



General Assembly

Amendment

February Session, 2022

LCO No. 5200



Offered by:

SEN. LOONEY, 11th Dist.

SEN. DUFF, 25th Dist.

SEN. ANWAR, 3rd Dist.

SEN. CABRERA, 17th Dist.

SEN. CASSANO, 4th Dist.

SEN. COHEN, 12th Dist.

SEN. DAUGHERTY ABRAMS, 13th Dist.

SEN. FLEXER, 29th Dist.

SEN. FONFARA, 1st Dist.

SEN. HASKELL, 26th Dist.

SEN. KUSHNER, 24th Dist.

SEN. LESSER, 9th Dist.

SEN. LOPES, 6th Dist.

SEN. MCCRORY, 2nd Dist.

SEN. MILLER P., 27th Dist.

SEN. MOORE, 22nd Dist.

SEN. SLAP, 5th Dist.

SEN. WINFIELD, 10th Dist.

SEN. SOMERS, 18th Dist.

REP. LINEHAN, 103rd Dist.

REP. STEINBERG, 136th 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 from passage*):

136 (a) Each local and regional board of education shall require each
137 school under its jurisdiction to (1) offer all full day students a daily lunch
138 period of not less than twenty minutes, and (2) include in the regular

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

151 (b) [Not later than October 1, 2019, each local and regional board of
152 education shall adopt a policy, as the board deems appropriate,
153 concerning the issue regarding any school employee being involved in
154 preventing a student from participating in the entire time devoted to
155 physical exercise or undirected play in the regular school day, pursuant
156 to subsection (a) of this section, as a form of discipline.] For the school
157 year commencing July 1, 2022, and each school year thereafter, each
158 local and regional board of education shall adopt a policy, as the board
159 deems appropriate, concerning the circumstances when a school
160 employee may prevent or otherwise restrict a student from participating
161 in the entire time devoted to physical exercise in the regular school day,
162 pursuant to subsection (a) of this section, as a form of discipline. Such
163 policy shall (1) permit such prevention or restriction (A) when a student
164 poses a danger to the health or safety of other students or school
165 personnel, or (B) when such prevention or restriction is limited to the
166 period devoted to physical exercise that is the shortest in duration if
167 there are two or more periods devoted to physical exercise in a school
168 day, provided the period of time devoted to physical exercise that such
169 student may participate in during such school day is at least twenty
170 minutes in duration, (2) only permit such prevention or restriction once
171 during a school week, unless such student is a danger to the health or
172 safety of other students or school personnel, (3) not include any

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

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

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

205 Sec. 11. (NEW) (*Effective July 1, 2022*) For the school year commencing

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

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

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

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

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

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

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

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

260 (g) Notwithstanding any provision of title 38a relating to the
261 permissible exclusion of payments for services under governmental
262 programs, no such exclusion shall apply with respect to payments made
263 pursuant to section 17a-248, sections 17a-248b to 17a-248f, inclusive, this
264 section and sections 38a-490a and 38a-516a. Except as provided in this
265 subsection, nothing in this section shall increase or enhance coverages
266 provided for within an insurance contract subject to the provisions of
267 section 10-94f, subsection (a) of section 10-94g, subsection (a) of section
268 17a-219b, subsection (a) of section 17a-219c, sections 17a-248, 17a-248b
269 to 17a-248f, inclusive, this section, and sections 38a-490a and 38a-516a.

270 (h) For the fiscal years ending June 30, 2023, and June 30, 2024, the

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

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

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

292 (a) The Commissioner of Early Childhood shall adopt regulations, in
293 accordance with the provisions of chapter 54, to carry out the purposes
294 of sections 19a-77 to 19a-80, inclusive, as amended by this act, and 19a-
295 82 to 19a-87, inclusive, and to assure that child care centers and group
296 child care homes meet the health, educational and social needs of
297 children utilizing such child care centers and group child care homes.
298 Such regulations shall (1) specify that before being permitted to attend
299 any child care center or group child care home, each child shall be
300 protected as age-appropriate by adequate immunization against
301 diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella,
302 haemophilus influenzae type B and any other vaccine required by the
303 schedule of active immunization adopted pursuant to section 19a-7f, (2)

304 specify conditions under which child care center directors and teachers
305 and group child care home providers may administer tests to monitor
306 glucose levels in a child with diagnosed diabetes mellitus, and
307 administer medicinal preparations, including controlled drugs specified
308 in the regulations by the commissioner, to a child receiving child care
309 services at such child care center or group child care home pursuant to
310 the written order of a physician licensed to practice medicine or a dentist
311 licensed to practice dental medicine in this or another state, or an
312 advanced practice registered nurse licensed to prescribe in accordance
313 with section 20-94a, or a physician assistant licensed to prescribe in
314 accordance with section 20-12d, and the written authorization of a
315 parent or guardian of such child, (3) specify that an operator of a child
316 care center or group child care home, licensed before January 1, 1986, or
317 an operator who receives a license after January 1, 1986, for a facility
318 licensed prior to January 1, 1986, shall provide a minimum of thirty
319 square feet per child of total indoor usable space, free of furniture except
320 that needed for the children's purposes, exclusive of toilet rooms,
321 bathrooms, coatrooms, kitchens, halls, isolation room or other rooms
322 used for purposes other than the activities of the children, (4) specify
323 that a child care center or group child care home licensed after January
324 1, 1986, shall provide thirty-five square feet per child of total indoor
325 usable space, (5) establish appropriate child care center staffing
326 requirements for employees certified in cardiopulmonary resuscitation
327 by the American Red Cross, the American Heart Association, the
328 National Safety Council, American Safety and Health Institute, Medic
329 First Aid International, Inc. or an organization using guidelines for
330 cardiopulmonary resuscitation and emergency cardiovascular care
331 published by the American Heart Association and International Liaison
332 Committee on Resuscitation, (6) specify that a child care center or group
333 child care home (A) shall not deny services to a child on the basis of a
334 child's known or suspected allergy or because a child has a prescription
335 for an automatic prefilled cartridge injector or similar automatic
336 injectable equipment used to treat an allergic reaction, or for injectable
337 equipment used to administer glucagon, (B) shall, not later than three
338 weeks after such child's enrollment in such a center or home, have staff

339 trained in the use of such equipment on-site during all hours when such
340 a child is on-site, (C) shall require such child's parent or guardian to
341 provide the injector or injectable equipment and a copy of the
342 prescription for such medication and injector or injectable equipment
343 upon enrollment of such child, and (D) shall require a parent or
344 guardian enrolling such a child to replace such medication and
345 equipment prior to its expiration date, (7) specify that a child care center
346 or group child care home (A) shall not deny services to a child on the
347 basis of a child's diagnosis of asthma or because a child has a
348 prescription for an inhalant medication to treat asthma, and (B) shall,
349 not later than three weeks after such child's enrollment in such a center
350 or home, have staff trained in the administration of such medication on-
351 site during all hours when such a child is on-site, [and] (8) establish
352 physical plant requirements for licensed child care centers and licensed
353 group child care homes that exclusively serve school-age children, (9)
354 specify that a child care center or group child care home shall
355 immediately notify the parent or guardian of a child enrolled in such
356 center or home if such child 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 19a-7d of the 2022 supplement to the general statutes
689 is repealed and the following is substituted in lieu thereof (*Effective from*
690 *passage*):

691 (a) [Not later than January 1, 2022, the] The Commissioner of Public
692 Health shall establish, within available resources, a program to provide
693 three-year grants to community-based providers of primary care
694 services in order to expand access to health care for the uninsured. The
695 grants may be awarded to community-based providers of primary care
696 for (1) funding for direct services, (2) recruitment and retention of
697 primary care clinicians and registered nurses through subsidizing of
698 salaries or through a loan repayment program, and (3) capital
699 expenditures. The community-based providers of primary care under
700 the direct service program shall provide, or arrange access to, primary
701 and preventive services, behavioral health services, referrals to specialty

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

722 (b) Funds appropriated for the state loan repayment program shall
723 not lapse until fifteen months following the end of the fiscal year for
724 which such funds were appropriated. For the fiscal year ending June 30,
725 2023, the department shall expend at least one million six hundred
726 thousand dollars of the funds appropriated for the state loan repayment
727 program for repayments for physicians. Any remaining funds may be
728 expended for other health care providers. For purposes of this section,
729 "physician" means any physician licensed pursuant to chapter 370 who
730 (1) graduated from a medical school in the state or completed his or her
731 medical residency program at a hospital licensed under chapter 368v,
732 and (2) is employed as a physician in the state.

733 Sec. 29. (Effective July 1, 2022) (a) On or before January 1, 2023, the
734 Commissioner of Public Health shall convene a working group to advise
735 the commissioner regarding methods to enhance physician recruitment

736 in the state. The working group shall examine issues that include, but
737 need not be limited to, (1) recruiting, retaining and compensating
738 primary care, psychiatric and behavioral health care providers; (2) the
739 potential effectiveness of student loan forgiveness; (3) barriers to
740 recruiting and retaining physicians as a result of covenants not to
741 compete, as defined in section 20-14p of the general statutes; (4) access
742 to health care providers; (5) the effect, if any, of the health insurance
743 landscape on limiting health care access; (6) barriers to physician
744 participation in health care networks; and (7) assistance for graduate
745 medical education training.

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

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

767 Sec. 30. Subdivision (12) of subsection (a) of section 19a-906 of the
768 general statutes is repealed and the following is substituted in lieu

769 thereof (*Effective from passage*):

770 (12) "Telehealth provider" means (A) any physician licensed under
771 chapter 370, physical therapist licensed under chapter 376, chiropractor
772 licensed under chapter 372, naturopath licensed under chapter 373,
773 podiatrist licensed under chapter 375, occupational therapist licensed
774 under chapter 376a, optometrist licensed under chapter 380, registered
775 nurse or advanced practice registered nurse licensed under chapter 378,
776 physician assistant licensed under chapter 370, psychologist licensed
777 under chapter 383, marital and family therapist licensed under chapter
778 383a, clinical social worker or master social worker licensed under
779 chapter 383b, alcohol and drug counselor licensed under chapter 376b,
780 professional counselor licensed under chapter 383c, dietitian-
781 nutritionist certified under chapter 384b, speech and language
782 pathologist licensed under chapter 399, respiratory care practitioner
783 licensed under chapter 381a, audiologist licensed under chapter 397a,
784 pharmacist licensed under chapter 400j or paramedic licensed pursuant
785 to chapter 384d who is providing health care or other health services
786 through the use of telehealth within such person's scope of practice and
787 in accordance with the standard of care applicable to the profession, and
788 (B) on and after July 1, 2024, an appropriately licensed, certified or
789 registered physician, naturopath, registered nurse, advanced practice
790 registered nurse, physician assistant, psychologist, marital and family
791 therapist, clinical social worker, master social worker, alcohol and drug
792 counselor, professional counselor, dietitian-nutritionist, nurse-midwife,
793 behavior analyst, music therapist or art therapist, in another state or
794 territory of the United States or the District of Columbia, who (i)
795 provides telehealth services under any relevant order issued pursuant
796 to section 33 of this act, (ii) provides mental or behavioral health care
797 through the use of telehealth within such person's scope of practice and
798 in accordance with the standard of care applicable to the profession, and
799 (iii) maintains professional liability insurance, or other indemnity
800 against liability for professional malpractice, in an amount that is equal
801 to or greater than that required for similarly licensed, certified or
802 registered Connecticut mental or behavioral health care providers.

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

806 (h) No telehealth provider or hospital shall charge a facility fee for
807 telehealth services. Such prohibition shall apply to hospital telehealth
808 services whether provided on campus or otherwise. For purposes of this
809 subsection, "hospital" has the same meaning as provided in section 19a-
810 490 and "campus" has the same meaning as provided in section 19a-
811 508c.

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

815 (a) As used in this section:

816 (1) "Asynchronous" has the same meaning as provided in section 19a-
817 906 of the general statutes, as amended by this act.

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

821 (3) "Facility fee" has the same meaning as provided in section 19a-
822 508c of the general statutes.

823 (4) "Health record" has the same meaning as provided in section 19a-
824 906 of the general statutes, as amended by this act.

825 (5) "Medical history" has the same meaning as provided in section
826 19a-906 of the general statutes, as amended by this act.

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

830 (7) "Originating site" has the same meaning as provided in section

831 19a-906 of the general statutes, as amended by this act.

832 (8) "Peripheral devices" has the same meaning as provided in section
833 19a-906 of the general statutes, as amended by this act.

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

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

838 (11) "Synchronous" has the same meaning as provided in section 19a-
839 906 of the general statutes, as amended by this act.

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

853 (13) "Telehealth provider" means any person who is (A) [an in-
854 network provider or a provider enrolled in the Connecticut medical
855 assistance program] providing health care or other health services [to a
856 Connecticut medical assistance program recipient] through the use of
857 telehealth within such person's scope of practice and in accordance with
858 the standard of care applicable to such person's profession, and (B) (i) a
859 physician or physician assistant licensed under chapter 370 of the
860 general statutes, physical therapist or physical therapist assistant
861 licensed under chapter 376 of the general statutes, chiropractor licensed

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

897 therapist or athletic trainer, in another state or territory of the United
898 States or the District of Columbia, that provides telehealth services
899 pursuant to his or her authority under any relevant order issued by the
900 Commissioner of Public Health and maintains professional liability
901 insurance, or other indemnity against liability for professional
902 malpractice, in an amount that is equal to or greater than that required
903 for similarly licensed, certified or registered Connecticut health care
904 providers.

905 (b) (1) Notwithstanding the provisions of section 19a-906 of the
906 general statutes, as amended by this act, during the period beginning on
907 [the effective date of this section] May 10, 2021, and ending on June 30,
908 [2023] 2024, a telehealth provider may only provide a telehealth service
909 to a patient when the telehealth provider:

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

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

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

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

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

928 (2) Notwithstanding the provisions of section 19a-906 of the general
929 statutes, as amended by this act, if a telehealth provider provides a
930 telehealth service to a patient during the period beginning on [the
931 effective date of this section] May 10, 2021, and ending on June 30, [2023]
932 2024, the telehealth provider shall, at the time of the telehealth
933 provider's first telehealth interaction with a patient, inform the patient
934 concerning the treatment methods and limitations of treatment using a
935 telehealth platform, including, but not limited to, the limited duration
936 of the relevant provisions of this section and sections 3 to 7, inclusive, of
937 [this act] public act 21-9, as amended by this act, and, after providing the
938 patient with such information, obtain the patient's consent to provide
939 telehealth services. The telehealth provider shall document such notice
940 and consent in the patient's health record. If a patient later revokes such
941 consent, the telehealth provider shall document the revocation in the
942 patient's health record.

943 (c) Notwithstanding the provisions of this section or title 20 of the
944 general statutes, no telehealth provider shall, during the period
945 beginning on [the effective date of this section] May 10, 2021, and ending
946 on June 30, [2023] 2024, prescribe any schedule I, II or III controlled
947 substance through the use of telehealth, except a schedule II or III
948 controlled substance other than an opioid drug, as defined in section 20-
949 14o of the general statutes, in a manner fully consistent with the Ryan
950 Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as
951 amended from time to time, for the treatment of a person with a
952 psychiatric disability or a person with a substance use disorder, as
953 defined in section 17a-458 of the general statutes, including, but not
954 limited to, medication-assisted treatment. A telehealth provider using
955 telehealth to prescribe a schedule II or III controlled substance pursuant
956 to this subsection shall electronically [submit] transmit the prescription
957 pursuant to section 21a-249 of the general statutes, as amended by [this
958 act] public act 21-9.

959 (d) During the period beginning on [the effective date of this section]
960 May 10, 2021, and ending on June 30, [2023] 2024, each telehealth
961 provider shall, at the time of the initial telehealth interaction, ask the

962 patient whether the patient consents to the telehealth provider's
963 disclosure of records concerning the telehealth interaction to the
964 patient's primary care provider. If the patient consents to such
965 disclosure, the telehealth provider shall provide records of all telehealth
966 interactions during such period to the patient's primary care provider,
967 in a timely manner, in accordance with the provisions of sections 20-7b
968 to 20-7e, inclusive, of the general statutes.

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

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

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

993 (g) Notwithstanding any provision of the general statutes, nothing in

994 this section shall, during the period beginning on [the effective date of
995 this section] May 10, 2021, and ending on June 30, [2023] 2024, prohibit
996 a health care provider from: (1) Providing on-call coverage pursuant to
997 an agreement with another health care provider or such health care
998 provider's professional entity or employer; (2) consulting with another
999 health care provider concerning a patient's care; (3) ordering care for
1000 hospital outpatients or inpatients; or (4) using telehealth for a hospital
1001 inpatient, including for the purpose of ordering medication or treatment
1002 for such patient in accordance with the Ryan Haight Online Pharmacy
1003 Consumer Protection Act, 21 USC 829(e), as amended from time to time.
1004 As used in this subsection, "health care provider" means a person or
1005 entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to
1006 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399
1007 or 400j of the general statutes or licensed or certified pursuant to chapter
1008 368d or 384d of the general statutes.

1009 (h) Notwithstanding any provision of the general statutes, no
1010 telehealth provider shall charge a facility fee for a telehealth service
1011 provided during the period beginning on [the effective date of this
1012 section] May 10, 2021, and ending on June 30, [2023] 2024.

1013 (i) (1) Notwithstanding any provision of the general statutes, no
1014 telehealth provider shall provide health care or health services to a
1015 patient through telehealth during the period beginning on [the effective
1016 date of this section] May 10, 2021, and ending on June 30, [2023] 2024,
1017 unless the telehealth provider has determined whether or not the patient
1018 has health coverage for such health care or health services.

1019 (2) Notwithstanding any provision of the general statutes, a
1020 telehealth provider who provides health care or health services to a
1021 patient through telehealth during the period beginning on [the effective
1022 date of this section] May 10, 2021, and ending on June 30, [2023] 2024,
1023 shall:

1024 (A) Accept as full payment for such health care or health services:

1025 (i) An amount that is equal to the amount that Medicare reimburses

1026 for such health care or health services if the telehealth provider
1027 determines that the patient does not have health coverage for such
1028 health care or health services; or

1029 (ii) The amount that the patient's health coverage reimburses, and
1030 any coinsurance, copayment, deductible or other out-of-pocket expense
1031 imposed by the patient's health coverage, for such health care or health
1032 services if the telehealth provider determines that the patient has health
1033 coverage for such health care or health services. If the patient's health
1034 coverage uses a provider network, the amount of such reimbursement,
1035 and such coinsurance, copayment, deductible or other out-of-pocket
1036 expense, shall not exceed the in-network amount regardless of the
1037 network status of such telehealth provider.

1038 (3) If a telehealth provider determines that a patient is unable to pay
1039 for any health care or health services described in subdivisions (1) and
1040 (2) of this subsection, the provider shall offer to the patient financial
1041 assistance, if such provider is otherwise required to offer to the patient
1042 such financial assistance, under any applicable state or federal law.

1043 (j) Subject to compliance with all applicable federal requirements,
1044 notwithstanding any provision of the general statutes, state licensing
1045 standards or any regulation adopted thereunder, a telehealth provider
1046 may provide telehealth services pursuant to the provisions of this
1047 section from any location.

1048 (k) Notwithstanding the provisions of section 19a-906 of the general
1049 statutes, as amended by this act, during the period beginning on [the
1050 effective date of this section] May 10, 2021, and ending on June 30, [2023]
1051 2024, any Connecticut entity, institution or health care provider that
1052 engages or contracts with a telehealth provider that is licensed, certified
1053 or registered in another state or territory of the United States or the
1054 District of Columbia to provide health care or other health services shall
1055 verify the credentials of such provider in the state in which he or she is
1056 licensed, certified or registered, ensure that such [a] provider is in good
1057 standing in such state, and confirm that such provider maintains

1058 professional liability insurance or other indemnity against liability for
1059 professional malpractice in an amount that is equal to or greater than
1060 that required for similarly licensed, certified or registered Connecticut
1061 health care providers.

1062 (l) Notwithstanding sections 4-168 to 4-174, inclusive, of the general
1063 statutes, from the period beginning on [the effective date of this section]
1064 May 10, 2021, and ending on June 30, [2023] 2024, the Commissioner of
1065 Public Health may temporarily waive, modify or suspend any
1066 regulatory requirements adopted by the Commissioner of Public Health
1067 or any boards or commissions under chapters 368a, 368d, 368v, 369 to
1068 381a, inclusive, 382a, 383 to 388, inclusive, 397a, 398, 399, 400a, 400c, 400j
1069 and 474 of the general statutes as the Commissioner of Public Health
1070 deems necessary to reduce the spread of COVID-19 and to protect the
1071 public health for the purpose of providing residents of this state with
1072 telehealth services from out-of-state practitioners.

1073 Sec. 33. (NEW) (*Effective July 1, 2022*) The Commissioner of Public
1074 Health may issue an order authorizing telehealth providers who are not
1075 licensed, certified or registered to practice in this state to provide
1076 telehealth services to patients in this state. Such order may be of limited
1077 duration and limited to one or more types of providers described in
1078 subdivision (13) of subsection (a) of section 1 of public act 21-9, as
1079 amended by this act, or subdivision (12) of subsection (a) of section 19a-
1080 906 of the general statutes, as amended by this act. The commissioner
1081 may impose conditions including, but not limited to, a requirement that
1082 any telehealth provider providing telehealth services to patients in this
1083 state pursuant to such order shall submit an application for licensure,
1084 certification or registration, as applicable. The commissioner may
1085 suspend or revoke any authorization provided pursuant to this section
1086 to a telehealth provider who violates any condition imposed by the
1087 commissioner or applicable requirements for the provision of telehealth
1088 services under the law. Any such order issued pursuant to this section
1089 shall not constitute a regulation, as defined in section 4-166 of the
1090 general statutes.

1091 Sec. 34. Subsection (c) of section 21a-249 of the 2022 supplement to
1092 the general statutes is repealed and the following is substituted in lieu
1093 thereof (*Effective from passage*):

1094 (c) A licensed practitioner shall not be required to electronically
1095 transmit a prescription when:

1096 (1) Electronic transmission is not available due to a temporary
1097 technological or electrical failure. In the event of a temporary
1098 technological or electrical failure, the practitioner shall, without undue
1099 delay, reasonably attempt to correct any cause for the failure that is
1100 within his or her control. A practitioner who issues a prescription, but
1101 fails to electronically transmit the prescription, as permitted by this
1102 subsection, shall document the reason for the practitioner's failure to
1103 electronically transmit the prescription in the patient's medical record
1104 as soon as practicable, but in no instance more than seventy-two hours
1105 following the end of the temporary technological or electrical failure
1106 that prevented the electronic transmittal of the prescription. For
1107 purposes of this subdivision, "temporary technological or electrical
1108 failure" means failure of a computer system, application or device or the
1109 loss of electrical power to such system, application or device, or any
1110 other service interruption to such system, application or device that
1111 reasonably prevents the practitioner from utilizing his or her certified
1112 application to electronically transmit the prescription in accordance
1113 with subsection (b) of this section;

1114 (2) The practitioner reasonably determines that it would be
1115 impractical for the patient to obtain substances prescribed by an
1116 electronically transmitted prescription in a timely manner and that such
1117 delay would adversely impact the patient's medical condition, provided
1118 if such prescription is for a controlled substance, the quantity of such
1119 controlled substance does not exceed a five-day supply for the patient,
1120 if the controlled substance was used in accordance with the directions
1121 for use. A practitioner who issues a prescription, but fails to
1122 electronically transmit the prescription, as permitted by this subsection,
1123 shall document the reason for the practitioner's failure to electronically

1124 transmit the prescription in the patient's medical record;

1125 (3) The prescription is to be dispensed by a pharmacy located outside
1126 this state. A practitioner who issues a prescription, but fails to
1127 electronically transmit the prescription, as permitted by this subsection,
1128 shall document the reason for the practitioner's failure to electronically
1129 transmit the prescription in the patient's medical record;

1130 (4) Use of an electronically transmitted prescription may negatively
1131 impact patient care, such as a prescription containing two or more
1132 products to be compounded by a pharmacist, a prescription for direct
1133 administration to a patient by parenteral, intravenous, intramuscular,
1134 subcutaneous or intraspinal infusion, a prescription that contains long
1135 or complicated directions, a prescription that requires certain elements
1136 to be included by the federal Food and Drug and Administration, or an
1137 oral prescription communicated to a pharmacist by a health care
1138 practitioner for a patient in a chronic and convalescent nursing home,
1139 licensed pursuant to chapter 368v; or

1140 (5) The practitioner demonstrates, in a form and manner prescribed
1141 by the commissioner, that such practitioner does not have the
1142 technological capacity to issue an electronically transmitted
1143 [prescriptions] prescription. For the purposes of this subsection,
1144 "technological capacity" means possession of a computer system,
1145 hardware or device that can be used to electronically transmit controlled
1146 substance prescriptions consistent with the requirements of the federal
1147 Controlled Substances Act, 21 USC 801, as amended from time to time.
1148 The provisions of this subdivision shall not apply to a practitioner when
1149 such practitioner is prescribing as a telehealth provider, as defined in
1150 section 19a-906, as amended by this act, section 1 of public act 20-2 of
1151 the July special session or section 1 of public act 21-9, as amended by
1152 this act, as applicable, pursuant to subsection (c) of section 19a-906,
1153 subsection (c) of section 1 of public act 20-2 of the July special session or
1154 subsection (c) of section 1 of public act 21-9, as amended by this act, as
1155 applicable.

1156 Sec. 35. Section 3 of public act 21-9 is repealed and the following is
1157 substituted in lieu thereof (*Effective from passage*):

1158 (a) For the purposes of this section:

1159 (1) "Asynchronous" has the same meaning as provided in section 19a-
1160 906 of the general statutes, as amended by this act;

1161 (2) "Originating site" has the same meaning as provided in section
1162 19a-906 of the general statutes, as amended by this act;

1163 (3) "Remote patient monitoring" has the same meaning as provided
1164 in section 19a-906 of the general statutes, as amended by this act;

1165 (4) "Store and forward transfer" has the same meaning as provided in
1166 section 19a-906 of the general statutes, as amended by this act;

1167 (5) "Synchronous" has the same meaning as provided in section 19a-
1168 906 of the general statutes, as amended by this act;

1169 (6) "Telehealth" means the mode of delivering health care or other
1170 health services via information and communication technologies to
1171 facilitate the diagnosis, consultation and treatment, education, care
1172 management and self-management of an insured's physical, oral and
1173 mental health, and includes interaction between the insured at the
1174 originating site and the telehealth provider at a distant site, synchronous
1175 interactions, asynchronous store and forward transfers or remote
1176 patient monitoring, but does not include interaction through (A)
1177 facsimile, texting or electronic mail, or (B) audio-only telephone if the
1178 policy described in subsection (b) of this section uses a provider network
1179 and the telehealth provider is out-of-network; and

1180 (7) "Telehealth provider" means any person who (A) provides health
1181 care or other health services through the use of telehealth within such
1182 person's scope of practice and in accordance with the standard of care
1183 applicable to such person's profession, and (B) is (i) a physician or
1184 physician assistant licensed under chapter 370 of the general statutes,
1185 physical therapist or physical therapist assistant licensed under chapter

1186 376 of the general statutes, chiropractor licensed under chapter 372 of
1187 the general statutes, naturopath licensed under chapter 373 of the
1188 general statutes, podiatrist licensed under chapter 375 of the general
1189 statutes, occupational therapist or occupational therapy assistant
1190 licensed under chapter 376a of the general statutes, optometrist licensed
1191 under chapter 380 of the general statutes, registered nurse or advanced
1192 practice registered nurse licensed under chapter 378 of the general
1193 statutes, psychologist licensed under chapter 383 of the general statutes,
1194 marital and family therapist licensed under chapter 383a of the general
1195 statutes, clinical social worker or master social worker licensed under
1196 chapter 383b of the general statutes, alcohol and drug counselor licensed
1197 under chapter 376b of the general statutes, professional counselor
1198 licensed under chapter 383c of the general statutes, dietitian-nutritionist
1199 certified under chapter 384b of the general statutes, speech and
1200 language pathologist licensed under chapter 399 of the general statutes,
1201 respiratory care practitioner licensed under chapter 381a of the general
1202 statutes, audiologist licensed under chapter 397a of the general statutes,
1203 pharmacist licensed under chapter 400j of the general statutes,
1204 paramedic licensed pursuant to chapter 384d of the general statutes,
1205 nurse-midwife licensed under chapter 377 of the general statutes,
1206 dentist licensed under chapter 379 of the general statutes, behavior
1207 analyst licensed under chapter 382a of the general statutes, genetic
1208 counselor licensed under chapter 383d of the general statutes, music
1209 therapist certified in the manner described in chapter 383f of the general
1210 statutes, art therapist [certified] licensed in the manner described in
1211 chapter 383g of the general statutes or athletic trainer licensed under
1212 chapter 375a of the general statutes, or (ii) an in-network and
1213 appropriately licensed, certified or registered physician, physician
1214 assistant, physical therapist, physical therapist assistant, chiropractor,
1215 naturopath, podiatrist, occupational therapist, occupational therapy
1216 assistant, optometrist, registered nurse, advanced practice registered
1217 nurse, psychologist, marital and family therapist, clinical social worker,
1218 master social worker, alcohol and drug counselor, professional
1219 counselor, dietitian-nutritionist, speech and language pathologist,
1220 respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-

1221 midwife, dentist, behavior analyst, genetic counselor, music therapist,
1222 art therapist or athletic trainer, in another state or territory of the United
1223 States or the District of Columbia, that provides telehealth services
1224 pursuant to his or her authority under any relevant order issued by the
1225 Commissioner of Public Health and maintains professional liability
1226 insurance_z or other indemnity against liability for professional
1227 malpractice_z in an amount that is equal to or greater than that required
1228 for similarly licensed, certified or registered Connecticut health care
1229 providers.

1230 (b) Notwithstanding any provision of the general statutes, each
1231 individual health insurance policy that provides coverage of the type
1232 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
1233 the general statutes that is effective at any time during the period
1234 beginning on [the effective date of this section] May 10, 2021, and ending
1235 on June 30, [2023] 2024, shall, at all times that the policy remains in effect
1236 during such period, provide coverage for medical advice, diagnosis,
1237 care or treatment provided through telehealth, to the same extent
1238 coverage is provided for such advice, diagnosis, care or treatment when
1239 provided to the insured in person. The policy shall not, at any time
1240 during such period, exclude coverage for a service that is appropriately
1241 provided through telehealth because such service is provided through
1242 telehealth or a telehealth platform selected by an in-network telehealth
1243 provider.

1244 (c) Notwithstanding any provision of the general statutes, no
1245 telehealth provider who receives a reimbursement for a covered service
1246 provided through telehealth in accordance with subsection (b) of this
1247 section shall seek any payment for such service from the insured who
1248 received such service, except for any coinsurance, copayment,
1249 deductible or other out-of-pocket expense set forth in the insured's
1250 policy. Such amount shall be deemed by the telehealth provider to be
1251 payment in full.

1252 (d) Nothing in this section shall prohibit or limit a health insurer,
1253 health care center, hospital service corporation, medical service

1254 corporation or other entity from conducting utilization review for
1255 telehealth services, provided such utilization review is conducted in the
1256 same manner and uses the same clinical review criteria as a utilization
1257 review for an in-person consultation for the same service. Except as
1258 provided in subsection (b) or (c) of this section, the coverage required
1259 under subsection (b) of this section shall be subject to the same terms
1260 and conditions applicable to all other benefits under the policy
1261 providing such coverage.

1262 (e) The provisions of this section shall apply to a high deductible
1263 health plan, as that term is used in subsection (f) of section 38a-493 of
1264 the general statutes, to the maximum extent permitted by federal law,
1265 except if such plan is used to establish a medical savings account or an
1266 Archer MSA pursuant to Section 220 of the Internal Revenue Code of
1267 1986, as amended from time to time, or any subsequent corresponding
1268 internal revenue code of the United States, as amended from time to
1269 time, or a health savings account pursuant to Section 223 of said Internal
1270 Revenue Code of 1986, as amended from time to time. The provisions of
1271 this section shall apply to such plan to the maximum extent that (1) is
1272 permitted by federal law, and (2) does not disqualify such account for
1273 the deduction allowed under said Section 220 or 223, as applicable.

1274 Sec. 36. Section 4 of public act 21-9 is repealed and the following is
1275 substituted in lieu thereof (*Effective from passage*):

1276 (a) For the purposes of this section:

1277 (1) "Asynchronous" has the same meaning as provided in section 19a-
1278 906 of the general statutes, as amended by this act;

1279 (2) "Originating site" has the same meaning as provided in section
1280 19a-906 of the general statutes, as amended by this act;

1281 (3) "Remote patient monitoring" has the same meaning as provided
1282 in section 19a-906 of the general statutes, as amended by this act;

1283 (4) "Store and forward transfer" has the same meaning as provided in

1284 section 19a-906 of the general statutes, as amended by this act;

1285 (5) "Synchronous" has the same meaning as provided in section 19a-
1286 906 of the general statutes, as amended by this act;

1287 (6) "Telehealth" means the mode of delivering health care or other
1288 health services via information and communication technologies to
1289 facilitate the diagnosis, consultation and treatment, education, care
1290 management and self-management of an insured's physical, oral and
1291 mental health, and includes interaction between the insured at the
1292 originating site and the telehealth provider at a distant site, synchronous
1293 interactions, asynchronous store and forward transfers or remote
1294 patient monitoring, but does not include interaction through (A)
1295 facsimile, texting or electronic mail, or (B) audio-only telephone if the
1296 policy described in subsection (b) of this section uses a provider network
1297 and the telehealth provider is out-of-network; and

1298 (7) "Telehealth provider" means any person who (A) provides health
1299 care or other health services through the use of telehealth within such
1300 person's scope of practice and in accordance with the standard of care
1301 applicable to such person's profession, and (B) is (i) a physician or
1302 physician assistant licensed under chapter 370 of the general statutes,
1303 physical therapist or physical therapist assistant licensed under chapter
1304 376 of the general statutes, chiropractor licensed under chapter 372 of
1305 the general statutes, naturopath licensed under chapter 373 of the
1306 general statutes, podiatrist licensed under chapter 375 of the general
1307 statutes, occupational therapist or occupational therapy assistant
1308 licensed under chapter 376a of the general statutes, optometrist licensed
1309 under chapter 380 of the general statutes, registered nurse or advanced
1310 practice registered nurse licensed under chapter 378 of the general
1311 statutes, psychologist licensed under chapter 383 of the general statutes,
1312 marital and family therapist licensed under chapter 383a of the general
1313 statutes, clinical social worker or master social worker licensed under
1314 chapter 383b of the general statutes, alcohol and drug counselor licensed
1315 under chapter 376b of the general statutes, professional counselor
1316 licensed under chapter 383c of the general statutes, dietitian-nutritionist

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

1348 (b) Notwithstanding any provision of the general statutes, each
1349 group health insurance policy that provides coverage of the type
1350 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of

1351 the general statutes that is effective at any time during the period
1352 beginning on [the effective date of this section] May 10, 2021, and ending
1353 on June 30, [2023] 2024, shall, at all times that the policy remains in effect
1354 during such period, provide coverage for medical advice, diagnosis,
1355 care or treatment provided through telehealth, to the same extent
1356 coverage is provided for such advice, diagnosis, care or treatment when
1357 provided to the insured in person. The policy shall not, at any time
1358 during such period, exclude coverage for a service that is appropriately
1359 provided through telehealth because such service is provided through
1360 telehealth or a telehealth platform selected by an in-network telehealth
1361 provider.

1362 (c) Notwithstanding any provision of the general statutes, no
1363 telehealth provider who receives a reimbursement for a covered service
1364 provided through telehealth in accordance with subsection (b) of this
1365 section shall seek any payment for such service from the insured who
1366 received such service, except for any coinsurance, copayment,
1367 deductible or other out-of-pocket expense set forth in the insured's
1368 policy. Such amount shall be deemed by the telehealth provider to be
1369 payment in full.

1370 (d) Nothing in this section shall prohibit or limit a health insurer,
1371 health care center, hospital service corporation, medical service
1372 corporation or other entity from conducting utilization review for
1373 telehealth services, provided such utilization review is conducted in the
1374 same manner and uses the same clinical review criteria as a utilization
1375 review for an in-person consultation for the same service. Except as
1376 provided in subsection (b) or (c) of this section, the coverage required
1377 under subsection (b) of this section shall be subject to the same terms
1378 and conditions applicable to all other benefits under the policy
1379 providing such coverage.

1380 (e) The provisions of this section shall apply to a high deductible
1381 health plan, as that term is used in subsection (f) of section 38a-520 of
1382 the general statutes, to the maximum extent permitted by federal law,
1383 except if such plan is used to establish a medical savings account or an

1384 Archer MSA pursuant to Section 220 of the Internal Revenue Code of
1385 1986, as amended from time to time, or any subsequent corresponding
1386 internal revenue code of the United States, as amended from time to
1387 time, or a health savings account pursuant to Section 223 of said Internal
1388 Revenue Code of 1986, as amended from time to time. The provisions of
1389 this section shall apply to such plan to the maximum extent that (1) is
1390 permitted by federal law, and (2) does not disqualify such account for
1391 the deduction allowed under said Section 220 or 223, as applicable.

1392 Sec. 37. Section 5 of public act 21-9 is repealed the following is
1393 substituted in lieu thereof (*Effective from passage*):

1394 (a) As used in this section:

1395 (1) "Health carrier" has the same meaning as provided in section 38a-
1396 1080 of the general statutes;

1397 (2) "Insured" has the same meaning as provided in section 38a-1 of
1398 the general statutes;

1399 (3) "Telehealth" has the same meaning as provided in sections 3 and
1400 4 of [this act] public act 21-9, as amended by this act; and

1401 (4) "Telehealth provider" has the same meaning as provided in
1402 sections 3 and 4 of [this act] public act 21-9, as amended by this act.

1403 (b) Notwithstanding any provision of the general statutes, no health
1404 carrier shall reduce the amount of a reimbursement paid to a telehealth
1405 provider for covered health care or health services that the telehealth
1406 provider appropriately provided to an insured through telehealth
1407 during the period beginning on [the effective date of this section] May
1408 10, 2021, and ending on June 30, [2023] 2024, because the telehealth
1409 provider provided such health care or health services to the patient
1410 through telehealth and not in person.

1411 Sec. 38. Section 7 of public act 21-9 is repealed and the following is
1412 substituted in lieu thereof (*Effective from passage*):

1413 (a) As used in this section:

1414 (1) "Advanced practice registered nurse" means an advanced practice
1415 registered nurse licensed pursuant to chapter 378 of the general statutes;

1416 (2) "Physician" has the same meaning as provided in section 21a-408
1417 of the general statutes;

1418 (3) "Qualifying patient" has the same meaning as provided in section
1419 21a-408 of the general statutes; and

1420 (4) "Written certification" has the same meaning as provided in
1421 section 21a-408 of the general statutes.

1422 (b) Notwithstanding the provisions of sections 21a-408 to 21a-408n,
1423 inclusive, of the general statutes, or any other section, regulation, rule,
1424 policy or procedure concerning the certification of medical marijuana
1425 patients, a physician or advanced practice registered nurse may issue a
1426 written certification to a qualifying patient and provide any follow-up
1427 care using telehealth services during the period beginning on [the
1428 effective date of this section] May 10, 2021, and ending on June 30, [2023]
1429 2024, provided all other requirements for issuing the written
1430 certification to the qualifying patient and all recordkeeping
1431 requirements are satisfied.

1432 Sec. 39. Section 38a-499a of the general statutes is repealed and the
1433 following is substituted in lieu thereof (*Effective July 1, 2024*):

1434 (a) As used in this section, "telehealth" has the same meaning as
1435 provided in section 19a-906, as amended by this act.

1436 (b) Each individual health insurance policy providing coverage of the
1437 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
1438 of the general statutes delivered, issued for delivery, renewed, amended
1439 or continued in this state shall provide coverage for medical advice,
1440 diagnosis, care or treatment provided through telehealth, to the extent
1441 coverage is provided for such advice, diagnosis, care or treatment when
1442 provided through in-person consultation between the insured and a

1443 health care provider licensed in the state. Such coverage shall be subject
1444 to the same terms and conditions applicable to all other benefits under
1445 such policy.

1446 (c) No such policy shall: (1) Exclude a service for coverage solely
1447 because such service is provided only through telehealth and not
1448 through in-person consultation between the insured and a health care
1449 provider licensed in the state, provided telehealth is appropriate for the
1450 provision of such service; or (2) be required to reimburse a treating or
1451 consulting health care provider for the technical fees or technical costs
1452 for the provision of telehealth services.

1453 (d) Nothing in this section shall prohibit or limit a health insurer,
1454 health care center, hospital service corporation, medical service
1455 corporation or other entity from conducting utilization review for
1456 telehealth services, provided such utilization review is conducted in the
1457 same manner and uses the same clinical review criteria as a utilization
1458 review for an in-person consultation for the same service.

1459 Sec. 40. Section 38a-526a of the general statutes is repealed and the
1460 following is substituted in lieu thereof (*Effective July 1, 2024*):

1461 (a) As used in this section, "telehealth" has the same meaning as
1462 provided in section 19a-906, as amended by this act.

1463 (b) Each group health insurance policy providing coverage of the
1464 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
1465 of the general statutes delivered, issued for delivery, renewed, amended
1466 or continued in this state shall provide coverage for medical advice,
1467 diagnosis, care or treatment provided through telehealth, to the extent
1468 coverage is provided for such advice, diagnosis, care or treatment when
1469 provided through in-person consultation between the insured and a
1470 health care provider licensed in the state. Such coverage shall be subject
1471 to the same terms and conditions applicable to all other benefits under
1472 such policy.

1473 (c) No such policy shall: (1) Exclude a service for coverage solely

1474 because such service is provided only through telehealth and not
1475 through in-person consultation between the insured and a health care
1476 provider, provided telehealth is appropriate for the provision of such
1477 service; or (2) be required to reimburse a treating or consulting health
1478 care provider licensed in the state for the technical fees or technical costs
1479 for the provision of telehealth services.

1480 (d) Nothing in this section shall prohibit or limit a health insurer,
1481 health care center, hospital service corporation, medical service
1482 corporation or other entity from conducting utilization review for
1483 telehealth services, provided such utilization review is conducted in the
1484 same manner and uses the same clinical review criteria as a utilization
1485 review for an in-person consultation for the same service.

1486 Sec. 41. (*Effective from passage*) The executive director of the Office of
1487 Health Strategy, established under section 19a-754a of the general
1488 statutes, shall conduct a study regarding the provision of, and coverage
1489 for, telehealth services in this state. Such study shall include, but need
1490 not be limited to, an examination of (1) the feasibility and impact of
1491 expanding access to telehealth services, telehealth providers and
1492 coverage for telehealth services in this state beginning on July 1, 2024,
1493 and (2) any means available to reduce or eliminate obstacles to patient
1494 access to telehealth services, telehealth providers and coverage for
1495 telehealth services in this state, including, but not limited to, any means
1496 available to reduce patient costs for telehealth services and coverage for
1497 telehealth services in this state. Not later than January 1, 2023, the
1498 executive director shall submit a report on the findings of such study, in
1499 accordance with the provisions of section 11-4a of the general statutes,
1500 to the joint standing committees of the General Assembly having
1501 cognizance of matters relating to public health, human services and
1502 insurance.

1503 Sec. 42. (*Effective October 1, 2022*) The Psychology Interjurisdictional
1504 Compact is hereby enacted into law and entered into by the state of
1505 Connecticut with any and all states legally joining therein in accordance
1506 with its terms. The compact is substantially as follows:

1507 "PSYCHOLOGY INTERJURISDICTIONAL COMPACT

1508 ARTICLE I

1509 PURPOSE

1510 Whereas, states license psychologists in order to protect the public
1511 through verification of education, training and experience and ensure
1512 accountability for professional practice; and

1513 Whereas, the compact is intended to regulate the day-to-day practice
1514 of telepsychology, including, but not limited to, the provision of
1515 psychological services using telecommunication technologies, by
1516 psychologists across state boundaries in the performance of their
1517 psychological practice as assigned by an appropriate authority; and

1518 Whereas, the compact is intended to regulate the temporary in-
1519 person, face-to-face practice of psychology by psychologists across state
1520 boundaries for thirty days within a calendar year in the performance of
1521 their psychological practice as assigned by an appropriate authority;
1522 and

1523 Whereas, the compact is intended to authorize state psychology
1524 regulatory authorities to afford legal recognition, in a manner consistent
1525 with the terms of the compact, to psychologists licensed in another state;
1526 and

1527 Whereas, the compact recognizes that states have a vested interest in
1528 protecting the public's health and safety through their licensing and
1529 regulation of psychologists and that such state licensing and regulation
1530 will best protect public health and safety; and

1531 Whereas, the compact shall not apply when a psychologist is licensed
1532 in both the home and receiving states; and

1533 Whereas, the compact shall not apply to permanent in-person, face-
1534 to-face practice, it shall allow for authorization of temporary
1535 psychological practice.

1536 Consistent with such principles, the compact is designed to achieve
1537 the following purposes and objectives:

1538 (1) Increase public access to professional psychological services by
1539 allowing for telepsychological practice across state lines and temporary
1540 in-person, face-to-face services in a state which the psychologist is not
1541 licensed to practice psychology;

1542 (2) Enhance the states' ability to protect the public's health and safety,
1543 especially client or patient safety;

1544 (3) Encourage the cooperation of compact states in the areas of
1545 psychology licensure and regulation;

1546 (4) Facilitate the exchange of information between compact states
1547 regarding licensure, adverse actions and disciplinary history of
1548 psychologists;

1549 (5) Promote compliance with the laws governing psychological
1550 practice in each compact state; and

1551 (6) Invest all compact states with the authority to hold licensed
1552 psychologists accountable through the mutual recognition of compact
1553 state licenses.

1554 ARTICLE II

1555 DEFINITIONS

1556 (1) "Adverse action" means any action taken by a state psychology
1557 regulatory authority that finds a violation of a statute or regulation that
1558 is identified by the state psychology regulatory authority as discipline
1559 and is a matter of public record.

1560 (2) "Association of State and Provincial Psychology Boards" means
1561 the recognized membership organization composed of state and
1562 provincial psychology regulatory authorities responsible for the
1563 licensure and registration of psychologists throughout the United States

1564 and Canada.

1565 (3) "Authority to practice interjurisdictional telepsychology" means a
1566 licensed psychologist's authority to practice telepsychology, within the
1567 limits authorized under the compact, in another compact state.

1568 (4) "Bylaws" means the bylaws established by the Psychology
1569 Interjurisdictional Compact Commission pursuant to Article X of the
1570 compact for the governance of said commission, or for directing and
1571 controlling the actions and conduct of said commission.

1572 (5) "Client or patient" means the recipient of psychological services,
1573 whether psychological services are delivered in the context of
1574 healthcare, corporate, supervision or consulting services.

1575 (6) "Commissioner" means the voting representative appointed by
1576 each state psychology regulatory authority pursuant to Article X of the
1577 compact.

1578 (7) "Compact" means the Psychology Interjurisdictional Compact.

1579 (8) "Compact state" means a state, the District of Columbia or United
1580 States territory that has enacted the compact and that has not withdrawn
1581 pursuant to subsection (c) of Article XIII of the compact, or been
1582 terminated pursuant to subsection (b) of Article XII of the compact.

1583 (9) "Coordinated licensure information system" or "coordinated
1584 database" means an integrated process for collecting, storing and
1585 sharing information on psychologists' licensure and enforcement
1586 activities related to psychology licensure laws, that is administered by
1587 the recognized membership organization composed of state and
1588 provincial psychology regulatory authorities.

1589 (10) "Confidentiality" means the principle that data or information is
1590 not made available or disclosed to unauthorized persons or processes.

1591 (11) "Day" means any part of a day in which psychological work is
1592 performed.

1593 (12) "Distant state" means the compact state where a psychologist is
1594 physically present, not through the use of telecommunications
1595 technologies, to provide temporary in-person, face-to-face
1596 psychological services.

1597 (13) "E.Passport" means the certificate issued by the Association of
1598 State and Provincial Psychology Boards that promotes the
1599 standardization in the criteria of interjurisdictional telepsychology
1600 practice and facilitates the process for licensed psychologists to provide
1601 telepsychological services across state lines.

1602 (14) "Executive board" means a group of directors elected or
1603 appointed to act on behalf of, and within the powers granted to them
1604 by, the commission.

1605 (15) "Home state" means a compact state where a psychologist is
1606 licensed to practice psychology, provided (A) if the psychologist is
1607 licensed in more than one compact state and is practicing under the
1608 Authorization to Practice Interjurisdictional Telepsychology, the home
1609 state is the compact state where the psychologist is physically present
1610 when delivering telepsychological services, and (B) if the psychologist
1611 is licensed in more than one compact state and is practicing under the
1612 temporary authorization to practice, the home state is any compact state
1613 where the psychologist is licensed.

1614 (16) "Identity history summary" means a summary of information
1615 retained by the Federal Bureau of Investigation, or said bureau's
1616 designee with similar authority, in connection with arrests and, in some
1617 instances, federal employment, naturalization, or military service.

1618 (17) "In-person, face-to-face" (A) means interactions in which the
1619 psychologist and the client or patient are in the same physical space, and
1620 (B) does not include interactions that may occur through the use of
1621 telecommunication technologies.

1622 (18) "IPC" means the Interjurisdictional Practice Certificate issued by
1623 the Association of State and Provincial Psychology Boards that grants

1624 temporary authority to practice based on notification to the state
1625 psychology regulatory authority of intention to practice temporarily,
1626 and verification of one's qualifications for such practice.

1627 (19) "License" means authorization by a state psychology regulatory
1628 authority to engage in the independent practice of psychology, which
1629 practice would be unlawful without the authorization.

1630 (20) "Noncompact state" means any state that is not a compact state.

1631 (21) "Psychologist" means an individual licensed for the independent
1632 practice of psychology.

1633 (22) "Psychology Interjurisdictional Compact Commission" or
1634 "commission" means the national administration of which all compact
1635 states are members.

1636 (23) "Receiving state" means a compact state where the client or
1637 patient is physically located when the telepsychological services are
1638 delivered.

1639 (24) "Rule" means a written statement by the Psychology
1640 Interjurisdictional Compact Commission promulgated pursuant to
1641 Article XI of the compact that is of general applicability, implements,
1642 interprets or prescribes a policy or provision of the compact, or an
1643 organizational, procedural or practice requirement of the commission,
1644 and has the force and effect of statutory law in a compact state,
1645 including, but not limited to, the amendment, repeal or suspension of
1646 an existing rule.

1647 (25) "Significant investigatory information" means:

1648 (A) Investigative information that a state psychology regulatory
1649 authority, after a preliminary inquiry that includes notification and an
1650 opportunity to respond if required by state law, has reason to believe, if
1651 proven true, would indicate more than a violation of state statute or
1652 ethics code that would be considered more substantial than minor
1653 infraction; or

1654 (B) Investigative information that indicates that the psychologist
1655 represents an immediate threat to public health and safety regardless of
1656 whether the psychologist has been notified or had an opportunity to
1657 respond.

1658 (26) "State" means a state, commonwealth, territory or possession of
1659 the United States, or the District of Columbia.

1660 (27) "State psychology regulatory authority" means the board, office
1661 or other agency with the legislative mandate to license and regulate the
1662 practice of psychology.

1663 (28) "Telepsychology" means the provision of psychological services
1664 using telecommunication technologies.

1665 (29) "Temporary authorization to practice" means a licensed
1666 psychologist's authority to conduct temporary in-person, face-to-face
1667 practice, within the limits authorized under the compact, in another
1668 compact state.

1669 (30) "Temporary in-person, face-to-face practice" means the practice
1670 of psychology by a psychologist who is physically present, not through
1671 the use of telecommunications technologies, in the distant state for not
1672 more than thirty days in a calendar year and based on notification to the
1673 distant state.

1674 ARTICLE III

1675 HOME STATE LICENSURE

1676 (a) The home state shall be a compact state where a psychologist is
1677 licensed to practice psychology.

1678 (b) A psychologist may hold one or more compact state licenses at a
1679 time. If the psychologist is licensed in more than one compact state, the
1680 home state is the compact state where the psychologist is physically
1681 present when the services are delivered as authorized by the authority
1682 to practice interjurisdictional telepsychology under the terms of the

1683 compact.

1684 (c) Any compact state may require a psychologist not previously
1685 licensed in a compact state to obtain and retain a license to be authorized
1686 to practice in the compact state under circumstances not authorized by
1687 the authority to practice interjurisdictional telepsychology under the
1688 terms of the compact.

1689 (d) Any compact state may require a psychologist to obtain and retain
1690 a license to be authorized to practice in a compact state under
1691 circumstances not authorized by a temporary authorization to practice
1692 under the terms of the compact.

1693 (e) A home state's license authorizes a psychologist to practice in a
1694 receiving state under the authority to practice interjurisdictional
1695 telepsychology only if the compact state:

1696 (1) Currently requires the psychologist to hold an active E.Passport;

1697 (2) Has a mechanism in place for receiving and investigating
1698 complaints about licensed individuals;

1699 (3) Notifies the commission, in compliance with the terms of the
1700 compact, of any adverse action or significant investigatory information
1701 regarding a licensed individual;

1702 (4) Requires an identity history summary of all applicants at initial
1703 licensure, including, but not limited to, the use of the results of
1704 fingerprints or other biometric data checks compliant with the
1705 requirements of the Federal Bureau of Investigation, or said bureau's
1706 designee with similar authority, not later than ten years after activation
1707 of the compact; and

1708 (5) Complies with the bylaws and rules of the commission.

1709 (f) A home state's license grants a temporary authorization to practice
1710 to a psychologist in a distant state only if the compact state:

- 1711 (1) Currently requires the psychologist to hold an active IPC;
- 1712 (2) Has a mechanism in place for receiving and investigating
1713 complaints about licensed individuals;
- 1714 (3) Notifies the commission, in compliance with the terms of the
1715 compact, of any adverse action or significant investigatory information
1716 regarding a licensed individual;
- 1717 (4) Requires an identity history summary of all applicants at initial
1718 licensure, including, but not limited to, the use of the results of
1719 fingerprints or other biometric data checks compliant with the
1720 requirements of the Federal Bureau of Investigation, or said bureau's
1721 designee with similar authority, not later than ten years after activation
1722 of the compact; and
- 1723 (5) Complies with the bylaws and rules of the commission.

1724 ARTICLE IV

1725 COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

1726 (a) Compact states shall recognize the right of a psychologist, licensed
1727 in a compact state in conformance with Article III of the compact, to
1728 practice telepsychology in receiving states in which the psychologist is
1729 not licensed, under the authority to practice interjurisdictional
1730 telepsychology as provided in the compact.

1731 (b) To exercise the authority to practice interjurisdictional
1732 telepsychology under the terms and provisions of the compact, a
1733 psychologist licensed to practice in a compact state shall:

1734 (1) Hold a graduate degree in psychology from an institution of
1735 higher education that was, at the time the degree was awarded:

1736 (A) Regionally accredited by an accrediting body recognized by the
1737 United States Department of Education to grant graduate degrees, or
1738 authorized by provincial statute or royal charter to grant doctoral

1739 degrees; or

1740 (B) A foreign college or university deemed to be equivalent to an
1741 institution of higher education described in subparagraph (A) of this
1742 subdivision by a foreign credential evaluation service that is a member
1743 of the National Association of Credential Evaluation Services or by a
1744 recognized foreign credential evaluation service; and

1745 (2) Hold a graduate degree in psychology from a psychology
1746 program that meets the following criteria:

1747 (A) The program, wherever it may be administratively housed, shall
1748 be clearly identified and labeled as a psychology program. Such
1749 program shall specify in pertinent institutional catalogues and
1750 brochures its intent to educate and train professional psychologists;

1751 (B) The psychology program shall stand as a recognizable, coherent,
1752 organizational entity within the institution;

1753 (C) There shall be a clear authority and primary responsibility for the
1754 core and specialty areas whether or not the program cuts across
1755 administrative lines;

1756 (D) The program shall consist of an integrated, organized sequence
1757 of study;

1758 (E) There shall be an identifiable psychology faculty sufficient in size
1759 and breadth to carry out its responsibilities;

1760 (F) The designated director of the program shall be a psychologist
1761 and a member of the core faculty;

1762 (G) The program shall have an identifiable body of students who are
1763 matriculated in such program for a degree;

1764 (H) The program shall include supervised practicum, internship or
1765 field training appropriate to the practice of psychology;

1766 (I) The curriculum shall encompass a minimum of three academic

1767 years of full-time graduate study for a doctoral degree and a minimum
1768 of one academic year of full-time graduate study for a master's degree;
1769 and

1770 (J) The program shall include an acceptable residency, as defined by
1771 the rules of the commission.

1772 (3) Possess a current, full and unrestricted license to practice
1773 psychology in a home state that is a compact state;

1774 (4) Have no history of adverse action that violates the rules of the
1775 commission;

1776 (5) Have no criminal record history reported on an identity history
1777 summary that violates the rules of the commission;

1778 (6) Possess a current, active E.Passport;

1779 (7) Provide (A) attestations regarding areas of intended practice,
1780 conformity with standards of practice, competence in telepsychology
1781 technology, criminal background and knowledge and adherence to
1782 legal requirements in the home and receiving states, and (B) a release of
1783 information to allow for primary source verification in a manner
1784 specified by the commission; and

1785 (8) Meet other criteria as defined by the rules of the commission.

1786 (c) The home state maintains authority over the license of any
1787 psychologist practicing in a receiving state under the authority to
1788 practice interjurisdictional telepsychology.

1789 (d) A psychologist practicing in a receiving state under the authority
1790 to practice interjurisdictional telepsychology shall be subject to the
1791 receiving state's scope of practice. A receiving state may, in accordance
1792 with such state's due process law, limit or revoke a psychologist's
1793 authority to practice interjurisdictional telepsychology in the receiving
1794 state and may take any other necessary actions under the receiving
1795 state's applicable law to protect the health and safety of the receiving

1796 state's citizens. If a receiving state takes action, the state shall promptly
1797 notify the home state and the commission.

1798 (e) If a psychologist's license in any home state, another compact state
1799 or any authority to practice interjurisdictional telepsychology in any
1800 receiving state, is restricted, suspended or otherwise limited, the
1801 E.Passport shall be revoked and the psychologist shall not be eligible to
1802 practice telepsychology in a compact state under the authority to
1803 practice interjurisdictional telepsychology.

1804 ARTICLE V

1805 COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

1806 (a) Compact states shall recognize the right of a psychologist, licensed
1807 in a compact state in conformance with Article III of the compact, to
1808 practice temporarily in other compact states in which the psychologist
1809 is not licensed, as provided in the compact.

1810 (b) To exercise the temporary authorization to practice under the
1811 terms and provisions of the compact, a psychologist licensed to practice
1812 in a compact state shall:

1813 (1) Hold a graduate degree in psychology from an institution of
1814 higher education that was, at the time the degree was awarded:

1815 (A) Regionally accredited by an accrediting body recognized by the
1816 United States Department of Education to grant graduate degrees, or
1817 authorized by provincial statute or royal charter to grant doctoral
1818 degrees; or

1819 (B) A foreign college or university deemed to be equivalent to an
1820 institution of higher education described in subparagraph (A) of this
1821 subdivision by a foreign credential evaluation service that is a member
1822 of the National Association of Credential Evaluation Services or by a
1823 recognized foreign credential evaluation service; and

1824 (2) Hold a graduate degree in psychology that meets the following

1825 criteria:

1826 (A) The program, wherever it may be administratively housed, shall
1827 be clearly identified and labeled as a psychology program. Such
1828 program shall specify in pertinent institutional catalogues and
1829 brochures its intent to educate and train professional psychologists;

1830 (B) The psychology program shall stand as a recognizable, coherent,
1831 organizational entity within the institution;

1832 (C) There shall be a clear authority and primary responsibility for the
1833 core and specialty areas whether or not the program cuts across
1834 administrative lines;

1835 (D) The program shall consist of an integrated, organized sequence
1836 of study;

1837 (E) There shall be an identifiable psychology faculty sufficient in size
1838 and breadth to carry out its responsibilities;

1839 (F) The designated director of the program shall be a psychologist
1840 and a member of the core faculty;

1841 (G) The program shall have an identifiable body of students who are
1842 matriculated in such program for a degree;

1843 (H) The program shall include supervised practicum, internship or
1844 field training appropriate to the practice of psychology;

1845 (I) The curriculum shall encompass a minimum of three academic
1846 years of full-time graduate study for a doctoral degree and a minimum
1847 of one academic year of full-time graduate study for a master's degree;
1848 and

1849 (J) The program includes an acceptable residency, as defined by the
1850 rules of the commission;

1851 (3) Possess a current, full and unrestricted license to practice
1852 psychology in a home state that is a compact state;

1853 (4) No history of adverse action that violates the rules of the
1854 commission;

1855 (5) No criminal record history that violates the rules of the
1856 commission;

1857 (6) Possess a current, active IPC;

1858 (7) Provide attestations regarding areas of intended practice and
1859 work experience and provide a release of information to allow for
1860 primary source verification in a manner specified by the commission;
1861 and

1862 (8) Meet other criteria, as defined by the rules of the commission.

1863 (c) A psychologist practicing in a distant state under the temporary
1864 authorization to practice shall practice within the scope of practice
1865 authorized by the distant state.

1866 (d) A psychologist practicing in a distant state under the temporary
1867 authorization to practice shall be subject to the distant state's authority
1868 and law. A distant state may, in accordance with such state's due process
1869 law, limit or revoke a psychologist's temporary authorization to practice
1870 in the distant state and may take any other necessary actions under the
1871 distant state's applicable law to protect the health and safety of the
1872 distant state's citizens. If a distant state takes action, the state shall
1873 promptly notify the home state and the commission.

1874 (e) If a psychologist's license in any home state or another compact
1875 state, or any temporary authorization to practice in any distant state, is
1876 restricted, suspended or otherwise limited, the IPC shall be revoked and
1877 the psychologist shall not be eligible to practice in a compact state under
1878 the temporary authorization to practice.

1879 ARTICLE VI

1880 CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A
1881 RECEIVING STATE

1882 A psychologist may practice in a receiving state under the authority
1883 to practice interjurisdictional telepsychology only in the performance of
1884 the scope of practice for psychology as assigned by an appropriate state
1885 psychology regulatory authority, as defined in the rules of the
1886 commission, and under the following circumstances:

1887 (1) The psychologist initiates a client or patient contact in a home state
1888 via telecommunications technologies with a client or patient in a
1889 receiving state; and

1890 (2) The psychologist complies with any other conditions regarding
1891 telepsychology that are set forth in the rules promulgated by the
1892 commission.

1893 ARTICLE VII

1894 ADVERSE ACTIONS

1895 (a) A home state shall have the power to impose adverse action
1896 against a psychologist's license issued by the home state. A distant state
1897 shall have the power to take adverse action on a psychologist's
1898 temporary authorization to practice in such distant state.

1899 (b) A receiving state may take adverse action on a psychologist's
1900 authority to practice interjurisdictional telepsychology in such receiving
1901 state. A home state may take adverse action against a psychologist based
1902 on an adverse action taken by a distant state regarding temporary in-
1903 person, face-to-face practice.

1904 (c) If a home state takes adverse action against a psychologist's
1905 license, the psychologist's (1) authority to practice interjurisdictional
1906 telepsychology is terminated, (2) E.Passport is revoked, (3) temporary
1907 authorization to practice is terminated, and (4) IPC is revoked. All home
1908 state disciplinary orders that impose adverse action shall be reported to
1909 the commission in accordance with the rules promulgated by the
1910 commission. A compact state shall report adverse actions in accordance
1911 with the rules of the commission. If discipline is reported on a

1912 psychologist, the psychologist shall not be eligible for telepsychology or
1913 temporary in-person, face-to-face practice in accordance with the rules
1914 of the commission. Other actions may be imposed as determined by the
1915 rules promulgated by the commission.

1916 (d) A home state's psychology regulatory authority shall investigate
1917 and take appropriate action with respect to reported inappropriate
1918 conduct engaged in by a licensee that occurred in a receiving state as it
1919 would if such conduct had occurred by a licensee in the home state. In
1920 such cases, the home state's law shall control in determining any adverse
1921 action against a psychologist's license.

1922 (e) A distant state's psychology regulatory authority shall investigate
1923 and take appropriate action with respect to reported inappropriate
1924 conduct engaged in by a psychologist practicing under temporary
1925 authorization to practice that occurred in that distant state as it would if
1926 such conduct had occurred by a licensee within the home state. In such
1927 cases, the distant state's law shall control in determining any adverse
1928 action against a psychologist's temporary authorization to practice.

1929 (f) Nothing in the compact shall override a compact state's decision
1930 that a psychologist's participation in an alternative program may be
1931 used in lieu of adverse action and that such participation shall remain
1932 nonpublic if required by the compact state's law. Compact states shall
1933 require psychologists who enter any alternative programs to not
1934 provide telepsychology services under the authority to practice
1935 interjurisdictional telepsychology or provide temporary psychological
1936 services under the temporary authorization to practice in any other
1937 compact state during the term of the alternative program.

1938 (g) No other judicial or administrative remedies shall be available to
1939 a psychologist if the compact state imposes an adverse action pursuant
1940 to subsection (c) of this article.

1941 ARTICLE VIII

1942 ADDITIONAL AUTHORITIES INVESTED IN A COMPACT

1943 STATE'S PSYCHOLOGY REGULATORY AUTHORITY

1944 (a) In addition to any other powers granted under state law, a
1945 compact state's psychology regulatory authority shall have the
1946 authority under the compact to do the following:

1947 (1) Issue subpoenas, for both hearings and investigations, that require
1948 the attendance and testimony of witnesses and the production of
1949 evidence. Subpoenas issued by a compact state's psychology regulatory
1950 authority for the attendance and testimony of witnesses or the
1951 production of evidence from another compact state shall be enforced in
1952 the latter compact state by any court of competent jurisdiction,
1953 according to such court's practice and procedure in considering
1954 subpoenas issued in its own proceedings. The issuing state psychology
1955 regulatory authority shall pay any witness fees, travel expenses, mileage
1956 and other fees required by the service statutes of the state where the
1957 witnesses are or evidence is located; and

1958 (2) Issue cease and desist or injunctive relief orders to revoke a
1959 psychologist's authority to practice interjurisdictional telepsychology or
1960 temporary authorization to practice.

1961 (b) During the course of any investigation, a psychologist may not
1962 change the psychologist's home state licensure. A home state
1963 psychology regulatory authority is authorized to complete any pending
1964 investigations of a psychologist and to take any actions appropriate
1965 under its law. The home state psychology regulatory authority shall
1966 promptly report the conclusions of such investigations to the
1967 commission. Once an investigation has been completed, and pending
1968 the outcome of such investigation, the psychologist may change his or
1969 her home state licensure. The commission shall promptly notify the new
1970 home state of any such decisions as provided in the rules of the
1971 commission. All information provided to the commission or distributed
1972 by compact states pursuant to the psychologist shall be confidential,
1973 filed under seal and used for investigatory or disciplinary matters. The
1974 commission may create additional rules for mandated or discretionary

1975 sharing of information by compact states.

1976 ARTICLE IX

1977 COORDINATED LICENSURE INFORMATION SYSTEM

1978 (a) The commission shall provide for the development and
1979 maintenance of a coordinated licensure information system and
1980 reporting system containing licensure and disciplinary action
1981 information on all psychologists to whom the compact is applicable in
1982 all compact states as defined by the rules of the commission.

1983 (b) Notwithstanding any other provision of the general statutes, a
1984 compact state shall submit a uniform data set to the coordinated
1985 database on all licensees as required by the rules of the commission,
1986 including, but not limited to, the following:

1987 (1) Identifying information;

1988 (2) Licensure data;

1989 (3) Significant investigatory information;

1990 (4) Adverse actions against a psychologist's license;

1991 (5) An indicator that a psychologist's authority to practice
1992 interjurisdictional telepsychology or temporary authorization to
1993 practice is revoked;

1994 (6) Nonconfidential information related to alternative program
1995 participation information;

1996 (7) Any denial of application for licensure, and the reasons for such
1997 denial; and

1998 (8) Other information that may facilitate the administration of the
1999 compact, as determined by the rules of the commission.

2000 (c) The coordinated database administrator shall promptly notify all

2001 compact states of any adverse action taken against, or significant
2002 investigative information on, any licensee in a compact state.

2003 (d) Compact states reporting information to the coordinated database
2004 may designate information that may not be shared with the public
2005 without the express permission of the compact state reporting the
2006 information.

2007 (e) Any information submitted to the coordinated database that is
2008 subsequently required to be expunged by the law of the compact state
2009 reporting the information shall be removed from the coordinated
2010 database.

2011 ARTICLE X

2012 ESTABLISHMENT OF THE PSYCHOLOGY
2013 INTERJURISDICTIONAL COMPACT COMMISSION

2014 (a) The compact states hereby create and establish a joint public
2015 agency known as the Psychology Interjurisdictional Compact
2016 Commission.

2017 (1) The commission is a body politic and an instrumentality of the
2018 compact states.

2019 (2) Venue is proper and judicial proceedings by or against the
2020 commission shall be brought solely and exclusively in a court of
2021 competent jurisdiction where the principal office of the commission is
2022 located. The commission may waive venue and jurisdictional defenses
2023 to the extent it adopts or consents to participate in alternative dispute
2024 resolution proceedings.

2025 (3) Nothing in the compact shall be construed to be a waiver of
2026 sovereign immunity.

2027 (b) (1) The commission shall consist of one voting representative
2028 appointed by each compact state who shall serve as such state's
2029 commissioner. The state psychology regulatory authority shall appoint

2030 its delegate. The delegate shall be empowered to act on behalf of the
2031 compact state. The delegate shall be limited to the following:

2032 (A) An executive director, executive secretary or similar executive;

2033 (B) A current member of the state psychology regulatory authority of
2034 a compact state; or

2035 (C) A designee empowered with the appropriate delegate authority
2036 to act on behalf of the compact state.

2037 (2) Any commissioner may be removed or suspended from office as
2038 provided by the law of the state from which the commissioner is
2039 appointed. Any vacancy occurring in the commission shall be filled in
2040 accordance with the laws of the compact state in which the vacancy
2041 exists.

2042 (3) Each commissioner shall be entitled to one vote with regard to the
2043 promulgation of rules and creation of bylaws and shall otherwise have
2044 an opportunity to participate in the business and affairs of the
2045 commission. A commissioner shall vote in person or by such other
2046 means as provided in the bylaws. The bylaws may provide for
2047 commissioners' participation in meetings by telephone or other means
2048 of communication.

2049 (4) The commission shall meet at least once during each calendar
2050 year. Additional meetings shall be held as set forth in the bylaws.

2051 (5) All meetings shall be open to the public, and public notice of
2052 meetings shall be given in the same manner as required under the
2053 rulemaking provisions in Article XI of the compact.

2054 (6) The commission may convene in a closed, nonpublic meeting if
2055 the commission has to discuss the following:

2056 (A) Noncompliance of a compact state with its obligations under the
2057 compact;

2058 (B) The employment, compensation, discipline or other personnel
2059 matters, practices or procedures related to specific employees or other
2060 matters related to the commission's internal personnel practices and
2061 procedures;

2062 (C) Current, threatened or reasonably anticipated litigation against
2063 the commission;

2064 (D) Negotiation of contracts for the purchase or sale of goods, services
2065 or real estate;

2066 (E) Accusation against any person of a crime or formally censuring
2067 any person;

2068 (F) Disclosure of trade secrets or commercial or financial information
2069 which is privileged or confidential;

2070 (G) Disclosure of information of a personal nature where disclosure
2071 would constitute a clearly unwarranted invasion of personal privacy;

2072 (H) Disclosure of investigatory records compiled for law enforcement
2073 purposes;

2074 (I) Disclosure of information related to any investigatory reports
2075 prepared by or on behalf of or for use of the commission or other
2076 committee charged with responsibility for investigation or
2077 determination of compliance issues pursuant to the compact; or

2078 (J) Matters specifically exempted from disclosure by federal and state
2079 statute.

2080 (7) If a meeting, or portion of a meeting, is closed pursuant to the
2081 provisions of subdivision (6) of this subsection, the commission's legal
2082 counsel or designee shall certify that the meeting may be closed and
2083 shall reference each relevant exempting provision. The commission
2084 shall keep minutes that fully and clearly describe all matters discussed
2085 in a meeting and shall provide a full and accurate summary of actions
2086 taken, of any person participating in the meeting, and the reasons

2087 therefore, including, but not limited to, a description of the views
2088 expressed. All documents considered in connection with an action shall
2089 be identified in such minutes. All minutes and documents of a closed
2090 meeting shall remain under seal, subject to release only by a majority
2091 vote of the commission or order of a court of competent jurisdiction.

2092 (c) The commission shall, by a majority vote of the commissioners,
2093 prescribe bylaws or rules to govern its conduct as may be necessary or
2094 appropriate to carry out the purposes and exercise the powers of the
2095 compact, including, but not limited to:

2096 (1) Establishing the fiscal year of the commission;

2097 (2) Providing reasonable standards and procedures for the following:

2098 (A) The establishment and meetings of other committees; and

2099 (B) Governing any general or specific delegation of any authority or
2100 function of the commission;

2101 (3) Providing reasonable procedures for calling and conducting
2102 meetings of the commission, ensuring reasonable advance notice of all
2103 meetings and providing an opportunity for attendance of such meetings
2104 by interested parties, with enumerated exceptions designed to protect
2105 the public's interest, the privacy of individuals at such meetings and
2106 proprietary information, including, but not limited to, trade secrets. The
2107 commission may meet in closed session only after a majority of the
2108 commissioners vote to close a meeting to the public in whole or in part.
2109 As soon as practicable, the commission shall make public a copy of the
2110 vote to close the meeting revealing the vote of each commissioner with
2111 no proxy votes allowed;

2112 (4) Establishing the titles, duties and authority and reasonable
2113 procedures for the election of the officers of the commission;

2114 (5) Providing reasonable standards and procedures for the
2115 establishment of the personnel policies and programs of the
2116 commission. Notwithstanding any civil service law or other similar law

2117 of any compact state, the bylaws shall exclusively govern the personnel
2118 policies and programs of the commission;

2119 (6) Promulgating a code of ethics to address permissible and
2120 prohibited activities of commission members and employees;

2121 (7) Providing a mechanism for concluding the operations of the
2122 commission and the equitable disposition of any surplus funds that may
2123 exist after the termination of the compact after the payment or reserving
2124 of all of its debts and obligations;

2125 (8) The commission shall publish its bylaws in a convenient form and
2126 file a copy thereof and a copy of any amendment thereto, with the
2127 appropriate agency or officer in each of the compact states;

2128 (9) The commission shall maintain its financial records in accordance
2129 with the bylaws; and

2130 (10) The commission shall meet and take such actions as are
2131 consistent with the provisions of the compact and the bylaws.

2132 (d) The commission may:

2133 (1) Promulgate uniform rules to facilitate and coordinate
2134 implementation and administration of the compact, which rules shall
2135 have the force and effect of law and shall be binding in all compact
2136 states;

2137 (2) Bring and prosecute legal proceedings or actions in the name of
2138 the commission, provided the standing of any state psychology
2139 regulatory authority or other regulatory body responsible for
2140 psychology licensure to sue or be sued under applicable law shall not
2141 be affected;

2142 (3) Purchase and maintain insurance and bonds;

2143 (4) Borrow, accept or contract for services of personnel, including, but
2144 not limited to, employees of a compact state;

2145 (5) Hire employees, elect or appoint officers, fix compensation, define
2146 duties, grant such individuals appropriate authority to carry out the
2147 purposes of the compact and to establish the commission's personnel
2148 policies and programs relating to conflicts of interest, qualifications of
2149 personnel and other related personnel matters;

2150 (6) Accept any appropriate donations and grants of money,
2151 equipment, supplies, materials and services and to receive, utilize and
2152 dispose of the same; provided the commission shall strive at all times to
2153 avoid any appearance of impropriety or conflict of interest;

2154 (7) Lease, purchase, accept appropriate gifts or donations of, or
2155 otherwise own, hold, improve or use, any property, real, personal or
2156 mixed, provided the commission shall strive at all times to avoid any
2157 appearance of impropriety;

2158 (8) Sell, convey, mortgage, pledge, lease, exchange, abandon or
2159 otherwise dispose of any property real, personal or mixed;

2160 (9) Establish a budget and make expenditures;

2161 (10) Borrow money;

2162 (11) Appoint committees, including, but not limited to, advisory
2163 committees comprised of members, state regulators, state legislators or
2164 their representatives and consumer representatives, and such other
2165 interested persons as may be designated in the compact and the bylaws;

2166 (12) Provide and receive information from, and to cooperate with,
2167 law enforcement agencies;

2168 (13) Adopt and use an official seal; and

2169 (14) Perform such other functions as may be necessary or appropriate
2170 to achieve the purposes of the compact consistent with the state
2171 regulation of psychology licensure, temporary in-person, face-to-face
2172 practice and telepsychology practice.

2173 (e) (1) The elected officers shall serve as the executive board, which
2174 shall have the power to act on behalf of the commission according to the
2175 terms of the compact. The executive board shall be comprised of the
2176 following six members:

2177 (A) Five voting members who are elected from the membership of the
2178 commission by the commission; and

2179 (B) One ex-officio, nonvoting member from the recognized
2180 membership organization composed of state and provincial psychology
2181 regulatory authorities.

2182 (2) The ex-officio member shall have served as staff or member on a
2183 state psychology regulatory authority and shall be selected by its
2184 respective organization.

2185 (3) The commission may remove any member of the executive board
2186 as provided in the bylaws.

2187 (4) The executive board shall meet at least annually.

2188 (5) The executive board shall have the following duties and
2189 responsibilities:

2190 (A) Recommend to the entire commission changes to the rules or
2191 bylaws, changes to the compact legislation, fees paid by compact states,
2192 including, but not limited to, annual dues, and any other applicable fees;

2193 (B) Ensure compact administration services are appropriately
2194 provided, contractually or otherwise;

2195 (C) Prepare and recommend the budget;

2196 (D) Maintain financial records on behalf of the commission;

2197 (E) Monitor compact compliance of member states and provide
2198 compliance reports to the commission;

2199 (F) Establish additional committees as necessary; and

- 2200 (G) Other duties as provided in rules or bylaws.
- 2201 (f) The commission:
- 2202 (1) Shall pay, or provide for the payment of the reasonable expenses
2203 of its establishment, organization and ongoing activities.
- 2204 (2) May accept any and all appropriate revenue sources, donations
2205 and grants of money, equipment, supplies, materials and services.
- 2206 (3) May levy on and collect an annual assessment from each compact
2207 state or impose fees on other parties to cover the cost of the operations
2208 and activities of the commission and its staff. Such assessment and fees
2209 shall be in a total amount sufficient to cover the commission's annual
2210 budget as approved each year for which revenue is not provided by
2211 other sources. The aggregate annual assessment amount shall be
2212 allocated based upon a formula to be determined by the commission.
2213 The commission shall promulgate a rule under this subdivision that is
2214 binding upon all compact states.
- 2215 (4) Shall not incur obligations of any kind prior to securing the funds
2216 adequate to meet such obligations, or pledge the credit of any of the
2217 compact states, except by and with the authority of the compact state.
- 2218 (5) Shall keep accurate accounts of all receipts and disbursements.
2219 The receipts and disbursements of the commission shall be subject to the
2220 audit and accounting procedures established under its bylaws. All
2221 receipts and disbursements of funds handled by the commission shall
2222 be audited yearly by a certified or licensed public accountant and the
2223 report of the audit shall be included in and become part of the annual
2224 report of the commission.
- 2225 (g) (1) The members, officers, executive director, employees and
2226 representatives of the commission shall be immune from suit and
2227 liability, either personally or in their official capacity, for any claim for
2228 damage to or loss of property or personal injury or other civil liability
2229 caused by or arising out of any actual or alleged act, error or omission

2230 that occurred, or that the person against whom the claim is made had a
2231 reasonable basis for believing occurred within the scope of commission
2232 employment, duties or responsibilities, provided nothing in this
2233 subdivision shall be construed to protect any such person from suit or
2234 liability for any damage, loss, injury or liability caused by the intentional
2235 or wilful or wanton misconduct of such person.

2236 (2) The commission shall defend any member, officer, executive
2237 director, employee or representative of the commission in any civil
2238 action seeking to impose liability arising out of any actual or alleged act,
2239 error or omission that occurred within the scope of commission
2240 employment, duties or responsibilities, or that the person against whom
2241 the claim is made had a reasonable basis for believing occurred within
2242 the scope of commission employment, duties or responsibilities,
2243 provided (A) nothing in this subdivision shall be construed to prohibit
2244 such person from retaining his or her own counsel, and (B) the actual or
2245 alleged act, error or omission did not result from such person's
2246 intentional or wilful or wanton misconduct.

2247 (3) The commission shall indemnify and hold harmless any member,
2248 officer, executive director, employee or representative of the
2249 commission for the amount of any settlement or judgment obtained
2250 against such person arising out of any actual or alleged act, error or
2251 omission that occurred within the scope of commission employment,
2252 duties or responsibilities, or that such person had a reasonable basis for
2253 believing occurred within the scope of commission employment, duties
2254 or responsibilities, provided the actual or alleged act, error or omission
2255 did not result from the intentional or wilful or wanton misconduct of
2256 such person.

2257 ARTICLE XI

2258 RULEMAKING

2259 (a) The commission shall exercise its rulemaking powers pursuant to
2260 the criteria set forth in this Article and the rules adopted thereunder.
2261 Rules and amendments shall become binding as of the date specified in

2262 each rule or amendment.

2263 (b) If a majority of the legislatures of the compact states rejects a rule,
2264 by enactment of a statute or resolution in the same manner used to adopt
2265 the compact, then such rule shall have no further force and effect in any
2266 compact state.

2267 (c) Rules, or amendments to the rules, shall be adopted at a regular
2268 or special meeting of the commission.

2269 (d) Prior to promulgation and adoption of a final rule or rules by the
2270 commission, and at least sixty days prior to the scheduled date of the
2271 meeting at which the rule will be considered and voted upon, the
2272 commission shall file a notice of proposed rulemaking as follows:

2273 (1) On the Internet web site of the commission; and

2274 (2) On the Internet web site of each compact state's psychology
2275 regulatory authority or the publication in which each state would
2276 otherwise publish proposed rules.

2277 (e) The notice of proposed rulemaking shall include the following:

2278 (1) The proposed time, date and location of the meeting in which the
2279 rule will be considered and voted upon;

2280 (2) The text of the proposed rule or amendment and the reason for
2281 the proposed rule;

2282 (3) A request for comments on the proposed rule from any interested
2283 person; and

2284 (4) The manner in which interested persons may submit to the
2285 commission (A) notice of their intention to attend the public hearing,
2286 and (B) written comments.

2287 (f) Prior to adoption of a proposed rule, the commission shall allow
2288 persons to submit written data, facts, opinions and arguments, which
2289 shall be made available to the public.

2290 (g) The commission shall grant an opportunity for a public hearing
2291 before it adopts a rule or amendment if a hearing is requested by the
2292 following:

2293 (1) At least twenty-five persons who submit written comments
2294 independently of each other;

2295 (2) A governmental subdivision or agency; or

2296 (3) A duly appointed person in an association that has at least twenty-
2297 five members.

2298 (h) If a hearing is held on the proposed rule or amendment, the
2299 commission shall publish the location, time and date of the scheduled
2300 public hearing.

2301 (1) All persons wishing to be heard at the hearing shall notify the
2302 executive director of the commission or other designated member in
2303 writing of their desire to appear and testify at the hearing not less than
2304 five business days prior to the scheduled date of the hearing.

2305 (2) Hearings shall be conducted in a manner providing each person
2306 who wishes to comment a fair and reasonable opportunity to comment
2307 orally or in writing.

2308 (3) No transcript of the hearing is required, unless a written request
2309 for a transcript is made, in which case the person requesting the
2310 transcript shall bear the cost of producing the transcript. A recording
2311 may be made in lieu of a transcript under the same terms and conditions
2312 as a transcript. The provisions of this subdivision shall not preclude the
2313 commission from making a transcript or recording of the hearing if it so
2314 chooses.

2315 (4) Nothing in this subsection shall be construed as requiring a
2316 separate hearing on each rule. Rules may be grouped for the
2317 convenience of the commission at hearings required under this
2318 subsection.

2319 (i) Following the scheduled hearing date, or by the close of business
2320 on the scheduled hearing date if the hearing was not held, the
2321 commission shall consider all written and oral comments received.

2322 (j) The commission shall, by majority vote of all members, take final
2323 action on the proposed rule and shall determine the effective date of the
2324 rule, if any, based on the rulemaking record and the full text of the rule.

2325 (k) If no written notice of intent to attend the public hearing by
2326 interested parties is received, the commission may proceed with
2327 promulgation of the proposed rule without a public hearing.

2328 (l) Upon determination that an emergency exists, the commission
2329 may consider and adopt an emergency rule without prior notice,
2330 opportunity for comment or hearing, provided the usual rulemaking
2331 procedures described in the compact and in this subsection shall be
2332 retroactively applied to the rule as soon as reasonably possible, in no
2333 event later than ninety days after the effective date of the rule. For the
2334 purposes of this subsection, "emergency rule" means a rule that shall be
2335 adopted immediately in order to:

2336 (1) Meet an imminent threat to public health, safety or welfare;

2337 (2) Prevent a loss of commission or compact state funds;

2338 (3) Meet a deadline for the promulgation of an administrative rule
2339 that is established by federal law or rule; or

2340 (4) Protect public health and safety.

2341 (m) The commission, or an authorized committee of the commission,
2342 may direct revisions to a previously adopted rule or amendment for
2343 purposes of correcting typographical errors, errors in format, errors in
2344 consistency or grammatical errors. Public notice of any revisions shall
2345 be posted on the Internet web site of the commission. The revision shall
2346 be subject to challenge by any person for a period of thirty days after
2347 posting. The revision may be challenged only on grounds that the
2348 revision results in a material change to a rule. A challenge shall be made

2349 in writing, and delivered to the chair of the commission prior to the end
2350 of the notice period. If no challenge is made, the revision shall take effect
2351 without further action. If the revision is challenged, the revision may not
2352 take effect without the approval of the commission.

2353 ARTICLE XII

2354 OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

2355 (a) (1) The executive, legislative and judicial branches of state
2356 government in each compact state shall enforce the compact and take all
2357 actions necessary and appropriate to effectuate the compact's purposes
2358 and intent. The provisions of the compact and the rules promulgated
2359 under the compact shall have standing as statutory law.

2360 (2) All courts shall take judicial notice of the compact and the rules in
2361 any judicial or administrative proceeding in a compact state pertaining
2362 to the subject matter of the compact that may affect the powers,
2363 responsibilities or actions of the commission.

2364 (3) The commission shall be entitled to receive service of process in
2365 any such proceeding, and shall have standing to intervene in such
2366 proceeding for all purposes. Failure to provide service of process to the
2367 commission shall render a judgment or order void as to the commission,
2368 the compact or promulgated rules.

2369 (b) (1) If the commission determines that a compact state has
2370 defaulted in the performance of its obligations or responsibilities under
2371 the compact or the promulgated rules, the commission shall perform the
2372 following actions:

2373 (A) Provide written notice to the defaulting state and other compact
2374 states of the nature of the default, the proposed means of remedying the
2375 default or any other action to be taken by the commission; and

2376 (B) Provide remedial training and specific technical assistance
2377 regarding the default.

2378 (2) If a state in default fails to remedy the default, the defaulting state
2379 may be terminated from the compact upon an affirmative vote of a
2380 majority of the compact states, and all rights, privileges and benefits
2381 conferred by the compact shall be terminated on the effective date of
2382 termination of the defaulting state. A remedy of the default does not
2383 relieve the offending state of obligations or liabilities incurred during
2384 the period of default.

2385 (3) Termination of membership in the compact shall be imposed only
2386 after all other means of securing compliance have been exhausted.
2387 Notice of intent to suspend or terminate shall be submitted by the
2388 commission to the governor, the majority and minority leaders of the
2389 defaulting state's legislature, and each of the compact states.

2390 (4) A compact state that has been terminated shall be responsible for
2391 all assessments, obligations and liabilities incurred through the effective
2392 date of termination, including, but not limited to, obligations that extend
2393 beyond the effective date of termination.

2394 (5) The commission shall not bear any costs incurred by the state that
2395 is found to be in default or that has been terminated from the compact,
2396 unless agreed upon in writing between the commission and the
2397 defaulting state.

2398 (6) The defaulting state may appeal the action of the commission by
2399 petitioning the United States District Court for the State of Georgia or
2400 the federal district where the compact has its principal offices. The
2401 prevailing member shall be awarded all costs of such litigation,
2402 including, but not limited to, reasonable attorney's fees.

2403 (c) (1) Upon request by a compact state, the commission shall attempt
2404 to resolve disputes related to the compact that arise among compact
2405 states and between compact and noncompact states.

2406 (2) The commission shall promulgate a rule providing for both
2407 mediation and binding dispute resolution for disputes that arise before
2408 the commission.

2409 (d) (1) The commission, in the reasonable exercise of its discretion,
2410 shall enforce the provisions and rules of the compact.

2411 (2) By majority vote, the commission may initiate legal action in the
2412 United States District Court for the State of Georgia or the federal district
2413 where the compact has its principal offices against a compact state in
2414 default to enforce compliance with the provisions of the compact and its
2415 promulgated rules and bylaws. The relief sought may include both
2416 injunctive relief and damages. In the event judicial enforcement is
2417 necessary, the prevailing member shall be awarded all costs of such
2418 litigation, including, but not limited to, reasonable attorney's fees.

2419 (3) The remedies set forth in the compact shall not be the exclusive
2420 remedies of the commission. The commission may pursue any other
2421 remedies available under federal or state law.

2422 ARTICLE XIII

2423 DATE OF IMPLEMENTATION OF THE PSYCHOLOGY
2424 INTERJURISDICTIONAL COMPACT COMMISSION AND
2425 ASSOCIATED RULES, WITHDRAWAL AND AMENDMENTS

2426 (a) The compact shall come into effect on the date on which the
2427 compact is enacted into law in the seventh compact state. The provisions
2428 that become effective at such time shall be limited to the powers granted
2429 to the commission relating to assembly and the promulgation of rules.
2430 Thereafter, the commission shall meet and exercise rulemaking powers
2431 necessary to the implementation and administration of the compact.

2432 (b) Any state that joins the compact subsequent to the commission's
2433 initial adoption of the rules shall be subject to the rules as they exist on
2434 the date on which the compact becomes law in such state. Any rule that
2435 has been previously adopted by the commission shall have the full force
2436 and effect of law on the day the compact becomes law in such state.

2437 (c) Any compact state may withdraw from the compact by enacting a
2438 statute repealing the same.

2439 (1) A compact state's withdrawal shall not take effect until six months
2440 after enactment of the repealing statute.

2441 (2) Withdrawal shall not affect the continuing requirement of the
2442 withdrawing state's psychology regulatory authority to comply with the
2443 investigative and adverse action reporting requirements set forth in
2444 Article VII of this section prior to the effective date of withdrawal.

2445 (d) Nothing contained in the compact shall be construed to invalidate
2446 or prevent any psychology licensure agreement or other cooperative
2447 arrangement between a compact state and a noncompact state that does
2448 not conflict with the provisions of the compact.

2449 (e) The compact may be amended by the compact states. No
2450 amendment to the compact shall become effective and binding upon
2451 any compact state until it is enacted into the law of all compact states.

2452 ARTICLE XIV

2453 CONSTRUCTION AND SEVERABILITY

2454 The compact shall be liberally construed so as to effectuate the
2455 purposes thereof. If the compact is held contrary to the constitution of
2456 any state member of the compact, the compact shall remain in full force
2457 and effect as to the remaining compact states."

2458 Sec. 43. (NEW) (*Effective October 1, 2022*) The Interstate Medical
2459 Licensure Compact is hereby enacted into law and entered into by the
2460 state of Connecticut with any and all states legally joining therein in
2461 accordance with its terms. The compact is substantially as follows:

2462 "INTERSTATE MEDICAL LICENSURE COMPACT

2463 SECTION 1. PURPOSE

2464 In order to strengthen access to health care, and in recognition of the
2465 advances in the delivery of health care, the member states of the
2466 Interstate Medical Licensure Compact have allied in common purpose

2467 to develop a comprehensive process that complements the existing
2468 licensing and regulatory authority of state medical boards, provides a
2469 streamlined process that allows physicians to become licensed in
2470 multiple states, thereby enhancing the portability of a medical license
2471 and ensuring the safety of patients. The compact creates another
2472 pathway for licensure and does not otherwise change a state's existing
2473 licensure requirements for physicians. The compact also adopts the
2474 prevailing standard for licensure and affirms that the practice of
2475 medicine occurs where the patient is located at the time of the physician-
2476 patient encounter, and therefore, requires the physician to be under the
2477 jurisdiction of the state medical board where the patient is located. State
2478 medical boards that participate in the compact retain the jurisdiction to
2479 impose an adverse action against a license to practice medicine in such
2480 state issued to a physician through the procedures in the compact.

2481 SECTION 2. DEFINITIONS

2482 As used in section 1, this section, and sections 3 to 24, inclusive, of the
2483 compact:

2484 (1) "Bylaws" means those bylaws established by the Interstate
2485 Commission pursuant to section 11 of the compact.

2486 (2) "Commissioner" means the voting representative appointed by
2487 each member board pursuant to section 11 of the compact.

2488 (3) "Compact" means the Interstate Medical Licensure Compact.

2489 (4) "Conviction" means a finding by a court that an individual is
2490 guilty of a criminal offense through adjudication, or entry of a plea of
2491 guilt or no contest to the charge by the offender. Evidence of an entry of
2492 a conviction of a criminal offense by the court shall be considered final
2493 for purposes of disciplinary action by a member board.

2494 (5) "Expedited license" means a full and unrestricted medical license
2495 granted by a member state to an eligible physician through the process
2496 set forth in the compact.

2497 (6) "Interstate Commission" means the interstate commission created
2498 pursuant to section 11 of the compact.

2499 (7) "License" means authorization by a member state for a physician
2500 to engage in the practice of medicine, which would be unlawful without
2501 authorization.

2502 (8) "Medical Practice Act" means laws and regulations governing the
2503 practice of allopathic and osteopathic medicine within a member state.

2504 (9) "Member board" means a state agency in a member state that acts
2505 in the sovereign interests of the state by protecting the public through
2506 licensure, regulation and education of physicians as directed by the state
2507 government.

2508 (10) "Member state" means a state that has enacted the compact.

2509 (11) "Practice of medicine" means the clinical prevention, diagnosis
2510 or treatment of human disease, injury or condition requiring a physician
2511 to obtain and maintain a license in compliance with the Medical Practice
2512 Act of a member state.

2513 (12) "Physician" means any person who:

2514 (A) Is a graduate of a medical school accredited by the Liaison
2515 Committee on Medical Education, the Commission on Osteopathic
2516 College Accreditation or a medical school listed in the International
2517 Medical Education Directory or its equivalent;

2518 (B) Passed each component of the United States Medical Licensing
2519 Examination or the Comprehensive Osteopathic Medical Licensing
2520 Examination within three attempts, or any of said examination's
2521 predecessor examinations accepted by a state medical board as an
2522 equivalent examination for licensure purposes;

2523 (C) Successfully completed graduate medical education approved by
2524 the Accreditation Council for Graduate Medical Education or the
2525 American Osteopathic Association;

2526 (D) Holds specialty certification or a time-unlimited specialty
2527 certificate recognized by the American Board of Medical Specialties or
2528 the American Osteopathic Association's Bureau of Osteopathic
2529 Specialists;

2530 (E) Possesses a full and unrestricted license to engage in the practice
2531 of medicine issued by a member board;

2532 (F) Has never been convicted, received adjudication, deferred
2533 adjudication, community supervision or deferred disposition for any
2534 offense by a court of appropriate jurisdiction;

2535 (G) Has never held a license authorizing the practice of medicine
2536 subjected to discipline by a licensing agency in any state, federal or
2537 foreign jurisdiction, excluding any action related to nonpayment of fees
2538 related to a license;

2539 (H) Has never had a controlled substance license or permit
2540 suspended or revoked by a state or the United States Drug Enforcement
2541 Administration; and

2542 (I) Is not under active investigation by a licensing agency or law
2543 enforcement authority in any state, federal or foreign jurisdiction.

2544 (13) "Offense" means a felony, gross misdemeanor or crime of moral
2545 turpitude.

2546 (14) "Rule" means a written statement by the Interstate Commission
2547 promulgated pursuant to section 12 of the compact that is of general
2548 applicability, implements, interprets or prescribes a policy or provision
2549 of the compact, or an organizational, procedural or practice requirement
2550 of the Interstate Commission, and has the force and effect of statutory
2551 law in a member state, and includes the amendment, repeal or
2552 suspension of an existing rule.

2553 (15) "State" means any state, commonwealth, district or territory of
2554 the United States.

2555 (16) "State of principal license" means a member state where a
2556 physician holds a license to practice medicine and that has been
2557 designated as such by the physician for purposes of registration and
2558 participation in the compact.

2559 SECTION 3. ELIGIBILITY

2560 (a) A physician shall meet the eligibility requirements set forth in
2561 subparagraphs (A) to (I), inclusive, of subdivision (12) of section 2 of the
2562 compact to receive an expedited license under the terms and provisions
2563 of the compact.

2564 (b) A physician who does not meet the requirements set forth in
2565 subparagraphs (A) to (I), inclusive, of subdivision (12) of section 2 of the
2566 compact may obtain a license to practice medicine in a member state if
2567 the individual complies with all laws and requirements, other than the
2568 compact, relating to the issuance of a license to practice medicine in such
2569 state.

2570 SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE

2571 (a) A physician shall designate a member state as the state of principal
2572 license for purposes of registration for expedited licensure through the
2573 compact if the physician possesses a full and unrestricted license to
2574 practice medicine in such state, and the state is:

2575 (1) The state of principal residence for the physician;

2576 (2) The state where at least twenty-five per cent of the practice of
2577 medicine occurs;

2578 (3) The location of the physician's employer; or

2579 (4) If no state qualifies under subdivision (1), (2) or (3) of this
2580 subsection, the state designated as state of residence for purpose of
2581 federal income tax.

2582 (b) A physician may redesignate a member state as state of principal

2583 license at any time, provided the state meets the requirements of
2584 subsection (a) of this section.

2585 (c) The Interstate Commission is authorized to develop rules to
2586 facilitate redesignation of another member state as the state of principal
2587 license.

2588 SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED
2589 LICENSURE

2590 (a) A physician seeking licensure through the compact shall file an
2591 application for an expedited license with the member board of the state
2592 selected by the physician as the state of principal license.

2593 (b) Upon receipt of an application for an expedited license, the
2594 member board within the state selected as the state of principal license
2595 shall evaluate whether the physician is eligible for expedited licensure
2596 and issue a letter of qualification, verifying or denying the physician's
2597 eligibility, to the Interstate Commission.

2598 (1) Static qualifications, including, but not limited to, verification of
2599 medical education, graduate medical education, results of any medical
2600 or licensing examination and other qualifications as determined by the
2601 Interstate Commission through rule, shall not be subject to additional
2602 primary source verification where already primary source verified by
2603 the state of principal license.

2604 (2) The member board within the state selected as the state of
2605 principal license shall, in the course of verifying eligibility, perform a
2606 criminal background check of an applicant, including, but not limited
2607 to, the use of the results of fingerprint or other biometric data checks
2608 compliant with the requirements of the Federal Bureau of Investigation,
2609 with the exception of federal employees who have suitability
2610 determination in accordance with 5 CFR 731.202.

2611 (3) Appeal on the determination of eligibility shall be made to the
2612 member state where the application was filed and shall be subject to the

2613 law of such state.

2614 (c) Upon verification in subsection (b) of this section, a physician
2615 eligible for an expedited license shall complete the registration process
2616 established by the Interstate Commission to receive a license in a
2617 member state selected pursuant to subsection (a) of this section,
2618 including, but not limited to, the payment of any applicable fees.

2619 (d) After receiving verification of eligibility under subsection (b) of
2620 this section and any fees under subsection (c) of this section, a member
2621 board shall issue an expedited license to the physician. This license shall
2622 authorize the physician to practice medicine in the issuing state
2623 consistent with the Medical Practice Act and all applicable laws and
2624 regulations of the issuing member board and member state.

2625 (e) An expedited license shall be valid for a period consistent with the
2626 licensure period in the member state and in the same manner as
2627 required for other physicians holding a full and unrestricted license in
2628 the member state.

2629 (f) An expedited license obtained through the compact shall be
2630 terminated if a physician fails to maintain a license in the state of
2631 principal licensure for a nondisciplinary reason, without redesignation
2632 of a new state of principal licensure.

2633 (g) The Interstate Commission is authorized to develop rules
2634 regarding the application process, including, but not limited to,
2635 payment of any applicable fees, and the issuance of an expedited license.

2636 SECTION 6. FEES FOR EXPEDITED LICENSURE

2637 (a) A member state issuing an expedited license authorizing the
2638 practice of medicine in such state may impose a fee for a license issued
2639 or renewed through the compact.

2640 (b) The Interstate Commission is authorized to develop rules
2641 regarding fees for expedited licenses.

2642 SECTION 7. RENEWAL AND CONTINUED PARTICIPATION

2643 (a) A physician seeking to renew an expedited license granted in a
2644 member state shall complete a renewal process with the Interstate
2645 Commission if the physician:

2646 (1) Maintains a full and unrestricted license in a state of principal
2647 license;

2648 (2) Has not been convicted or received adjudication, deferred
2649 adjudication, community supervision or deferred disposition for any
2650 offense by a court of appropriate jurisdiction;

2651 (3) Has not had a license authorizing the practice of medicine subject
2652 to discipline by a licensing agency in any state, federal or foreign
2653 jurisdiction, excluding any action related to nonpayment of fees related
2654 to a license; and

2655 (4) Has not had a controlled substance license or permit suspended
2656 or revoked by a state or the United States Drug Enforcement
2657 Administration.

2658 (b) Physicians shall comply with all continuing professional
2659 development or continuing medical education requirements for
2660 renewal of a license issued by a member state.

2661 (c) The Interstate Commission shall collect any renewal fees charged
2662 for the renewal of a license and distribute the fees to the applicable
2663 member board.

2664 (d) Upon receipt of any renewal fees collected in subsection (c) of this
2665 section, a member board shall renew the physician's license.

2666 (e) Physician information collected by the Interstate Commission
2667 during the renewal process shall be distributed to all member boards.

2668 (f) The Interstate Commission is authorized to develop rules to
2669 address renewal of licenses obtained through the compact.

2670 SECTION 8. COORDINATED INFORMATION SYSTEM

2671 (a) The Interstate Commission shall establish a database of all
2672 physicians licensed, or who have applied for licensure, under section 5
2673 of the compact.

2674 (b) Notwithstanding any other provision of law, member boards shall
2675 report to the Interstate Commission any public action or complaint
2676 against a licensed physician who has applied or received an expedited
2677 license through the compact.

2678 (c) Member boards shall report disciplinary or investigatory
2679 information determined as necessary and proper by rule of the
2680 Interstate Commission.

2681 (d) Member boards may report any nonpublic complaint or any
2682 disciplinary or investigatory information not required by subsection (c)
2683 of the compact to the Interstate Commission.

2684 (e) Member boards shall share complaint or disciplinary information
2685 about a physician upon request of another member board.

2686 (f) All information provided to the Interstate Commission or
2687 distributed by member boards shall be confidential, filed under seal and
2688 used only for investigatory or disciplinary matters.

2689 (g) The Interstate Commission is authorized to develop rules for
2690 mandated or discretionary sharing of information by member boards.

2691 SECTION 9. JOINT INVESTIGATIONS

2692 (a) Licensure and disciplinary records of physicians are deemed
2693 investigative.

2694 (b) In addition to the authority granted to a member board by its
2695 respective Medical Practice Act or other applicable state law, a member
2696 board may participate with other member boards in joint investigations
2697 of physicians licensed by the member boards.

2698 (c) A subpoena issued by a member state shall be enforceable in other
2699 member states.

2700 (d) Member boards may share any investigative, litigation or
2701 compliance materials in furtherance of any joint or individual
2702 investigation initiate under the compact.

2703 (e) Any member state may investigate actual or alleged violations of
2704 the statutes authorizing the practice of medicine in any other member
2705 state in which a physician holds a license to practice medicine.

2706 SECTION 10. DISCIPLINARY ACTIONS

2707 (a) Any disciplinary action taken by any member board against a
2708 physician licensed through the compact shall be deemed unprofessional
2709 conduct that may be subject to discipline by other member boards, in
2710 addition to any violation of the Medical Practice Act or regulations in
2711 such state.

2712 (b) If a license granted to a physician by the member board in the state
2713 of principal license is revoked, surrendered or relinquished in lieu of
2714 discipline, or suspended, then all licenses issued to the physician by
2715 member boards shall automatically be placed, without further action
2716 necessary by any member board, on the same status. If the member
2717 board in the state of principal license subsequently reinstates the
2718 physician's license, a license issued to the physician by any other
2719 member board shall remain encumbered until such respective member
2720 board takes action to reinstate the license in a manner consistent with
2721 the Medical Practice Act of such state.

2722 (c) If disciplinary action is taken against a physician by a member
2723 board not in the state of principal license, any other member board may
2724 deem the action conclusive as to matter of law and fact decided, and
2725 perform one of the following actions:

2726 (1) Impose the same or any lesser sanction against the physician,
2727 provided such sanctions are consistent with the Medical Practice Act of

2728 such state; or

2729 (2) Pursue separate disciplinary action against the physician under its
2730 respective Medical Practice Act, regardless of the action taken in other
2731 member states.

2732 (d) If a license granted to a physician by a member board is revoked,
2733 surrendered or relinquished in lieu of discipline, or suspended, then any
2734 license issued to the physician by any other member board shall be
2735 suspended, automatically and immediately without further action
2736 necessary by the other member board, for ninety days upon entry of the
2737 order by the disciplining board, to permit the member board to
2738 investigate the basis for the action under the Medical Practice Act of
2739 such state. A member board may terminate the automatic suspension of
2740 the license it issued prior to the completion of the ninety-day suspension
2741 period in a manner consistent with the Medical Practice Act of such
2742 state.

2743 SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT
2744 COMMISSION

2745 (a) The member states hereby create the Interstate Medical Licensure
2746 Compact Commission.

2747 (b) The purpose of the Interstate Commission is the administration of
2748 the compact, which is a discretionary state function.

2749 (c) The Interstate Commission shall be a body corporate and joint
2750 agency of the member states and shall have all the responsibilities,
2751 powers, and duties set forth in the compact, and such additional powers
2752 as may be conferred upon it by a subsequent concurrent action of the
2753 respective legislatures of the member states in accordance with the
2754 terms of the compact.

2755 (d) The Interstate Commission shall consist of two voting
2756 representatives appointed by each member state who shall serve as
2757 commissioners. In states where allopathic and osteopathic physicians

2758 are regulated by separate member boards, or if the licensing and
2759 disciplinary authority is split between separate member boards, or if the
2760 licensing and disciplinary authority is split between multiple member
2761 boards within a member state, the member state shall appoint one
2762 representative from each member board. A commissioner shall be the
2763 following:

2764 (1) An allopathic or osteopathic physician appointed to a member
2765 board;

2766 (2) An executive director, executive secretary or similar executive of
2767 a member board; or

2768 (3) A member of the public appointed to a member board.

2769 (e) The Interstate Commission shall meet at least once each calendar
2770 year. A portion of such meeting shall be a business meeting to address
2771 such matters as may properly come before the commission, including,
2772 but not limited to, the election of officers. The chairperson may call
2773 additional meetings and shall call for a meeting upon the request of a
2774 majority of the member states.

2775 (f) The bylaws may provide for meetings of the Interstate
2776 Commission to be conducted by telecommunication or electronic
2777 communication.

2778 (g) Each commissioner participating at a meeting of the Interstate
2779 Commission is entitled to one vote. A majority of commissioners shall
2780 constitute a quorum for the transaction of business, unless a larger
2781 quorum is required by the bylaws of the Interstate Commission. A
2782 commissioner shall not delegate a vote to another commissioner. In the
2783 absence of its commissioner, a member state may delegate voting
2784 authority for a specified meeting to another person from such state who
2785 shall meet the requirements of subsection (d) of this section.

2786 (h) The Interstate Commission shall provide public notice of all
2787 meetings and all meetings shall be open to the public. The Interstate

2788 Commission may close a meeting, in full or in portion, where it
2789 determines by a two-thirds vote of the commissioners present that an
2790 open meeting would be likely to:

2791 (1) Relate solely to the internal personnel practice and procedures of
2792 the Interstate Commission;

2793 (2) Include a discussion of matters specifically exempted from
2794 disclosure by federal statute;

2795 (3) Include a discussion of trade secrets or commercial or financial
2796 information that is privileged or confidential;

2797 (4) Involve accusing a person of a crime, or formally censuring a
2798 person;

2799 (5) Include a discussion of information of a personal nature where
2800 disclosure would constitute a clearly unwarranted invasion of personal
2801 privacy;

2802 (6) Include a discussion of investigative records compiled for law
2803 enforcement purposes; or

2804 (7) Specifically relate to the participation in a civil action or other legal
2805 proceeding.

2806 (i) The Interstate Commission shall keep minutes of all meetings,
2807 which minutes shall fully describe all matters discussed in a meeting
2808 and shall provide a full and accurate summary of actions taken,
2809 including, but not limited to, a record of any roll call votes.

2810 (j) The Interstate Commission shall make its information and official
2811 records, to the extent not otherwise designated in the compact or by its
2812 rules, available to the public for inspection.

2813 (k) The Interstate Commission shall establish an executive committee,
2814 which shall include officers, members and others as determined by the
2815 bylaws. The executive committee shall have the power to act on behalf

2816 of the Interstate Commission, with the exception of rulemaking, during
2817 periods when the Interstate Commission is not in session. When acting
2818 on behalf of the Interstate Commission, the executive committee shall
2819 oversee the administration of the compact, including, but not limited to,
2820 enforcement and compliance with the provisions of the compact, its
2821 bylaws and rules and other such duties as necessary.

2822 (l) The Interstate Commission shall establish other committees for
2823 governance and administration of the compact.

2824 SECTION 12. POWERS AND DUTIES OF THE INTERSTATE
2825 COMMISSION

2826 The powers and duties of the Interstate Commission are as follows:

2827 (1) Oversee and maintain the administration of the compact;

2828 (2) Promulgate rules that shall be binding to the extent and in the
2829 manner provided for in the compact;

2830 (3) Issue, upon the request of a member state or member board,
2831 advisory opinions concerning the meaning or interpretation of the
2832 compact, its bylaws, rules and actions;

2833 (4) Enforce compliance with compact provisions, the rules
2834 promulgated by the Interstate Commission and the bylaws, using all
2835 necessary and proper means, including, but not limited to, the use of
2836 judicial process;

2837 (5) Establish and appoint committees, including, but not limited to,
2838 an executive committee as required by section 11 of the compact, that
2839 shall have the power to act on behalf of the Interstate Commission in
2840 carrying out its powers and duties;

2841 (6) Pay, or provide for the payment of the expenses related to the
2842 establishment, organization and ongoing activities of the Interstate
2843 Commission;

- 2844 (7) Establish and maintain one or more offices;
- 2845 (8) Borrow, accept, hire or contract for services of personnel;
- 2846 (9) Purchase and maintain insurance and bonds;
- 2847 (10) Employ an executive director who shall have such powers to
2848 employ, select or appoint employees, agents or consultants, and to
2849 determine the qualifications, define the duties and fix the compensation
2850 of such employees, agents or consultants;
- 2851 (11) Establish personnel policies and programs relating to conflicts of
2852 interest, rates of compensation and qualifications of personnel;
- 2853 (12) Accept donations and grants of money, equipment, supplies,
2854 materials and services, and receive, utilize and dispose of such money,
2855 equipment, supplies, material and services in a manner consistent with
2856 the conflict of interest policies established by the Interstate Commission;
- 2857 (13) Lease, purchase, accept contributions or donations of, or
2858 otherwise own, hold, improve or use, any property, real, personal or
2859 mixed;
- 2860 (14) Sell, convey, mortgage, pledge, lease, exchange, abandon or
2861 otherwise dispose of any property, real, personal or mixed;
- 2862 (15) Establish a budget and make expenditures;
- 2863 (16) Adopt a seal and bylaws governing the management and
2864 operation of the Interstate Commission;
- 2865 (17) Report annually to the legislatures and governors of the member
2866 states concerning the activities of the Interstate Commission during the
2867 preceding year. Such report shall also include reports of financial audits
2868 and any recommendations that may have been adopted by the Interstate
2869 Commission;
- 2870 (18) Coordinate education, training and public awareness regarding
2871 the compact, its implementation and its operation;

2872 (19) Maintain records in accordance with the bylaws;

2873 (20) Seek and obtain trademarks, copyrights and patents; and

2874 (21) Perform such functions as may be necessary or appropriate to
2875 achieve the purpose of the compact.

2876 SECTION 13. FINANCE POWERS

2877 (a) The Interstate Commission may levy on and collect an annual
2878 assessment from each member state to cover the cost of the operations
2879 and activities of the Interstate Commission and its staff. The total
2880 assessment shall be sufficient to cover the annual budget approved each
2881 year for which revenue is not provided by other sources. The aggregate
2882 annual assessment amount shall be allocated upon a formula to be
2883 determined by the Interstate Commission, which shall promulgate a
2884 rule binding upon all member states.

2885 (b) The Interstate Commission shall not incur obligations of any kind
2886 prior to securing the funds adequate to meet the same.

2887 (c) The Interstate Commission shall not pledge the credit of any of the
2888 member states, except by, and with the authority of, the member state.

2889 (d) The Interstate Commission shall be subject to a yearly financial
2890 audit conducted by a certified or licensed accountant and the report of
2891 the audit shall be included in the annual report of the Interstate
2892 Commission.

2893 SECTION 14. ORGANIZATION AND OPERATION OF THE
2894 INTERSTATE COMMISSION

2895 (a) The Interstate Commission shall, by a majority of commissioners
2896 present and voting, adopt bylaws to govern its conduct as may be
2897 necessary or appropriate to carry out the purposes of the compact not
2898 later than twelve months after the first Interstate Commission meeting.

2899 (b) The Interstate Commission shall elect or appoint annually from

2900 among its commissioners a chairperson, a vice-chairperson and a
2901 treasurer, each of whom shall have such authority and duties as may be
2902 specified in the bylaws. The chairperson, or in the chairperson's absence
2903 or disability, the vice-chairperson, shall preside at all meetings of the
2904 Interstate Commission.

2905 (c) Officers elected or appointed pursuant to subsection (b) of this
2906 section shall serve without remuneration for the Interstate Commission.

2907 (d) The officers and employees of the Interstate Commission shall be
2908 immune from suit and liability, either personally or in their official
2909 capacity, for a claim for damage to or loss of property or personal injury
2910 or other civil liability caused or arising out of, or relating to, an actual or
2911 alleged act, error or omission that occurred, or that such person had a
2912 reasonable basis for believing occurred, within the scope of Interstate
2913 Commission employment, duties or responsibilities, provided such
2914 person shall not be protected from suit or liability for damage, loss,
2915 injury, or liability caused by the intentional or wilful and wanton
2916 misconduct of such person.

2917 (e) The liability of the executive director and employees of the
2918 Interstate Commission or representatives of the Interstate Commission,
2919 acting within the scope of such person's employment or duties for acts,
2920 errors or omissions occurring within such person's state, may not exceed
2921 the limits of liability set forth under the constitution and laws of such
2922 state for state officials, employees and agents. The Interstate
2923 Commission is considered to be an instrumentality of the states for the
2924 purpose of any such action. Nothing in this subsection shall be
2925 construed to protect such person from suit or liability for damage, loss,
2926 injury or liability caused by the intentional or wilful and wanton
2927 misconduct of such person.

2928 (f) The Interstate Commission shall defend the executive director, its
2929 employees and, subject to the approval of the attorney general or other
2930 appropriate legal counsel of the member state represented by an
2931 Interstate Commission representative, such Interstate Commission

2932 representative in any civil action seeking to impose liability arising out
2933 of an actual or alleged act, error or omission that occurred within the
2934 scope of Interstate Commission employment, duties or responsibilities,
2935 or that the defendant had a reasonable basis for believing occurred
2936 within the scope of Interstate Commission employment, duties or
2937 responsibilities, provided the actual or alleged act, error or omission did
2938 not result from intentional or wilful and wanton misconduct on the part
2939 of such person.

2940 (g) To the extent not covered by the state involved, member state or
2941 the Interstate Commission, the representatives or employees of the
2942 Interstate Commission shall be held harmless in the amount of a
2943 settlement or judgment, including, but not limited to, attorney's fees and
2944 costs, obtained against such persons arising out of an actual or alleged
2945 act, error or omission that occurred within the scope of the Interstate
2946 Commission employment, duties or responsibilities, or that such
2947 persons had a reasonable basis for believing occurred within the scope
2948 of Interstate Commission employment, duties or responsibilities,
2949 provided the actual or alleged act, error or omission did not result from
2950 intentional or wilful and wanton misconduct on the part of such person.

2951 SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE
2952 COMMISSION

2953 (a) The Interstate Commission shall promulgate reasonable rules in
2954 order to effectively and efficiently achieve the purpose of the compact.
2955 Notwithstanding the foregoing, if the Interstate Commission exercises
2956 its rulemaking authority in a manner that is beyond the scope of the
2957 purposes of the compact, or the powers granted under the compact, then
2958 such an action by the Interstate Commission shall be invalid and have
2959 no force or effect.

2960 (b) Rules deemed appropriate for the operations of the Interstate
2961 Commission shall be made pursuant to a rulemaking process that
2962 substantially conforms to the "Model State Administrative Procedure
2963 Act" of 2010, as amended from time to time.

2964 (c) Not later than thirty days after a rule is promulgated, any person
2965 may file a petition for judicial review of the rule in the United States
2966 District Court for the District of Columbia or the federal district where
2967 the Interstate Commission has its principal offices, provided the filing
2968 of such a petition shall not stay or otherwise prevent the rule from
2969 becoming effective unless the court finds that the petitioner has a
2970 substantial likelihood of success. The court shall give deference to the
2971 actions of the Interstate Commission consistent with applicable law and
2972 shall not find the rule to be unlawful if the rule represents a reasonable
2973 exercise of the authority granted to the Interstate Commission.

2974 SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

2975 (a) The executive, legislative and judicial branches of state
2976 government in each member state shall enforce the compact and take all
2977 actions necessary and appropriate to effectuate the compact's purposes
2978 and intent. The provisions of the compact and the rules promulgated
2979 under the compact shall have standing as statutory law, but shall not
2980 override existing state authority to regulate the practice of medicine.

2981 (b) All courts shall take judicial notice of the compact and the rules in
2982 any judicial or administrative proceeding in a member state pertaining
2983 to the subject matter of the compact that may affect the powers,
2984 responsibilities or actions of the Interstate Commission.

2985 (c) The Interstate Commission shall be entitled to receive all services
2986 of process in any such proceeding, and shall have standing to intervene
2987 in the proceeding for all purposes. Failure to provide service of process
2988 to the Interstate Commission shall render a judgment or order void as
2989 to the Interstate Commission, the compact or promulgated rules.

2990 SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT

2991 (a) The Interstate Commission, in the reasonable exercise of its
2992 discretion, shall enforce the provisions and rules of the compact.

2993 (b) The Interstate Commission may, by majority vote of the

2994 commissioners, initiate legal action in the United States Court for the
2995 District of Columbia, or, at the discretion of the Interstate Commission,
2996 in the federal district where the Interstate Commission has its principal
2997 offices, to enforce compliance with the provisions of the compact, and
2998 its promulgated rules and bylaws, against a member state in default.
2999 The relief sought may include both injunctive relief and damages. If
3000 judicial enforcement is necessary, the prevailing party shall be awarded
3001 all costs of such litigation, including, but not limited to, reasonable
3002 attorney's fees.

3003 (c) The remedies set forth in the compact shall not be the exclusive
3004 remedies of the Interstate Commission. The Interstate Commission may
3005 avail itself of any other remedies available under state law or regulation
3006 of a profession.

3007 SECTION 18. DEFAULT PROCEDURES

3008 (a) The grounds for default include, but are not limited to, failure of
3009 a member state to perform such obligations or responsibilities imposed
3010 upon it by the compact, or the rules and bylaws of the Interstate
3011 Commission promulgated under the compact.

3012 (b) If the Interstate Commission determines that a member state has
3013 defaulted in the performance of its obligations or responsibilities under
3014 the compact, or the bylaws or promulgated rules, the Interstate
3015 Commission shall take the following actions:

3016 (1) Provide written notice to the defaulting state and other member
3017 states of the nature of the default, the means of curing the default and
3018 any action taken by the Interstate Commission. The Interstate
3019 Commission shall specify the conditions by which the defaulting state
3020 shall cure its default; and

3021 (2) Provide remedial training and specific technical assistance
3022 regarding the default.

3023 (c) If the defaulting state fails to cure the default, the defaulting state

3024 shall be terminated from the compact upon an affirmative vote of a
3025 majority of the commissioners and all rights, privileges and benefits
3026 conferred by the compact shall terminate on the effective date of
3027 termination. A cure of the default shall not relieve the offending state of
3028 obligations or liabilities incurred during the period of the default.

3029 (d) Termination of membership in the compact shall be imposed only
3030 after all other means of securing compliance have been exhausted.
3031 Notice of intent to terminate shall be given by the Interstate Commission
3032 to the governor, the majority and minority leaders of the defaulting
3033 state's legislature and each of the member states.

3034 (e) The Interstate Commission shall establish rules and procedures to
3035 address licenses and physicians that are materially impacted by the
3036 termination of a member state, or the withdrawal of a member state.

3037 (f) The member state that has been terminated is responsible for all
3038 dues, obligations and liabilities incurred through the effective date of
3039 termination, including, but not limited to, obligations the performance
3040 of which extends beyond the effective date of termination.

3041 (g) The Interstate Commission shall not bear any costs relating to any
3042 state that has been found to be in default or that has been terminated
3043 from the compact, unless otherwise mutually agreed upon in writing
3044 between the Interstate Commission and the defaulting state.

3045 (h) The defaulting state may appeal the action of the Interstate
3046 Commission by petitioning the United States District Court for the
3047 District of Columbia or the federal district where the Interstate
3048 Commission has its principal offices. The prevailing party shall be
3049 awarded all costs of such litigation, including, but not limited to,
3050 reasonable attorney's fees.

3051 SECTION 19. DISPUTE RESOLUTION

3052 (a) The Interstate Commission shall attempt, upon the request of a
3053 member state, to resolve disputes that are subject to the compact and

3054 may arise among member states or member boards.

3055 (b) The Interstate Commission shall promulgate rules providing for
3056 both mediation and binding dispute resolution as appropriate.

3057 SECTION 20. MEMBER STATES, EFFECTIVE DATE AND
3058 AMENDMENT

3059 (a) Any state is eligible to become a member of the compact.

3060 (b) The compact shall become effective and binding upon legislative
3061 enactment of the compact into law by not less than seven states.
3062 Thereafter, it shall become effective and binding on a state upon
3063 enactment of the compact into law by such state.

3064 (c) The governors of nonmember states, or their designees, shall be
3065 invited to participate in the activities of the Interstate Commission on a
3066 nonvoting basis prior to adoption of the compact by all states.

3067 (d) The Interstate Commission may propose amendments to the
3068 compact for enactment by the member states. No amendment shall
3069 become effective and binding upon the Interstate Commission and the
3070 member states unless and until it is enacted into law by unanimous
3071 consent of the member states.

3072 SECTION 21. WITHDRAWAL

3073 (a) Once effective, the compact shall continue in force and remain
3074 binding upon every member state, provided a member state may
3075 withdraw from the compact by specifically repealing the statute that
3076 enacted the compact into law.

3077 (b) Withdrawal from the compact shall be done by the enactment of
3078 a statute repealing the compact, but shall not take effect until one year
3079 after the effective date of such statute and until written notice of the
3080 withdrawal has been given by the withdrawing state to the governor of
3081 each other member state.

3082 (c) The withdrawing state shall immediately notify the chairperson
3083 of the Interstate Commission in writing upon the introduction of
3084 legislation repealing the compact in the withdrawing state.

3085 (d) The Interstate Commission shall notify the other member states of
3086 the withdrawing state's intent to withdraw not later than sixty days after
3087 its receipt of notice provided under subsection (c) of this section.

3088 (e) The withdrawing state is responsible for all dues, obligations and
3089 liabilities incurred through the effective date of withdrawal, including,
3090 but not limited to, obligations, the performance of which extend beyond
3091 the effective date of withdrawal.

3092 (f) Reinstatement following withdrawal of a member state shall occur
3093 upon the withdrawing state reenacting the compact or upon such later
3094 date as determined by the Interstate Commission.

3095 (g) The Interstate Commission is authorized to develop rules to
3096 address the impact of the withdrawal of a member state on licenses
3097 granted in other member states to physicians who designated the
3098 withdrawing member state as the state of principal license.

3099 SECTION 22. DISSOLUTION

3100 (a) The compact shall dissolve effective upon the date of the
3101 withdrawal or default of the member state that reduces the membership
3102 of the compact to one member state.

3103 (b) Upon the dissolution of the compact, the compact becomes null
3104 and void and shall be of no further force or effect, and the business and
3105 affairs of the Interstate Commission shall be concluded, and surplus
3106 funds shall be distributed in accordance with the bylaws.

3107 SECTION 23. SEVERABILITY AND CONSTRUCTION

3108 (a) The provisions of the compact shall be severable, and if any
3109 phrase, clause, sentence or provision of the compact is deemed
3110 unenforceable, the remaining provisions of the compact shall be

3111 enforceable.

3112 (b) The provisions of the compact shall be liberally construed to
3113 effectuate its purposes.

3114 (c) Nothing in the compact shall be construed to prohibit the
3115 applicability of other interstate compacts to which the member states are
3116 members.

3117 SECTION 24. BINDING EFFECT OF COMPACT AND OTHER
3118 LAWS

3119 (a) Nothing in the compact prevents the enforcement of any other law
3120 of a member state that is not inconsistent with the compact.

3121 (b) All laws in a member state in conflict with the compact are
3122 superseded to the extent of the conflict.

3123 (c) All lawful actions of the Interstate Commission, including, but not
3124 limited to, all rules and bylaws promulgated by said commission, are
3125 binding upon the member states.

3126 (d) All agreements between the Interstate Commission and the
3127 member states are binding in accordance with the terms of such
3128 agreements.

3129 (e) If any provision of the compact exceeds the constitutional limits
3130 imposed on the legislature of any member state, such provision shall be
3131 ineffective to the extent of the conflict with the constitutional provision
3132 in question in such member state."

3133 Sec. 44. (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023,
3134 the Office of Early Childhood shall hire two full-time employees to
3135 provide technical assistance and business consulting services for
3136 providers of child care services, as described in section 19a-77 of the
3137 general statutes, as amended by this act, in the state.

3138 Sec. 45. Section 10-19q of the general statutes is repealed and the

3139 following is substituted in lieu thereof (*Effective July 1, 2022*):

3140 (a) The Department of Children and Families shall administer, within
3141 available appropriations, an enhancement grant program for youth
3142 service bureaus. The department shall annually award grants in the
3143 amounts of: (1) Three thousand three hundred dollars to youth service
3144 bureaus that serve a town with a population of not more than eight
3145 thousand or towns with a total combined population of not more than
3146 eight thousand; (2) five thousand dollars to youth service bureaus that
3147 serve a town with a population greater than eight thousand, but not
3148 more than seventeen thousand or towns with a total combined
3149 population greater than eight thousand, but not more than seventeen
3150 thousand; (3) six thousand two hundred fifty dollars to youth service
3151 bureaus that serve a town with population greater than seventeen
3152 thousand, but not more than thirty thousand or towns with a total
3153 combined population greater than seventeen thousand, but not more
3154 than thirty thousand; (4) seven thousand five hundred fifty dollars to
3155 youth service bureaus that serve a town with a population greater than
3156 thirty thousand, but not more than one hundred thousand or towns
3157 with a total combined population greater than thirty thousand, but not
3158 more than one hundred thousand; and (5) ten thousand dollars to youth
3159 service bureaus that serve a town with a population greater than one
3160 hundred thousand or towns with a total combined population greater
3161 than one hundred thousand.

3162 (b) (1) For the fiscal year ending June 30, 2023, if the amount
3163 appropriated for grants payable to youth service bureaus under this
3164 section exceeds the amount appropriated for such grants for the fiscal
3165 year ending June 30, 2022, the amount of such excess shall be distributed
3166 proportionately among the youth service bureaus.

3167 [(b)] (2) Notwithstanding the provisions of this section, for the fiscal
3168 year ending June 30, [2020] 2024, and each fiscal year thereafter, the
3169 amount of grants payable to youth service bureaus shall be [(1)] (A)
3170 reduced proportionately if the total of such grants in such year exceeds
3171 the amount appropriated for such grants for such year, or [(2)] (B)

3172 increased proportionately if the total of such grants in such year is less
3173 than the amount appropriated for such grants in such year.

3174 Sec. 46. (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023,
3175 the Department of Public Health shall hire a health program associate
3176 for the Office of Emergency Medical Services, established pursuant to
3177 section 19a-178 of the general statutes, to administer mobile integrated
3178 health care programs in accordance with the provisions of section 19a-
3179 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>from passage</i>	10-221o
Sec. 10	<i>October 1, 2022</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>from passage</i>	19a-7d
Sec. 29	<i>July 1, 2022</i>	New section
Sec. 30	<i>from passage</i>	19a-906(a)(12)
Sec. 31	<i>from passage</i>	19a-906(h)
Sec. 32	<i>from passage</i>	PA 21-9, Sec. 1
Sec. 33	<i>July 1, 2022</i>	New section
Sec. 34	<i>from passage</i>	21a-249(c)
Sec. 35	<i>from passage</i>	PA 21-9, Sec. 3
Sec. 36	<i>from passage</i>	PA 21-9, Sec. 4
Sec. 37	<i>from passage</i>	PA 21-9, Sec. 5
Sec. 38	<i>from passage</i>	PA 21-9, Sec. 7
Sec. 39	<i>July 1, 2024</i>	38a-499a
Sec. 40	<i>July 1, 2024</i>	38a-526a
Sec. 41	<i>from passage</i>	New section
Sec. 42	<i>October 1, 2022</i>	New section
Sec. 43	<i>October 1, 2022</i>	New section
Sec. 44	<i>July 1, 2022</i>	New section
Sec. 45	<i>July 1, 2022</i>	10-19q
Sec. 46	<i>July 1, 2022</i>	New section