate a rule providing for both
2441 mediation and binding dispute resolution for disputes that arise before
2442 the commission.

2443 (d) (1) The commission, in the reasonable exercise of its discretion,
2444 shall enforce the provisions and rules of the compact.

2445 (2) By majority vote, the commission may initiate legal action in the
2446 United States District Court for the State of Georgia or the federal district
2447 where the compact has its principal offices against a compact state in
2448 default to enforce compliance with the provisions of the compact and its

2449 promulgated rules and bylaws. The relief sought may include both
2450 injunctive relief and damages. In the event judicial enforcement is
2451 necessary, the prevailing member shall be awarded all costs of such
2452 litigation, including, but not limited to, reasonable attorney's fees.

2453 (3) The remedies set forth in the compact shall not be the exclusive
2454 remedies of the commission. The commission may pursue any other
2455 remedies available under federal or state law.

2456 ARTICLE XIII

2457 DATE OF IMPLEMENTATION OF THE PSYCHOLOGY
2458 INTERJURISDICTIONAL COMPACT COMMISSION AND
2459 ASSOCIATED RULES, WITHDRAWAL AND AMENDMENTS

2460 (a) The compact shall come into effect on the date on which the
2461 compact is enacted into law in the seventh compact state. The provisions
2462 that become effective at such time shall be limited to the powers granted
2463 to the commission relating to assembly and the promulgation of rules.
2464 Thereafter, the commission shall meet and exercise rulemaking powers
2465 necessary to the implementation and administration of the compact.

2466 (b) Any state that joins the compact subsequent to the commission's
2467 initial adoption of the rules shall be subject to the rules as they exist on
2468 the date on which the compact becomes law in such state. Any rule that
2469 has been previously adopted by the commission shall have the full force
2470 and effect of law on the day the compact becomes law in such state.

2471 (c) Any compact state may withdraw from the compact by enacting a
2472 statute repealing the same.

2473 (1) A compact state's withdrawal shall not take effect until six months
2474 after enactment of the repealing statute.

2475 (2) Withdrawal shall not affect the continuing requirement of the
2476 withdrawing state's psychology regulatory authority to comply with the
2477 investigative and adverse action reporting requirements set forth in
2478 Article VII of this section prior to the effective date of withdrawal.

2479 (d) Nothing contained in the compact shall be construed to invalidate
2480 or prevent any psychology licensure agreement or other cooperative
2481 arrangement between a compact state and a noncompact state that does
2482 not conflict with the provisions of the compact.

2483 (e) The compact may be amended by the compact states. No
2484 amendment to the compact shall become effective and binding upon
2485 any compact state until it is enacted into the law of all compact states.

2486 ARTICLE XIV

2487 CONSTRUCTION AND SEVERABILITY

2488 The compact shall be liberally construed so as to effectuate the
2489 purposes thereof. If the compact is held contrary to the constitution of
2490 any state member of the compact, the compact shall remain in full force
2491 and effect as to the remaining compact states."

2492 Sec. 44. (NEW) (*Effective October 1, 2022*) The Interstate Medical
2493 Licensure Compact is hereby enacted into law and entered into by the
2494 state of Connecticut with any and all states legally joining therein in
2495 accordance with its terms. The compact is substantially as follows:

2496 "INTERSTATE MEDICAL LICENSURE COMPACT

2497 SECTION 1. PURPOSE

2498 In order to strengthen access to health care, and in recognition of the
2499 advances in the delivery of health care, the member states of the
2500 Interstate Medical Licensure Compact have allied in common purpose
2501 to develop a comprehensive process that complements the existing
2502 licensing and regulatory authority of state medical boards, provides a
2503 streamlined process that allows physicians to become licensed in
2504 multiple states, thereby enhancing the portability of a medical license
2505 and ensuring the safety of patients. The compact creates another
2506 pathway for licensure and does not otherwise change a state's existing
2507 licensure requirements for physicians. The compact also adopts the
2508 prevailing standard for licensure and affirms that the practice of

2509 medicine occurs where the patient is located at the time of the physician-
2510 patient encounter, and therefore, requires the physician to be under the
2511 jurisdiction of the state medical board where the patient is located. State
2512 medical boards that participate in the compact retain the jurisdiction to
2513 impose an adverse action against a license to practice medicine in such
2514 state issued to a physician through the procedures in the compact.

2515 SECTION 2. DEFINITIONS

2516 As used in section 1, this section, and sections 3 to 24, inclusive, of the
2517 compact:

2518 (1) "Bylaws" means those bylaws established by the Interstate
2519 Commission pursuant to section 11 of the compact.

2520 (2) "Commissioner" means the voting representative appointed by
2521 each member board pursuant to section 11 of the compact.

2522 (3) "Compact" means the Interstate Medical Licensure Compact.

2523 (4) "Conviction" means a finding by a court that an individual is
2524 guilty of a criminal offense through adjudication, or entry of a plea of
2525 guilt or no contest to the charge by the offender. Evidence of an entry of
2526 a conviction of a criminal offense by the court shall be considered final
2527 for purposes of disciplinary action by a member board.

2528 (5) "Expedited license" means a full and unrestricted medical license
2529 granted by a member state to an eligible physician through the process
2530 set forth in the compact.

2531 (6) "Interstate Commission" means the interstate commission created
2532 pursuant to section 11 of the compact.

2533 (7) "License" means authorization by a member state for a physician
2534 to engage in the practice of medicine, which would be unlawful without
2535 authorization.

2536 (8) "Medical Practice Act" means laws and regulations governing the

2537 practice of allopathic and osteopathic medicine within a member state.

2538 (9) "Member board" means a state agency in a member state that acts
2539 in the sovereign interests of the state by protecting the public through
2540 licensure, regulation and education of physicians as directed by the state
2541 government.

2542 (10) "Member state" means a state that has enacted the compact.

2543 (11) "Practice of medicine" means the clinical prevention, diagnosis
2544 or treatment of human disease, injury or condition requiring a physician
2545 to obtain and maintain a license in compliance with the Medical Practice
2546 Act of a member state.

2547 (12) "Physician" means any person who:

2548 (A) Is a graduate of a medical school accredited by the Liaison
2549 Committee on Medical Education, the Commission on Osteopathic
2550 College Accreditation or a medical school listed in the International
2551 Medical Education Directory or its equivalent;

2552 (B) Passed each component of the United States Medical Licensing
2553 Examination or the Comprehensive Osteopathic Medical Licensing
2554 Examination within three attempts, or any of said examination's
2555 predecessor examinations accepted by a state medical board as an
2556 equivalent examination for licensure purposes;

2557 (C) Successfully completed graduate medical education approved by
2558 the Accreditation Council for Graduate Medical Education or the
2559 American Osteopathic Association;

2560 (D) Holds specialty certification or a time-unlimited specialty
2561 certificate recognized by the American Board of Medical Specialties or
2562 the American Osteopathic Association's Bureau of Osteopathic
2563 Specialists;

2564 (E) Possesses a full and unrestricted license to engage in the practice
2565 of medicine issued by a member board;

2566 (F) Has never been convicted, received adjudication, deferred
2567 adjudication, community supervision or deferred disposition for any
2568 offense by a court of appropriate jurisdiction;

2569 (G) Has never held a license authorizing the practice of medicine
2570 subjected to discipline by a licensing agency in any state, federal or
2571 foreign jurisdiction, excluding any action related to nonpayment of fees
2572 related to a license;

2573 (H) Has never had a controlled substance license or permit
2574 suspended or revoked by a state or the United States Drug Enforcement
2575 Administration; and

2576 (I) Is not under active investigation by a licensing agency or law
2577 enforcement authority in any state, federal or foreign jurisdiction.

2578 (13) "Offense" means a felony, gross misdemeanor or crime of moral
2579 turpitude.

2580 (14) "Rule" means a written statement by the Interstate Commission
2581 promulgated pursuant to section 12 of the compact that is of general
2582 applicability, implements, interprets or prescribes a policy or provision
2583 of the compact, or an organizational, procedural or practice requirement
2584 of the Interstate Commission, and has the force and effect of statutory
2585 law in a member state, and includes the amendment, repeal or
2586 suspension of an existing rule.

2587 (15) "State" means any state, commonwealth, district or territory of
2588 the United States.

2589 (16) "State of principal license" means a member state where a
2590 physician holds a license to practice medicine and that has been
2591 designated as such by the physician for purposes of registration and
2592 participation in the compact.

2593 SECTION 3. ELIGIBILITY

2594 (a) A physician shall meet the eligibility requirements set forth in

2595 subparagraphs (A) to (I), inclusive, of subdivision (12) of section 2 of the
2596 compact to receive an expedited license under the terms and provisions
2597 of the compact.

2598 (b) A physician who does not meet the requirements set forth in
2599 subparagraphs (A) to (I), inclusive, of subdivision (12) of section 2 of the
2600 compact may obtain a license to practice medicine in a member state if
2601 the individual complies with all laws and requirements, other than the
2602 compact, relating to the issuance of a license to practice medicine in such
2603 state.

2604 SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE

2605 (a) A physician shall designate a member state as the state of principal
2606 license for purposes of registration for expedited licensure through the
2607 compact if the physician possesses a full and unrestricted license to
2608 practice medicine in such state, and the state is:

2609 (1) The state of principal residence for the physician;

2610 (2) The state where at least twenty-five per cent of the practice of
2611 medicine occurs;

2612 (3) The location of the physician's employer; or

2613 (4) If no state qualifies under subdivision (1), (2) or (3) of this
2614 subsection, the state designated as state of residence for purpose of
2615 federal income tax.

2616 (b) A physician may redesignate a member state as state of principal
2617 license at any time, provided the state meets the requirements of
2618 subsection (a) of this section.

2619 (c) The Interstate Commission is authorized to develop rules to
2620 facilitate redesignation of another member state as the state of principal
2621 license.

2622 SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED

2623 LICENSURE

2624 (a) A physician seeking licensure through the compact shall file an
2625 application for an expedited license with the member board of the state
2626 selected by the physician as the state of principal license.

2627 (b) Upon receipt of an application for an expedited license, the
2628 member board within the state selected as the state of principal license
2629 shall evaluate whether the physician is eligible for expedited licensure
2630 and issue a letter of qualification, verifying or denying the physician's
2631 eligibility, to the Interstate Commission.

2632 (1) Static qualifications, including, but not limited to, verification of
2633 medical education, graduate medical education, results of any medical
2634 or licensing examination and other qualifications as determined by the
2635 Interstate Commission through rule, shall not be subject to additional
2636 primary source verification where already primary source verified by
2637 the state of principal license.

2638 (2) The member board within the state selected as the state of
2639 principal license shall, in the course of verifying eligibility, perform a
2640 criminal background check of an applicant, including, but not limited
2641 to, the use of the results of fingerprint or other biometric data checks
2642 compliant with the requirements of the Federal Bureau of Investigation,
2643 with the exception of federal employees who have suitability
2644 determination in accordance with 5 CFR 731.202.

2645 (3) Appeal on the determination of eligibility shall be made to the
2646 member state where the application was filed and shall be subject to the
2647 law of such state.

2648 (c) Upon verification in subsection (b) of this section, a physician
2649 eligible for an expedited license shall complete the registration process
2650 established by the Interstate Commission to receive a license in a
2651 member state selected pursuant to subsection (a) of this section,
2652 including, but not limited to, the payment of any applicable fees.

2653 (d) After receiving verification of eligibility under subsection (b) of
2654 this section and any fees under subsection (c) of this section, a member
2655 board shall issue an expedited license to the physician. This license shall
2656 authorize the physician to practice medicine in the issuing state
2657 consistent with the Medical Practice Act and all applicable laws and
2658 regulations of the issuing member board and member state.

2659 (e) An expedited license shall be valid for a period consistent with the
2660 licensure period in the member state and in the same manner as
2661 required for other physicians holding a full and unrestricted license in
2662 the member state.

2663 (f) An expedited license obtained through the compact shall be
2664 terminated if a physician fails to maintain a license in the state of
2665 principal licensure for a nondisciplinary reason, without redesignation
2666 of a new state of principal licensure.

2667 (g) The Interstate Commission is authorized to develop rules
2668 regarding the application process, including, but not limited to,
2669 payment of any applicable fees, and the issuance of an expedited license.

2670 SECTION 6. FEES FOR EXPEDITED LICENSURE

2671 (a) A member state issuing an expedited license authorizing the
2672 practice of medicine in such state may impose a fee for a license issued
2673 or renewed through the compact.

2674 (b) The Interstate Commission is authorized to develop rules
2675 regarding fees for expedited licenses.

2676 SECTION 7. RENEWAL AND CONTINUED PARTICIPATION

2677 (a) A physician seeking to renew an expedited license granted in a
2678 member state shall complete a renewal process with the Interstate
2679 Commission if the physician:

2680 (1) Maintains a full and unrestricted license in a state of principal
2681 license;

2682 (2) Has not been convicted or received adjudication, deferred
2683 adjudication, community supervision or deferred disposition for any
2684 offense by a court of appropriate jurisdiction;

2685 (3) Has not had a license authorizing the practice of medicine subject
2686 to discipline by a licensing agency in any state, federal or foreign
2687 jurisdiction, excluding any action related to nonpayment of fees related
2688 to a license; and

2689 (4) Has not had a controlled substance license or permit suspended
2690 or revoked by a state or the United States Drug Enforcement
2691 Administration.

2692 (b) Physicians shall comply with all continuing professional
2693 development or continuing medical education requirements for
2694 renewal of a license issued by a member state.

2695 (c) The Interstate Commission shall collect any renewal fees charged
2696 for the renewal of a license and distribute the fees to the applicable
2697 member board.

2698 (d) Upon receipt of any renewal fees collected in subsection (c) of this
2699 section, a member board shall renew the physician's license.

2700 (e) Physician information collected by the Interstate Commission
2701 during the renewal process shall be distributed to all member boards.

2702 (f) The Interstate Commission is authorized to develop rules to
2703 address renewal of licenses obtained through the compact.

2704 SECTION 8. COORDINATED INFORMATION SYSTEM

2705 (a) The Interstate Commission shall establish a database of all
2706 physicians licensed, or who have applied for licensure, under section 5
2707 of the compact.

2708 (b) Notwithstanding any other provision of law, member boards shall
2709 report to the Interstate Commission any public action or complaint

2710 against a licensed physician who has applied or received an expedited
2711 license through the compact.

2712 (c) Member boards shall report disciplinary or investigatory
2713 information determined as necessary and proper by rule of the
2714 Interstate Commission.

2715 (d) Member boards may report any nonpublic complaint or any
2716 disciplinary or investigatory information not required by subsection (c)
2717 of the compact to the Interstate Commission.

2718 (e) Member boards shall share complaint or disciplinary information
2719 about a physician upon request of another member board.

2720 (f) All information provided to the Interstate Commission or
2721 distributed by member boards shall be confidential, filed under seal and
2722 used only for investigatory or disciplinary matters.

2723 (g) The Interstate Commission is authorized to develop rules for
2724 mandated or discretionary sharing of information by member boards.

2725 SECTION 9. JOINT INVESTIGATIONS

2726 (a) Licensure and disciplinary records of physicians are deemed
2727 investigative.

2728 (b) In addition to the authority granted to a member board by its
2729 respective Medical Practice Act or other applicable state law, a member
2730 board may participate with other member boards in joint investigations
2731 of physicians licensed by the member boards.

2732 (c) A subpoena issued by a member state shall be enforceable in other
2733 member states.

2734 (d) Member boards may share any investigative, litigation or
2735 compliance materials in furtherance of any joint or individual
2736 investigation initiate under the compact.

2737 (e) Any member state may investigate actual or alleged violations of

2738 the statutes authorizing the practice of medicine in any other member
2739 state in which a physician holds a license to practice medicine.

2740 SECTION 10. DISCIPLINARY ACTIONS

2741 (a) Any disciplinary action taken by any member board against a
2742 physician licensed through the compact shall be deemed unprofessional
2743 conduct that may be subject to discipline by other member boards, in
2744 addition to any violation of the Medical Practice Act or regulations in
2745 such state.

2746 (b) If a license granted to a physician by the member board in the state
2747 of principal license is revoked, surrendered or relinquished in lieu of
2748 discipline, or suspended, then all licenses issued to the physician by
2749 member boards shall automatically be placed, without further action
2750 necessary by any member board, on the same status. If the member
2751 board in the state of principal license subsequently reinstates the
2752 physician's license, a license issued to the physician by any other
2753 member board shall remain encumbered until such respective member
2754 board takes action to reinstate the license in a manner consistent with
2755 the Medical Practice Act of such state.

2756 (c) If disciplinary action is taken against a physician by a member
2757 board not in the state of principal license, any other member board may
2758 deem the action conclusive as to matter of law and fact decided, and
2759 perform one of the following actions:

2760 (1) Impose the same or any lesser sanction against the physician,
2761 provided such sanctions are consistent with the Medical Practice Act of
2762 such state; or

2763 (2) Pursue separate disciplinary action against the physician under its
2764 respective Medical Practice Act, regardless of the action taken in other
2765 member states.

2766 (d) If a license granted to a physician by a member board is revoked,
2767 surrendered or relinquished in lieu of discipline, or suspended, then any

2768 license issued to the physician by any other member board shall be
2769 suspended, automatically and immediately without further action
2770 necessary by the other member board, for ninety days upon entry of the
2771 order by the disciplining board, to permit the member board to
2772 investigate the basis for the action under the Medical Practice Act of
2773 such state. A member board may terminate the automatic suspension of
2774 the license it issued prior to the completion of the ninety-day suspension
2775 period in a manner consistent with the Medical Practice Act of such
2776 state.

2777 SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT
2778 COMMISSION

2779 (a) The member states hereby create the Interstate Medical Licensure
2780 Compact Commission.

2781 (b) The purpose of the Interstate Commission is the administration of
2782 the compact, which is a discretionary state function.

2783 (c) The Interstate Commission shall be a body corporate and joint
2784 agency of the member states and shall have all the responsibilities,
2785 powers, and duties set forth in the compact, and such additional powers
2786 as may be conferred upon it by a subsequent concurrent action of the
2787 respective legislatures of the member states in accordance with the
2788 terms of the compact.

2789 (d) The Interstate Commission shall consist of two voting
2790 representatives appointed by each member state who shall serve as
2791 commissioners. In states where allopathic and osteopathic physicians
2792 are regulated by separate member boards, or if the licensing and
2793 disciplinary authority is split between separate member boards, or if the
2794 licensing and disciplinary authority is split between multiple member
2795 boards within a member state, the member state shall appoint one
2796 representative from each member board. A commissioner shall be the
2797 following:

2798 (1) An allopathic or osteopathic physician appointed to a member

2799 board;

2800 (2) An executive director, executive secretary or similar executive of
2801 a member board; or

2802 (3) A member of the public appointed to a member board.

2803 (e) The Interstate Commission shall meet at least once each calendar
2804 year. A portion of such meeting shall be a business meeting to address
2805 such matters as may properly come before the commission, including,
2806 but not limited to, the election of officers. The chairperson may call
2807 additional meetings and shall call for a meeting upon the request of a
2808 majority of the member states.

2809 (f) The bylaws may provide for meetings of the Interstate
2810 Commission to be conducted by telecommunication or electronic
2811 communication.

2812 (g) Each commissioner participating at a meeting of the Interstate
2813 Commission is entitled to one vote. A majority of commissioners shall
2814 constitute a quorum for the transaction of business, unless a larger
2815 quorum is required by the bylaws of the Interstate Commission. A
2816 commissioner shall not delegate a vote to another commissioner. In the
2817 absence of its commissioner, a member state may delegate voting
2818 authority for a specified meeting to another person from such state who
2819 shall meet the requirements of subsection (d) of this section.

2820 (h) The Interstate Commission shall provide public notice of all
2821 meetings and all meetings shall be open to the public. The Interstate
2822 Commission may close a meeting, in full or in portion, where it
2823 determines by a two-thirds vote of the commissioners present that an
2824 open meeting would be likely to:

2825 (1) Relate solely to the internal personnel practice and procedures of
2826 the Interstate Commission;

2827 (2) Include a discussion of matters specifically exempted from
2828 disclosure by federal statute;

2829 (3) Include a discussion of trade secrets or commercial or financial
2830 information that is privileged or confidential;

2831 (4) Involve accusing a person of a crime, or formally censuring a
2832 person;

2833 (5) Include a discussion of information of a personal nature where
2834 disclosure would constitute a clearly unwarranted invasion of personal
2835 privacy;

2836 (6) Include a discussion of investigative records compiled for law
2837 enforcement purposes; or

2838 (7) Specifically relate to the participation in a civil action or other legal
2839 proceeding.

2840 (i) The Interstate Commission shall keep minutes of all meetings,
2841 which minutes shall fully describe all matters discussed in a meeting
2842 and shall provide a full and accurate summary of actions taken,
2843 including, but not limited to, a record of any roll call votes.

2844 (j) The Interstate Commission shall make its information and official
2845 records, to the extent not otherwise designated in the compact or by its
2846 rules, available to the public for inspection.

2847 (k) The Interstate Commission shall establish an executive committee,
2848 which shall include officers, members and others as determined by the
2849 bylaws. The executive committee shall have the power to act on behalf
2850 of the Interstate Commission, with the exception of rulemaking, during
2851 periods when the Interstate Commission is not in session. When acting
2852 on behalf of the Interstate Commission, the executive committee shall
2853 oversee the administration of the compact, including, but not limited to,
2854 enforcement and compliance with the provisions of the compact, its
2855 bylaws and rules and other such duties as necessary.

2856 (l) The Interstate Commission shall establish other committees for
2857 governance and administration of the compact.

2858 SECTION 12. POWERS AND DUTIES OF THE INTERSTATE
2859 COMMISSION

2860 The powers and duties of the Interstate Commission are as follows:

2861 (1) Oversee and maintain the administration of the compact;

2862 (2) Promulgate rules that shall be binding to the extent and in the
2863 manner provided for in the compact;

2864 (3) Issue, upon the request of a member state or member board,
2865 advisory opinions concerning the meaning or interpretation of the
2866 compact, its bylaws, rules and actions;

2867 (4) Enforce compliance with compact provisions, the rules
2868 promulgated by the Interstate Commission and the bylaws, using all
2869 necessary and proper means, including, but not limited to, the use of
2870 judicial process;

2871 (5) Establish and appoint committees, including, but not limited to,
2872 an executive committee as required by section 11 of the compact, that
2873 shall have the power to act on behalf of the Interstate Commission in
2874 carrying out its powers and duties;

2875 (6) Pay, or provide for the payment of the expenses related to the
2876 establishment, organization and ongoing activities of the Interstate
2877 Commission;

2878 (7) Establish and maintain one or more offices;

2879 (8) Borrow, accept, hire or contract for services of personnel;

2880 (9) Purchase and maintain insurance and bonds;

2881 (10) Employ an executive director who shall have such powers to
2882 employ, select or appoint employees, agents or consultants, and to
2883 determine the qualifications, define the duties and fix the compensation
2884 of such employees, agents or consultants;

2885 (11) Establish personnel policies and programs relating to conflicts of
2886 interest, rates of compensation and qualifications of personnel;

2887 (12) Accept donations and grants of money, equipment, supplies,
2888 materials and services, and receive, utilize and dispose of such money,
2889 equipment, supplies, material and services in a manner consistent with
2890 the conflict of interest policies established by the Interstate Commission;

2891 (13) Lease, purchase, accept contributions or donations of, or
2892 otherwise own, hold, improve or use, any property, real, personal or
2893 mixed;

2894 (14) Sell, convey, mortgage, pledge, lease, exchange, abandon or
2895 otherwise dispose of any property, real, personal or mixed;

2896 (15) Establish a budget and make expenditures;

2897 (16) Adopt a seal and bylaws governing the management and
2898 operation of the Interstate Commission;

2899 (17) Report annually to the legislatures and governors of the member
2900 states concerning the activities of the Interstate Commission during the
2901 preceding year. Such report shall also include reports of financial audits
2902 and any recommendations that may have been adopted by the Interstate
2903 Commission;

2904 (18) Coordinate education, training and public awareness regarding
2905 the compact, its implementation and its operation;

2906 (19) Maintain records in accordance with the bylaws;

2907 (20) Seek and obtain trademarks, copyrights and patents; and

2908 (21) Perform such functions as may be necessary or appropriate to
2909 achieve the purpose of the compact.

2910 SECTION 13. FINANCE POWERS

2911 (a) The Interstate Commission may levy on and collect an annual

2912 assessment from each member state to cover the cost of the operations
2913 and activities of the Interstate Commission and its staff. The total
2914 assessment shall be sufficient to cover the annual budget approved each
2915 year for which revenue is not provided by other sources. The aggregate
2916 annual assessment amount shall be allocated upon a formula to be
2917 determined by the Interstate Commission, which shall promulgate a
2918 rule binding upon all member states.

2919 (b) The Interstate Commission shall not incur obligations of any kind
2920 prior to securing the funds adequate to meet the same.

2921 (c) The Interstate Commission shall not pledge the credit of any of the
2922 member states, except by, and with the authority of, the member state.

2923 (d) The Interstate Commission shall be subject to a yearly financial
2924 audit conducted by a certified or licensed accountant and the report of
2925 the audit shall be included in the annual report of the Interstate
2926 Commission.

2927 SECTION 14. ORGANIZATION AND OPERATION OF THE
2928 INTERSTATE COMMISSION

2929 (a) The Interstate Commission shall, by a majority of commissioners
2930 present and voting, adopt bylaws to govern its conduct as may be
2931 necessary or appropriate to carry out the purposes of the compact not
2932 later than twelve months after the first Interstate Commission meeting.

2933 (b) The Interstate Commission shall elect or appoint annually from
2934 among its commissioners a chairperson, a vice-chairperson and a
2935 treasurer, each of whom shall have such authority and duties as may be
2936 specified in the bylaws. The chairperson, or in the chairperson's absence
2937 or disability, the vice-chairperson, shall preside at all meetings of the
2938 Interstate Commission.

2939 (c) Officers elected or appointed pursuant to subsection (b) of this
2940 section shall serve without remuneration for the Interstate Commission.

2941 (d) The officers and employees of the Interstate Commission shall be

2942 immune from suit and liability, either personally or in their official
2943 capacity, for a claim for damage to or loss of property or personal injury
2944 or other civil liability caused or arising out of, or relating to, an actual or
2945 alleged act, error or omission that occurred, or that such person had a
2946 reasonable basis for believing occurred, within the scope of Interstate
2947 Commission employment, duties or responsibilities, provided such
2948 person shall not be protected from suit or liability for damage, loss,
2949 injury, or liability caused by the intentional or wilful and wanton
2950 misconduct of such person.

2951 (e) The liability of the executive director and employees of the
2952 Interstate Commission or representatives of the Interstate Commission,
2953 acting within the scope of such person's employment or duties for acts,
2954 errors or omissions occurring within such person's state, may not exceed
2955 the limits of liability set forth under the constitution and laws of such
2956 state for state officials, employees and agents. The Interstate
2957 Commission is considered to be an instrumentality of the states for the
2958 purpose of any such action. Nothing in this subsection shall be
2959 construed to protect such person from suit or liability for damage, loss,
2960 injury or liability caused by the intentional or wilful and wanton
2961 misconduct of such person.

2962 (f) The Interstate Commission shall defend the executive director, its
2963 employees and, subject to the approval of the attorney general or other
2964 appropriate legal counsel of the member state represented by an
2965 Interstate Commission representative, such Interstate Commission
2966 representative in any civil action seeking to impose liability arising out
2967 of an actual or alleged act, error or omission that occurred within the
2968 scope of Interstate Commission employment, duties or responsibilities,
2969 or that the defendant had a reasonable basis for believing occurred
2970 within the scope of Interstate Commission employment, duties or
2971 responsibilities, provided the actual or alleged act, error or omission did
2972 not result from intentional or wilful and wanton misconduct on the part
2973 of such person.

2974 (g) To the extent not covered by the state involved, member state or

2975 the Interstate Commission, the representatives or employees of the
2976 Interstate Commission shall be held harmless in the amount of a
2977 settlement or judgment, including, but not limited to, attorney's fees and
2978 costs, obtained against such persons arising out of an actual or alleged
2979 act, error or omission that occurred within the scope of the Interstate
2980 Commission employment, duties or responsibilities, or that such
2981 persons had a reasonable basis for believing occurred within the scope
2982 of Interstate Commission employment, duties or responsibilities,
2983 provided the actual or alleged act, error or omission did not result from
2984 intentional or wilful and wanton misconduct on the part of such person.

2985 SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE
2986 COMMISSION

2987 (a) The Interstate Commission shall promulgate reasonable rules in
2988 order to effectively and efficiently achieve the purpose of the compact.
2989 Notwithstanding the foregoing, if the Interstate Commission exercises
2990 its rulemaking authority in a manner that is beyond the scope of the
2991 purposes of the compact, or the powers granted under the compact, then
2992 such an action by the Interstate Commission shall be invalid and have
2993 no force or effect.

2994 (b) Rules deemed appropriate for the operations of the Interstate
2995 Commission shall be made pursuant to a rulemaking process that
2996 substantially conforms to the "Model State Administrative Procedure
2997 Act" of 2010, as amended from time to time.

2998 (c) Not later than thirty days after a rule is promulgated, any person
2999 may file a petition for judicial review of the rule in the United States
3000 District Court for the District of Columbia or the federal district where
3001 the Interstate Commission has its principal offices, provided the filing
3002 of such a petition shall not stay or otherwise prevent the rule from
3003 becoming effective unless the court finds that the petitioner has a
3004 substantial likelihood of success. The court shall give deference to the
3005 actions of the Interstate Commission consistent with applicable law and
3006 shall not find the rule to be unlawful if the rule represents a reasonable

3007 exercise of the authority granted to the Interstate Commission.

3008 SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

3009 (a) The executive, legislative and judicial branches of state
3010 government in each member state shall enforce the compact and take all
3011 actions necessary and appropriate to effectuate the compact's purposes
3012 and intent. The provisions of the compact and the rules promulgated
3013 under the compact shall have standing as statutory law, but shall not
3014 override existing state authority to regulate the practice of medicine.

3015 (b) All courts shall take judicial notice of the compact and the rules in
3016 any judicial or administrative proceeding in a member state pertaining
3017 to the subject matter of the compact that may affect the powers,
3018 responsibilities or actions of the Interstate Commission.

3019 (c) The Interstate Commission shall be entitled to receive all services
3020 of process in any such proceeding, and shall have standing to intervene
3021 in the proceeding for all purposes. Failure to provide service of process
3022 to the Interstate Commission shall render a judgment or order void as
3023 to the Interstate Commission, the compact or promulgated rules.

3024 SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT

3025 (a) The Interstate Commission, in the reasonable exercise of its
3026 discretion, shall enforce the provisions and rules of the compact.

3027 (b) The Interstate Commission may, by majority vote of the
3028 commissioners, initiate legal action in the United States Court for the
3029 District of Columbia, or, at the discretion of the Interstate Commission,
3030 in the federal district where the Interstate Commission has its principal
3031 offices, to enforce compliance with the provisions of the compact, and
3032 its promulgated rules and bylaws, against a member state in default.
3033 The relief sought may include both injunctive relief and damages. If
3034 judicial enforcement is necessary, the prevailing party shall be awarded
3035 all costs of such litigation, including, but not limited to, reasonable
3036 attorney's fees.

3037 (c) The remedies set forth in the compact shall not be the exclusive
3038 remedies of the Interstate Commission. The Interstate Commission may
3039 avail itself of any other remedies available under state law or regulation
3040 of a profession.

3041 SECTION 18. DEFAULT PROCEDURES

3042 (a) The grounds for default include, but are not limited to, failure of
3043 a member state to perform such obligations or responsibilities imposed
3044 upon it by the compact, or the rules and bylaws of the Interstate
3045 Commission promulgated under the compact.

3046 (b) If the Interstate Commission determines that a member state has
3047 defaulted in the performance of its obligations or responsibilities under
3048 the compact, or the bylaws or promulgated rules, the Interstate
3049 Commission shall take the following actions:

3050 (1) Provide written notice to the defaulting state and other member
3051 states of the nature of the default, the means of curing the default and
3052 any action taken by the Interstate Commission. The Interstate
3053 Commission shall specify the conditions by which the defaulting state
3054 shall cure its default; and

3055 (2) Provide remedial training and specific technical assistance
3056 regarding the default.

3057 (c) If the defaulting state fails to cure the default, the defaulting state
3058 shall be terminated from the compact upon an affirmative vote of a
3059 majority of the commissioners and all rights, privileges and benefits
3060 conferred by the compact shall terminate on the effective date of
3061 termination. A cure of the default shall not relieve the offending state of
3062 obligations or liabilities incurred during the period of the default.

3063 (d) Termination of membership in the compact shall be imposed only
3064 after all other means of securing compliance have been exhausted.
3065 Notice of intent to terminate shall be given by the Interstate Commission
3066 to the governor, the majority and minority leaders of the defaulting

3067 state's legislature and each of the member states.

3068 (e) The Interstate Commission shall establish rules and procedures to
3069 address licenses and physicians that are materially impacted by the
3070 termination of a member state, or the withdrawal of a member state.

3071 (f) The member state that has been terminated is responsible for all
3072 dues, obligations and liabilities incurred through the effective date of
3073 termination, including, but not limited to, obligations the performance
3074 of which extends beyond the effective date of termination.

3075 (g) The Interstate Commission shall not bear any costs relating to any
3076 state that has been found to be in default or that has been terminated
3077 from the compact, unless otherwise mutually agreed upon in writing
3078 between the Interstate Commission and the defaulting state.

3079 (h) The defaulting state may appeal the action of the Interstate
3080 Commission by petitioning the United States District Court for the
3081 District of Columbia or the federal district where the Interstate
3082 Commission has its principal offices. The prevailing party shall be
3083 awarded all costs of such litigation, including, but not limited to,
3084 reasonable attorney's fees.

3085 SECTION 19. DISPUTE RESOLUTION

3086 (a) The Interstate Commission shall attempt, upon the request of a
3087 member state, to resolve disputes that are subject to the compact and
3088 may arise among member states or member boards.

3089 (b) The Interstate Commission shall promulgate rules providing for
3090 both mediation and binding dispute resolution as appropriate.

3091 SECTION 20. MEMBER STATES, EFFECTIVE DATE AND 3092 AMENDMENT

3093 (a) Any state is eligible to become a member of the compact.

3094 (b) The compact shall become effective and binding upon legislative

3095 enactment of the compact into law by not less than seven states.
3096 Thereafter, it shall become effective and binding on a state upon
3097 enactment of the compact into law by such state.

3098 (c) The governors of nonmember states, or their designees, shall be
3099 invited to participate in the activities of the Interstate Commission on a
3100 nonvoting basis prior to adoption of the compact by all states.

3101 (d) The Interstate Commission may propose amendments to the
3102 compact for enactment by the member states. No amendment shall
3103 become effective and binding upon the Interstate Commission and the
3104 member states unless and until it is enacted into law by unanimous
3105 consent of the member states.

3106 SECTION 21. WITHDRAWAL

3107 (a) Once effective, the compact shall continue in force and remain
3108 binding upon every member state, provided a member state may
3109 withdraw from the compact by specifically repealing the statute that
3110 enacted the compact into law.

3111 (b) Withdrawal from the compact shall be done by the enactment of
3112 a statute repealing the compact, but shall not take effect until one year
3113 after the effective date of such statute and until written notice of the
3114 withdrawal has been given by the withdrawing state to the governor of
3115 each other member state.

3116 (c) The withdrawing state shall immediately notify the chairperson
3117 of the Interstate Commission in writing upon the introduction of
3118 legislation repealing the compact in the withdrawing state.

3119 (d) The Interstate Commission shall notify the other member states of
3120 the withdrawing state's intent to withdraw not later than sixty days after
3121 its receipt of notice provided under subsection (c) of this section.

3122 (e) The withdrawing state is responsible for all dues, obligations and
3123 liabilities incurred through the effective date of withdrawal, including,
3124 but not limited to, obligations, the performance of which extend beyond

3125 the effective date of withdrawal.

3126 (f) Reinstatement following withdrawal of a member state shall occur
3127 upon the withdrawing state reenacting the compact or upon such later
3128 date as determined by the Interstate Commission.

3129 (g) The Interstate Commission is authorized to develop rules to
3130 address the impact of the withdrawal of a member state on licenses
3131 granted in other member states to physicians who designated the
3132 withdrawing member state as the state of principal license.

3133 SECTION 22. DISSOLUTION

3134 (a) The compact shall dissolve effective upon the date of the
3135 withdrawal or default of the member state that reduces the membership
3136 of the compact to one member state.

3137 (b) Upon the dissolution of the compact, the compact becomes null
3138 and void and shall be of no further force or effect, and the business and
3139 affairs of the Interstate Commission shall be concluded, and surplus
3140 funds shall be distributed in accordance with the bylaws.

3141 SECTION 23. SEVERABILITY AND CONSTRUCTION

3142 (a) The provisions of the compact shall be severable, and if any
3143 phrase, clause, sentence or provision of the compact is deemed
3144 unenforceable, the remaining provisions of the compact shall be
3145 enforceable.

3146 (b) The provisions of the compact shall be liberally construed to
3147 effectuate its purposes.

3148 (c) Nothing in the compact shall be construed to prohibit the
3149 applicability of other interstate compacts to which the member states are
3150 members.

3151 SECTION 24. BINDING EFFECT OF COMPACT AND OTHER 3152 LAWS

3153 (a) Nothing in the compact prevents the enforcement of any other law
3154 of a member state that is not inconsistent with the compact.

3155 (b) All laws in a member state in conflict with the compact are
3156 superseded to the extent of the conflict.

3157 (c) All lawful actions of the Interstate Commission, including, but not
3158 limited to, all rules and bylaws promulgated by said commission, are
3159 binding upon the member states.

3160 (d) All agreements between the Interstate Commission and the
3161 member states are binding in accordance with the terms of such
3162 agreements.

3163 (e) If any provision of the compact exceeds the constitutional limits
3164 imposed on the legislature of any member state, such provision shall be
3165 ineffective to the extent of the conflict with the constitutional provision
3166 in question in such member state."

3167 Sec. 45. (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023,
3168 the Office of Early Childhood shall hire two full-time employees to
3169 provide technical assistance and business consulting services for
3170 providers of child care services, as described in section 19a-77 of the
3171 general statutes, as amended by this act, in the state.

3172 Sec. 46. Section 10-19q of the general statutes is repealed and the
3173 following is substituted in lieu thereof (*Effective July 1, 2022*):

3174 (a) The Department of Children and Families shall administer, within
3175 available appropriations, an enhancement grant program for youth
3176 service bureaus. The department shall annually award grants in the
3177 amounts of: (1) Three thousand three hundred dollars to youth service
3178 bureaus that serve a town with a population of not more than eight
3179 thousand or towns with a total combined population of not more than
3180 eight thousand; (2) five thousand dollars to youth service bureaus that
3181 serve a town with a population greater than eight thousand, but not
3182 more than seventeen thousand or towns with a total combined

3183 population greater than eight thousand, but not more than seventeen
3184 thousand; (3) six thousand two hundred fifty dollars to youth service
3185 bureaus that serve a town with population greater than seventeen
3186 thousand, but not more than thirty thousand or towns with a total
3187 combined population greater than seventeen thousand, but not more
3188 than thirty thousand; (4) seven thousand five hundred fifty dollars to
3189 youth service bureaus that serve a town with a population greater than
3190 thirty thousand, but not more than one hundred thousand or towns
3191 with a total combined population greater than thirty thousand, but not
3192 more than one hundred thousand; and (5) ten thousand dollars to youth
3193 service bureaus that serve a town with a population greater than one
3194 hundred thousand or towns with a total combined population greater
3195 than one hundred thousand.

3196 (b) (1) For the fiscal year ending June 30, 2023, if the amount
3197 appropriated for grants payable to youth service bureaus under this
3198 section exceeds the amount appropriated for such grants for the fiscal
3199 year ending June 30, 2022, the amount of such excess shall be distributed
3200 proportionately among the youth service bureaus.

3201 [(b)] (2) Notwithstanding the provisions of this section, for the fiscal
3202 year ending June 30, [2020] 2024, and each fiscal year thereafter, the
3203 amount of grants payable to youth service bureaus shall be [(1)] (A)
3204 reduced proportionately if the total of such grants in such year exceeds
3205 the amount appropriated for such grants for such year, or [(2)] (B)
3206 increased proportionately if the total of such grants in such year is less
3207 than the amount appropriated for such grants in such year.

3208 Sec. 47. (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023,
3209 the Department of Public Health shall hire a health program associate
3210 for the Office of Emergency Medical Services, established pursuant to
3211 section 19a-178 of the general statutes, to administer mobile integrated
3212 health care programs in accordance with the provisions of section 19a-
3213 180 of the general statutes."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2022</i>	New section
Sec. 2	<i>July 1, 2022</i>	New section
Sec. 3	<i>July 1, 2022</i>	New section
Sec. 4	<i>July 1, 2022</i>	New section
Sec. 5	<i>July 1, 2022</i>	10-21k
Sec. 6	<i>July 1, 2022</i>	New section
Sec. 7	<i>July 1, 2022</i>	19a-77(a)(3)
Sec. 8	<i>July 1, 2022</i>	New section
Sec. 9	<i>July 1, 2022</i>	10-221o
Sec. 10	<i>from passage</i>	10-29a(a)
Sec. 11	<i>July 1, 2022</i>	New section
Sec. 12	<i>July 1, 2022</i>	17a-248g
Sec. 13	<i>October 1, 2022, and applicable to assessment years commencing on or after October 1, 2022</i>	New section
Sec. 14	<i>July 1, 2022</i>	19a-79(a)
Sec. 15	<i>July 1, 2022</i>	19a-87b(f)
Sec. 16	<i>July 1, 2022</i>	New section
Sec. 17	<i>July 1, 2022</i>	New section
Sec. 18	<i>July 1, 2022</i>	New section
Sec. 19	<i>July 1, 2022</i>	New section
Sec. 20	<i>July 1, 2022</i>	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>July 1, 2022</i>	17b-245b
Sec. 29	<i>from passage</i>	19a-7d
Sec. 30	<i>July 1, 2022</i>	New section
Sec. 31	<i>from passage</i>	19a-906(a)(12)
Sec. 32	<i>from passage</i>	19a-906(h)
Sec. 33	<i>from passage</i>	PA 21-9, Sec. 1
Sec. 34	<i>July 1, 2022</i>	New section

Sec. 35	<i>from passage</i>	21a-249(c)
Sec. 36	<i>from passage</i>	PA 21-9, Sec. 3
Sec. 37	<i>from passage</i>	PA 21-9, Sec. 4
Sec. 38	<i>from passage</i>	PA 21-9, Sec. 5
Sec. 39	<i>from passage</i>	PA 21-9, Sec. 7
Sec. 40	<i>July 1, 2024</i>	38a-499a
Sec. 41	<i>July 1, 2024</i>	38a-526a
Sec. 42	<i>from passage</i>	New section
Sec. 43	<i>October 1, 2022</i>	New section
Sec. 44	<i>October 1, 2022</i>	New section
Sec. 45	<i>July 1, 2022</i>	New section
Sec. 46	<i>July 1, 2022</i>	10-19q
Sec. 47	<i>July 1, 2022</i>	New section