House of Representatives

General Assembly

File No. 264

January Session, 2021

Substitute House Bill No. 6461

House of Representatives, April 6, 2021

The Committee on Higher Education and Employment Advancement reported through REP. ELLIOTT of the 88th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE TASK FORCE REGARDING THE PREVENTION AND TREATMENT OF MENTAL ILLNESS AT INSTITUTIONS OF HIGHER EDUCATION.

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

Section 1. (NEW) (*Effective July 1, 2021*) (a) As used in this section and sections 2 to 5, inclusive, of this act:

(1) "Services" or "mental health services" means counseling, therapy, rehabilitation, crisis intervention or emergency services for the screening, diagnosis or treatment of mental illness;

(2) "Programs" or "mental health programming" means education, outreach, research or training initiatives aimed at students for the prevention of mental illness, including, but not limited to, poster and flyer campaigns, electronic communications, films, guest speakers, conferences or other campus events;

(3) "Institution of higher education" means any institution of higher

education in the state, but does not include Charter Oak State College or any institution of higher education that solely provides programs of higher learning through its Internet web site; and

(4) "Mental health crisis" means a condition in which a person requires immediate intervention or medical attention without which such person would present a danger to himself or herself or to others or which renders such person incapable of controlling, knowing or understanding the consequences of his or her actions.

(b) Not later than January 1, 2022, each institution of higher education shall establish a campus mental health coalition with representatives from each of its campuses. The campus mental health coalition shall consist of individuals appointed by the president of each institution of higher education who are reflective of the demographics of the student body at such institution, including, but not limited to, at least one member from such institution's (1) administration, (2) counseling services office, if any, (3) health services office, if any, (4) senior and mid-level staff, (5) student body, (6) residential life office, if any, (7) faculty, and (8) any other individuals designated by the president.

(c) Each institution of higher education shall ensure that every member of the campus mental health coalition is educated about the (1) mental health services and programs offered at each campus by such institution, (2) role and function of the campus mental health coalition at such institution, and (3) protocols and techniques to respond to student mental illness that have been developed with consideration given to the students' race, cultural background, sexual orientation or gender identity or status as a veteran or service member of the armed forces of the United States.

(d) Each campus mental health coalition shall (1) conduct an evaluation every four years of the effectiveness of the mental health services and programs offered by the institution of higher education in accordance with section 2 of this act, (2) review the results of such evaluation and develop a plan to address any weaknesses in such services and programs offered by the institution, and (3) review and

recommend improvements to (A) institutional polices regarding student mental health, (B) the variety of mental health services available to students at the institution, including on-campus services, telehealth services provided in accordance with section 19a-906 of the general statutes, or services offered through community-based mental health care providers or emergency mobile psychiatric service providers in accordance with any memorandum of understanding entered into pursuant to section 3 of this act, (C) the quality of mental health services available to students, including recommendations for obtaining accreditation from the International Accreditation of Counseling Services or another nationally or regionally recognized accrediting body for mental health services, and (D) the crisis intervention and management plan established pursuant to section 4 of this act.

Sec. 2. (NEW) (*Effective July 1, 2021*) (a) Not later than January 1, 2022, and every four years thereafter, the executive director of the Office of Higher Education and the Commissioner of Mental Health and Addiction Services, in consultation with an epidemiologist or other specialist with expertise in the study of student mental health, shall jointly (1) develop or approve, and update as necessary, an assessment tool for use by each institution of higher education in evaluating the effectiveness of the mental health services and programs offered at each of the institution's campuses, (2) develop, and update as necessary, guidelines for the implementation of the assessment tool, including a timeline for its completion, and (3) conduct training workshops for the campus mental health coalitions established pursuant to section 1 of this act regarding best practices for the use and completion of the assessment tool.

(b) Not later than October 1, 2022, and every four years thereafter, each campus mental health coalition established at each institution of higher education pursuant to section 1 of this act shall (1) conduct an evaluation of the effectiveness of the mental health services and programs offered at each campus by such institution using the assessment tool developed or approved pursuant to subsection (a) of this section, in accordance with the guidelines and training provided by

the executive director of the Office of Higher Education and the Commissioner of Mental Health and Addiction Services, and (2) submit the results of such evaluation to the Office of Higher Education.

(c) Not later than thirty days after the receipt of the results of the evaluation conducted pursuant to subsection (b) of this section from each campus mental health coalition, the executive director of the Office of Higher Education shall post such results on the Internet web site of said office and submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to higher education on such results from each institution of higher education.

Sec. 3. (NEW) (*Effective July 1, 2021*) Not later than January 1, 2022, any institution of higher education that lacks resources on campus for the provision of mental health services to students shall enter into and maintain a memorandum of understanding with at least one community-based mental health care provider or, in consultation with the Department of Mental Health and Addiction Services, with an emergency mobile psychiatric service provider for the purpose of providing students access to mental health services on or off campus and assistance to institutions in developing mental health programming.

Sec. 4. (NEW) (*Effective July 1, 2021*) (a) Not later than January 1, 2022, and every four years thereafter, each institution of higher education shall establish or update a crisis intervention and management plan for each campus of such institution. Such plan shall include, but not be limited to, (1) a detailed description of the campus-wide response to a mental health crisis, (2) an environmental review of each campus to identify areas that may be improved for the benefit of student mental health, and (3) protocols to ensure campus safety.

(b) Not later than January 1, 2022, the governing board of each institution of higher education shall adopt, and update as necessary, a policy regarding student mental health. Such policy shall include, but not be limited to, (1) the types of mental health services and mental

health programming provided to students each academic year, and (2) the availability of and eligibility requirements for mental health leave available to students.

(c) Not later than February 1, 2022, and not more than thirty days after the adoption of an updated policy, the governing board of each institution of higher education shall submit, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to higher education, the policy adopted pursuant to subsection (b) of this section.

Sec. 5. (*Effective July 1, 2021*) Not later than January 1, 2022, the Board of Regents for Higher Education shall employ a grant writer to identify and apply for available grant funding to implement or improve mental health services and programs offered by the regional community-technical colleges to address student mental illness.

Sec. 6. Section 38a-477d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(a) Each insurer, health care center, hospital service corporation, medical service corporation, fraternal benefit society or other entity that delivers, issues for delivery, renews, amends or continues a health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 in this state, shall:

(1) Make available to consumers, in an easily readable, accessible and understandable format: **[**, the**]**

(A) The following information for each such policy: **[**(A)**]**

(i) Any coverage exclusions; **[**(B) any**]**

(ii) Any restrictions on the use or quantity of a covered benefit, including on prescription drugs or drugs administered in a physician's office or a clinic; **[**(C) a**]**

(iii) A specific description of how prescription drugs are included or excluded from any applicable deductible, including a description of other out-of-pocket expenses that apply to such drugs; **[**(D) the**]**

(iv) The specific dollar amount of any copayment and the percentage of any coinsurance imposed on each covered benefit, including each covered prescription drug; and **[**(E) information**]**

(v) Information regarding any process available to consumers, and all documents necessary, to seek coverage of a noncovered outpatient prescription drug; and

(B) With respect to explanations of benefits issued pursuant to subsection (d) of this section, a statement disclosing that each consumer who is a covered individual and legally capable of consenting to the provision of covered benefits under such policy may specify that such insurer, center, corporation, society or entity, and each third-party administrator, as defined in section 38a-720, providing services to such insurer, center, corporation, society or entity, shall:

(i) Not issue explanations of benefits concerning covered benefits provided to such consumer; or

(ii) (I) Issue explanations of benefits concerning covered benefits provided to such consumer solely to such consumer; and

(II) Use a method specified by such consumer to issue such explanations of benefits solely to such consumer, and provide sufficient space in the statement for such consumer to specify a mailing address or an electronic mail address for such insurer, center, corporation, society, entity or third-party administrator to use to contact such consumer concerning covered benefits provided to such consumer.

(2) Make available to consumers a way to determine accurately:

(A) **[**whether**]** Whether a specific prescription drug is available under such policy's drug formulary;

(B) **[**the**]** The coinsurance, copayment, deductible or other out-of-pocket expense applicable to such drug;

(C) **[**whether**]** Whether such drug is covered when dispensed by a physician or a clinic;

(D) **[**whether**]** Whether such drug requires prior authorization or the use of step therapy;

(E) **[**whether**]** Whether specific types of health care specialists are in-network; and

(F) **[**whether**]** Whether a specific health care provider or hospital is in-network.

(b) (1) Each insurer, health care center, hospital service corporation, medical service corporation, fraternal benefit society or other entity shall make the information and statement required under subsection (a) of this section available to consumers at the time of enrollment and shall post such information and statement on its Internet web site.

(2) The Connecticut Health Insurance Exchange, established pursuant to section 38a-1081, shall post links on its Internet web site to such information and statement for each qualified health plan that is offered or sold through the exchange.

(c) The Insurance Commissioner shall post links on the Insurance Department's Internet web site to any on-line tools or calculators to help consumers compare and evaluate health insurance policies and plans.

(d) (1) Except as provided in subdivision (2) of this subsection, each insurer, health care center, hospital service corporation, medical service corporation, fraternal benefit society or other entity that delivers, issues for delivery, renews, amends or continues a health insurance policy described in subsection (a) of this section, and each third-party administrator, as defined in section 38a-720, providing services to such an insurer, center, corporation, society or entity, shall:

(A) Issue explanations of benefits to consumers who are covered individuals under the policy; and

(B) (i) Permit each consumer who is a covered individual under the policy and legally capable of consenting to the provision of covered benefits to specify, in writing, that such insurer, center, corporation, society, entity or third-party administrator issue explanations of benefits concerning covered benefits provided to such consumer solely to such consumer, and specify, in writing, which of the following methods such insurer, center, corporation, society, entity or third-party administrator shall use to issue such explanations of benefits solely to such consumer:

(I) Mailing such explanations of benefits to such consumer's mailing address or another mailing address specified by such consumer;

(II) Sending such explanations of benefits to such consumer by electronic means, including, but not limited to, electronic mail; or

(III) Making such explanations of benefits available to such consumer by electronic means, provided making such explanations of benefits available solely to such consumer by electronic means complies with all applicable federal and state laws and regulations concerning data security, including, but not limited to, 45 CFR Part 160, as amended from time to time, and 45 CFR Part 164, Subparts A and C, as amended from time to time.

(ii) Each method specified by a consumer, in writing, pursuant to subparagraph (B)(i) of this subdivision shall be valid until the consumer submits a written specification to the insurer, center, corporation, society, entity or third-party administrator for a different method. Such insurer, center, corporation, society, entity or third-party administrator shall comply with a written specification under this clause or subparagraph (B)(i) of this subdivision, as applicable, not later than three business days after such insurer, center, corporation, society, entity or third-party administrator receives such specification.

(iii) Each insurer, center, corporation, society, entity or third-party administrator that receives a written specification from a consumer pursuant to subparagraph (B)(i) or (B)(ii) of this subdivision, as applicable, shall provide the consumer who made such specification with written confirmation that such insurer, center, corporation, society, entity or third-party administrator received such specification, and advise such consumer, in writing, regarding the status of such specification if such consumer contacts such insurer, center, corporation, society, entity or third-party administrator, in writing, regarding such specification.

(2) Each consumer who is a covered individual under a policy described in subsection (a) of this section and is legally capable of consenting to the provision of covered benefits may specify, in writing, that the insurer, center, corporation, society or entity that delivered, issued for delivery, renewed, amended or continued the policy, or a third-party administrator providing services to such insurer, center, corporation, society or entity, not issue explanations of benefits pursuant to subdivision (1) of this subsection if such explanations of benefits concern covered benefits that were provided to such consumer. Such insurer, center, corporation, society, entity or third-party administrator shall not require such consumer to provide any explanation regarding the basis for such consumer's specification, unless such explanation is required by applicable law or pursuant to an order issued by a court of competent jurisdiction.

(3) Each insurer, center, corporation, society or entity that delivers, issues for delivery, renews, amends or continues a policy described in subsection (a) of this section, and each third-party administrator providing services to such insurer, center, corporation, society or entity, shall disclose to each consumer who is a covered individual under the policy such consumer's ability to submit specifications pursuant to subdivisions (1) and (2) of this subsection. Such disclosure shall be in plain language and displayed or printed, as applicable, clearly and conspicuously in all evidence of coverage documents, privacy communications, explanations of benefits and Internet web sites that are

maintained by such insurer, center, corporation, society, entity or third-party administrator and accessible to consumers in this state.

(4) No insurer, center, corporation, society or entity that is subject to this subsection shall require a consumer or policyholder to waive any right to limit disclosure under this subsection as a precondition to delivering, issuing for delivery, renewing, amending or continuing a policy described in subsection (a) of this section to the consumer or policyholder. Nothing in this subsection shall be construed to limit a consumer's or policyholder's ability to request review of an adverse determination.

Sec. 7. Section 19a-14c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2021*):

(a) For the purposes of this section, "outpatient mental health treatment" means the treatment of mental disorders, emotional problems or maladjustments with the object of (1) removing, modifying or retarding existing symptoms; (2) improving disturbed patterns of behavior; and (3) promoting positive personality growth and development. Treatment shall not include prescribing or otherwise dispensing any medication which is a legend drug as defined in section 20-571.

(b) A psychiatrist licensed pursuant to chapter 370, a psychologist licensed pursuant to chapter 383, an independent social worker certified pursuant to chapter 383b or a marital and family therapist licensed pursuant to chapter 383a may provide outpatient mental health treatment to a minor without the consent or notification of a parent or guardian at the request of the minor if (1) requiring the consent or notification of a parent or guardian would cause the minor to reject such treatment; (2) the provision of such treatment is clinically indicated; (3) the failure to provide such treatment would be seriously detrimental to the minor's well-being; (4) the minor has knowingly and voluntarily sought such treatment; and (5) in the opinion of the provider of treatment, the minor is mature enough to participate in treatment productively. The provider of such treatment shall document the

reasons for any determination made to treat a minor without the consent or notification of a parent or guardian and shall include such documentation in the minor's clinical record, along with a written statement signed by the minor stating that (A) **[**he**]** the minor is voluntarily seeking such treatment; (B) **[**he**]** the minor has discussed with the provider the possibility of involving his or her parent or guardian in the decision to pursue such treatment; (C) **[**he**]** the minor has determined it is not in his or her best interest to involve his or her parent or guardian in such decision; and (D) **[**he**]** the minor has been given adequate opportunity to ask the provider questions about the course of his or her treatment.

(c) **[**After the sixth session of outpatient mental health treatment provided to a minor pursuant to this section, the provider of such treatment shall notify the minor that the consent, notification or involvement of a parent or guardian is required to continue treatment, unless such a requirement would be seriously detrimental to the minor's well-being. If the provider determines such a requirement would be seriously detrimental to the minor's well-being, he shall document such determination in the minor's clinical record, review such determination every sixth session thereafter and document each such review. If the provider determines such a requirement would no longer be seriously detrimental to the minor's well-being, he shall require the consent, notification or involvement of a parent or guardian as a condition of continuing treatment.**]** (1) Except as otherwise provided in subdivision (2) of this subsection, a minor may request and receive as many outpatient mental health treatment sessions as necessary without the consent or notification of a parent or guardian. No provider shall notify a parent or guardian of treatment provided pursuant to this section or disclose any information concerning such treatment to a parent or guardian without the consent of the minor.

(2) A provider may notify a parent or guardian of treatment provided pursuant to this section or disclose certain information concerning such treatment without the consent of the minor who receives such treatment provided (A) such provider determines such notification or disclosure

is necessary to the minor's well-being, (B) the treatment provided to the minor is solely for mental health and not for a substance use disorder, and (C) the minor is provided an opportunity to express any objection to such notification or disclosure. The provider shall document his or her determination concerning such notification or disclosure and any objections expressed by the minor in the minor's clinical record. A provider may disclose to a minor's parent or guardian the following information concerning such minor's outpatient mental health treatment: (i) Diagnosis; (ii) treatment plan and progress in treatment; (iii) recommended medications, including risks, benefits, side effects, typical efficacy, dose and schedule; (iv) psychoeducation about the minor's mental health; (v) referrals to community resources; (vi) coaching on parenting or behavioral management strategies; and (vii) crisis prevention planning and safety planning. A provider shall release a minor's entire clinical record to another provider upon the request of the minor or such minor's parent or guardian.

(d) A parent or guardian who is not informed of the provision of outpatient mental health treatment for his or her minor child pursuant to this section shall not be liable for the costs of the treatment provided.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2021*	New section
Sec. 2	*July 1, 2021*	New section
Sec. 3	*July 1, 2021*	New section
Sec. 4	*July 1, 2021*	New section
Sec. 5	*July 1, 2021*	New section
Sec. 6	*January 1, 2023*	38a-477d
Sec. 7	*July 1, 2021*	19a-14c

HED *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill, which assigns several new responsibilities regarding student mental health to all colleges and universities as well as a few state agencies, results in no fiscal impact to the state. The constituent units can develop mental health coalitions, conduct the required periodic services evaluation, execute agreements for service provision where needed, develop plans and policies, and apply for grants using existing personnel with expertise. Other state agencies can also accomplish their requirements in the bill using existing resources.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

sHB 6461

AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE TASK FORCE REGARDING THE PREVENTION AND TREATMENT OF MENTAL ILLNESS AT INSTITUTIONS OF HIGHER EDUCATION.

SUMMARY

This bill requires the Office of Higher Education (OHE) and higher education institutions to evaluate and improve mental health services. It must do so by requiring:

1. higher education institutions, excluding Charter Oak State College or any institution that solely provides online programming, to establish, by January 1, 2022, (a) a campus mental health coalition to evaluate the effectiveness of their mental health services (§ 1) and (b) a crisis intervention and management plan for each campus (§ 4);

2. OHE and the Department of Mental Health and Addiction Services (DMHAS) to consult with a mental health specialist for students to develop or approve, by January 1, 2022, an assessment tool to evaluate institutions' mental health services and programs (§ 2); and

3. the Board of Regents for Higher Education to employ a grant writer to identify and apply for available grant funding to implement or improve mental health services and programs offered by the regional community-technical colleges to address student mental illness (§ 5).

The bill requires certain health insurance carriers and their third-party administrators (TPAs) to (1) provide explanation of benefits (EOBs) to covered individuals for benefits they receive and (2) allow covered individuals, who can legally consent to receive covered medical

services, to make a specific written selection about whether and how to receive these EOBs. The bill requires health insurance carriers and TPAs to disclose EOB delivery options to covered individuals (§ 6).

The bill applies to insurers, health care centers (i.e., HMOs), hospital and medical service corporations, fraternal benefit societies, and any other entity that delivers, issues, renews, amends, or continues a health insurance policy in Connecticut (i.e., "health insurance carriers") that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. It also applies to TPAs providing services to these health insurance carriers.

Additionally, the bill eliminates a provision requiring a mental health provider to notify a minor that the consent, notification, or involvement of a parent or guardian is required to provide more than six outpatient mental health sessions. It instead allows minors to request and receive as many sessions as necessary without this consent or notification. Under the bill, the provider may inform the parent or guardian under certain circumstances (§ 7).

EFFECTIVE DATE: July 1, 2021, except the provision on EOBs is effective on January 1, 2023.

§ 1 — MENTAL HEALTH COALITION

Membership

The bill requires each higher education institution, excluding Charter Oak State College or online institutions, by January 1, 2022, to establish a mental health coalition to evaluate the effectiveness of their mental health services and programs.

Under the bill, the president of each institution must appoint individuals to the coalition that reflect their institution's student body demographics, including, at least one member from their institution's (1) administration; (2) counseling services office, if any; (3) health services office, if any; (4) senior and mid-level staff; (5) student body; (6) residential life office, if any; (7) faculty; and (8) any other individuals the

president designates.

Duties

The bill requires each higher education institution to ensure that coalition members are educated on the (1) mental health services and programs offered at each institution's campus; (2) the coalition's role and function at the institution; and (3) protocols and techniques to respond to student mental illness that have been developed with consideration given to the students' race, cultural background, sexual orientation or gender identity, or status as a veteran or service member of the U.S. armed forces.

The bill requires each mental health coalition to do the following:

1. evaluate the effectiveness of the institution's mental health services and programs every four years using the assessment tool required by the bill (see § 2);

2. review the evaluation results and develop a plan to address weaknesses in the institution's services and programs; and

3. review and recommend improvements to (a) institutional student mental health policies; (b) the variety of mental health services available to the institution's students, including on-campus services, telehealth services, or a community-based provider arranged through an agreement (see § 3); (c) the quality of mental health services available to students, including recommendations for obtaining accreditation from a nationally or regionally recognized accrediting body for mental health services; and (d) the crisis intervention and management plan established under this bill (see § 4).

The bill defines (1) mental health services as counseling, therapy, rehabilitation, crisis intervention, or emergency services for the screening, diagnosis, or treatment of mental illness and (2) mental health programs such as education, outreach, research or training initiatives aimed at students for the prevention of mental illness. Examples of

programs include poster and flyer campaigns, electronic communications, films, guest speakers, conferences, or other campus events.

§ 2 — EVALUATION OF THE EFFECTIVENESS OF HIGHER EDUCATION INSTITUTION MENTAL HEALTH SERVICES AND PROGRAMS

Assessment Tool Development and Implementation

The bill requires, by January 1, 2022, and every four years thereafter, the OHE executive director and DMHAS commissioner, in consultation with an epidemiologist or other specialist with expertise in the study of student mental health, to jointly develop or approve, and update as necessary, an assessment tool for each higher education institution to evaluate the effectiveness of mental health services and programs offered at each of its campuses.

The bill requires OHE and DMHAS to (1) develop, and update as necessary, guidelines for assessment tool implementation, including a timeline for completion, and (2) conduct training workshops for the established mental health coalitions regarding best practices for assessment tool use and completion.

Under the bill, by October 1, 2022, and every four years thereafter, each established campus mental health coalition must evaluate the effectiveness of the mental health services and programs offered at each institution's campus using the developed assessment tool in accordance with the guidelines and training provided by OHE and the DMHAS executive directors. Each coalition must submit the evaluation results to OHE.

Reporting Requirements

The bill requires the OHE director, within 30 days after receiving the evaluation results, to post them on the OHE website and submit a report to the Higher Education and Employment Advancement committee.

§ 3 — PROVIDER PARTNERSHIPS

The bill requires, by January 1, 2022, a higher education institution

that lacks campus resources for providing mental health services to students to enter into and maintain a memorandum of understanding with at least one community-based mental health care provider or, in consultation with DMHAS, with an emergency mobile psychiatric service provider to (1) provide students access to mental health services on or off campus and (2) assist institutions in developing mental health programming.

§ 4 — CRISIS INTERVENTION AND MANAGEMENT PLAN

The bill requires each higher education institution to establish or update a crisis intervention and management plan for its campus by January 1, 2022. The plan must include (1) a detailed description of the campus-wide response to a mental health crisis, (2) an environmental review of each campus to identify areas that may be improved to benefit student mental health, and (3) protocols to ensure campus safety. The bill defines "mental health crisis" as a condition (1) in which a person requires immediate intervention or medical attention without which the person would present a danger to himself or herself or to others or (2) that renders a person incapable of controlling, knowing, or understanding the consequences of their actions.

Student Mental Health Policies

The bill requires each higher education institution's governing board to adopt, and update as necessary, a student mental health policy by January 1, 2021. The policy must include (1) the mental health services and programming provided to students each academic year and (2) the availability of, and eligibility requirements for, student mental health leave.

Under the bill, by February 1, 2022, and within 30 days after adopting an updated student mental health policy, the governing board of each institution must submit the policy to the Higher Education and Employment Advancement Committee.

§ 6 — EXPLANATION OF BENEFITS (EOBs)

Delivery Method

The bill requires health insurance carriers and TPAs to issue EOBs to consumers, but also allows covered individuals who can legally consent to receiving covered services to (1) specify how EOBs are delivered or (2) opt out of receiving them entirely.

Health insurance carriers and TPAs must allow legally consenting consumers who are covered individuals to specify in writing that EOBs must be delivered solely to him or her by:

1. mail to his or her address or any other specified address;

2. e-mail or other electronic means; or

3. making the EOB available solely to him or her electronically, in compliance with certain federal privacy laws (e.g., through a patient portal).

Under the bill, the consumer's choice remains valid until he or she specifies another method in writing to the carrier. The health insurance carrier or TPA must comply with a consumer's written request for a specific delivery method within three business days after receiving it. Additionally, they must provide written confirmation of receipt and, if contacted by the consumer, advise them on the status of his or her selection.

Opting Out

Covered individuals who can legally consent to benefits may specify, in writing, that the health insurance carrier or TPA not issue an EOB. In such a case, the carrier or TPA cannot require the covered individual to explain this decision unless required by law or pursuant to a court order.

Disclosures

Additionally, the bill requires health insurance carriers and TPAs to make available to consumers a statement disclosing that any covered individual who can legally consent to receiving covered benefits may specify that the carrier:

1. not issue EOBs concerning him or her or

2. issue them only to the consumer using the method he or she chooses.

The statement must (1) be in an easily readable, accessible, and understandable format and (2) include a space for the consumer to provide a mailing or email address.

Under the bill, the disclosure statement described above must be included in the benefits information that carriers must provide upon enrollment, and that both carriers and the Connecticut Health Insurance Exchange (Access Health CT) must make available on their websites.

The bill also requires health carriers and TPAs to disclose to insureds that they may (1) submit EOB delivery method requests or (2) request that EOBs not be delivered at all. This disclosure must be in plain language and displayed or printed clearly and conspicuously in all coverage documents, privacy communications, EOBs, and Internet websites the health carrier makes available to Connecticut consumers.

The bill prohibits a health insurance carrier from requiring a covered individual to waive his or her right to limit disclosure under the bill as a precondition to issuing, delivering, renewing, amending, or continuing a policy. The bill specifies that it does not limit a covered individual's or policy holder's ability to request an adverse determination review.

§ 7 — OUTPATIENT MENTAL HEALTH TREATMENT FOR MINORS

By law, a psychiatrist, psychologist, independent social worker, or marital and family therapist may provide outpatient mental health treatment to a minor without the consent or notification of a parent or guardian at the minor's request under certain conditions. Current law requires a mental health provider to notify the minor that the consent, notification, or involvement of a parent or guardian is required to continue treatment after the sixth session, unless it would be seriously detrimental to the minor's well-being. The bill eliminates this requirement and instead allows minors to request and receive as many outpatient mental health treatment sessions as necessary without the

consent or notification of a parent or guardian. However, the bill also creates an option where the provider may inform the parent or guardian.

Under the bill, a provider may notify a parent or guardian about treatment provided without the parent or guardian's consent or notification, if (1) the provider determines that notification or disclosure is necessary for the minor's well-being, (2) the treatment provided to the minor is solely for mental health and not for a substance use disorder, and (3) the minor is provided an opportunity to express any objection to the notification or disclosure.

The bill requires the provider to document his or her determination regarding the notification or disclosure and any objections expressed by the minor in the minor's clinical record. The provider may disclose to a minor's parent or guardian the following information regarding the minor's outpatient mental health treatment:

1. diagnosis;
2. treatment plan and progress;
3. recommended medications, including risks, benefits, side effects, typical efficacy, dose, and schedule;
4. psychoeducation about the minor's mental health;
5. referrals to community resources;
6. coaching on parenting or behavioral management strategies; and
7. crisis prevention planning and safety planning.

It also requires a provider to release a minor's entire clinical record to another provider upon the request of the minor or the minor's parent or guardian.

Existing law, unchanged by the bill, shields a parent or guardian from liability for treatment costs if he or she is not informed of the minor

child's outpatient mental health treatment.

BACKGROUND

Related Bills

SB 1086, reported favorably by the Public Health Committee, allows minors to request and receive as many outpatient mental health treatment sessions as necessary without the consent or notification of a parent or guardian.

HB 6389, reported favorably by the Insurance and Real Estate Committee, requires certain health insurance entities to (1) provide an EOB to covered individuals for benefits they receive and (2) allow certain individuals who can legally consent to receive services to select how and if they receive EOBs.

COMMITTEE ACTION

Higher Education and Employment Advancement Committee

Joint Favorable Substitute
Yea 20 Nay 2 (03/18/2021)