



General Assembly

**Substitute Bill No. 5001**

February Session, 2022



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

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

1 Section 1. (*Effective from passage*) The Commissioner of Public Health,  
2 in consultation with the Commissioner of Children and Families, shall  
3 develop and implement a plan to establish licensure by reciprocity or  
4 endorsement for a person who (1) is a mental or behavioral health care  
5 provider licensed or certified to provide mental or behavioral health  
6 care services, or is entitled to provide mental or behavioral health care  
7 services under a different designation, in another state having  
8 requirements for practicing in such capacity that are substantially  
9 similar to or higher than the requirements in effect in this state for  
10 practitioners practicing in such capacity, and (2) has no disciplinary  
11 action or unresolved complaint pending against such person, provided  
12 the provisions of any interstate licensure compact regarding a mental or  
13 behavioral health care provider adopted by the state shall supersede any  
14 plan of licensure by reciprocity or endorsement implemented under this  
15 section concerning such mental or behavioral health care provider.  
16 When developing and implementing such plan, the Commissioner of  
17 Public Health shall consider (A) eliminating barriers to the expedient  
18 licensure of such persons in order to immediately address the mental  
19 health needs of children in this state, and (B) whether such licensure  
20 should be limited to the provision of mental or behavioral health care

21 services through the use of telehealth, as defined in section 19a-906 of  
22 the general statutes, as amended by this act. The Commissioner of  
23 Public Health shall prioritize establishing licensure by reciprocity or  
24 endorsement to a person who is a mental or behavioral health care  
25 provider licensed or certified to provide mental health care services to  
26 children, or who is entitled to provide mental or behavioral health care  
27 services to children under a different designation. On or before January  
28 1, 2023, the Commissioner of Public Health shall (i) implement the plan  
29 to establish licensure by reciprocity or endorsement, and (ii) report, in  
30 accordance with the provisions of section 11-4a of the general statutes,  
31 to the joint standing committees of the General Assembly having  
32 cognizance of matters relating to public health and children regarding  
33 such plan and recommendations for legislation related to such plan.

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

37 (a) An occupational or professional license, permit, certification or  
38 registration issued by the Department of Public Health pursuant to  
39 chapter 368v, 370, 372, 373, 375, 375a, 376, 376a, 376b, 376c, 377, 378,  
40 378a, 379, 379a, 380, 381, 381a, 381b, 382a, 382b, 382c, 383, 383a, 383b,  
41 383c, 383d, 383e, 383f, 383g, 383h, 384, 384a, 384b, 384c, 384d, 385, 386,  
42 387, 387a, 388, 388a, 393a, 395, 397a, 398, 399, 400a, 400c or 474 shall be  
43 issued, in the occupation or profession applied for and at a practice level  
44 determined by the department, to a person, [who is (1) a resident of this  
45 state, as defined in section 12-701, and provides a current driver's  
46 license, utility bill, lease agreement or property deed indicating such  
47 person's residence in this state; or (2) married to an active duty member  
48 of the armed forces of the United States and accompanies such member,  
49 pursuant to an official permanent change of station, to a military  
50 installation located in this state] including, but not limited to, an active  
51 duty member of the armed forces of the United States or such person's  
52 spouse, if:

53 [(A)] (1) The person holds a valid license, permit, certification or

54 registration in at least one other jurisdiction in the United States in the  
55 occupation or profession applied for;

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

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

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

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

72 (b) In addition to the requirements set forth in subsection (a) of this  
73 section, the Department of Public Health [(1) shall require a resident of  
74 this state] may require a person applying for a license, permit,  
75 certification or registration under this section to take and pass all, or a  
76 portion of, any examination required of other persons applying for [the]  
77 such license, permit, certification or registration. [; and (2) may require  
78 a person married to an active duty member of the armed forces of the  
79 United States to take all or a portion of such examination.]

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

83 (d) Notwithstanding the provisions of this section and pursuant to

84 section 19a-14, the Commissioner of Public Health may deny an  
85 occupational or professional license, permit, certification or registration  
86 if he or she finds such denial is in the best interest of the state.

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

89 (NEW) (g) The commissioner shall notify each applicant who takes  
90 an examination required under subsection (b), (c), (d) or (e) of this  
91 section that such applicant may use a dictionary while taking such  
92 examination.

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

95 The department may issue a temporary permit to an applicant for  
96 licensure as a master social worker who holds a master's degree from a  
97 social work educational program, as described in section 20-195n, as  
98 amended by this act, but who has not yet taken the licensure  
99 examination prescribed in said section 20-195n. Such temporary permit  
100 shall authorize the holder to practice as a master social worker as  
101 provided for in section 20-195s. [Such] Prior to June 30, 2024, such  
102 temporary permit shall be valid for a period not to exceed one year after  
103 the date of issuance, shall not be renewable and shall not become void  
104 solely because the applicant fails to pass such examination. On and after  
105 July 1, 2024, such temporary permit shall be valid for a period not to  
106 exceed one hundred twenty calendar days after the date of [attaining  
107 such master's degree and] issuance, shall not be renewable [. Such  
108 permit shall become void and shall not be reissued in the event that]  
109 and, if the applicant fails to pass such examination, shall become void  
110 and shall not be reissued. The fee for a temporary permit shall be fifty  
111 dollars.

112 Sec. 5. (NEW) (*Effective October 1, 2022*) (a) The Commissioner of  
113 Public Health shall establish a mental health care provider examination  
114 preparation grant program to provide grants to social workers and

115 marital and family therapists for the costs of tutoring and examination  
116 preparation courses for applicants for licensure as a master social  
117 worker who are preparing for the masters level examination of the  
118 Association of Social Work Boards, or any other examination prescribed  
119 by the commissioner, and for candidates for licensure as a clinical social  
120 worker who are preparing for the clinical level examination of said  
121 association, or any other examination prescribed by the commissioner,  
122 including, but not limited to, the costs of an interpreter for any applicant  
123 who is an English language learner.

124 (b) The commissioner shall establish guidelines for the  
125 administration of the grant program.

126 Sec. 6. (NEW) (*Effective from passage*) (a) The Commissioner of Public  
127 Health, in consultation with the Commissioner of Children and  
128 Families, shall establish a scholarship program for applicants for  
129 licensure in professions that serve the mental or behavioral health needs  
130 of children in the state.

131 (b) Within available appropriations, the program shall provide need-  
132 based scholarships for persons applying to the Department of Public  
133 Health for licensure in professions that serve the mental or behavioral  
134 health needs of children in the state. The scholarship shall not exceed  
135 the sum of application costs and licensure fees. The Commissioner of  
136 Public Health shall develop eligibility requirements for scholarship  
137 recipients and give priority to each scholarship applicant (1) who is a  
138 member of a racial or ethnic minority, (2) for whom English is a second  
139 language, (3) who identifies as lesbian, gay, bisexual, transgender or  
140 queer, or (4) who has a disability. A person may apply to the  
141 Department of Public Health for a scholarship under the program at  
142 such time, and in such manner, as the Commissioner of Public Health  
143 prescribes.

144 (c) The Department of Public Health may accept private donations  
145 for the scholarship program.

146 (d) Any unexpended funds appropriated for purposes of this section  
147 shall not lapse at the end of the fiscal year but shall be available for  
148 expenditure during the next fiscal year.

149 (e) For the fiscal year ending June 30, 2022, and each fiscal year  
150 thereafter, the Commissioner of Public Health may use up to five per  
151 cent of the funds appropriated for purposes of this section for program  
152 administration, promotion, recruitment and retention activities.

153 (f) On or before January 1, 2023, and annually thereafter, the  
154 Commissioner of Public Health shall report, in accordance with the  
155 provisions of section 11-4a of the general statutes, to the joint standing  
156 committee of the General Assembly having cognizance of matters  
157 relating to public health regarding (1) the number of recipients, and the  
158 demographics of recipients, of scholarships under the program  
159 established under this section and, where available, the demographics  
160 of the persons served by such recipients in such recipients' professional  
161 capacities, and (2) a detailed description of how the Department of  
162 Public Health utilizes the money allocated for administration of the  
163 scholarship program.

164 Sec. 7. Subsection (b) of section 17a-22ff of the general statutes is  
165 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
166 *2022*):

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

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

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

174 (3) [Four] Six appointed by the Commissioner of Children and  
175 Families, who shall be providers of mental, emotional or behavioral

176 health care services [for] to children in the state, [at least one of whom  
177 shall be a provider of] one of whom shall be a psychiatrist licensed to  
178 practice pursuant to chapter 370, one of whom shall be a marital and  
179 family therapist licensed under chapter 383a, one of whom shall be a  
180 psychologist licensed under chapter 383, one of whom shall be a clinical  
181 social worker licensed under chapter 383b, one of whom shall be a  
182 professional counselor licensed under chapter 383c and one of whom  
183 shall be an advanced practice registered nurse licensed under chapter  
184 378. At least one of such appointees shall be a provider of mental,  
185 emotional or behavioral health care services to children involved with  
186 the juvenile justice system;

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

190 (5) One appointed by the Commissioner of Children and Families,  
191 who shall represent the United Way of Connecticut 2-1-1 Infoline  
192 program;

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

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

198 (8) One appointed by the minority leader of the House of  
199 Representatives, who shall represent the Connecticut Behavioral  
200 Healthcare Partnership;

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

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

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

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

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

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

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

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

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

217 (18) The Labor Commissioner, or the commissioner's designee;

218 (19) The Secretary of the Office of Policy and Management, or the  
219 secretary's designee;

220 (20) The Commissioner of Correction, or the commissioner's  
221 designee;

222 [(18)] (21) The executive director of the Court Support Services  
223 Division of the Judicial Branch, or the executive director's designee;

224 [(19)] (22) The Child Advocate, or the Child Advocate's designee;

225 [(20)] (23) The Healthcare Advocate, or the Healthcare Advocate's  
226 designee; [and]

227 [(21)] (24) The executive director of the Commission on Women,  
228 Children, Seniors, Equity and Opportunity, or the executive director's  
229 designee; [.]



- 230     (25) One representative of the Governor's office;
- 231     (26) One representative of commercial health insurance carriers;
- 232     (27) One representative of the Commission on Racial Equity in Public  
233     Health established under section 19a-133a;
- 234     (28) One representative of the Commission on the Disparate Impact  
235     of COVID-19 established pursuant to special act 21-37;
- 236     (29) One representative of the task force created pursuant to section  
237     4 of public act 21-125 concerning mental health service provider  
238     networks; and
- 239     (30) One representative of the task force on children's needs created  
240     pursuant to section 30 of public act 21-46.

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

250     Sec. 9. (NEW) (*Effective October 1, 2022*) (a) There is established in the  
251     city of Waterbury a pilot program to allow a hospital to administer a  
252     partial hospitalization program, and an intensive outpatient program,  
253     for adolescents with mental or behavioral health issues, which shall be  
254     administered by the Department of Public Health. As used in this  
255     subsection, "partial hospitalization program" means a structured  
256     program of outpatient psychiatric services as an alternative to inpatient  
257     psychiatric care.

258     (b) Not later than January 1, 2024, and annually thereafter, the

259 Commissioner of Public Health, in consultation with the Commissioner  
260 of Children and Families, shall report, in accordance with the provisions  
261 of section 11-4a of the general statutes, regarding the implementation of  
262 the pilot program to the joint standing committees of the General  
263 Assembly having cognizance of matters relating to public health and  
264 children. Such report shall assess the effectiveness of the pilot program  
265 and include legislative recommendations concerning implementation of  
266 the pilot program on a state-wide basis.

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

269 (a) [Not later than January 1, 2014, the] The Commissioner of  
270 Children and Families shall establish and implement a regional  
271 behavioral health consultation and care coordination program for (1)  
272 primary care providers who serve children, and (2) the pediatric  
273 patients of such providers. Such program shall provide to such primary  
274 care providers [; (1) Timely] (A) timely access to a consultation team that  
275 includes a child psychiatrist, social worker and a care coordinator, [; (2)]  
276 (B) patient care coordination and transitional services for mental or  
277 behavioral health care, [;] and [(3)] (C) training and education  
278 concerning patient access to behavioral health services. [Said] Such  
279 program shall provide to the pediatric patient of a primary care  
280 provider who serves children not more than three follow-up telehealth  
281 appointments, if determined to be medically necessary by the primary  
282 care provider, with a mental health care provider after the primary care  
283 provider has utilized the program on behalf of such patient. A primary  
284 care provider participating in such program may refer a pediatric  
285 patient to a care coordinator who contracts with the Department of  
286 Children and Families, but is not participating in such program, to assist  
287 a pediatric patient in obtaining behavioral health care from a mental or  
288 behavioral health care provider who is not participating in such  
289 program. The department shall request reimbursement for services  
290 provided under this section from a health carrier prior to paying for  
291 such services with any funds appropriated for purposes of this section.

292 The commissioner may enter into a contract for services to administer  
293 such program.

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

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

303 Sec. 11. Subdivision (12) of subsection (a) of section 19a-906 of the  
304 general statutes is repealed and the following is substituted in lieu  
305 thereof (*Effective from passage*):

306 (12) "Telehealth provider" means (A) any physician licensed under  
307 chapter 370, physical therapist licensed under chapter 376, chiropractor  
308 licensed under chapter 372, naturopath licensed under chapter 373,  
309 podiatrist licensed under chapter 375, occupational therapist licensed  
310 under chapter 376a, optometrist licensed under chapter 380, registered  
311 nurse or advanced practice registered nurse licensed under chapter 378,  
312 physician assistant licensed under chapter 370, psychologist licensed  
313 under chapter 383, marital and family therapist licensed under chapter  
314 383a, clinical social worker or master social worker licensed under  
315 chapter 383b, alcohol and drug counselor licensed under chapter 376b,  
316 professional counselor licensed under chapter 383c, dietitian-  
317 nutritionist certified under chapter 384b, speech and language  
318 pathologist licensed under chapter 399, respiratory care practitioner  
319 licensed under chapter 381a, audiologist licensed under chapter 397a,  
320 pharmacist licensed under chapter 400j or paramedic licensed pursuant  
321 to chapter 384d who is providing health care or other health services  
322 through the use of telehealth within such person's scope of practice and  
323 in accordance with the standard of care applicable to the profession, or

324 (B) on and after July 1, 2024, an appropriately licensed, certified or  
325 registered physician, naturopath, registered nurse, advanced practice  
326 registered nurse, physician assistant, psychologist, marital and family  
327 therapist, clinical social worker, master social worker, alcohol and drug  
328 counselor, professional counselor, dietitian-nutritionist, nurse-midwife,  
329 behavior analyst, music therapist or art therapist, in another state or  
330 territory of the United States or the District of Columbia, who is  
331 providing mental or behavioral health care or other services through the  
332 use of telehealth within such person's scope of practice and in  
333 accordance with the standard of care applicable to the profession and  
334 maintains professional liability insurance, or other indemnity against  
335 liability for professional malpractice, in an amount that is equal to or  
336 greater than that required for similarly licensed, certified or registered  
337 Connecticut mental or behavioral health care providers.

338 Sec. 12. Section 1 of public act 21-9, as amended by section 3 of public  
339 act 21-133, is repealed and the following is substituted in lieu thereof  
340 (*Effective from passage*):

341 (a) As used in this section:

342 (1) "Asynchronous" has the same meaning as provided in section 19a-  
343 906 of the general statutes, as amended by this act.

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

347 (3) "Facility fee" has the same meaning as provided in section 19a-  
348 508c of the general statutes.

349 (4) "Health record" has the same meaning as provided in section 19a-  
350 906 of the general statutes, as amended by this act.

351 (5) "Medical history" has the same meaning as provided in section  
352 19a-906 of the general statutes, as amended by this act.

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

356 (7) "Originating site" has the same meaning as provided in section  
357 19a-906 of the general statutes, as amended by this act.

358 (8) "Peripheral devices" has the same meaning as provided in section  
359 19a-906 of the general statutes, as amended by this act.

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

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

364 (11) "Synchronous" has the same meaning as provided in section 19a-  
365 906 of the general statutes, as amended by this act.

366 (12) "Telehealth" means the mode of delivering health care or other  
367 health services via information and communication technologies to  
368 facilitate the diagnosis, consultation and treatment, education, care  
369 management and self-management of a patient's physical, oral and  
370 mental health, and includes interaction between the patient at the  
371 originating site and the telehealth provider at a distant site, synchronous  
372 interactions, asynchronous store and forward transfers or remote  
373 patient monitoring, but does not include interaction through (A)  
374 facsimile, texting or electronic mail, or (B) audio-only telephone unless  
375 the telehealth provider is (i) in-network, or (ii) a provider enrolled in the  
376 Connecticut medical assistance program providing such health care or  
377 other health services to a Connecticut medical assistance program  
378 recipient.

379 (13) "Telehealth provider" means any person who is (A) an in-  
380 network provider or a provider enrolled in the Connecticut medical  
381 assistance program providing health care or other health services to a  
382 Connecticut medical assistance program recipient through the use of

383 telehealth within such person's scope of practice and in accordance with  
384 the standard of care applicable to such person's profession, and (B) (i) a  
385 physician or physician assistant licensed under chapter 370 of the  
386 general statutes, physical therapist or physical therapist assistant  
387 licensed under chapter 376 of the general statutes, chiropractor licensed  
388 under chapter 372 of the general statutes, naturopath licensed under  
389 chapter 373 of the general statutes, podiatrist licensed under chapter 375  
390 of the general statutes, occupational therapist or occupational therapy  
391 assistant licensed under chapter 376a of the general statutes, optometrist  
392 licensed under chapter 380 of the general statutes, registered nurse or  
393 advanced practice registered nurse licensed under chapter 378 of the  
394 general statutes, psychologist licensed under chapter 383 of the general  
395 statutes, marital and family therapist licensed under chapter 383a of the  
396 general statutes, clinical social worker or master social worker licensed  
397 under chapter 383b of the general statutes, alcohol and drug counselor  
398 licensed under chapter 376b of the general statutes, professional  
399 counselor licensed under chapter 383c of the general statutes, dietitian-  
400 nutritionist certified under chapter 384b of the general statutes, speech  
401 and language pathologist licensed under chapter 399 of the general  
402 statutes, respiratory care practitioner licensed under chapter 381a of the  
403 general statutes, audiologist licensed under chapter 397a of the general  
404 statutes, pharmacist licensed under chapter 400j of the general statutes,  
405 paramedic licensed pursuant to chapter 384d of the general statutes,  
406 nurse-midwife licensed under chapter 377 of the general statutes,  
407 dentist licensed under chapter 379 of the general statutes, behavior  
408 analyst licensed under chapter 382a of the general statutes, genetic  
409 counselor licensed under chapter 383d of the general statutes, music  
410 therapist certified in the manner described in chapter 383f of the general  
411 statutes, art therapist [certified] licensed in the manner described in  
412 chapter 383g of the general statutes or athletic trainer licensed under  
413 chapter 375a of the general statutes, or (ii) an appropriately licensed,  
414 certified or registered physician, physician assistant, physical therapist,  
415 physical therapist assistant, chiropractor, naturopath, podiatrist,  
416 occupational therapist, occupational therapy assistant, optometrist,  
417 registered nurse, advanced practice registered nurse, psychologist,

418 marital and family therapist, clinical social worker, master social  
419 worker, alcohol and drug counselor, professional counselor, dietitian-  
420 nutritionist, speech and language pathologist, respiratory care  
421 practitioner, audiologist, pharmacist, paramedic, nurse-midwife,  
422 dentist, behavior analyst, genetic counselor, music therapist, art  
423 therapist or athletic trainer, in another state or territory of the United  
424 States or the District of Columbia, that provides telehealth services  
425 pursuant to his or her authority under any relevant order issued by the  
426 Commissioner of Public Health and maintains professional liability  
427 insurance, or other indemnity against liability for professional  
428 malpractice, in an amount that is equal to or greater than that required  
429 for similarly licensed, certified or registered Connecticut health care  
430 providers.

431 (b) (1) Notwithstanding the provisions of section 19a-906 of the  
432 general statutes, as amended by this act, during the period beginning on  
433 [the effective date of this section] May 20, 2021, and ending on June 30,  
434 [2023] 2024, a telehealth provider may only provide a telehealth service  
435 to a patient when the telehealth provider:

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

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

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

446 (D) Conforms to the standard of care applicable to the telehealth  
447 provider's profession and expected for in-person care as appropriate to  
448 the patient's age and presenting condition, except when the standard of

449 care requires the use of diagnostic testing and performance of a physical  
450 examination, such testing or examination may be carried out through  
451 the use of peripheral devices appropriate to the patient's condition; and

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

454 (2) Notwithstanding the provisions of section 19a-906 of the general  
455 statutes, as amended by this act, if a telehealth provider provides a  
456 telehealth service to a patient during the period beginning on [the  
457 effective date of this section] May 10, 2021, and ending on June 30, [2023]  
458 2024, the telehealth provider shall, at the time of the telehealth  
459 provider's first telehealth interaction with a patient, inform the patient  
460 concerning the treatment methods and limitations of treatment using a  
461 telehealth platform, including, but not limited to, the limited duration  
462 of the relevant provisions of this section and sections 3 to 7, inclusive, of  
463 [this act] public act 21-9, and, after providing the patient with such  
464 information, obtain the patient's consent to provide telehealth services.  
465 The telehealth provider shall document such notice and consent in the  
466 patient's health record. If a patient later revokes such consent, the  
467 telehealth provider shall document the revocation in the patient's health  
468 record.

469 (c) Notwithstanding the provisions of this section or title 20 of the  
470 general statutes, no telehealth provider shall, during the period  
471 beginning on [the effective date of this section] May 10, 2021, and ending  
472 on June 30, [2023] 2024, prescribe any schedule I, II or III controlled  
473 substance through the use of telehealth, except a schedule II or III  
474 controlled substance other than an opioid drug, as defined in section 20-  
475 14o of the general statutes, in a manner fully consistent with the Ryan  
476 Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as  
477 as amended from time to time, for the treatment of a person with a  
478 psychiatric disability or a person with a substance use disorder, as  
479 defined in section 17a-458 of the general statutes, including, but not  
480 limited to, medication-assisted treatment. A telehealth provider using  
481 telehealth to prescribe a schedule II or III controlled substance pursuant



482 to this subsection shall electronically [submit] transmit the prescription  
483 pursuant to section 21a-249 of the general statutes, as amended by this  
484 act.

485 (d) During the period beginning on [the effective date of this section]  
486 May 10, 2021, and ending on June 30, [2023] 2024, each telehealth  
487 provider shall, at the time of the initial telehealth interaction, ask the  
488 patient whether the patient consents to the telehealth provider's  
489 disclosure of records concerning the telehealth interaction to the  
490 patient's primary care provider. If the patient consents to such  
491 disclosure, the telehealth provider shall provide records of all telehealth  
492 interactions during such period to the patient's primary care provider,  
493 in a timely manner, in accordance with the provisions of sections 20-7b  
494 to 20-7e, inclusive, of the general statutes.

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

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

506 (2) Notwithstanding the provisions of section 19a-906 of the general  
507 statutes, as amended by this act, and subdivision (1) of this subsection,  
508 a telehealth provider that is an in-network provider or a provider  
509 enrolled in the Connecticut medical assistance program that provides  
510 telehealth services to a Connecticut medical assistance program  
511 recipient, may, during the period beginning on [the effective date of this  
512 section] May 10, 2021, and ending on June 30, [2023] 2024, use any  
513 information or communication technology in accordance with the

514 directions, modifications or revisions, if any, made by the Office for  
515 Civil Rights of the United States Department of Health and Human  
516 Services to the provisions of the Health Insurance Portability and  
517 Accountability Act of 1996 P.L. 104-191, as amended from time to time,  
518 or the rules and regulations adopted thereunder.

519 (g) Notwithstanding any provision of the general statutes, nothing in  
520 this section shall, during the period beginning on [the effective date of  
521 this section] May 10, 2021, and ending on June 30, [2023] 2024, prohibit  
522 a health care provider from: (1) Providing on-call coverage pursuant to  
523 an agreement with another health care provider or such health care  
524 provider's professional entity or employer; (2) consulting with another  
525 health care provider concerning a patient's care; (3) ordering care for  
526 hospital outpatients or inpatients; or (4) using telehealth for a hospital  
527 inpatient, including for the purpose of ordering medication or treatment  
528 for such patient in accordance with the Ryan Haight Online Pharmacy  
529 Consumer Protection Act, 21 USC 829(e), as amended from time to time.  
530 As used in this subsection, "health care provider" means a person or  
531 entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to  
532 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399  
533 or 400j of the general statutes or licensed or certified pursuant to chapter  
534 368d or 384d of the general statutes.

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

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

545 (2) Notwithstanding any provision of the general statutes, a

546 telehealth provider who provides health care or health services to a  
547 patient through telehealth during the period beginning on [the effective  
548 date of this section] May 10, 2021, and ending on June 30, [2023] 2024,  
549 shall:

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

551 (i) An amount that is equal to the amount that Medicare reimburses  
552 for such health care or health services if the telehealth provider  
553 determines that the patient does not have health coverage for such  
554 health care or health services; or

555 (ii) The amount that the patient's health coverage reimburses, and  
556 any coinsurance, copayment, deductible or other out-of-pocket expense  
557 imposed by the patient's health coverage, for such health care or health  
558 services if the telehealth provider determines that the patient has health  
559 coverage for such health care or health services.

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

565 (j) Subject to compliance with all applicable federal requirements,  
566 notwithstanding any provision of the general statutes, state licensing  
567 standards or any regulation adopted thereunder, a telehealth provider  
568 may provide telehealth services pursuant to the provisions of this  
569 section from any location.

570 (k) Notwithstanding the provisions of section 19a-906 of the general  
571 statutes, as amended by this act, during the period beginning on [the  
572 effective date of this section] May 10, 2021, and ending on June 30, [2023]  
573 2024, any Connecticut entity, institution or health care provider that  
574 engages or contracts with a telehealth provider that is licensed, certified  
575 or registered in another state or territory of the United States or the  
576 District of Columbia to provide health care or other health services shall

577 verify the credentials of such provider in the state in which he or she is  
578 licensed, certified or registered, ensure that such [a] provider is in good  
579 standing in such state, and confirm that such provider maintains  
580 professional liability insurance or other indemnity against liability for  
581 professional malpractice in an amount that is equal to or greater than  
582 that required for similarly licensed, certified or registered Connecticut  
583 health care providers.

584 (l) Notwithstanding sections 4-168 to 4-174, inclusive, of the general  
585 statutes, from the period beginning on [the effective date of this section]  
586 May 10, 2021, and ending on June 30, [2023] 2024, the Commissioner of  
587 Public Health may temporarily waive, modify or suspend any  
588 regulatory requirements adopted by the Commissioner of Public Health  
589 or any boards or commissions under chapters 368a, 368d, 368v, 369 to  
590 381a, inclusive, 382a, 383 to 388, inclusive, 397a, 398, 399, 400a, 400c, 400j  
591 and 474 of the general statutes as the Commissioner of Public Health  
592 deems necessary to reduce the spread of COVID-19 and to protect the  
593 public health for the purpose of providing residents of this state with  
594 telehealth services from out-of-state practitioners.

595 Sec. 13. Subsection (c) of section 21a-249 of the 2022 supplement to  
596 the general statutes is repealed and the following is substituted in lieu  
597 thereof (*Effective from passage*):

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

600 (1) Electronic transmission is not available due to a temporary  
601 technological or electrical failure. In the event of a temporary  
602 technological or electrical failure, the practitioner shall, without undue  
603 delay, reasonably attempt to correct any cause for the failure that is  
604 within his or her control. A practitioner who issues a prescription, but  
605 fails to electronically transmit the prescription, as permitted by this  
606 subsection, shall document the reason for the practitioner's failure to  
607 electronically transmit the prescription in the patient's medical record  
608 as soon as practicable, but in no instance more than seventy-two hours

609 following the end of the temporary technological or electrical failure  
610 that prevented the electronic transmittal of the prescription. For  
611 purposes of this subdivision, "temporary technological or electrical  
612 failure" means failure of a computer system, application or device or the  
613 loss of electrical power to such system, application or device, or any  
614 other service interruption to such system, application or device that  
615 reasonably prevents the practitioner from utilizing his or her certified  
616 application to electronically transmit the prescription in accordance  
617 with subsection (b) of this section;

618 (2) The practitioner reasonably determines that it would be  
619 impractical for the patient to obtain substances prescribed by an  
620 [electronically transmitted] electronically-transmitted prescription in a  
621 timely manner and that such delay would adversely impact the patient's  
622 medical condition, provided if such prescription is for a controlled  
623 substance, the quantity of such controlled substance does not exceed a  
624 five-day supply for the patient, if the controlled substance was used in  
625 accordance with the directions for use. A practitioner who issues a  
626 prescription, but fails to electronically transmit the prescription, as  
627 permitted by this subsection, shall document the reason for the  
628 practitioner's failure to electronically transmit the prescription in the  
629 patient's medical record;

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

635 (4) Use of an [electronically transmitted] electronically-transmitted  
636 prescription may negatively impact patient care, such as a prescription  
637 containing two or more products to be compounded by a pharmacist, a  
638 prescription for direct administration to a patient by parenteral,  
639 intravenous, intramuscular, subcutaneous or intraspinal infusion, a  
640 prescription that contains long or complicated directions, a prescription  
641 that requires certain elements to be included by the federal Food and

642 Drug and Administration, or an oral prescription communicated to a  
643 pharmacist by a health care practitioner for a patient in a chronic and  
644 convalescent nursing home, licensed pursuant to chapter 368v; or

645 (5) The practitioner demonstrates, in a form and manner prescribed  
646 by the commissioner, that such practitioner does not have the  
647 technological capacity to issue [electronically transmitted prescriptions]  
648 an electronically-transmitted prescription. For the purposes of this  
649 subsection, "technological capacity" means possession of a computer  
650 system, hardware or device that can be used to electronically transmit  
651 controlled substance prescriptions consistent with the requirements of  
652 the federal Controlled Substances Act, 21 USC 801, as amended from  
653 time to time. The provisions of this subdivision shall not apply to a  
654 practitioner when such practitioner is prescribing as a telehealth  
655 provider, as defined in section 19a-906, as amended by this act, section  
656 1 of public act 20-2 of the July special session or section 1 of public act  
657 21-9, as amended by this act, as applicable, pursuant to subsection (c) of  
658 section 19a-906, subsection (c) of section 1 of public act 20-2 of the July  
659 special session or subsection (c) of section 1 of public act 21-9, as  
660 amended by this act, as applicable.

661 Sec. 14. Section 3 of public act 21-9 is repealed and the following is  
662 substituted in lieu thereof (*Effective from passage*):

663 (a) For the purposes of this section:

664 (1) "Asynchronous" has the same meaning as provided in section 19a-  
665 906 of the general statutes, as amended by this act;

666 (2) "Originating site" has the same meaning as provided in section  
667 19a-906 of the general statutes, as amended by this act;

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

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

672 (5) "Synchronous" has the same meaning as provided in section 19a-  
673 906 of the general statutes, as amended by this act;

674 (6) "Telehealth" means the mode of delivering health care or other  
675 health services via information and communication technologies to  
676 facilitate the diagnosis, consultation and treatment, education, care  
677 management and self-management of an insured's physical, oral and  
678 mental health, and includes interaction between the insured at the  
679 originating site and the telehealth provider at a distant site, synchronous  
680 interactions, asynchronous store and forward transfers or remote  
681 patient monitoring, but does not include interaction through (A)  
682 facsimile, texting or electronic mail, or (B) audio-only telephone if the  
683 telehealth provider is out-of-network; and

684 (7) "Telehealth provider" means any person who (A) provides health  
685 care or other health services through the use of telehealth within such  
686 person's scope of practice and in accordance with the standard of care  
687 applicable to such person's profession, and (B) is (i) a physician or  
688 physician assistant licensed under chapter 370 of the general statutes,  
689 physical therapist or physical therapist assistant licensed under chapter  
690 376 of the general statutes, chiropractor licensed under chapter 372 of  
691 the general statutes, naturopath licensed under chapter 373 of the  
692 general statutes, podiatrist licensed under chapter 375 of the general  
693 statutes, occupational therapist or occupational therapy assistant  
694 licensed under chapter 376a of the general statutes, optometrist licensed  
695 under chapter 380 of the general statutes, registered nurse or advanced  
696 practice registered nurse licensed under chapter 378 of the general  
697 statutes, psychologist licensed under chapter 383 of the general statutes,  
698 marital and family therapist licensed under chapter 383a of the general  
699 statutes, clinical social worker or master social worker licensed under  
700 chapter 383b of the general statutes, alcohol and drug counselor licensed  
701 under chapter 376b of the general statutes, professional counselor  
702 licensed under chapter 383c of the general statutes, dietitian-nutritionist  
703 certified under chapter 384b of the general statutes, speech and  
704 language pathologist licensed under chapter 399 of the general statutes,

705 respiratory care practitioner licensed under chapter 381a of the general  
706 statutes, audiologist licensed under chapter 397a of the general statutes,  
707 pharmacist licensed under chapter 400j of the general statutes,  
708 paramedic licensed pursuant to chapter 384d of the general statutes,  
709 nurse-midwife licensed under chapter 377 of the general statutes,  
710 dentist licensed under chapter 379 of the general statutes, behavior  
711 analyst licensed under chapter 382a of the general statutes, genetic  
712 counselor licensed under chapter 383d of the general statutes, music  
713 therapist certified in the manner described in chapter 383f of the general  
714 statutes, art therapist [certified] licensed in the manner described in  
715 chapter 383g of the general statutes or athletic trainer licensed under  
716 chapter 375a of the general statutes, or (ii) an in-network and  
717 appropriately licensed, certified or registered physician, physician  
718 assistant, physical therapist, physical therapist assistant, chiropractor,  
719 naturopath, podiatrist, occupational therapist, occupational therapy  
720 assistant, optometrist, registered nurse, advanced practice registered  
721 nurse, psychologist, marital and family therapist, clinical social worker,  
722 master social worker, alcohol and drug counselor, professional  
723 counselor, dietitian-nutritionist, speech and language pathologist,  
724 respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-  
725 midwife, dentist, behavior analyst, genetic counselor, music therapist,  
726 art therapist or athletic trainer, in another state or territory of the United  
727 States or the District of Columbia, that provides telehealth services  
728 pursuant to his or her authority under any relevant order issued by the  
729 Commissioner of Public Health and maintains professional liability  
730 insurance, or other indemnity against liability for professional  
731 malpractice, in an amount that is equal to or greater than that required  
732 for similarly licensed, certified or registered Connecticut health care  
733 providers.

734 (b) Notwithstanding any provision of the general statutes, each  
735 individual health insurance policy that provides coverage of the type  
736 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of  
737 the general statutes that is effective at any time during the period  
738 beginning on [the effective date of this section] May 10, 2021, and ending



739 on June 30, [2023] 2024, shall, at all times that the policy remains in effect  
740 during such period, provide coverage for medical advice, diagnosis,  
741 care or treatment provided through telehealth, to the same extent  
742 coverage is provided for such advice, diagnosis, care or treatment when  
743 provided to the insured in person. The policy shall not, at any time  
744 during such period, exclude coverage for a service that is appropriately  
745 provided through telehealth because such service is provided through  
746 telehealth or a telehealth platform selected by an in-network telehealth  
747 provider.

748 (c) Notwithstanding any provision of the general statutes, no  
749 telehealth provider who receives a reimbursement for a covered service  
750 provided through telehealth in accordance with subsection (b) of this  
751 section shall seek any payment for such service from the insured who  
752 received such service, except for any coinsurance, copayment,  
753 deductible or other out-of-pocket expense set forth in the insured's  
754 policy. Such amount shall be deemed by the telehealth provider to be  
755 payment in full.

756 (d) Nothing in this section shall prohibit or limit a health insurer,  
757 health care center, hospital service corporation, medical service  
758 corporation or other entity from conducting utilization review for  
759 telehealth services, provided such utilization review is conducted in the  
760 same manner and uses the same clinical review criteria as a utilization  
761 review for an in-person consultation for the same service. Except as  
762 provided in subsection (b) or (c) of this section, the coverage required  
763 under subsection (b) of this section shall be subject to the same terms  
764 and conditions applicable to all other benefits under the policy  
765 providing such coverage.

766 (e) The provisions of this section shall apply to a high deductible  
767 health plan, as that term is used in subsection (f) of section 38a-493 of  
768 the general statutes, to the maximum extent permitted by federal law,  
769 except if such plan is used to establish a medical savings account or an  
770 Archer MSA pursuant to Section 220 of the Internal Revenue Code of  
771 1986, as amended from time to time, or any subsequent corresponding

772 Internal Revenue Code of the United States, as amended from time to  
773 time, or a health savings account pursuant to Section 223 of said Internal  
774 Revenue Code of 1986, as amended from time to time. The provisions of  
775 this section shall apply to such plan to the maximum extent that (1) is  
776 permitted by federal law, and (2) does not disqualify such account for  
777 the deduction allowed under said Section 220 or 223, as applicable.

778 Sec. 15. Section 4 of public act 21-9 is repealed and the following is  
779 substituted in lieu thereof (*Effective from passage*):

780 (a) For the purposes of this section:

781 (1) "Asynchronous" has the same meaning as provided in section 19a-  
782 906 of the general statutes, as amended by this act;

783 (2) "Originating site" has the same meaning as provided in section  
784 19a-906 of the general statutes, as amended by this act;

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

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

789 (5) "Synchronous" has the same meaning as provided in section 19a-  
790 906 of the general statutes, as amended by this act;

791 (6) "Telehealth" means the mode of delivering health care or other  
792 health services via information and communication technologies to  
793 facilitate the diagnosis, consultation and treatment, education, care  
794 management and self-management of an insured's physical, oral and  
795 mental health, and includes interaction between the insured at the  
796 originating site and the telehealth provider at a distant site, synchronous  
797 interactions, asynchronous store and forward transfers or remote  
798 patient monitoring, but does not include interaction through (A)  
799 facsimile, texting or electronic mail, or (B) audio-only telephone if the  
800 telehealth provider is out-of-network; and

801 (7) "Telehealth provider" means any person who (A) provides health  
802 care or other health services through the use of telehealth within such  
803 person's scope of practice and in accordance with the standard of care  
804 applicable to such person's profession, and (B) is (i) a physician or  
805 physician assistant licensed under chapter 370 of the general statutes,  
806 physical therapist or physical therapist assistant licensed under chapter  
807 376 of the general statutes, chiropractor licensed under chapter 372 of  
808 the general statutes, naturopath licensed under chapter 373 of the  
809 general statutes, podiatrist licensed under chapter 375 of the general  
810 statutes, occupational therapist or occupational therapy assistant  
811 licensed under chapter 376a of the general statutes, optometrist licensed  
812 under chapter 380 of the general statutes, registered nurse or advanced  
813 practice registered nurse licensed under chapter 378 of the general  
814 statutes, psychologist licensed under chapter 383 of the general statutes,  
815 marital and family therapist licensed under chapter 383a of the general  
816 statutes, clinical social worker or master social worker licensed under  
817 chapter 383b of the general statutes, alcohol and drug counselor licensed  
818 under chapter 376b of the general statutes, professional counselor  
819 licensed under chapter 383c of the general statutes, dietitian-nutritionist  
820 certified under chapter 384b of the general statutes, speech and  
821 language pathologist licensed under chapter 399 of the general statutes,  
822 respiratory care practitioner licensed under chapter 381a of the general  
823 statutes, audiologist licensed under chapter 397a of the general statutes,  
824 pharmacist licensed under chapter 400j of the general statutes,  
825 paramedic licensed pursuant to chapter 384d of the general statutes,  
826 nurse-midwife licensed under chapter 377 of the general statutes,  
827 dentist licensed under chapter 379 of the general statutes, behavior  
828 analyst licensed under chapter 382a of the general statutes, genetic  
829 counselor licensed under chapter 383d of the general statutes, music  
830 therapist certified in the manner described in chapter 383f of the general  
831 statutes, art therapist [certified] licensed in the manner described in  
832 chapter 383g of the general statutes or athletic trainer licensed under  
833 chapter 375a of the general statutes, or (ii) an in-network and  
834 appropriately licensed, certified or registered physician, physician  
835 assistant, physical therapist, physical therapist assistant, chiropractor,

836 naturopath, podiatrist, occupational therapist, occupational therapy  
837 assistant, optometrist, registered nurse, advanced practice registered  
838 nurse, psychologist, marital and family therapist, clinical social worker,  
839 master social worker, alcohol and drug counselor, professional  
840 counselor, dietitian-nutritionist, speech and language pathologist,  
841 respiratory care practitioner, audiologist, pharmacist, paramedic, nurse-  
842 midwife, dentist, behavior analyst, genetic counselor, music therapist,  
843 art therapist or athletic trainer, in another state or territory of the United  
844 States or the District of Columbia, that provides telehealth services  
845 pursuant to his or her authority under any relevant order issued by the  
846 Commissioner of Public Health and maintains professional liability  
847 insurance, or other indemnity against liability for professional  
848 malpractice, in an amount that is equal to or greater than that required  
849 for similarly licensed, certified or registered Connecticut health care  
850 providers.

851 (b) Notwithstanding any provision of the general statutes, each  
852 group health insurance policy that provides coverage of the type  
853 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of  
854 the general statutes that is effective at any time during the period  
855 beginning on [the effective date of this section] May 10, 2021, and ending  
856 on June 30, [2023] 2024, shall, at all times that the policy remains in effect  
857 during such period, provide coverage for medical advice, diagnosis,  
858 care or treatment provided through telehealth, to the same extent  
859 coverage is provided for such advice, diagnosis, care or treatment when  
860 provided to the insured in person. The policy shall not, at any time  
861 during such period, exclude coverage for a service that is appropriately  
862 provided through telehealth because such service is provided through  
863 telehealth or a telehealth platform selected by an in-network telehealth  
864 provider.

865 (c) Notwithstanding any provision of the general statutes, no  
866 telehealth provider who receives a reimbursement for a covered service  
867 provided through telehealth in accordance with subsection (b) of this  
868 section shall seek any payment for such service from the insured who

869 received such service, except for any coinsurance, copayment,  
870 deductible or other out-of-pocket expense set forth in the insured's  
871 policy. Such amount shall be deemed by the telehealth provider to be  
872 payment in full.

873 (d) Nothing in this section shall prohibit or limit a health insurer,  
874 health care center, hospital service corporation, medical service  
875 corporation or other entity from conducting utilization review for  
876 telehealth services, provided such utilization review is conducted in the  
877 same manner and uses the same clinical review criteria as a utilization  
878 review for an in-person consultation for the same service. Except as  
879 provided in subsection (b) or (c) of this section, the coverage required  
880 under subsection (b) of this section shall be subject to the same terms  
881 and conditions applicable to all other benefits under the policy  
882 providing such coverage.

883 (e) The provisions of this section shall apply to a high deductible  
884 health plan, as that term is used in subsection (f) of section 38a-520 of  
885 the general statutes, to the maximum extent permitted by federal law,  
886 except if such plan is used to establish a medical savings account or an  
887 Archer MSA pursuant to Section 220 of the Internal Revenue Code of  
888 1986, as amended from time to time, or any subsequent corresponding  
889 Internal Revenue Code of the United States, as amended from time to  
890 time, or a health savings account pursuant to Section 223 of said Internal  
891 Revenue Code of 1986, as amended from time to time. The provisions of  
892 this section shall apply to such plan to the maximum extent that (1) is  
893 permitted by federal law, and (2) does not disqualify such account for  
894 the deduction allowed under said Section 220 or 223, as applicable.

895 Sec. 16. Section 5 of public act 21-9 is repealed the following is  
896 substituted in lieu thereof (*Effective from passage*):

897 (a) As used in this section:

898 (1) "Health carrier" has the same meaning as provided in section 38a-  
899 1080 of the general statutes;

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

902 (3) "Telehealth" has the same meaning as provided in sections 3 and  
903 4 of [this act] public act 21-9, as amended by this act; and

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

906 (b) Notwithstanding any provision of the general statutes, no health  
907 carrier shall reduce the amount of a reimbursement paid to a telehealth  
908 provider for covered health care or health services that the telehealth  
909 provider appropriately provided to an insured through telehealth  
910 during the period beginning on [the effective date of this section] May  
911 10, 2021, and ending on June 30, [2023] 2024, because the telehealth  
912 provider provided such health care or health services to the patient  
913 through telehealth and not in person.

914 Sec. 17. Section 7 of public act 21-9 is repealed and the following is  
915 substituted in lieu thereof (*Effective from passage*):

916 (a) As used in this section:

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

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

921 (3) "Qualifying patient" has the same meaning as provided in section  
922 21a-408 of the general statutes; and

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

925 (b) Notwithstanding the provisions of sections 21a-408 to 21a-408n,  
926 inclusive, of the general statutes, or any other section, regulation, rule,  
927 policy or procedure concerning the certification of medical marijuana

928 patients, a physician or advanced practice registered nurse may issue a  
929 written certification to a qualifying patient and provide any follow-up  
930 care using telehealth services during the period beginning on [the  
931 effective date of this section] May 10, 2021, and ending on June 30, [2023]  
932 2024, provided all other requirements for issuing the written  
933 certification to the qualifying patient and all recordkeeping  
934 requirements are satisfied.

935 Sec. 18. Section 38a-1041 of the general statutes is repealed and the  
936 following is substituted in lieu thereof (*Effective July 1, 2022*):

937 (a) There is established an Office of the Healthcare Advocate which  
938 shall be within the Insurance Department for administrative purposes  
939 only.

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

941 (1) Assist health insurance consumers with managed care plan  
942 selection by providing information, referral and assistance to  
943 individuals about means of obtaining health insurance coverage and  
944 services;

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

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

950 (4) Assist consumers with the filing of complaints and appeals,  
951 including filing appeals with a managed care organization's internal  
952 appeal or grievance process and the external appeal process established  
953 under sections 38a-591d to 38a-591g, inclusive;

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

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

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

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

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

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

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

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

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

975 (c) The Office of the Healthcare Advocate shall make a referral to the  
976 Insurance Commissioner if the Healthcare Advocate finds that a  
977 preferred provider network may have engaged in a pattern or practice  
978 that may be in violation of sections 38a-479aa to 38a-479gg, inclusive, or  
979 38a-815 to 38a-819, inclusive.

980 (d) The Healthcare Advocate and the Insurance Commissioner shall  
981 jointly compile a list of complaints received against managed care  
982 organizations and preferred provider networks and the commissioner  
983 shall maintain the list, except the names of complainants shall not be  
984 disclosed if such disclosure would violate the provisions of section 4-



985 61dd or 38a-1045.

986 (e) [On or before October 1, 2005, the] The Managed Care  
987 Ombudsman shall establish a process to provide ongoing  
988 communication among mental health care providers, patients, state-  
989 wide and regional business organizations, managed care companies and  
990 other health insurers to assure: (1) Best practices in mental health  
991 treatment and recovery; (2) compliance with the provisions of sections  
992 38a-476a, 38a-476b, 38a-488a, as amended by this act, and 38a-489; and  
993 (3) the relative costs and benefits of providing effective mental health  
994 care coverage to employees and their families. On or before January 1,  
995 2006, and annually thereafter, the Healthcare Advocate shall report, in  
996 accordance with the provisions of section 11-4a, on the implementation  
997 of this subsection to the joint standing committees of the General  
998 Assembly having cognizance of matters relating to public health and  
999 insurance.

1000 (f) [On or before October 1, 2008, the] The Office of the Healthcare  
1001 Advocate shall, within available appropriations, establish and maintain  
1002 a healthcare consumer information web site on the Internet for use by  
1003 the public in obtaining healthcare information, including but not limited  
1004 to: (1) The availability of wellness programs in various regions of  
1005 Connecticut, such as disease prevention and health promotion  
1006 programs; (2) quality and experience data from hospitals licensed in this  
1007 state; and (3) a link to the consumer report card developed and  
1008 distributed by the Insurance Commissioner pursuant to section 38a-  
1009 478l.

1010 (g) [Not later than January 1, 2015, the] The Office of the Healthcare  
1011 Advocate shall establish an information and referral service to help  
1012 residents and providers receive behavioral health care information,  
1013 timely referrals and access to behavioral health care providers. In  
1014 developing and implementing such service, the Healthcare Advocate,  
1015 or the Healthcare Advocate's designee, shall: (1) Collaborate with  
1016 stakeholders, including, but not limited to, (A) state agencies, (B) the  
1017 Behavioral Health Partnership established pursuant to section 17a-22h,

1018 (C) community collaboratives, (D) the United Way's 2-1-1 Infoline  
1019 program, and (E) providers; (2) identify any basis that prevents  
1020 residents from obtaining adequate and timely behavioral health care  
1021 services, including, but not limited to, (A) gaps in private behavioral  
1022 health care services and coverage, and (B) barriers to access to care; (3)  
1023 coordinate a public awareness and educational campaign directing  
1024 residents to the information and referral service; and (4) develop data  
1025 reporting mechanisms to determine the effectiveness of the service,  
1026 including, but not limited to, tracking (A) the number of referrals to  
1027 providers by type and location of providers, (B) waiting time for  
1028 services, and (C) the number of providers who accept or reject requests  
1029 for service based on type of health care coverage. Not later than  
1030 February 1, 2016, and annually thereafter, the Office of the Healthcare  
1031 Advocate shall submit a report, in accordance with the provisions of  
1032 section 11-4a, to the joint standing committees of the General Assembly  
1033 having cognizance of matters relating to children, human services,  
1034 public health and insurance. The report shall identify gaps in services  
1035 and the resources needed to improve behavioral health care options for  
1036 residents.

1037 (h) Not later than October 1, 2022, the Healthcare Advocate shall  
1038 designate an employee of the Office of the Healthcare Advocate to be  
1039 responsible for: (1) Performing the office's duties to minors; and (2)  
1040 coordinating state-wide efforts to ensure that minors have coverage,  
1041 and access to services, for behavioral health conditions, mental health  
1042 conditions and substance use disorders.

1043 Sec. 19. (NEW) (*Effective from passage*) (a) As used in this section,  
1044 "school mental health specialist" means any person employed by a local  
1045 or regional board of education to provide mental health services to  
1046 students and includes, but is not limited to, a (1) school social worker,  
1047 (2) school psychologist, (3) trauma specialist, (4) behavior technician, (5)  
1048 board certified behavior analyst, (6) school counselor, (7) licensed  
1049 professional counselor, and (8) licensed marriage and family therapist.

1050 (b) Not later than October 1, 2022, and annually thereafter, the

1051 Commissioner of Education shall, within available appropriations,  
1052 develop and distribute a survey to each local and regional board of  
1053 education concerning the employment of school mental health  
1054 specialists by such local or regional board of education. Such survey  
1055 shall include, but need not be limited to, (1) (A) the total number of  
1056 school mental health specialists for the school district, and (B) a  
1057 disaggregation of the total number of each school social worker, school  
1058 psychologist, trauma specialist, behavior technician, board certified  
1059 behavior analyst, school counselor, licensed professional counselor and  
1060 licensed marriage and family therapist, (2) (A) the total number of  
1061 school mental health specialists assigned to each school under the  
1062 jurisdiction of the local or regional board of education, and (B) a  
1063 disaggregation of each school social worker, school psychologist,  
1064 trauma specialist, behavior technician, board certified behavior analyst,  
1065 school counselor, licensed professional counselor and licensed marriage  
1066 and family therapist assigned to each school under the jurisdiction of  
1067 such board, including whether any such school mental health specialist  
1068 is assigned solely to that school or whether such school mental health  
1069 specialist is assigned to multiple schools, (3) the geographic area  
1070 covered by any such school mental health specialist who provides  
1071 services to more than one local or regional board of education, and (4)  
1072 an estimate of the annual number of students who have received direct  
1073 services from each individual school mental health specialist during the  
1074 five-year period preceding completion of the survey.

1075 (c) For the school year commencing July 1, 2022, and each school year  
1076 thereafter, each local and regional board of education shall annually  
1077 complete the survey developed and distributed pursuant to subsection  
1078 (b) of this section to the commissioner, and submit such completed  
1079 survey to the commissioner, at such time, and in such manner, as the  
1080 commissioner prescribes.

1081 (d) Following the receipt of a completed survey from a local or  
1082 regional board of education, the commissioner shall annually calculate  
1083 a student-to- school mental health specialist ratio for (1) such board of

1084 education, and (2) each school under the jurisdiction of such board of  
1085 education.

1086 (e) Not later than January 1, 2023, and annually thereafter, the  
1087 commissioner shall submit a report, in accordance with the provisions  
1088 of section 11-4a of the general statutes, on the results of the survey  
1089 completed under this section and the student-to- school mental health  
1090 specialist ratios calculated pursuant to subsection (d) of this section, to  
1091 the joint standing committees of the General Assembly having  
1092 cognizance of matters relating to education and children.

1093 Sec. 20. (NEW) (*Effective July 1, 2022*) (a) For the fiscal years ending  
1094 June 30, 2023, to June 30, 2025, inclusive, the Department of Education  
1095 shall administer a grant program to provide grants to local and regional  
1096 boards of education for the purpose of hiring and retaining additional  
1097 school mental health specialists. As used in this section, "school mental  
1098 health specialist" has the same meaning as provided in section 19 of this  
1099 act.

1100 (b) Applications for grants pursuant to subsection (a) of this section  
1101 shall be filed with the Commissioner of Education at such time, and in  
1102 such manner, as the commissioner prescribes. As part of the application,  
1103 the applicant shall submit a (1) plan for the expenditure of grant funds,  
1104 and (2) copy of the completed survey described in section 19 of this act.  
1105 Such plan shall include, but need not be limited to, the number of  
1106 additional school mental health specialists to be hired, the number of  
1107 school mental health specialists being retained who were previously  
1108 hired with the assistance of grant funds awarded under this section,  
1109 whether such school mental health specialists will be conducting  
1110 assessments of students or providing services to students based on the  
1111 results of assessments and the type of services that will be provided by  
1112 such school mental health specialists.

1113 (c) In determining whether to award an applicant a grant under this  
1114 section, the Commissioner of Education shall give priority to those  
1115 school districts (1) with large student-to- school mental health specialist

1116 ratios, or (2) that have a high volume of student utilization of mental  
1117 health services.

1118 (d) For the fiscal year ending June 30, 2023, the Commissioner of  
1119 Education may award a grant to an applicant and shall determine the  
1120 amount of the grant award based on the plan submitted by such  
1121 applicant pursuant to subsection (b) of this section. The commissioner  
1122 shall pay a grant to each grant recipient in each of the fiscal years ending  
1123 June 30, 2023, to June 30, 2025, inclusive, as follows: (1) For the fiscal  
1124 year ending June 30, 2023, the amount of the grant shall be as  
1125 determined by the commissioner under this subsection; (2) for the fiscal  
1126 year ending June 30, 2024, the amount of the grant shall be the same  
1127 amount as the grant awarded for the prior fiscal year; and (3) for the  
1128 fiscal year ending June 30, 2025, the amount of the grant shall be seventy  
1129 per cent of the amount of the grant awarded for the prior fiscal year.

1130 (e) Grant recipients shall file annual expenditure reports with the  
1131 Department of Education at such time, and in such manner, as the  
1132 commissioner prescribes. Grant recipients shall refund to the  
1133 department (1) any unexpended amounts at the close of the fiscal year  
1134 in which the grant was awarded, and (2) any amounts not expended in  
1135 accordance with the plan for which such grant application was  
1136 approved.

1137 (f) (1) The Department of Education shall annually track and calculate  
1138 the utilization rate of the grant program for each grant recipient. Such  
1139 utilization rate shall be calculated using metrics that include, but need  
1140 not be limited to, the number of students served and the hours of service  
1141 provided using grant funds awarded under the program.

1142 (2) The department shall annually calculate the return on investment  
1143 for the grant program using the expenditure reports filed pursuant to  
1144 subsection (e) of this section and the utilization rates calculated  
1145 pursuant to subdivision (1) of this subsection.

1146 (g) For purposes of carrying out the provisions of this section, the

1147 Department of Education may accept funds from private sources or any  
1148 state agency, gifts, grants and donations, including, but not limited to,  
1149 in-kind donations.

1150 (h) (1) Not later than January 1, 2024, and each January first thereafter,  
1151 until and including January 1, 2026, the Commissioner of Education  
1152 shall submit a report, in accordance with the provisions of section 11-4a  
1153 of the general statutes, on the utilization rate for each grant recipient  
1154 and the return on investment for the grant program, calculated pursuant  
1155 to subsection (f) of this section, to the joint standing committees of the  
1156 General Assembly having cognizance of matters relating to education  
1157 and children.

1158 (2) Not later than January 1, 2026, the commissioner shall develop  
1159 recommendations concerning (A) whether such grant program should  
1160 be extended and funded for the fiscal year ending June 30, 2026, and  
1161 each fiscal year thereafter, and (B) the amount of the grant award under  
1162 the program. The commissioner shall submit such recommendations, in  
1163 accordance with the provisions of section 11-4a of the general statutes,  
1164 to the joint standing committees of the General Assembly having  
1165 cognizance of matters relating to education and children.

1166 Sec. 21. (NEW) (*Effective from passage*) (a) For the fiscal years ending  
1167 June 30, 2023, to June 30, 2025, inclusive, the Department of Education  
1168 shall administer a grant program to provide grants to local and regional  
1169 boards of education and operators of youth camps and other summer  
1170 programs for the school-based delivery of mental health services to  
1171 students.

1172 (b) Applications for grants pursuant to subsection (a) of this section  
1173 shall be filed with the Commissioner of Education at such time, and in  
1174 such manner, as the commissioner prescribes. As part of the application,  
1175 the applicant shall submit a plan for the expenditure of grant funds.

1176 (c) For the fiscal year ending June 30, 2023, the Commissioner of  
1177 Education may award a grant to an applicant and shall determine the

1178 amount of the grant award based on the plan submitted by such  
1179 applicant pursuant to subsection (b) of this section. The commissioner  
1180 shall pay a grant to each grant recipient in each of the fiscal years ending  
1181 June 30, 2023, to June 30, 2025, inclusive, as follows: (1) For the fiscal  
1182 year ending June 30, 2023, the amount of the grant shall be as  
1183 determined by the commissioner under this subsection; (2) for the fiscal  
1184 year ending June 30, 2024, the amount of the grant shall be the same  
1185 amount as the grant awarded for the prior fiscal year; and (3) for the  
1186 fiscal year ending June 30, 2025, the amount of the grant shall be seventy  
1187 per cent of the amount of the grant awarded for the prior fiscal year.

1188 (d) Grant recipients shall file expenditure reports with the  
1189 Commissioner of Education at such time and in such manner as the  
1190 commissioner prescribes. Grant recipients shall refund to the  
1191 Department of Education (1) any unexpended amounts at the close of  
1192 the fiscal year in which the grant was awarded, and (2) any amounts not  
1193 expended in accordance with the plan for which such grant application  
1194 was approved.

1195 (e) Each grant recipient, in collaboration with the Department of  
1196 Education, shall develop metrics to annually track and calculate the  
1197 utilization rate of the grant program for such grant recipient in order to  
1198 measure the success of the program. Such grant recipient shall annually  
1199 submit such metrics and utilization rate to the department.

1200 (f) For the purposes of carrying out the provisions of this section, the  
1201 Department of Education may accept funds from private sources or any  
1202 other state agency, gifts, grants and donations, including, but not  
1203 limited to, in-kind contributions.

1204 (g) (1) Not later than January 1, 2024, and each January first thereafter,  
1205 until and including January 1, 2026, the Commissioner of Education  
1206 shall submit a report, in accordance with the provisions of section 11-4a  
1207 of the general statutes, on the utilization rate for each grant recipient  
1208 calculated pursuant to subsection (e) of this section, to the joint standing  
1209 committees of the General Assembly having cognizance of matters

1210 relating to education and children.

1211 (2) Not later than January 1, 2026, the commissioner shall develop  
1212 recommendations concerning (A) whether such grant program should  
1213 be extended and funded for the fiscal year ending June 30, 2026, and  
1214 each fiscal year thereafter, and (B) the amount of the grant award under  
1215 the program. The commissioner shall submit such recommendations, in  
1216 accordance with the provisions of section 11-4a of the general statutes,  
1217 to the joint standing committees of the General Assembly having  
1218 cognizance of matters relating to education and children.

1219 Sec. 22. (NEW) (*Effective from passage*) (a) For the fiscal years ending  
1220 June 30, 2023, to June 30, 2025, inclusive, the Office of Higher Education  
1221 shall administer a grant program to provide grants to public and  
1222 independent institutions of higher education, for the delivery of mental  
1223 health services to students on campus.

1224 (b) Applications for grants pursuant to subsection (a) of this section  
1225 shall be filed with the executive director of the Office of Higher  
1226 Education at such time, and in such manner, as the executive director  
1227 prescribes. As part of the application, the applicant shall submit a plan  
1228 for the expenditure of grant funds.

1229 (c) For the fiscal year ending June 30, 2023, the executive director of  
1230 the Office of Higher Education may award a grant to an applicant and  
1231 shall determine the amount of the grant award based on the plan  
1232 submitted by such applicant pursuant to subsection (b) of this section.  
1233 The executive director shall pay a grant to each grant recipient in each  
1234 of the fiscal years ending June 30, 2023, to June 30, 2025, inclusive, as  
1235 follows: (1) For the fiscal year ending June 30, 2023, the amount of the  
1236 grant shall be as determined by the commissioner under this subsection;  
1237 (2) for the fiscal year ending June 30, 2024, the amount of the grant shall  
1238 be the same amount as the grant awarded for the prior fiscal year; and  
1239 (3) for the fiscal year ending June 30, 2025, the amount of the grant shall  
1240 be seventy per cent of the amount of the grant awarded for the prior  
1241 fiscal year.



1242 (d) Grant recipients shall file expenditure reports with the executive  
1243 director of the Office of Higher Education at such time and in such  
1244 manner as the executive director prescribes. Grant recipients shall  
1245 refund to the Office of Higher Education (1) any unexpended amounts  
1246 at the close of the fiscal year in which the grant was awarded, and (2)  
1247 any amounts not expended in accordance with the plan for which such  
1248 grant application was approved.

1249 (e) Each grant recipient, in collaboration with the Office of Higher  
1250 Education, shall develop metrics to annually track and calculate the  
1251 utilization rate of the grant program for such grant recipient in order to  
1252 measure the success of the program. Such grant recipient shall annually  
1253 submit such metrics and utilization rate to the office.

1254 (f) For the purposes of carrying out the provisions of this section, the  
1255 Office of Higher Education may accept funds from private sources or  
1256 any other state agency, gifts, grants and donations, including, but not  
1257 limited to, in-kind contributions.

1258 (g) (1) Not later than January 1, 2024, and each January first thereafter,  
1259 until and including January 1, 2026, the executive director of the Office  
1260 of Higher Education shall submit a report, in accordance with the  
1261 provisions of section 11-4a of the general statutes, on the utilization rate  
1262 for each grant recipient calculated pursuant to subsection (e) of this  
1263 section, to the joint standing committee of the General Assembly having  
1264 cognizance of matters relating to higher education.

1265 (2) Not later than January 1, 2026, the executive director shall develop  
1266 recommendations concerning (A) whether such grant program should  
1267 be extended and funded for the fiscal year ending June 30, 2026, and  
1268 each fiscal year thereafter, and (B) the amount of the grant award under  
1269 the program. The executive director shall submit such  
1270 recommendations, in accordance with the provisions of section 11-4a of  
1271 the general statutes, to the joint standing committee of the General  
1272 Assembly having cognizance of matters relating to higher education.

1273 Sec. 23. Section 17a-22r of the 2022 supplement to the general statutes  
1274 is repealed and the following is substituted in lieu thereof (*Effective July*  
1275 *1, 2022*):

1276 (a) (1) Not later than December 1, 2021, the Department of Children  
1277 and Families, in consultation with the Behavioral Health Partnership  
1278 Oversight Council established pursuant to section 17a-22j, the  
1279 Department of Mental Health and Addiction Services, the Department  
1280 of Public Health and the Youth Suicide Advisory Board established  
1281 pursuant to section 17a-52, shall develop documents concerning  
1282 behavioral and mental health evaluation and treatment resources  
1283 available to children in each mental health region designated pursuant  
1284 to section 17a-478.

1285 (2) Such documents shall contain, but need not be limited to, (A)  
1286 contact information for the National Suicide Prevention Lifeline and a  
1287 list of [(A)] (i) providers of such resources, including, but not limited to,  
1288 mobile crisis intervention services, [(B)] (ii) the physical location of each  
1289 provider, if applicable, [(C)] (iii) the types of services offered by each  
1290 provider, and [(D)] (iv) contact information for each provider, and (B)  
1291 on and after July 1, 2022, information concerning the existence and  
1292 availability of the 2-1-1 Infoline program, and other pediatric mental  
1293 and behavioral health screening services and tools. Such documents  
1294 shall be translated into, and provided in, multiple languages, including,  
1295 but not limited to, English, Polish, Portuguese and Spanish.

1296 (3) The Behavioral Health Partnership Oversight Council shall make  
1297 such documents available on its Internet web site and distribute such  
1298 documents electronically to (A) each hospital licensed pursuant to  
1299 chapter 368v that has an emergency department, [and] (B) each local and  
1300 regional board of education, (C) the Division of State Police within the  
1301 Department of Emergency Services and Public Protection, (D) each  
1302 municipal police department, and (E) each ambulance company and  
1303 organization, whether public, private or voluntary, that offers  
1304 transportation or treatment services to patients under emergency  
1305 conditions.

1306 (b) On and after January 1, 2022, upon the discharge of any child from  
1307 the emergency department of a hospital licensed pursuant to chapter  
1308 368v, such department shall provide the parent or guardian of such  
1309 child a copy of the document developed pursuant to subsection (a) of  
1310 this section that pertains to the mental health region in which the (1)  
1311 department is located, and (2) child resides, if different, provided such  
1312 child resides in this state. Such copies shall be provided (A) (i) in printed  
1313 form, or (ii) through such child's patient chart in the electronic health  
1314 record system, as defined in section 19a-904c, maintained by such  
1315 hospital, provided such patient chart was created prior to the date of  
1316 such child's discharge, and (B) by electronic mail to the electronic mail  
1317 address of such parent or guardian, at such parent or guardian's  
1318 election.

1319 (c) Not later than December 1, 2022, and annually thereafter, the  
1320 Department of Children and Families shall review the documents  
1321 developed pursuant to subsection (a) of this section and update such  
1322 documents as necessary. If such documents are updated, the  
1323 Department of Children and Families shall provide such updated  
1324 documents to the Behavioral Health Partnership Oversight Council, and  
1325 the council shall distribute and make such updated documents available  
1326 in the manner described in subsection (a) of this section.

1327 Sec. 24. Section 10-212j of the 2022 supplement to the general statutes  
1328 is repealed and the following is substituted in lieu thereof (*Effective July*  
1329 *1, 2022*):

1330 (a) [Not later than January 1, 2022] For the school year commencing  
1331 July 1, 2022, and each school year thereafter, each local and regional  
1332 board of education shall make available on such board's Internet web  
1333 site the document developed by the Department of Children and  
1334 Families pursuant to subsection (a) of section 17a-22r, as amended by  
1335 this act, concerning behavioral and mental health evaluation and  
1336 treatment resources available to children in the mental health region in  
1337 which such board is located, the 2-1-1 Infoline program and other  
1338 pediatric mental and behavioral health screening services and tools.

1339 (b) [On and after January 1, 2022] For the school year commencing  
1340 July 1, 2022, and each school year thereafter, each local and regional  
1341 board of education shall distribute the document described in  
1342 subsection (a) of this section (1) to any student taking a course in health  
1343 and safety, [and] (2) at least semiannually, in September and May, to the  
1344 parents and guardians of each student in the school district, and (3) to  
1345 the parent or guardian of a student who is truant, as defined in section  
1346 10-198a, as amended by this act.

1347 Sec. 25. Subsection (b) of section 10-198a of the general statutes is  
1348 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
1349 *2022*):

1350 (b) Each local and regional board of education shall adopt and  
1351 implement policies and procedures concerning truants who are enrolled  
1352 in schools under the jurisdiction of such board of education. Such  
1353 policies and procedures shall include, but need not be limited to, the  
1354 following: (1) The holding of a meeting with the parent of each child  
1355 who is a truant, or other person having control of such child, and  
1356 appropriate school personnel to review and evaluate the reasons for the  
1357 child being a truant, provided such meeting shall be held not later than  
1358 ten school days after the child's fourth unexcused absence in a month or  
1359 tenth unexcused absence in a school year, (2) coordinating services with  
1360 and referrals of children to community agencies providing child and  
1361 family services, (3) annually at the beginning of the school year and  
1362 upon any enrollment during the school year, notifying the parent or  
1363 other person having control of each child enrolled in a grade from  
1364 kindergarten to eight, inclusive, in the public schools in writing of the  
1365 obligations of the parent or such other person pursuant to section 10-  
1366 184, (4) annually at the beginning of the school year and upon any  
1367 enrollment during the school year, obtaining from the parent or other  
1368 person having control of each child in a grade from kindergarten to  
1369 eight, inclusive, a telephone number or other means of contacting such  
1370 parent or such other person during the school day, (5) (A) on or before  
1371 August 15, 2018, the implementation of a truancy intervention model

1372 identified by the Department of Education pursuant to subsection (a) of  
1373 section 10-198e for any school under its jurisdiction that has a  
1374 disproportionately high rate of truancy, as determined by the  
1375 Commissioner of Education, and (B) on or before September 1, 2023, the  
1376 adoption and implementation of a truancy intervention model  
1377 developed by the Department of Education pursuant to subsection (b)  
1378 of section 10-198e that accounts for mental and behavioral health, (6) a  
1379 system of monitoring individual unexcused absences of children in  
1380 grades kindergarten to eight, inclusive, which shall provide that  
1381 whenever a child enrolled in school in any such grade fails to report to  
1382 school on a regularly scheduled school day and no indication has been  
1383 received by school personnel that the child's parent or other person  
1384 having control of the child is aware of the pupil's absence, a reasonable  
1385 effort to notify, by telephone and by mail, the parent or such other  
1386 person shall be made by school personnel or volunteers under the  
1387 direction of school personnel, (7) providing notice to the parent or  
1388 guardian of a child who is a truant of the information concerning the  
1389 existence and availability of the 2-1-1 Infoline program, and other  
1390 pediatric mental and behavioral health screening services and tools  
1391 described in section 17a-22r, as amended by this act, and (8) on and after  
1392 July 1, 2023, a requirement that an appropriate school mental health  
1393 specialist, as defined in section 19 of this act, conduct (A) an evaluation  
1394 of each child who is a truant to determine if additional behavioral health  
1395 interventions are necessary for the well-being of the child, and (B) an  
1396 evaluation of such child, which shall include, to the extent possible, an  
1397 evaluation of the psychological, mental, emotional, economic and  
1398 physical needs of the child and the child's family. Any person who, in  
1399 good faith, gives or fails to give notice pursuant to subdivision (6) of this  
1400 subsection shall be immune from any liability, civil or criminal, which  
1401 might otherwise be incurred or imposed and shall have the same  
1402 immunity with respect to any judicial proceeding which results from  
1403 such notice or failure to give such notice.

1404       Sec. 26. (Effective July 1, 2022) For the fiscal years ending June 30, 2023,  
1405 and June 30, 2024, each regional educational service center shall hire an

1406 individual to serve as the regional trauma coordinator for such center.  
1407 The regional trauma coordinator for each such center shall be  
1408 responsible for: (1) Developing a trauma-informed care training  
1409 program in accordance with the provisions of section 27 of this act, (2)  
1410 implementing the trauma-informed care training program, (3)  
1411 providing technical assistance to the local and regional boards of  
1412 education that are members of the regional educational service center in  
1413 implementing the trauma-informed care training program, (4) training  
1414 school mental health specialists, as defined in section 19 of this act, to be  
1415 the trainers under the trauma-informed care training program, and (5)  
1416 ensuring that such trainers are properly training teachers,  
1417 administrators, school staff and coaches under the trauma-informed  
1418 care training program.

1419       Sec. 27. (*Effective July 1, 2022*) (a) The regional trauma coordinators  
1420 employed by the regional educational service centers, described in  
1421 section 26 of this act, shall jointly develop and implement a trauma-  
1422 informed care training program. Such training program shall utilize a  
1423 training model that will enable school mental health specialists, as  
1424 defined in section 19 of this act, to deliver trauma-informed care training  
1425 to all teachers, administrators, school staff and coaches upon completion  
1426 of the training program. In developing such trauma-informed care  
1427 training program, the regional trauma coordinators may collaborate  
1428 with any nonprofit organization in the state that focuses on child health  
1429 and development and trauma-informed care for children.

1430       (b) The regional trauma coordinator for each regional educational  
1431 service center shall offer trauma-informed care training at no cost to  
1432 school mental health specialists or the local or regional boards of  
1433 education that are members of such regional educational service center  
1434 and that employ such school mental health specialists. Any school  
1435 mental health specialist who has participated in the trauma-informed  
1436 care program described in subsection (a) of this section shall be the  
1437 person to provide such trauma-informed training to teachers,  
1438 administrators, school staff and coaches under this section.

1439 (c) A local or regional board of education may enter into an  
1440 agreement with the trauma coordinator for the regional educational  
1441 service center to provide the trauma-informed care training program as  
1442 part of the in-service training program for the school district, pursuant  
1443 to section 10-220a of the general statutes.

1444 (d) (1) Each regional trauma coordinator shall develop a progress  
1445 report on the implementation of the trauma-informed care training  
1446 program for the prior fiscal year. Such progress report shall include an  
1447 analysis of the effectiveness and results of the program. Not later than  
1448 January 1, 2024, each regional trauma coordinator shall submit such  
1449 progress report, in accordance with the provisions of section 11-4a of the  
1450 general statutes, to the joint standing committees of the General  
1451 Assembly having cognizance of matters relating to education and  
1452 children.

1453 (2) Each regional trauma coordinator shall develop a final report on  
1454 the implementation of the trauma-informed care training program for  
1455 the previous two fiscal years. Such final report shall include (A) an  
1456 analysis of the effectiveness and results of the program, and (B)  
1457 recommendations concerning whether the trauma-informed care  
1458 training program should be extended and funded for the fiscal years  
1459 ending June 30, 2025, and June 30, 2026. Not later than January 1, 2025,  
1460 each regional trauma coordinator shall submit such final report, in  
1461 accordance with the provisions of section 11-4a of the general statutes,  
1462 to the joint standing committees of the General Assembly having  
1463 cognizance of matters relating to education and children.

1464 Sec. 28. (NEW) (*Effective July 1, 2022*) For the school year commencing  
1465 July 1, 2022, and each school year thereafter, any teacher of record in a  
1466 classroom may request the safe school climate specialist, as described in  
1467 section 10-222k of the general statutes, to convene a behavior  
1468 intervention meeting for any student whose behavior has caused a  
1469 serious disruption to the instruction of other students, or caused self-  
1470 harm or physical harm to such teacher or another student or staff  
1471 member in such teacher's classroom. The safe school climate specialist

1472 shall, upon the request of such teacher, convene a behavior intervention  
1473 meeting regarding such student. The participants of such behavior  
1474 intervention meeting shall identify resources and supports to address  
1475 such student's social, emotional and instructional needs.

1476 Sec. 29. Subsection (c) of section 10-220 of the 2022 supplement to the  
1477 general statutes is repealed and the following is substituted in lieu  
1478 thereof (*Effective July 1, 2022*):

1479 (c) Annually, each local and regional board of education shall submit  
1480 to the Commissioner of Education a strategic school profile report for  
1481 each school and school or program of alternative education, as defined  
1482 in section 10-74j, under its jurisdiction and for the school district as a  
1483 whole. The superintendent of each local and regional school district  
1484 shall present the profile report at the next regularly scheduled public  
1485 meeting of the board of education after each November first. The profile  
1486 report shall provide information on measures of (1) student needs,  
1487 including, but not limited to, a needs assessment that identifies  
1488 resources necessary to address the level of student trauma impacting  
1489 students and staff in each school, (2) school resources, including  
1490 technological resources and utilization of such resources and  
1491 infrastructure, (3) student and school performance, including in-school  
1492 suspensions, out-of-school suspensions and expulsions, the number of  
1493 truants, as defined in section 10-198a, as amended by this act, and  
1494 chronically absent children, as defined in section 10-198c, (4) the number  
1495 of students enrolled in an adult high school credit diploma program,  
1496 pursuant to section 10-69, operated by a local or regional board of  
1497 education or a regional educational service center, (5) equitable  
1498 allocation of resources among its schools, (6) reduction of racial, ethnic  
1499 and economic isolation, (7) special education, and (8) school-based  
1500 arrests, as defined in section 10-233n. For purposes of this subsection,  
1501 measures of special education include (A) special education  
1502 identification rates by disability, (B) rates at which special education  
1503 students are exempted from mastery testing pursuant to section 10-14q,  
1504 (C) expenditures for special education, including such expenditures as



1505 a percentage of total expenditures, (D) achievement data for special  
1506 education students, (E) rates at which students identified as requiring  
1507 special education are no longer identified as requiring special education,  
1508 (F) the availability of supplemental educational services for students  
1509 lacking basic educational skills, (G) the amount of special education  
1510 student instructional time with nondisabled peers, (H) the number of  
1511 students placed out-of-district, and (I) the actions taken by the school  
1512 district to improve special education programs, as indicated by analyses  
1513 of the local data provided in subparagraphs (A) to (H), inclusive, of this  
1514 subdivision. The superintendent shall include in the narrative portion  
1515 of the report information about parental involvement and any measures  
1516 the district has taken to improve parental involvement, including, but  
1517 not limited to, employment of methods to engage parents in the  
1518 planning and improvement of school programs and methods to increase  
1519 support to parents working at home with their children on learning  
1520 activities. For purposes of this subsection, measures of truancy include  
1521 the type of data that is required to be collected by the Department of  
1522 Education regarding attendance and unexcused absences in order for  
1523 the department to comply with federal reporting requirements and the  
1524 actions taken by the local or regional board of education to reduce  
1525 truancy in the school district. Such truancy data shall be considered a  
1526 public record, as defined in section 1-200.

1527 Sec. 30. Subdivision (1) of subsection (a) of section 28-24 of the general  
1528 statutes is repealed and the following is substituted in lieu thereof  
1529 (*Effective October 1, 2022*):

1530 (1) Develop a state-wide emergency service telecommunications plan  
1531 specifying emergency police, fire and medical service  
1532 telecommunications systems needed to provide coordinated emergency  
1533 service telecommunications to all state residents, including [the  
1534 physically disabled] persons with physical disabilities and persons in  
1535 need of mental health, behavioral health or substance use disorder  
1536 services;

1537 Sec. 31. Section 28-29a of the general statutes is repealed and the

1538 following is substituted in lieu thereof (*Effective October 1, 2022*):

1539 (a) There is established an E 9-1-1 Commission to (1) advise the  
1540 division in the planning, design, implementation and coordination of  
1541 the state-wide emergency 9-1-1 telephone system [to be] created  
1542 pursuant to sections 28-25 to 28-29b, inclusive, and (2) in consultation  
1543 with the Coordinating Advisory Board established pursuant to section  
1544 29-1t, as amended by this act, advise the Commissioner of Emergency  
1545 Services and Public Protection in the planning, design, implementation,  
1546 coordination and governance of the public safety data network  
1547 established pursuant to section 29-1j.

1548 (b) The commission shall be appointed by the Governor and shall  
1549 consist of the following members: (1) One representative from the  
1550 technical support services unit of the Division of State Police within the  
1551 Department of Emergency Services and Public Protection; (2) the State  
1552 Fire Administrator; (3) one representative from the Office of Emergency  
1553 Medical Services; (4) one representative from the Division of Emergency  
1554 Management and Homeland Security within the Department of  
1555 Emergency Services and Public Protection; (5) the Commissioner of  
1556 Public Health, or the commissioner's designee; (6) the Commissioner of  
1557 Mental Health and Addiction Services, or the commissioner's designee;  
1558 (7) the Commissioner of Children and Families, or the commissioner's  
1559 designee; (8) one municipal police chief; [(6)] (9) one municipal fire chief;  
1560 [(7)] (10) one volunteer fireman; [(8)] (11) one representative of the  
1561 Connecticut Conference of Municipalities; [(9)] (12) one representative  
1562 of the Council of Small Towns; [(10)] (13) one representative of  
1563 telecommunicators, as defined in section 28-30; [(11)] (14) one  
1564 representative of the public; [(12)] (15) one manager or coordinator of 9-  
1565 1-1 public safety answering points serving areas of differing population  
1566 concentration; and [(13)] (16) one representative of providers of  
1567 commercial mobile radio services, as defined in 47 Code of Federal  
1568 Regulations 20.3, as amended. Each member shall serve for a term of  
1569 three years from the date of his or her appointment or until a successor  
1570 has been appointed and qualified. No member of the commission shall

1571 receive compensation for such member's services.

1572 Sec. 32. Subsection (b) of section 29-1t of the general statutes is  
1573 repealed and the following is substituted in lieu thereof (*Effective October*  
1574 *1, 2022*):

1575 (b) The Commissioner of Emergency Services and Public Protection,  
1576 or said commissioner's designee, shall serve as the chairperson of the  
1577 Coordinating Advisory Board. The board shall consist of: (1) The  
1578 president of the Connecticut State Firefighters Association or a designee,  
1579 representing volunteer firefighters; (2) the president of the Uniformed  
1580 Professional Firefighters Association or a designee, representing  
1581 professional firefighters; (3) the president of the American Federation of  
1582 State, County and Municipal Employees, or a designee, representing  
1583 municipal police officers; (4) the executive director of the Connecticut  
1584 Conference of Municipalities or a designee; (5) the executive director of  
1585 the Connecticut Council of Small Towns or a designee; (6) a member of  
1586 the Police Officer Standards Training Council, designated by the  
1587 chairperson of said council; (7) a member of the Commission on Fire  
1588 Prevention and Control, designated by the chairperson of said  
1589 commission; (8) the president of the Connecticut Emergency  
1590 Management Association or a designee; (9) the president of the  
1591 Connecticut Police Chiefs Association or a designee; (10) the president  
1592 of the Connecticut Fire Chiefs Association or a designee; (11) the  
1593 president of the Connecticut Career Fire Chiefs Association or a  
1594 designee; (12) the Commissioner of Public Health; (13) the  
1595 Commissioner of Mental Health and Addiction Services; and [(13)] (14)  
1596 one representative, designated by the Commissioner of Emergency  
1597 Services and Public Protection, from each of the divisions of Emergency  
1598 Management and Homeland Security, State Police, Scientific Services  
1599 and State-Wide Emergency Telecommunications within the  
1600 Department of Emergency Services and Public Protection. Said board  
1601 shall convene quarterly and at such other times as the chairperson  
1602 deems necessary.

1603 Sec. 33. (NEW) (*Effective October 1, 2022*) (a) There is established a 9-

1604 8-8 Suicide Prevention and Mental Health Crisis Lifeline Fund to fund  
1605 suicide prevention services provided through the National Suicide  
1606 Prevention Lifeline. The fund shall be administered by the Department  
1607 of Mental Health and Addiction Services. Moneys in the fund shall be  
1608 used only for the following purposes: (1) To ensure the efficient routing  
1609 of calls made to the 9-8-8 National Suicide Prevention Lifeline by  
1610 persons in the state; and (2) to employ or contract with mental health  
1611 personnel to directly respond to such calls and provide acute mental  
1612 health crisis outreach and stabilization services in response to such calls.

1613 (b) The following moneys shall be deposited in, or transferred to, the  
1614 9-8-8 Suicide Prevention and Mental Health Crisis Lifeline Fund: (1) The  
1615 state-wide 9-8-8 fee assessed on subscribers under subsection (f) of this  
1616 section; (2) any appropriation made by the General Assembly to the  
1617 Department of Mental Health and Addiction Services for deposit in the  
1618 fund; (3) any federal funds intended for the provision of services in the  
1619 state related to the 9-8-8 National Suicide Prevention Lifeline; (4) any  
1620 grants or gifts intended for deposit in the fund; (5) interest, premiums,  
1621 gains or other earnings on the fund; and (6) moneys from any other  
1622 source that are intended for the purposes described in subsection (a) of  
1623 this section.

1624 (c) Moneys remaining in the 9-8-8 Suicide Prevention and Mental  
1625 Health Crisis Lifeline Fund (1) shall not revert to the General Fund at  
1626 the end of any fiscal year and remain available in subsequent fiscal years  
1627 for the purposes described in subsection (a) of this section, and (2) shall  
1628 not be subject to transfer to any other fund, or to transfer, assignment or  
1629 reassignment for any purpose other than the purposes described in  
1630 subsection (a) of this section.

1631 (d) Within a time period determined by the Commissioner of Mental  
1632 Health and Addiction Services to ensure the availability of funds for the  
1633 fiscal year beginning July 1, 2023, and not later than April first of each  
1634 fiscal year thereafter, the commissioner shall determine the amount of  
1635 funding needed to accomplish the purposes of the 9-8-8 Suicide  
1636 Prevention and Mental Health Crisis Lifeline Fund described in

1637 subsection (a) of this section. The commissioner shall take into  
1638 consideration any remaining moneys in the fund. Not later than thirty  
1639 days after determining such amount in 2023, and not later than May first  
1640 of each fiscal year thereafter, the commissioner shall report on such  
1641 funding to the Public Utilities Regulatory Authority.

1642 (e) On or before January 1, 2024, and annually thereafter, the  
1643 Commissioner of Mental Health and Addiction Services shall report on  
1644 the deposits and expenditures of the 9-8-8 Suicide Prevention and  
1645 Mental Health Crisis Lifeline Fund to the Federal Communications  
1646 Commission and, in accordance with the provisions of section 11-4a of  
1647 the general statutes, to the joint standing committees of the General  
1648 Assembly having cognizance of matters relating to appropriations and  
1649 the budgets of state agencies, public health, human services and  
1650 children.

1651 (f) On or before June 1, 2023, and annually thereafter, the Public  
1652 Utilities Regulatory Authority shall conduct a proceeding to determine  
1653 the amount of the monthly fee to be assessed against each subscriber of  
1654 the following: (1) Local telephone service; (2) commercial mobile radio  
1655 service, as defined in 47 CFR 20.3; and (3) voice over Internet protocol  
1656 service, as defined in section 28-30b of the general statutes, to fund  
1657 suicide prevention services, provided the authority shall not assess such  
1658 fee until all federal funds intended for the provision of services in the  
1659 state related to the 9-8-8 National Suicide Prevention Lifeline that were  
1660 deposited in or transferred to the 9-8-8 Suicide Prevention and Mental  
1661 Health Crisis Lifeline Fund have been exhausted. The authority shall  
1662 base such fee on the findings of the Commissioner of Mental Health and  
1663 Addiction Services, taking into consideration any existing moneys  
1664 available in the 9-8-8 Suicide Prevention and Mental Health Crisis  
1665 Lifeline Fund. The authority shall not approve any fee greater than  
1666 seventy-five cents per month per access line.

1667 (g) Each telephone or telecommunications company providing local  
1668 telephone service, each provider of commercial mobile radio service and  
1669 each provider of voice over Internet protocol service shall assess against

1670 each subscriber the fee established by the authority pursuant to  
1671 subsection (f) of this section, which shall be remitted to the Office of the  
1672 State Treasurer for deposit into the 9-8-8 Suicide Prevention and Mental  
1673 Health Crisis Lifeline Fund not later than the fifteenth day of each  
1674 month.

1675 (h) Each telephone or telecommunications company providing local  
1676 telephone service, each provider of commercial mobile radio service and  
1677 each provider of voice over Internet protocol service may elect to  
1678 combine the fee described in subsection (f) of this section with the 9-1-1  
1679 fee imposed by section 28-30e of the general statutes into a single fee on  
1680 each periodic bill issued to a customer, which may be identified as the  
1681 "Combined 988/911 System Fee", provided the provider that elects to  
1682 combine such fees shall separately report and remit the respective 9-1-1  
1683 and 9-8-8 fees to the Office of the State Treasurer for deposit in the  
1684 respective 9-1-1 Telecommunications Fund and the 9-8-8 Suicide  
1685 Prevention and Mental Health Crisis Lifeline Fund.

1686 (i) The fee established by the authority pursuant to subsection (f) of  
1687 this section shall be the only 9-8-8 funding obligation imposed within  
1688 this state with respect to the following: (1) Local telephone service; (2)  
1689 commercial mobile radio service, as defined in 47 CFR 20.3; and (3) voice  
1690 over Internet protocol service, as defined in section 28-30b of the general  
1691 statutes in this state. No tax, fee, surcharge or other charge shall be  
1692 imposed by this state, any political subdivision of this state or any  
1693 intergovernmental agency for 9-8-8 funding purposes upon any  
1694 provider, seller or consumer with respect to the sale, purchase, use or  
1695 provision of such services.

1696 (j) No telephone or telecommunications company providing local  
1697 telephone service, provider of commercial mobile radio service or  
1698 provider of voice over Internet protocol service, and no officer, director,  
1699 employee, vendor or agent of any such company or provider shall be  
1700 liable to any person or entity for release of information or for any failure  
1701 of equipment or procedures in connection with: (1) Routing calls made  
1702 to the 9-8-8 National Suicide Prevention Lifeline by persons in the state;

1703 or (2) employment of, or contracting with, mental health personnel to  
1704 directly respond to such calls, and provide acute mental health crisis  
1705 outreach and stabilization services in response to such calls, pursuant to  
1706 subsection (a) of this section.

1707 Sec. 34. (NEW) (*Effective October 1, 2022*) (a) As used in this section:

1708 (1) "Consumer" means a person who purchases prepaid wireless  
1709 telecommunications service in a retail transaction.

1710 (2) "Prepaid wireless E 9-8-8 Suicide Prevention and Mental Health  
1711 Crisis Lifeline Fund fee" means the fee that a seller collects from a  
1712 consumer in an amount established under section 33 of this act.

1713 (3) "Prepaid wireless telecommunications service" means a wireless  
1714 telecommunications service that a consumer pays for in advance, that  
1715 allows the consumer to access the E 9-8-8 system by dialing or otherwise  
1716 accessing the digits "9-8-8", and that is sold in predetermined units or  
1717 dollars and such units or dollars decline with use.

1718 (4) "Provider" means any person who provides prepaid wireless  
1719 telecommunications service pursuant to a license issued by the Federal  
1720 Communications Commission.

1721 (5) "Retail transaction" means a purchase of prepaid wireless  
1722 telecommunications service from a seller for any purpose other than  
1723 resale.

1724 (6) "Seller" means a person who sells prepaid wireless  
1725 telecommunications service to a consumer.

1726 (7) "Voice over Internet protocol service" or "VOIP" means a service  
1727 that has the following characteristics: (A) Enables real-time, two-way  
1728 voice communication; (B) requires a broadband connection from the  
1729 users' locations; (C) requires IP-compatible customer premises  
1730 equipment; and (D) allows subscribers generally to receive calls that  
1731 originate on the public switched telephone network and to terminate

1732 calls on the public switched telephone.

1733 (8) "Voice over Internet protocol service provider" or "VOIP service  
1734 provider" means a company that provides voice over Internet protocol  
1735 service.

1736 (9) "Wireless telecommunications service" means commercial mobile  
1737 radio service, as defined in 47 CFR 20.3, as from time to time amended.

1738 (b) Each consumer shall be assessed a prepaid wireless 9-8-8 Suicide  
1739 Prevention Lifeline Fund fee. Said fee shall be equal to the fee  
1740 determined by the Public Utilities Regulatory Authority in accordance  
1741 with subsection (f) of section 33 of this act for each retail transaction. For  
1742 the purposes of this section, if a consumer purchase includes multiple  
1743 prepaid wireless telecommunications services, each such individual  
1744 service shall constitute a retail transaction.

1745 (c) (1) Any seller who is a party to a retail transaction within this state  
1746 with a consumer shall collect the fee described in subsection (f) of  
1747 section 33 of this act from such consumer for each such retail transaction.  
1748 The seller shall disclose to the consumer the amount of such assessed  
1749 fee in an invoice, a receipt or other similar document, or post such  
1750 amount conspicuously on the seller's Internet web site or on a sign  
1751 conspicuously displayed to the consumer at the point of sale.

1752 (2) A seller may elect to combine the fee described in subsection (f) of  
1753 section 33 of this act with the 9-1-1 fee imposed by section 28-30e of the  
1754 general statutes into a single fee, which may be identified as "Combined  
1755 988/911 System Fee" on an invoice, a receipt or other similar document,  
1756 or posted conspicuously on the seller's Internet web site or on a sign  
1757 conspicuously displayed to the consumer at the point of sale, provided,  
1758 a seller electing to combine such fees shall separately report and remit  
1759 the respective 9-1-1 and 9-8-8 fees to the Office of the State Treasurer for  
1760 deposit in the respective 9-1-1 Telecommunications Fund and the 9-8-8  
1761 Suicide Prevention and Mental Health Crisis Lifeline Fund.

1762 (d) For the purposes of subsection (f) of section 33 of this act, a retail



1763 transaction made in the presence of the consumer at the place of  
1764 business of the seller shall be treated as occurring within this state if  
1765 such place of business is within the state, and any other retail transaction  
1766 shall be treated as occurring in this state if the retail transaction is treated  
1767 as occurring in this state under subdivision (2) of subsection (a) of  
1768 section 12-407 of the general statutes for the purposes of the sales and  
1769 use tax.

1770 (e) The consumer shall be liable for any prepaid wireless 9-8-8 Suicide  
1771 Prevention and Mental Health Crisis Lifeline Fund fee. There shall be  
1772 no liability on the part of the seller or provider, except the seller shall be  
1773 liable to remit any prepaid wireless 9-8-8 Suicide Prevention and Mental  
1774 Health Crisis Lifeline Fund fees that the seller collects from any  
1775 consumer, including, but not limited to, any such fee that the seller is  
1776 required to collect but does not separately state on an invoice, receipt or  
1777 other similar document provided to the consumer, as required by  
1778 subsection (f) of section 33 of this act.

1779 (f) The amount of the prepaid wireless 9-8-8 Suicide Prevention and  
1780 Mental Health Crisis Lifeline Fund fee that a seller collects from a  
1781 consumer shall not be included in the base for measuring any tax, fee,  
1782 surcharge or other charge that the state, any political subdivision of the  
1783 state or any intergovernmental agency imposes on such seller, provided  
1784 the seller separately stated such amount on an invoice, receipt or other  
1785 similar document provided to the consumer.

1786 Sec. 35. (*Effective from passage*) (a) The Department of Emergency  
1787 Services and Public Protection, in collaboration with the Departments of  
1788 Mental Health and Addiction Services, Children and Families and  
1789 Public Health, shall develop a plan to incorporate mental health,  
1790 behavioral health and substance use disorder diversion into the  
1791 procedures used by each public safety answering point, as defined in  
1792 section 28-25 of the general statutes, to dispatch emergency response  
1793 services in response to a 9-1-1 call. The plan shall include, but not be  
1794 limited to, recommendations for (1) staffing public safety answering  
1795 points with licensed providers of behavioral health, mental health and

1796 substance use disorder services to (A) provide crisis counselling to 9-1-  
1797 1 callers who require immediate mental health, behavioral health or  
1798 substance use disorder services, (B) assess such callers' needs for  
1799 ongoing mental health, behavioral health or substance use disorder  
1800 services, and (C) refer such callers to providers of such services as  
1801 necessary; (2) transferring 9-1-1 calls made by callers who require  
1802 mental health, behavioral health or substance use disorder services to  
1803 responders other than law enforcement, including, but not limited to,  
1804 community organizations, mobile crisis teams, local organizations or  
1805 networks, providing telephone support or referral services for persons  
1806 with mental or behavioral health needs or with a substance use disorder;  
1807 (3) requiring each public safety answering point to coordinate with the  
1808 Department of Mental Health and Addiction Services while the state  
1809 transitions mental health crisis and suicide response from the United  
1810 Way's 2-1-1 Infoline program to the National Suicide Prevention  
1811 Lifeline's 9-8-8 program; (4) developing protocols for public safety  
1812 answering points to transfer 9-1-1 calls to the 9-8-8 line when the 9-8-8  
1813 line is operational; (5) establishing standards for training each  
1814 telecommunicator, as defined in section 28-30 of the general statutes, to  
1815 respond to 9-1-1 callers who may require mental health, behavioral  
1816 health or substance use disorder services; (6) collecting data to evaluate  
1817 the effectiveness of procedures used to divert 9-1-1 callers who may  
1818 need such services to the appropriate crisis hotline or services provider;  
1819 and (7) evaluating the implementation of such procedures by other  
1820 states or jurisdictions.

1821 (b) Not later than January 1, 2023, the Commissioner of Emergency  
1822 Services and Public Protection shall report, in accordance with the  
1823 provisions of section 11-4a of the general statutes, to the joint standing  
1824 committees of the General Assembly having cognizance of matters  
1825 relating to public safety, public health and children regarding the  
1826 development of the plan required under subsection (a) of this section,  
1827 the recommendations concerning implementation of such plan and the  
1828 timeline for implementation of such plan.

1829       Sec. 36. Section 19a-638 of the general statutes is repealed and the  
1830 following is substituted in lieu thereof (*Effective from passage*):

1831       (a) A certificate of need issued by the unit shall be required for:

1832           (1) The establishment of a new health care facility;

1833           (2) A transfer of ownership of a health care facility;

1834           (3) A transfer of ownership of a large group practice to any entity  
1835 other than a (A) physician, or (B) group of two or more physicians,  
1836 legally organized in a partnership, professional corporation or limited  
1837 liability company formed to render professional services and not  
1838 employed by or an affiliate of any hospital, medical foundation,  
1839 insurance company or other similar entity;

1840           (4) The establishment of a freestanding emergency department;

1841           (5) The termination of inpatient or outpatient services offered by a  
1842 hospital, including, but not limited to, the termination by a short-term  
1843 acute care general hospital or children's hospital of inpatient and  
1844 outpatient mental health and substance abuse services;

1845           (6) The establishment of an outpatient surgical facility, as defined in  
1846 section 19a-493b, or as established by a short-term acute care general  
1847 hospital;

1848           (7) The termination of surgical services by an outpatient surgical  
1849 facility, as defined in section 19a-493b, or a facility that provides  
1850 outpatient surgical services as part of the outpatient surgery department  
1851 of a short-term acute care general hospital, provided termination of  
1852 outpatient surgical services due to (A) insufficient patient volume, or (B)  
1853 the termination of any subspecialty surgical service, shall not require  
1854 certificate of need approval;

1855           (8) The termination of an emergency department by a short-term  
1856 acute care general hospital;

1857 (9) The establishment of cardiac services, including inpatient and  
1858 outpatient cardiac catheterization, interventional cardiology and  
1859 cardiovascular surgery;

1860 (10) The acquisition of computed tomography scanners, magnetic  
1861 resonance imaging scanners, positron emission tomography scanners or  
1862 positron emission tomography-computed tomography scanners, by any  
1863 person, physician, provider, short-term acute care general hospital or  
1864 children's hospital, except (A) as provided for in subdivision (22) of  
1865 subsection (b) of this section, and (B) a certificate of need issued by the  
1866 unit shall not be required where such scanner is a replacement for a  
1867 scanner that was previously acquired through certificate of need  
1868 approval or a certificate of need determination;

1869 (11) The acquisition of nonhospital based linear accelerators;

1870 (12) An increase in the licensed bed capacity of a health care facility,  
1871 except as provided in subdivision (23) of subsection (b) of this section;

1872 (13) The acquisition of equipment utilizing technology that has not  
1873 previously been utilized in the state;

1874 (14) An increase of two or more operating rooms within any three-  
1875 year period, commencing on and after October 1, 2010, by an outpatient  
1876 surgical facility, as defined in section 19a-493b, or by a short-term acute  
1877 care general hospital; and

1878 (15) The termination of inpatient or outpatient services offered by a  
1879 hospital or other facility or institution operated by the state that  
1880 provides services that are eligible for reimbursement under Title XVIII  
1881 or XIX of the federal Social Security Act, 42 USC 301, as amended.

1882 (b) A certificate of need shall not be required for:

1883 (1) Health care facilities owned and operated by the federal  
1884 government;

1885 (2) The establishment of offices by a licensed private practitioner,  
1886 whether for individual or group practice, except when a certificate of  
1887 need is required in accordance with the requirements of section 19a-  
1888 493b or subdivision (3), (10) or (11) of subsection (a) of this section;

1889 (3) A health care facility operated by a religious group that  
1890 exclusively relies upon spiritual means through prayer for healing;

1891 (4) Residential care homes, as defined in subsection (c) of section 19a-  
1892 490, and nursing homes and rest homes, as defined in subsection (o) of  
1893 section 19a-490;

1894 (5) An assisted living services agency, as defined in section 19a-490;

1895 (6) Home health agencies, as defined in section 19a-490;

1896 (7) Hospice services, as described in section 19a-122b;

1897 (8) Outpatient rehabilitation facilities;

1898 (9) Outpatient chronic dialysis services;

1899 (10) Transplant services;

1900 (11) Free clinics, as defined in section 19a-630;

1901 (12) School-based health centers and expanded school health sites, as  
1902 such terms are defined in section 19a-6r, community health centers, as  
1903 defined in section 19a-490a, not-for-profit outpatient clinics licensed in  
1904 accordance with the provisions of chapter 368v and federally qualified  
1905 health centers;

1906 (13) A program licensed or funded by the Department of Children  
1907 and Families, provided such program is not a psychiatric residential  
1908 treatment facility;

1909 (14) Any nonprofit facility, institution or provider that has a contract  
1910 with, or is certified or licensed to provide a service for, a state agency or

1911 department for a service that would otherwise require a certificate of  
1912 need. The provisions of this subdivision shall not apply to a short-term  
1913 acute care general hospital or children's hospital, or a hospital or other  
1914 facility or institution operated by the state that provides services that are  
1915 eligible for reimbursement under Title XVIII or XIX of the federal Social  
1916 Security Act, 42 USC 301, as amended;

1917 (15) A health care facility operated by a nonprofit educational  
1918 institution exclusively for students, faculty and staff of such institution  
1919 and their dependents;

1920 (16) An outpatient clinic or program operated exclusively by or  
1921 contracted to be operated exclusively by a municipality, municipal  
1922 agency, municipal board of education or a health district, as described  
1923 in section 19a-241;

1924 (17) A residential facility for persons with intellectual disability  
1925 licensed pursuant to section 17a-227 and certified to participate in the  
1926 Title XIX Medicaid program as an intermediate care facility for  
1927 individuals with intellectual disabilities;

1928 (18) Replacement of existing imaging equipment if such equipment  
1929 was acquired through certificate of need approval or a certificate of need  
1930 determination, provided a health care facility, provider, physician or  
1931 person notifies the unit of the date on which the equipment is replaced  
1932 and the disposition of the replaced equipment;

1933 (19) Acquisition of cone-beam dental imaging equipment that is to be  
1934 used exclusively by a dentist licensed pursuant to chapter 379;

1935 (20) The partial or total elimination of services provided by an  
1936 outpatient surgical facility, as defined in section 19a-493b, except as  
1937 provided in subdivision (6) of subsection (a) of this section and section  
1938 19a-639e;

1939 (21) The termination of services for which the Department of Public  
1940 Health has requested the facility to relinquish its license; [or]

1941 (22) Acquisition of any equipment by any person that is to be used  
1942 exclusively for scientific research that is not conducted on humans; or

1943 (23) On or before June 30, 2026, an increase in the licensed bed  
1944 capacity of a mental health facility, provided (A) the mental health  
1945 facility demonstrates to the unit, in a form and manner prescribed by  
1946 the unit, that it accepts reimbursement for any covered benefit provided  
1947 to a covered individual under: (i) An individual or group health  
1948 insurance policy providing coverage of the type specified in  
1949 subdivisions (1), (2), (4), (11) and (12) of section 38a-469; (ii) a self-  
1950 insured employee welfare benefit plan established pursuant to the  
1951 federal Employee Retirement Income Security Act of 1974, as amended  
1952 from time to time; or (iii) HUSKY Health, as defined in section 17b-290,  
1953 and (B) if the mental health facility does not accept or stops accepting  
1954 reimbursement for any covered benefit provided to a covered  
1955 individual under a policy, plan or program described in clause (i), (ii) or  
1956 (iii) of subparagraph (A) of this subdivision, a certificate of need for such  
1957 increase in the licensed bed capacity shall be required.

1958 (c) (1) Any person, health care facility or institution that is unsure  
1959 whether a certificate of need is required under this section, or (2) any  
1960 health care facility that proposes to relocate pursuant to section 19a-639c  
1961 shall send a letter to the unit that describes the project and requests that  
1962 the unit make a determination as to whether a certificate of need is  
1963 required. In the case of a relocation of a health care facility, the letter  
1964 shall include information described in section 19a-639c. A person, health  
1965 care facility or institution making such request shall provide the unit  
1966 with any information the unit requests as part of its determination  
1967 process.

1968 (d) The executive director of the Office of Health Strategy may  
1969 implement policies and procedures necessary to administer the  
1970 provisions of this section while in the process of adopting such policies  
1971 and procedures as regulation, provided the executive director holds a  
1972 public hearing prior to implementing the policies and procedures and  
1973 posts notice of intent to adopt regulations on the office's Internet web

1974 site and the eRegulations System not later than twenty days after the  
1975 date of implementation. Policies and procedures implemented pursuant  
1976 to this section shall be valid until the time final regulations are adopted.

1977 (e) On or before September 1, 2022, the executive director of the Office  
1978 of Health Strategy shall develop procedures by which a person or entity  
1979 shall notify said office of such person's or entity's intent to increase the  
1980 licensed bed capacity at a mental health facility, without applying for a  
1981 certificate of need as permitted pursuant to subdivision (23) of  
1982 subsection (b) of this section. Such procedures shall include a  
1983 requirement that the person or entity intending to increase the licensed  
1984 bed capacity at a mental health facility notify said office of the address  
1985 of such facility and a description of all services that are being or will be  
1986 provided at such facility. Not less than once every six months after  
1987 establishing such facility or increasing the licensed bed capacity at such  
1988 facility, the owner or operator of such facility shall report to the  
1989 executive director of said office regarding the care being provided at  
1990 such facility and, where available, the demographics of persons  
1991 receiving services from such facility, including, but not limited to, the  
1992 number of such persons and such persons' age and town, city or  
1993 borough of residence.

1994 (f) Not later than January 1, 2025, the executive director of the Office  
1995 of Health Strategy shall report to the Governor and, in accordance with  
1996 the provisions of section 11-4a, to the joint standing committee of the  
1997 General Assembly having cognizance of matters relating to public  
1998 health concerning the executive director's recommendations regarding  
1999 the establishment of an expedited certificate of need process for mental  
2000 health facilities.

2001 Sec. 37. (NEW) *(Effective from passage)* (a) On or before October 1, 2022,  
2002 the Commissioner of Mental Health and Addiction Services shall  
2003 establish a grant program to assist families with the cost of obtaining (1)  
2004 a drug or treatment prescribed for a child by a health care provider for  
2005 the treatment of a mental or behavioral health condition if the cost of  
2006 such drug or treatment is not covered by insurance or Medicaid, and (2)



2007 intensive evidence-based services or other intensive services to treat  
2008 mental and behavioral health conditions in children and adolescents,  
2009 including, but not limited to, intensive in-home child and adolescent  
2010 psychiatric services and services provided by an intensive outpatient  
2011 program, if the cost of such services is not covered by insurance or  
2012 Medicaid. The commissioner shall administer and establish eligibility  
2013 requirements for the grant program in consultation with the  
2014 Commissioner of Consumer Protection. Such eligibility requirements  
2015 (A) shall include that a family has sought and been denied coverage or  
2016 reimbursement for such drug or treatment or such intensive services by  
2017 the family's health carrier, and (B) may include, but need not be limited  
2018 to, a family's financial need. The Commissioner of Mental Health and  
2019 Addiction Services, in consultation with the Commissioner of  
2020 Consumer Protection, shall determine the amount of each grant. An  
2021 eligible family may apply for a grant under such program to the  
2022 secretary, at such time and in such manner as the Commissioner of  
2023 Mental Health and Addiction Services prescribes.

2024 (b) The Departments of Mental Health and Addiction Services and  
2025 Consumer Protection and the Office of Policy and Management shall  
2026 post in a conspicuous location on their respective Internet web sites a  
2027 description of the grant program, including, but not limited to, the  
2028 eligibility requirements and application process for the grant program.  
2029 The Secretary of the Office of Policy and Management may request that  
2030 another state agency post such description on such agency's Internet  
2031 web site.

2032 (c) On or before January 1, 2024, and annually thereafter, the  
2033 Commissioner of Mental Health and Addiction Services shall report, in  
2034 accordance with the provisions of section 11-4a of the general statutes,  
2035 to the joint standing committee of the General Assembly having  
2036 cognizance of matters relating to public health regarding the  
2037 effectiveness of the grant program established under subsection (a) of  
2038 this section.

2039 (d) The Commissioner of Mental Health and Addiction Services may

2040 adopt regulations, in accordance with the provisions of chapter 54 of the  
2041 general statutes, to carry out the provisions of this section.

2042       Sec. 38. (NEW) (*Effective from passage*) On or before January 1, 2023,  
2043 the Department of Public Health shall develop or procure, in  
2044 consultation with a representative of a children's hospital located in the  
2045 state and the Connecticut chapter of a national professional association  
2046 of pediatricians and of a national professional association of child and  
2047 adolescent psychiatrists, a pediatric mental health, behavioral health  
2048 and substance use disorder screening tool to be completed by a child  
2049 and, where appropriate, the child's parent or guardian prior to or during  
2050 the child's appointment with the child's pediatrician or during the  
2051 child's visit to an emergency department. Such screening tool shall  
2052 include questions geared toward assisting the pediatrician or  
2053 emergency department physician in diagnosing common mental health  
2054 and behavioral health conditions and substance use disorders that may  
2055 require specialized treatment. On or before January 1, 2023, the  
2056 Department of Public Health, in collaboration with the Departments of  
2057 Children and Families and Mental Health and Addiction Services, shall  
2058 make the screening tool available to all pediatricians and emergency  
2059 department physicians in the state, free of charge, and make  
2060 recommendations to pediatricians and emergency department  
2061 physicians for its effective use. Pediatricians and emergency department  
2062 physicians shall use the screening tool developed pursuant to this  
2063 section as a supplement to the existing methods used to diagnose a  
2064 mental health or behavioral health condition or a substance use  
2065 disorder. Pediatricians shall provide such screening tool to each patient  
2066 on an annual basis. Emergency department physicians shall provide  
2067 such screening tool to each emergency department patient under the age  
2068 of eighteen, or the parents or guardian of such patient, prior to such  
2069 patient's discharge from the emergency department and, to the extent  
2070 possible and as soon as practicable, send a copy of such completed  
2071 screening tool to such patient's pediatrician or primary care provider.

2072       Sec. 39. (NEW) (*Effective July 1, 2022*) (a) As used in this section and

2073 section 40 of this act, "designated staff member" means a teacher, school  
2074 administrator, guidance counselor, school counselor, psychologist,  
2075 social worker, nurse, physician or school paraeducator employed by a  
2076 local or regional board of education or working in a public middle  
2077 school or high school.

2078 (b) Not later than January 1, 2023, the Department of Children and  
2079 Families shall, in collaboration with the Department of Education,  
2080 develop a peer-to-peer mental health support program that provides  
2081 services to aid students in grades six to twelve, inclusive, in problem  
2082 solving, decision making, conflict resolution and stress management.  
2083 Such program shall be made available to local and regional boards of  
2084 education, local health departments, district departments of health,  
2085 youth services bureaus established pursuant to section 10-19m of the  
2086 general statutes, municipal social service agencies and other youth-  
2087 serving organizations approved by the Department of Children and  
2088 Families. In developing such program, the department shall utilize best  
2089 practices and may use existing models of peer-to-peer counseling.

2090 (c) On and after January 1, 2023, the Department of Children and  
2091 Families shall, in collaboration with the Department of Education,  
2092 provide training to (1) designated staff members selected by the  
2093 superintendent of schools pursuant to section 40 of this act, and (2)  
2094 employees of local health departments, district departments of health,  
2095 youth service bureaus established pursuant to section 10-19m of the  
2096 general statutes, municipal social service agencies and other youth-  
2097 serving organizations selected pursuant to section 41 of this act, on how  
2098 to implement the peer-to-peer mental health support program and  
2099 provide instruction, guidance and supervision to students participating  
2100 in such program.

2101 Sec. 40. (NEW) (*Effective July 1, 2022*) For the school year commencing  
2102 July 1, 2023, and each school year thereafter, any local or regional board  
2103 of education, in collaboration with the Departments of Children and  
2104 Families and Education, may administer the peer-to-peer mental health  
2105 support program developed pursuant to section 39 of this act. The

2106 superintendent of schools for the local or regional school district  
2107 administering such program shall select one or more designated staff  
2108 members to complete the training described in section 39 of this act.  
2109 Such program shall be provided to participating students in grades six  
2110 to twelve, inclusive.

2111       Sec. 41. (NEW) (*Effective July 1, 2022*) On and after July 1, 2023, any  
2112 local health department, district department of health, youth service  
2113 bureau established pursuant to section 10-19m of the general statutes,  
2114 municipal social service agency or other youth-serving organization  
2115 approved by the Department of Children and Families, in collaboration  
2116 with the Department of Education, may administer the peer-to-peer  
2117 mental health support program developed pursuant to section 39 of this  
2118 act. The entity administering the program shall select one or more  
2119 employees to complete the training described in section 39 of this act.  
2120 The program shall be provided to participating students in grades six to  
2121 twelve, inclusive.

2122       Sec. 42. (NEW) (*Effective July 1, 2022*) (a) For purposes of this section,  
2123 (1) "children with behavioral health needs" means children who are  
2124 suffering from one or more mental disorders as defined in the most  
2125 recent edition of the American Psychiatric Association's "Diagnostic and  
2126 Statistical Manual of Mental Disorders", and (2) "in-home respite care  
2127 services" means in-home care for children with behavioral health needs,  
2128 provided in order to afford such children's parents or guardians respite  
2129 from caregiving.

2130       (b) There is established an account to be known as the "Department  
2131 of Children and Families in-home respite care services fund" which shall  
2132 be a separate, nonlapsing account within the General Fund. The account  
2133 shall contain any moneys required by law to be deposited in the account.  
2134 Moneys in the account shall be expended by the Commissioner of  
2135 Children and Families for the purposes of funding the in-home respite  
2136 care services program established pursuant to subsection (c) of this  
2137 section.

2138 (c) Not later than January 1, 2023, the Commissioner of Children and  
2139 Families shall establish a program to provide in-home respite care  
2140 services. Such program shall be administered by the Department of  
2141 Children and Families through contracts for services with providers of  
2142 such services or by means of a direct subsidy paid to parents and  
2143 guardians to enable such parents and guardians to purchase such  
2144 services.

2145 (d) The Commissioner of Children and Families shall adopt  
2146 regulations in accordance with the provisions of chapter 54 of the  
2147 general statutes to implement the provisions of this section, including,  
2148 but not limited to, eligibility criteria for participation in the in-home  
2149 respite care services program.

2150 Sec. 43. Subdivision (20) of section 10a-223 of the 2022 supplement to  
2151 the general statutes is repealed and the following is substituted in lieu  
2152 thereof (*Effective July 1, 2022*):

2153 (20) "Eligible loan" means any loan that is in repayment that was (A)  
2154 made by the authority, or (B) made to a borrower by any other private  
2155 or governmental lender, including, but not limited to, the federal  
2156 government, to finance attendance at an institution for higher  
2157 education.

2158 Sec. 44. Subdivision (20) of section 10a-223 of the 2022 supplement to  
2159 the general statutes, as amended by section 273 of public act 21-2 of the  
2160 June special session, is repealed and the following is substituted in lieu  
2161 thereof (*Effective October 1, 2022*):

2162 (20) "Eligible loan" means any loan that is in repayment that was (A)  
2163 made by the authority, or (B) made to a borrower by any other private  
2164 or governmental lender, including, but not limited to, the federal  
2165 government, to finance attendance at an institution for higher education  
2166 or enrollment in a high-value certificate program;

2167 Sec. 45. (NEW) (*Effective July 1, 2022*) (a) For the fiscal year ending  
2168 June 30, 2023, and each fiscal year thereafter, the Connecticut Higher

2169 Education Supplemental Loan Authority, in consultation with the  
2170 Department of Public Health, shall administer, within available  
2171 appropriations, a mental health care provider loan forgiveness program  
2172 for persons who meet the eligibility requirements described in  
2173 subsection (b) of this section.

2174 (b) The mental health care provider loan forgiveness program shall  
2175 provide student loan forgiveness to any mental health care provider  
2176 licensed pursuant to chapter 370, 382a, 383, 383a, 383b, or 383c of the  
2177 general statutes, or section 20-195aaa, 20-195ggg or 20-195mmm of the  
2178 general statutes who (1) is a resident of the state or establishes residency  
2179 in the state not later than five years after the date on which such  
2180 provider submitted his or her application for loan forgiveness under  
2181 such program, (2) provides mental health care services primarily to  
2182 residents of the state, (3) is employed, at the time the mental health care  
2183 provider applies for consolidation of his or her educational loans under  
2184 subdivision (4) of this subsection, in an area designated by the  
2185 Commissioner of Public Health as a mental health care provider  
2186 shortage area, (4) (A) consolidates his or her federal or state educational  
2187 loans through the Connecticut Higher Education Supplemental Loan  
2188 Authority, and (B) completes eighty-four consecutive on-time payments  
2189 of the consolidation loan under an income-driven repayment plan. A  
2190 mental health care provider may change employment or licensure after  
2191 applying for loan consolidation or loan forgiveness under this section  
2192 and receive loan forgiveness pursuant to subsection (c) of this section,  
2193 provided the mental health care provider satisfies the eligibility  
2194 requirements of this subsection.

2195 (c) The Connecticut Higher Education Supplemental Loan Authority  
2196 shall forgive any balance on the consolidation loan of any mental health  
2197 care provider who satisfies the eligibility requirements prescribed in  
2198 subsection (b) of this section, provided the authority shall reserve thirty  
2199 three per cent of the appropriations received for administration of the  
2200 mental health care provider loan forgiveness program for loan  
2201 forgiveness for the eligible mental health care providers who establish

2202 residency in the state not later than five years after the date on which  
2203 such providers submitted their application for loan forgiveness under  
2204 such program.

2205 (d) A mental health care provider may apply to the Connecticut  
2206 Higher Education Supplemental Loan Authority for consolidation of  
2207 such provider's federal or state educational loans or for loan forgiveness  
2208 under this section at such time and in such manner as the executive  
2209 director of the Connecticut Higher Education Supplemental Loan  
2210 Authority prescribes.

2211 (e) On or before January 1, 2023, and annually thereafter, the  
2212 executive director of the Connecticut Higher Education Supplemental  
2213 Loan Authority shall report, in accordance with the provisions of section  
2214 11-4a of the general statutes, to the joint standing committee of the  
2215 General Assembly having cognizance of matters relating to public  
2216 health regarding the utilization and effectiveness of the mental health  
2217 care provider loan forgiveness program.

2218 Sec. 46. (NEW) (*Effective from passage*) (a) On or before January 1, 2023,  
2219 the Department of Public Health shall establish and administer a child  
2220 psychiatrist grant program. The program shall provide incentive grants  
2221 to employers of child psychiatrists for recruiting and hiring new child  
2222 psychiatrists and retaining child psychiatrists who are in their employ.  
2223 The Commissioner of Public Health shall adopt regulations, in  
2224 accordance with the provisions of chapter 54 of the general statutes, for  
2225 the administration of this section, including the establishment of  
2226 eligibility requirements, priority categories, funding limitations and the  
2227 application process for the grant program.

2228 (b) On or before January 1, 2023, there is established a child  
2229 psychiatrist grant program advisory board, which shall be within the  
2230 Department of Public Health. The advisory board shall (1) advise the  
2231 department regarding the effective use of grant funds pursuant to  
2232 subsection (a) of this section, and (2) approve each employer that is  
2233 selected by the department for receipt of an incentive grant under said

2234 subsection. The advisory board shall consist of the following members:  
2235 (A) One appointed by the speaker of the House of Representatives; (B)  
2236 one appointed by the president pro tempore of the Senate; (C) one  
2237 appointed by the majority leader of the House of Representatives; (D)  
2238 one appointed by the majority leader of the Senate; (E) one appointed  
2239 by the minority leader of the House of Representatives; and (F) one  
2240 appointed by the minority leader of the Senate.

2241 (c) No member of the advisory board established under subsection  
2242 (b) of this section shall be (1) a member of the General Assembly, or (2)  
2243 permitted to apply for or receive, or have an immediate family member,  
2244 including a spouse, parent or child, who applies for or receives, an  
2245 incentive grant under this section. The speaker of the House of  
2246 Representatives and the president pro tempore of the Senate shall each  
2247 select a cochairperson of the advisory board from among its members.  
2248 Members of the advisory board shall serve a term that is coterminous  
2249 with the appointing authority and may serve more than one term. Any  
2250 vacancy shall be filled by the appointing authority. Any vacancy  
2251 occurring other than by expiration of term shall be filled for the balance  
2252 of the unexpired term. A majority of the membership shall constitute a  
2253 quorum for the transaction of any business by the advisory board. The  
2254 administrative staff of the State Auditors of Public Accounts shall serve  
2255 as administrative staff of the advisory board.

2256 (d) Not later than January 1, 2024, and annually thereafter, the  
2257 cochairpersons of the advisory board established under subsection (b)  
2258 of this section shall jointly report, in accordance with the provisions of  
2259 section 11-4a of the general statutes, to the joint standing committee of  
2260 the General Assembly having cognizance of matters relating to public  
2261 health regarding the number and demographics of the employers who  
2262 applied for and received incentive grants from the child psychiatrist  
2263 grant program established under subsection (a) of this section, the use  
2264 of incentive grant funds by such recipients and any other information  
2265 deemed pertinent by the advisory board.

2266 Sec. 47. (NEW) (*Effective from passage*) On or before January 1, 2023,



2267 the Department of Mental Health and Addiction Services, in  
2268 collaboration with the Department of Children and Families, shall (1)  
2269 provide for the design, plan and implementation of a multiyear, state-  
2270 wide advertising campaign, including, but not limited to, television,  
2271 radio and Internet web site advertisements, promoting the availability  
2272 of all of the mental health, behavioral health and substance use disorder  
2273 services in the state, including, but not limited to, the difference between  
2274 9-1-1, 9-8-8 and 2-1-1, and informing residents how to obtain such  
2275 services, and (2) establish and regularly update an Internet web site  
2276 connected with such advertising campaign that includes, but is not  
2277 limited to, a comprehensive listing of providers of mental health,  
2278 behavioral health and substance use disorder services in the state. The  
2279 Commissioner of Mental Health and Addiction Services shall solicit  
2280 cooperation and participation from such providers in such advertising  
2281 campaign, including, but not limited to, soliciting any available funds.  
2282 Said commissioner may hire consultants with expertise in advertising to  
2283 assist in implementing the provisions of this section.

2284 Sec. 48. (NEW) (*Effective from passage*) On or before January 1, 2023,  
2285 the Department of Children and Families, in collaboration with the  
2286 Department of Mental Health and Addiction Services, shall establish a  
2287 grant program to provide funding to inpatient and outpatient mental  
2288 and behavioral health care programs that treat children for the creation  
2289 of a parent and caregiver peer-to-peer support program for parents and  
2290 caregivers of children with mental and behavioral health issues. The  
2291 Commissioner of Children and Families shall adopt regulations, in  
2292 accordance with the provisions of chapter 54 of the general statutes, for  
2293 the administration of this section, including the establishment of  
2294 eligibility requirements, priority categories, funding limitations and the  
2295 application process for the grant program.

2296 Sec. 49. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this  
2297 section:

2298 (1) "Licensed mental health professional" means: (A) A licensed  
2299 professional counselor or professional counselor, both as defined in

2300 section 20-195aa of the general statutes; (B) a person who is under  
2301 professional supervision, as defined in section 20-195aa of the general  
2302 statutes; (C) a physician licensed pursuant to chapter 370 of the general  
2303 statutes, who is certified in psychiatry by the American Board of  
2304 Psychiatry and Neurology; (D) an advanced practice registered nurse  
2305 licensed pursuant to chapter 378 of the general statutes, who is certified  
2306 as a psychiatric and mental health clinical nurse specialist or nurse  
2307 practitioner by the American Nurses Credentialing Center; (E) a  
2308 psychologist licensed pursuant to chapter 383 of the general statutes; (F)  
2309 a marital and family therapist licensed pursuant to chapter 383a of the  
2310 general statutes; (G) a licensed clinical social worker licensed pursuant  
2311 to chapter 383b of the general statutes; or (H) an alcohol and drug  
2312 counselor licensed under chapter 376b of the general statutes;

2313 (2) "Mental health wellness examination" means a screening or  
2314 assessment that seeks to identify any behavioral or mental health needs  
2315 and appropriate resources for treatment. The examination may include:  
2316 (A) Observation; (B) a behavioral health screening; (C) education and  
2317 consultation on healthy lifestyle changes; (D) referrals to ongoing  
2318 treatment, mental health services and other necessary supports; (E)  
2319 discussion of potential options for medication; (F) age-appropriate  
2320 screenings or observations to understand the mental health history,  
2321 personal history and mental or cognitive state of the person being  
2322 examined; and (G) if appropriate, relevant input from an adult through  
2323 screenings, interviews or questions;

2324 (3) "Primary care provider" has the same meaning as provided in  
2325 section 19a-7o of the general statutes; and

2326 (4) "Primary care" has the same meaning as provided in section 19a-  
2327 7o of the general statutes.

2328 (b) (1) Each individual health insurance policy providing coverage of  
2329 the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
2330 469 of the general statutes and delivered, issued for delivery, renewed,  
2331 amended or continued in this state on or after January 1, 2023, (A) shall

2332 provide coverage for two mental health wellness examinations per year  
2333 that are performed by a licensed mental health professional or primary  
2334 care provider, and (B) shall not require prior authorization of such  
2335 examinations.

2336 (2) The mental health wellness examinations: (A) May each be  
2337 provided by a primary care provider as part of a preventive visit; and  
2338 (B) shall be covered with no patient cost-sharing.

2339 (c) The provisions of this section shall apply to a high deductible  
2340 health plan, as that term is used in subsection (f) of section 38a-493 of  
2341 the general statutes, to the maximum extent permitted by federal law,  
2342 except if such plan is used to establish a medical savings account or an  
2343 Archer MSA pursuant to Section 220 of the Internal Revenue Code of  
2344 1986, as amended from time to time, or any subsequent corresponding  
2345 Internal Revenue Code of the United States, as amended from time to  
2346 time, or a health savings account pursuant to Section 223 of said Internal  
2347 Revenue Code of 1986, as amended from time to time, the provisions of  
2348 this section shall apply to such plan to the maximum extent that (1) is  
2349 permitted by federal law, and (2) does not disqualify such account for  
2350 the deduction allowed under said Section 220 or 223, as applicable.

2351 Sec. 50. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this  
2352 section:

2353 (1) "Licensed mental health professional" means: (A) A licensed  
2354 professional counselor or professional counselor, as defined in section  
2355 20-195aa of the general statutes; (B) a person who is under professional  
2356 supervision, as defined in section 20-195aa of the general statutes; (C) a  
2357 physician licensed pursuant to chapter 370 of the general statutes, who  
2358 is certified in psychiatry by the American Board of Psychiatry and  
2359 Neurology; (D) an advanced practice registered nurse licensed pursuant  
2360 to chapter 378 of the general statutes, who is certified as a psychiatric  
2361 and mental health clinical nurse specialist or nurse practitioner by the  
2362 American Nurses Credentialing Center; (E) a psychologist licensed  
2363 pursuant to chapter 383 of the general statutes; (F) a marital and family

2364 therapist licensed pursuant to chapter 383a of the general statutes; (G) a  
2365 licensed clinical social worker licensed pursuant to chapter 383b of the  
2366 general statutes; or (H) an alcohol and drug counselor licensed under  
2367 chapter 376b of the general statutes;

2368 (2) "Mental health wellness examination" means a screening or  
2369 assessment that seeks to identify any behavioral or mental health needs  
2370 and appropriate resources for treatment. The examination may include:  
2371 (A) Observation; (B) a behavioral health screening; (C) education and  
2372 consultation on healthy lifestyle changes; (D) referrals to ongoing  
2373 treatment, mental health services and other necessary supports; (E)  
2374 discussion of potential options for medication; (F) age-appropriate  
2375 screenings or observations to understand the mental health history,  
2376 personal history and mental or cognitive state of the person being  
2377 examined; and (G) if appropriate, relevant input from an adult through  
2378 screenings, interviews or questions;

2379 (3) "Primary care provider" has the same meaning as provided in  
2380 section 19a-7o of the general statutes; and

2381 (4) "Primary care" has the same meaning as provided in section 19a-  
2382 7o of the general statutes.

2383 (b) (1) Each group health insurance policy providing coverage of the  
2384 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
2385 of the general statutes and delivered, issued for delivery, renewed,  
2386 amended or continued in this state on or after January 1, 2023, (A) shall  
2387 provide coverage for two mental health wellness examinations per year  
2388 that are performed by a licensed mental health professional or primary  
2389 care provider, and (B) shall not require prior authorization of such  
2390 examinations.

2391 (2) The mental health wellness examinations: (A) May each be  
2392 provided by a primary care provider as part of a preventive visit; and  
2393 (B) shall be covered with no patient cost-sharing.

2394 (c) The provisions of this section shall apply to a high deductible

2395 health plan, as that term is used in subsection (f) of section 38a-520 of  
2396 the general statutes, to the maximum extent permitted by federal law,  
2397 except if such plan is used to establish a medical savings account or an  
2398 Archer MSA pursuant to Section 220 of the Internal Revenue Code of  
2399 1986, as amended from time to time, or any subsequent corresponding  
2400 Internal Revenue Code of the United States, as amended from time to  
2401 time, or a health savings account pursuant to Section 223 of said Internal  
2402 Revenue Code, as amended from time to time, the provisions of this  
2403 section shall apply to such plan to the maximum extent that (1) is  
2404 permitted by federal law, and (2) does not disqualify such account for  
2405 the deduction allowed under said Section 220 or 223, as applicable.

2406 Sec. 51. Subsections (a) and (b) of section 38a-488a of the general  
2407 statutes are repealed and the following is substituted in lieu thereof  
2408 (*Effective January 1, 2023*):

2409 (a) For the purposes of this section:

2410 (1) (A) "Mental or nervous conditions" means mental disorders, as  
2411 defined in the most recent edition of the American Psychiatric  
2412 Association's "Diagnostic and Statistical Manual of Mental Disorders".

2413 (B) "Mental or nervous conditions" does not include [(A)] (i)  
2414 intellectual disability, [(B)] (ii) specific learning disorders, [(C)] (iii)  
2415 motor disorders, [(D)] (iv) communication disorders, [(E)] (v) caffeine-  
2416 related disorders, [(F)] (vi) relational problems, and [(G)] (vii) other  
2417 conditions that may be a focus of clinical attention, that are not  
2418 otherwise defined as mental disorders in the most recent edition of the  
2419 American Psychiatric Association's "Diagnostic and Statistical Manual  
2420 of Mental Disorders". [;]

2421 (2) ["benefits payable"] "Benefits payable" means the usual,  
2422 customary and reasonable charges for treatment deemed necessary  
2423 under generally accepted medical standards, except that in the case of a  
2424 managed care plan, as defined in section 38a-478, "benefits payable"  
2425 means the payments agreed upon in the contract between a managed

2426 care organization, as defined in section 38a-478, and a provider, as  
2427 defined in section 38a-478. [;]

2428 (3) ["acute treatment services"] "Acute treatment services" means  
2429 twenty-four-hour medically supervised treatment for a substance use  
2430 disorder, that is provided in a medically managed or medically  
2431 monitored inpatient facility. [; and]

2432 (4) ["clinical stabilization services"] "Clinical stabilization services"  
2433 means twenty-four-hour clinically managed postdetoxification  
2434 treatment, including, but not limited to, relapse prevention, family  
2435 outreach, aftercare planning and addiction education and counseling.

2436 (b) Each individual health insurance policy providing coverage of the  
2437 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
2438 delivered, issued for delivery, renewed, amended or continued in this  
2439 state shall provide benefits for the diagnosis and treatment of mental or  
2440 nervous conditions. Benefits payable include, but need not be limited to:

2441 (1) General inpatient hospitalization, including in state-operated  
2442 facilities;

2443 (2) Medically necessary acute treatment services and medically  
2444 necessary clinical stabilization services;

2445 (3) General hospital outpatient services, including at state-operated  
2446 facilities;

2447 (4) Psychiatric inpatient hospitalization, including in state-operated  
2448 facilities;

2449 (5) Psychiatric outpatient hospital services, including at state-  
2450 operated facilities;

2451 (6) Intensive outpatient services, including at state-operated facilities;

2452 (7) Partial hospitalization, including at state-operated facilities;

2453 (8) Intensive, [home-based] evidence-based services designed to  
2454 address specific mental or nervous conditions in a child or adolescent;

2455 (9) Evidence-based family-focused therapy that specializes in the  
2456 treatment of juvenile substance use disorders;

2457 (10) Short-term family therapy intervention;

2458 (11) Nonhospital inpatient detoxification;

2459 (12) Medically monitored detoxification;

2460 (13) Ambulatory detoxification;

2461 (14) Inpatient services at psychiatric residential treatment facilities;

2462 (15) Rehabilitation services provided in residential treatment  
2463 facilities, general hospitals, psychiatric hospitals or psychiatric facilities;

2464 (16) Observation beds in acute hospital settings;

2465 (17) Psychological and neuropsychological testing conducted by an  
2466 appropriately licensed health care provider;

2467 (18) Trauma screening conducted by a licensed behavioral health  
2468 professional;

2469 (19) Depression screening, including maternal depression screening,  
2470 conducted by a licensed behavioral health professional;

2471 (20) Substance use screening conducted by a licensed behavioral  
2472 health professional;

2473 Sec. 52. Subsections (a) and (b) of section 38a-514 of the general  
2474 statutes are repealed and the following is substituted in lieu thereof  
2475 (*Effective January 1, 2023*):

2476 (a) For the purposes of this section:

2477 (1) (A) "Mental or nervous conditions" means mental disorders, as  
2478 defined in the most recent edition of the American Psychiatric  
2479 Association's "Diagnostic and Statistical Manual of Mental Disorders".

2480 (B) "Mental or nervous conditions" does not include [(A)] (i)  
2481 intellectual disability, [(B)] (ii) specific learning disorders, [(C)] (iii)  
2482 motor disorders, [(D)] (iv) communication disorders, [(E)] (v) caffeine-  
2483 related disorders, [(F)] (vi) relational problems, and [(G)] (vii) other  
2484 conditions that may be a focus of clinical attention, that are not  
2485 otherwise defined as mental disorders in the most recent edition of the  
2486 American Psychiatric Association's "Diagnostic and Statistical Manual  
2487 of Mental Disorders". [;]

2488 (2) ["benefits payable"] "Benefits payable" means the usual,  
2489 customary and reasonable charges for treatment deemed necessary  
2490 under generally accepted medical standards, except that in the case of a  
2491 managed care plan, as defined in section 38a-478, "benefits payable"  
2492 means the payments agreed upon in the contract between a managed  
2493 care organization, as defined in section 38a-478, and a provider, as  
2494 defined in section 38a-478. [;]

2495 (3) ["acute treatment services"] "Acute treatment services" means  
2496 twenty-four-hour medically supervised treatment for a substance use  
2497 disorder, that is provided in a medically managed or medically  
2498 monitored inpatient facility. [; and]

2499 (4) ["clinical stabilization services"] "Clinical stabilization services"  
2500 means twenty-four-hour clinically managed postdetoxification  
2501 treatment, including, but not limited to, relapse prevention, family  
2502 outreach, aftercare planning and addiction education and counseling.

2503 (b) Except as provided in subsection (j) of this section, each group  
2504 health insurance policy providing coverage of the type specified in  
2505 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,  
2506 issued for delivery, renewed, amended or continued in this state shall  
2507 provide benefits for the diagnosis and treatment of mental or nervous



- 2508 conditions. Benefits payable include, but need not be limited to:
- 2509 (1) General inpatient hospitalization, including in state-operated  
2510 facilities;
- 2511 (2) Medically necessary acute treatment services and medically  
2512 necessary clinical stabilization services;
- 2513 (3) General hospital outpatient services, including at state-operated  
2514 facilities;
- 2515 (4) Psychiatric inpatient hospitalization, including in state-operated  
2516 facilities;
- 2517 (5) Psychiatric outpatient hospital services, including at state-  
2518 operated facilities;
- 2519 (6) Intensive outpatient services, including at state-operated facilities;
- 2520 (7) Partial hospitalization, including at state-operated facilities;
- 2521 (8) Intensive, [home-based] evidence-based services designed to  
2522 address specific mental or nervous conditions in a child or adolescent;
- 2523 (9) Evidence-based family-focused therapy that specializes in the  
2524 treatment of juvenile substance use disorders;
- 2525 (10) Short-term family therapy intervention;
- 2526 (11) Nonhospital inpatient detoxification;
- 2527 (12) Medically monitored detoxification;
- 2528 (13) Ambulatory detoxification;
- 2529 (14) Inpatient services at psychiatric residential treatment facilities;
- 2530 (15) Rehabilitation services provided in residential treatment  
2531 facilities, general hospitals, psychiatric hospitals or psychiatric facilities;

2532 (16) Observation beds in acute hospital settings;

2533 (17) Psychological and neuropsychological testing conducted by an  
2534 appropriately licensed health care provider;

2535 (18) Trauma screening conducted by a licensed behavioral health  
2536 professional;

2537 (19) Depression screening, including maternal depression screening,  
2538 conducted by a licensed behavioral health professional; and

2539 (20) Substance use screening conducted by a licensed behavioral  
2540 health professional. [;]

2541 Sec. 53. (*Effective July 1, 2022*) (a) As used in this section:

2542 (1) "Mental health programming" means age-appropriate education  
2543 or outreach initiatives aimed at students for the prevention of mental  
2544 illness, including, but not limited to, poster and flyer campaigns, films,  
2545 guest speakers or other school events; and

2546 (2) "School-based mental health clinic" means a clinic that: (A) Is  
2547 located in, or on the grounds of, a school facility of a school district or  
2548 school board or of an Indian tribe or tribal organization; (B) is organized  
2549 through school, community and health provider relationships; (C) is  
2550 administered by a sponsoring facility; and (D) provides on-site mental,  
2551 emotional or behavioral health services to children and adolescents in  
2552 accordance with state and local law, including laws relating to licensure  
2553 and certification.

2554 (b) Not later than January 1, 2023, the Departments of Children and  
2555 Families, Public Health and Education, in consultation with the  
2556 Connecticut Association of School-Based Health Centers and a  
2557 children's mental health service provider licensed by the Department of  
2558 Children and Families, shall develop a plan to promote access to mental  
2559 health services for children and youth in regions of the state that do not  
2560 have access to a school-based health center or an expanded school health

2561 site, which may include, but need not be limited to, establishing school-  
2562 based mental health clinics. The mental health services included in such  
2563 plan may include, but not be limited to, (1) to the extent permitted by a  
2564 license or certification of a sponsoring facility, as defined in section 19a-  
2565 6r of the general statutes, the provision of counseling to individual  
2566 students, groups or families, (2) establishing the hours of operation of  
2567 any school-based mental health clinic to include, in addition to school  
2568 hours, after school, weekend or summer hours based on community  
2569 need for services, and (3) the provision of mental health programming  
2570 for students in partnership with a local or regional board of education.

2571 (c) Any mental health service provider who staffs any school-based  
2572 mental health clinic established in partnership with a local or regional  
2573 board of education shall be knowledgeable about social-emotional  
2574 learning, as defined in section 10-222v of the general statutes, and  
2575 restorative practices and may receive additional training through  
2576 participation in the social-emotional learning and restorative practices  
2577 training provided to teachers and administrators of the schools under  
2578 the jurisdiction of such board.

2579 (d) Not later than February 1, 2023, the Departments of Children and  
2580 Families and Public Health shall jointly submit, in accordance with the  
2581 provisions of section 11-4a of the general statutes, to the joint standing  
2582 committee of the General Assembly having cognizance of matters  
2583 relating to children, a report on the (1) plan developed pursuant to  
2584 subsection (b) of this section, and (2) availability of any sources of  
2585 funding for the implementation of such plan.

2586 Sec. 54. (NEW) (*Effective July 1, 2022*) (a) As used in this section,  
2587 "clerkship" means a program in which a candidate for a doctoral degree  
2588 based on a program of studies whose content was primarily  
2589 psychological at an educational institution approved in accordance with  
2590 section 20-189 of the general statutes, works as a psychological assessor  
2591 or psychotherapist for between twelve and sixteen hours per week and  
2592 during which the candidate was supervised by an agency-affiliated  
2593 psychologist and at least one core faculty member of the doctoral degree

2594 program.

2595 (b) On or before January 1, 2023, the Department of Public Health  
2596 shall establish an incentive program to encourage doctoral degree  
2597 candidates to serve at least one semester-long clerkship at a facility  
2598 licensed or operated by the Department of Children and Families, or for  
2599 any other state agency as deemed appropriate by the Commissioner of  
2600 Children and Families. Any person who serves at least one semester-  
2601 long clerkship at such facility shall (1) be eligible for loan forgiveness  
2602 under the mental health care provider loan forgiveness program  
2603 established under section 45 of this act if such person meets the  
2604 eligibility requirements of such program, which are set forth in  
2605 subsection (b) of said section, except such person shall be required to  
2606 complete only sixty consecutive on-time payments of the consolidation  
2607 loan under an income-driven repayment plan in order to satisfy the  
2608 eligibility requirement set forth in subdivision (4) of subsection (b) of  
2609 said section, and (2) may renew such person's license issued under  
2610 chapter 383 of the general statutes once every two years for the first four  
2611 years such person is licensed under said chapter.

2612 Sec. 55. Section 19a-179f of the general statutes is repealed and the  
2613 following is substituted in lieu thereof (*Effective October 1, 2022*):

2614 (a) A licensed or certified emergency medical services organization  
2615 or provider may transport a patient by ambulance to an alternate  
2616 destination, in consultation with the medical director of a sponsor  
2617 hospital.

2618 (b) On or before January 1, 2024, the Office of Emergency Medical  
2619 Services shall develop protocols for a licensed or certified emergency  
2620 medical services organization or provider to transport a pediatric  
2621 patient with mental or behavioral health needs by ambulance to an  
2622 urgent care center operated by the Department of Children and Families  
2623 that is dedicated to treating children's urgent mental or behavioral  
2624 health needs.

2625 [(b)] (c) Any ambulance used for transport to an alternate destination  
2626 under subsection (a) or (b) of this section shall meet the requirements  
2627 for a basic level ambulance, as prescribed in regulations adopted  
2628 pursuant to section 19a-179, including requirements concerning  
2629 medically necessary supplies and services.

2630 Sec. 56. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this  
2631 section:

2632 (1) "Collaborative Care Model" means the integrated delivery of  
2633 behavioral health and primary care services by a primary care team that  
2634 includes a primary care provider, a behavioral care manager, a  
2635 psychiatric consultant and a database used by the behavioral care  
2636 manager to track patient progress;

2637 (2) "CPT code" means a code number under the Current Procedural  
2638 Terminology system developed by the American Medical Association;  
2639 and

2640 (3) "HCPCS code" means a code number under the Healthcare  
2641 Common Procedure Coding System developed by the federal Centers  
2642 for Medicare and Medicaid Services.

2643 (b) Each individual health insurance policy providing coverage of the  
2644 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
2645 of the general statutes and delivered, issued for delivery, renewed,  
2646 amended or continued in this state on or after January 1, 2023, shall  
2647 provide coverage for health care services that a primary care provider  
2648 provides to an insured under the Collaborative Care Model. Such  
2649 services shall include, but need not be limited to, services with a CPT  
2650 code of 99484, 99492, 99493 or 99494 or HCPCS code of G2214, or any  
2651 subsequent corresponding code.

2652 Sec. 57. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this  
2653 section:

2654 (1) "Collaborative Care Model" means the integrated delivery of

2655 behavioral health and primary care services by a primary care team that  
2656 includes a primary care provider, a behavioral care manager, a  
2657 psychiatric consultant and a database used by the behavioral care  
2658 manager to track patient progress;

2659 (2) "CPT code" means a code number under the Current Procedural  
2660 Terminology system developed by the American Medical Association;  
2661 and

2662 (3) "HCPCS code" means a code number under the Healthcare  
2663 Common Procedure Coding System developed by the federal Centers  
2664 for Medicare and Medicaid Services.

2665 (b) Each group health insurance policy providing coverage of the  
2666 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
2667 of the general statutes and delivered, issued for delivery, renewed,  
2668 amended or continued in this state on or after January 1, 2023, shall  
2669 provide coverage for health care services that a primary care provider  
2670 provides to an insured under the Collaborative Care Model. Such  
2671 services shall include, but need not be limited to, services with a CPT  
2672 code of 99484, 99492, 99493 or 99494 or HCPCS code of G2214, or any  
2673 subsequent corresponding code.

2674 Sec. 58. Subsections (a) and (b) of section 38a-477aa of the general  
2675 statutes are repealed and the following is substituted in lieu thereof  
2676 (*Effective January 1, 2023*):

2677 (a) As used in this section:

2678 (1) "Emergency condition" has the same meaning as "emergency  
2679 medical condition", as provided in section 38a-591a;

2680 (2) "Emergency services" means, with respect to an emergency  
2681 condition, (A) a medical screening examination as required under  
2682 Section 1867 of the Social Security Act, as amended from time to time,  
2683 that is within the capability of a hospital emergency department,  
2684 including ancillary services routinely available to such department to

2685 evaluate such condition, and (B) such further medical examinations and  
2686 treatment required under said Section 1867 to stabilize such individual,  
2687 that are within the capability of the hospital staff and facilities;

2688 (3) "Health care plan" means an individual or a group health  
2689 insurance policy or health benefit plan that provides coverage of the  
2690 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
2691 469;

2692 (4) "Health care provider" means an individual licensed to provide  
2693 health care services under chapters 370 to 373, inclusive, chapters 375 to  
2694 383b, inclusive, and chapters 384a to 384c, inclusive;

2695 (5) "Health carrier" means an insurance company, health care center,  
2696 hospital service corporation, medical service corporation, fraternal  
2697 benefit society or other entity that delivers, issues for delivery, renews,  
2698 amends or continues a health care plan in this state;

2699 (6) (A) "Surprise bill" means a bill for health care services, other than  
2700 emergency services or acute inpatient psychiatric services, received by  
2701 an insured for services rendered by an out-of-network health care  
2702 provider, where such services were rendered by (i) such out-of-network  
2703 provider at an in-network facility, during a service or procedure  
2704 performed by an in-network provider or during a service or procedure  
2705 previously approved or authorized by the health carrier and the insured  
2706 did not knowingly elect to obtain such services from such out-of-  
2707 network provider, or (ii) a clinical laboratory, as defined in section 19a-  
2708 30, that is an out-of-network provider, upon the referral of an in-  
2709 network provider.

2710 (B) "Surprise bill" does not include a bill for health care services  
2711 received by an insured when an in-network health care provider was  
2712 available to render such services and the insured knowingly elected to  
2713 obtain such services from another health care provider who was out-of-  
2714 network.

2715 (b) (1) No health carrier shall require prior authorization for

2716 rendering emergency services or acute inpatient psychiatric services to  
2717 an insured. A health care provider who renders emergency services to  
2718 an insured shall notify the insured's health carrier not later than three  
2719 calendar days after the date on which the provider provided such  
2720 services.

2721 (2) No health carrier shall impose, for emergency services or acute  
2722 inpatient psychiatric services rendered to an insured by an out-of-  
2723 network health care provider, a coinsurance, copayment, deductible or  
2724 other out-of-pocket expense that is greater than the coinsurance,  
2725 copayment, deductible or other out-of-pocket expense that would be  
2726 imposed if such emergency services or acute inpatient psychiatric  
2727 services were rendered by an in-network health care provider.

2728 (3) (A) If emergency services or acute inpatient psychiatric services  
2729 were rendered to an insured by an out-of-network health care provider,  
2730 such health care provider may bill the health carrier directly and the  
2731 health carrier shall reimburse such health care provider the greatest of  
2732 the following amounts: (i) The amount the insured's health care plan  
2733 would pay for such services if rendered by an in-network health care  
2734 provider; (ii) the usual, customary and reasonable rate for such services;  
2735 or (iii) the amount Medicare would reimburse for such services. As used  
2736 in this subparagraph, "usual, customary and reasonable rate" means the  
2737 eightieth percentile of all charges for the particular health care service  
2738 performed by a health care provider in the same or similar specialty and  
2739 provided in the same geographical area, as reported in a benchmarking  
2740 database maintained by a nonprofit organization specified by the  
2741 Insurance Commissioner. Such organization shall not be affiliated with  
2742 any health carrier.

2743 (B) Nothing in this subdivision shall be construed to prohibit such  
2744 health carrier and out-of-network health care provider from agreeing to  
2745 a greater reimbursement amount.

2746 Sec. 59. Subsection (b) of section 20-7f of the general statutes is  
2747 repealed and the following is substituted in lieu thereof (*Effective January*



2748 1, 2023):

2749 (b) It shall be an unfair trade practice in violation of chapter 735a for  
2750 any health care provider to request payment from an enrollee, other  
2751 than a coinsurance, copayment, deductible or other out-of-pocket  
2752 expense, for (1) health care services or a facility fee, as defined in section  
2753 19a-508c, covered under a health care plan, (2) emergency services, or  
2754 acute inpatient psychiatric services, covered under a health care plan  
2755 and rendered by an out-of-network health care provider, or (3) a  
2756 surprise bill, as defined in section 38a-477aa, as amended by this act.

2757 Sec. 60. Subdivision (3) of subsection (c) of section 38a-193 of the  
2758 general statutes is repealed and the following is substituted in lieu  
2759 thereof (*Effective January 1, 2023*):

2760 (3) No participating provider, or agent, trustee or assignee thereof,  
2761 may: (A) Maintain any action at law against a subscriber or enrollee to  
2762 collect sums owed by the health care center; (B) request payment from  
2763 a subscriber or enrollee for such sums; (C) request payment from a  
2764 subscriber or enrollee for covered emergency services, or covered acute  
2765 inpatient psychiatric services, that are provided by an out-of-network  
2766 provider; or (D) request payment from a subscriber or enrollee for a  
2767 surprise bill, as defined in section 38a-477aa, as amended by this act. For  
2768 purposes of this subdivision "request payment" includes, but is not  
2769 limited to, submitting a bill for services not actually owed or submitting  
2770 for such services an invoice or other communication detailing the cost  
2771 of the services that is not clearly marked with the phrase "THIS IS NOT  
2772 A BILL". The contract between a health care center and a participating  
2773 provider shall inform the participating provider that pursuant to section  
2774 20-7f, as amended by this act, it is an unfair trade practice in violation of  
2775 chapter 735a for any health care provider to request payment from a  
2776 subscriber or an enrollee, other than a coinsurance, copayment,  
2777 deductible or other out-of-pocket expense, for covered medical [or]  
2778 services, emergency services or acute inpatient psychiatric services or  
2779 facility fees, as defined in section 19a-508c, or surprise bills, or to report  
2780 to a credit reporting agency an enrollee's failure to pay a bill for such

2781 services when a health care center has primary responsibility for  
2782 payment of such services, fees or bills.

2783 Sec. 61. Subdivision (1) of subsection (c) of section 38a-472f of the  
2784 general statutes is repealed and the following is substituted in lieu  
2785 thereof (*Effective January 1, 2023*):

2786 (c) (1) (A) Each health carrier shall establish and maintain a network  
2787 that includes a sufficient number and appropriate types of participating  
2788 providers, including those that serve predominantly low-income,  
2789 medically underserved individuals, to assure that all covered benefits  
2790 will be accessible to all such health carrier's covered persons without  
2791 unreasonable travel or delay.

2792 (B) Covered persons shall have access to emergency services, as  
2793 defined in section 38a-477aa, as amended by this act, and acute inpatient  
2794 psychiatric services twenty-four hours a day, seven days a week.

2795 Sec. 62. Subsection (h) of section 38a-488a of the general statutes is  
2796 repealed and the following is substituted in lieu thereof (*Effective January*  
2797 *1, 2023*):

2798 (h) Except in the case of emergency services, acute inpatient  
2799 psychiatric services or [in the case of] services for which an individual  
2800 has been referred by a physician or an advanced practice registered  
2801 nurse affiliated with a health care center, nothing in this section shall be  
2802 construed to require a health care center to provide benefits under this  
2803 section through facilities that are not affiliated with the health care  
2804 center.

2805 Sec. 63. Subsection (h) of section 38a-514 of the general statutes is  
2806 repealed and the following is substituted in lieu thereof (*Effective January*  
2807 *1, 2023*):

2808 (h) Except in the case of emergency services, acute inpatient  
2809 psychiatric services or [in the case of] services for which an individual  
2810 has been referred by a physician affiliated with a health care center,

2811 nothing in this section shall be construed to require a health care center  
2812 to provide benefits under this section through facilities that are not  
2813 affiliated with the health care center.

2814       Sec. 64. (*Effective from passage*) (a) The Office of Health Strategy shall  
2815 study the rates at which health carriers delivering, issuing for delivery,  
2816 renewing, amending or continuing individual and group health  
2817 insurance policies in this state, and third-party administrators licensed  
2818 under section 38a-720a of the general statutes, reimburse health care  
2819 providers for covered physical, mental and behavioral health benefits.  
2820 Such study shall include, but need not be limited to, an assessment of  
2821 the: (1) Viability of implementing in this state a sliding scale of  
2822 reimbursement rates; (2) extent to which reimbursement rates for  
2823 covered mental and behavioral health benefits would need to increase  
2824 in order to provide a financial incentive to (A) attract additional health  
2825 care providers to provide covered mental and behavioral health benefits  
2826 to individuals in this state, and (B) encourage health care providers who  
2827 provide covered mental and behavioral health benefits to accept new  
2828 patients in this state; (3) potential aggregate savings that would accrue  
2829 to health carriers in this state if insureds were to receive greater access  
2830 to health care providers who provide covered mental and behavioral  
2831 health benefits; (4) reimbursement rates for covered mental and  
2832 behavioral health benefits provided by private health insurance policies  
2833 in comparison to reimbursement rates for such benefits provided by the  
2834 state or other governmental payors; (5) reimbursement rates for covered  
2835 mental and behavioral health benefits provided to children in  
2836 comparison to reimbursement rates for such benefits provided to adults;  
2837 and (6) number of children who are referred for covered mental and  
2838 behavioral health benefits in comparison to the number of children who  
2839 receive such benefits.

2840       (b) Not later than January 1, 2023, the Office of Health Strategy shall,  
2841 in accordance with section 11-4a of the general statutes, submit a report  
2842 to the joint standing committees of the General Assembly having  
2843 cognizance of matters relating to insurance and public health disclosing

2844 the results of the study conducted pursuant to subsection (a) of this  
2845 section.

2846 Sec. 65. (*Effective from passage*) (a) As used in this section, "HUSKY  
2847 Health" has the same meaning as provided in section 17b-290 of the  
2848 general statutes.

2849 (b) The Office of Health Strategy, in consultation with the Insurance  
2850 Commissioner, shall conduct a study to determine whether payment  
2851 parity exists between (1) providers of behavioral and mental health  
2852 services and providers of other medical services in the private insurance  
2853 market, (2) such providers within the HUSKY Health program, and (3)  
2854 HUSKY Health program behavioral and mental health providers and  
2855 their counterparts in the private insurance market.

2856 (c) The study shall also include, but not be limited to: (1) What rate  
2857 increases may be necessary to encourage more private providers to offer  
2858 behavioral and mental health services to HUSKY Health program  
2859 members, (2) an estimate of the amount such increases would cost the  
2860 state annually, and (3) potential state savings on other health care costs  
2861 annually if access to behavioral and mental health providers by HUSKY  
2862 Health program members is expanded.

2863 (d) Not later than January 1, 2023, the executive director of the Office  
2864 of Health Strategy shall submit a report with the findings of the study,  
2865 in accordance with the provisions of section 11-4a of the general statutes,  
2866 to the joint standing committees of the General Assembly having  
2867 cognizance of matters relating to human services, insurance, public  
2868 health and appropriations and the budgets of state agencies.

2869 Sec. 66. (NEW) (*Effective July 1, 2022*) (a) As used in this section:

2870 (1) "Collaborative Care Model" or "CoCM" means the integrated  
2871 delivery of behavioral health and primary care services by a primary  
2872 care team that includes a primary care provider, a behavioral care  
2873 manager, a psychiatric consultant and a data base used by the  
2874 behavioral care manager to track patient progress;

2875 (2) "CoCM codes" means a billing system developed by the Centers  
2876 for Medicare and Medicaid Services that provide Medicare rates for  
2877 services provided in the Collaborative Care Model; and

2878 (3) "HUSKY Health" has the same meaning as provided in section  
2879 17b-290 of the general statutes.

2880 (b) To the extent permissible under federal law, the Commissioner of  
2881 Social Services shall implement a Medicaid reimbursement system that  
2882 incentivizes collaboration between primary care providers and  
2883 behavioral and mental health care providers on an integrated care plan  
2884 for a HUSKY Health program member by separately reimbursing each  
2885 provider consulting on such patient's care. The commissioner may  
2886 adopt the Collaborative Care Model to expand access to behavioral and  
2887 mental health services for HUSKY Health program members and utilize  
2888 the CoCM codes approved by the Centers for Medicare and Medicaid  
2889 Services to provide reimbursement to participating providers.

2890 Sec. 67. (NEW) (*Effective July 1, 2022*) (a) There is established a Youth  
2891 Service Corps program to be administered by the Department of  
2892 Economic and Community Development for the purpose of providing  
2893 grants to municipalities of priority school districts, as described in  
2894 section 10-266p of the general statutes, to establish local Youth Service  
2895 Corps programs. Such local programs shall provide paid community-  
2896 based service learning and academic and workforce development  
2897 programs to youth and young adults in the state.

2898 (b) To be eligible for a Youth Service Corps program grant, a  
2899 municipality shall have a priority school district, as described in section  
2900 10-266p of the general statutes, located in such municipality and  
2901 operate, establish or demonstrate plans to establish a local Youth Service  
2902 Corps program that conforms to the following parameters:

2903 (1) Youth participation in the local Youth Service Corps program  
2904 shall be by referral only. Such referral shall be made by a school official,  
2905 juvenile probation officer, the Commissioner of Children and Families,

2906 or the commissioner's designee, or an employee of a community  
2907 organization designated by the municipality or the municipality's Youth  
2908 Service Corps program administrator to make such referrals.  
2909 Participants in a local Youth Service Corps program shall be youths or  
2910 young adults between the ages of sixteen and twenty-four, inclusive,  
2911 who are showing signs of disengagement or disconnection from school,  
2912 the workplace or the community;

2913 (2) The local Youth Service Corps program shall target, but not be  
2914 limited to targeting, youth or young adults who are involved with the  
2915 justice system, involved with the Department of Children and Families,  
2916 in foster care or experiencing homelessness. The municipality shall  
2917 allow local school officials and the Commissioner of Children and  
2918 Families, or the commissioner's designee, to refer any such youth or  
2919 young adult to its local Youth Service Corps program;

2920 (3) The local Youth Service Corps program shall be administered by  
2921 a local community-based organization with expertise in providing  
2922 youth or young adult services and workforce development programs.  
2923 Such organization shall work with local municipal officials to identify  
2924 potential local service project opportunities for such program;

2925 (4) Each participant in a local Youth Service Corps program shall  
2926 develop an individual success plan in which such participant shall  
2927 identify goals to achieve relating to education, workforce or behavioral  
2928 development. In support of such goals, the local Youth Service Corps  
2929 program shall provide (A) year-long, part-time employment with  
2930 flexible hours with public or private employers screened and approved  
2931 by the administrator of the program, (B) community-based service  
2932 learning projects selected by the administrator of the program, (C) a  
2933 transition plan for such participant detailing such goals and steps to be  
2934 taken to accomplish such goals, and (D) other activities approved by the  
2935 administrator of the program; and

2936 (5) Each participant in a local Youth Service Corps program shall be  
2937 measured by performance indicators applicable to such participant,

2938 including, but not limited to, education outcomes, career competency  
2939 development, training completion and positive behavior changes.

2940 (c) Not later than October 1, 2022, the Commissioner of Economic and  
2941 Community Development shall develop an application process and  
2942 selection criteria for Youth Service Corps program grants. Applications  
2943 shall be submitted in a form and manner prescribed by the  
2944 commissioner.

2945 (d) Not later than January 1, 2023, and annually thereafter, the  
2946 Commissioner of Economic and Community Development shall award  
2947 grants to municipalities selected to participate in the program in the  
2948 amount of ten thousand dollars per participant plus fifteen per cent of  
2949 such amount for program administration expenses. Such municipalities  
2950 may use such grants to (1) administer the local Youth Service Corps  
2951 program, and (2) award a sub-grant of not more than ten thousand  
2952 dollars to any program participant to support or subsidize such  
2953 participant's participation in program activities.

2954 (e) Not later than December 1, 2023, and annually thereafter, each  
2955 municipality that received a Youth Service Corps program grant shall  
2956 submit a report regarding its local Youth Service Corps program to the  
2957 Commissioners of Economic and Community Development and  
2958 Children and Families in a form and manner prescribed by the  
2959 Commissioner of Economic and Community Development.

2960 (f) Not later than January 1, 2024, and annually thereafter, the  
2961 Commissioner of Economic and Community Development, in  
2962 consultation with the Commissioner of Children and Families, shall  
2963 report, in accordance with the provisions of section 11-4a of the general  
2964 statutes, to the joint standing committees of the General Assembly  
2965 having cognizance of matters relating to commerce and children  
2966 regarding the Youth Service Corps program.

2967 Sec. 68. Section 38a-499a of the general statutes is repealed and the  
2968 following is substituted in lieu thereof (*Effective July 1, 2024*):

2969 (a) As used in this section, "telehealth" has the same meaning as  
2970 provided in section 19a-906, as amended by this act.

2971 (b) Each individual health insurance policy providing coverage of the  
2972 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
2973 of the general statutes delivered, issued for delivery, renewed, amended  
2974 or continued in this state shall provide coverage for medical advice,  
2975 diagnosis, care or treatment provided through telehealth, to the extent  
2976 coverage is provided for such advice, diagnosis, care or treatment when  
2977 provided through in-person consultation between the insured and a  
2978 health care provider licensed in the state. Such coverage shall be subject  
2979 to the same terms and conditions applicable to all other benefits under  
2980 such policy.

2981 (c) No such policy shall: (1) Exclude a service for coverage solely  
2982 because such service is provided only through telehealth and not  
2983 through in-person consultation between the insured and a health care  
2984 provider licensed in the state, provided telehealth is appropriate for the  
2985 provision of such service; or (2) be required to reimburse a treating or  
2986 consulting health care provider for the technical fees or technical costs  
2987 for the provision of telehealth services.

2988 (d) Nothing in this section shall prohibit or limit a health insurer,  
2989 health care center, hospital service corporation, medical service  
2990 corporation or other entity from conducting utilization review for  
2991 telehealth services, provided such utilization review is conducted in the  
2992 same manner and uses the same clinical review criteria as a utilization  
2993 review for an in-person consultation for the same service.

2994 Sec. 69. Section 38a-526a of the general statutes is repealed and the  
2995 following is substituted in lieu thereof (*Effective July 1, 2024*):

2996 (a) As used in this section, "telehealth" has the same meaning as  
2997 provided in section 19a-906, as amended by this act.

2998 (b) Each group health insurance policy providing coverage of the  
2999 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469



3000 of the general statutes delivered, issued for delivery, renewed, amended  
3001 or continued in this state shall provide coverage for medical advice,  
3002 diagnosis, care or treatment provided through telehealth, to the extent  
3003 coverage is provided for such advice, diagnosis, care or treatment when  
3004 provided through in-person consultation between the insured and a  
3005 health care provider licensed in the state. Such coverage shall be subject  
3006 to the same terms and conditions applicable to all other benefits under  
3007 such policy.

3008 (c) No such policy shall: (1) Exclude a service for coverage solely  
3009 because such service is provided only through telehealth and not  
3010 through in-person consultation between the insured and a health care  
3011 provider, provided telehealth is appropriate for the provision of such  
3012 service; or (2) be required to reimburse a treating or consulting health  
3013 care provider licensed in the state for the technical fees or technical costs  
3014 for the provision of telehealth services.

3015 (d) Nothing in this section shall prohibit or limit a health insurer,  
3016 health care center, hospital service corporation, medical service  
3017 corporation or other entity from conducting utilization review for  
3018 telehealth services, provided such utilization review is conducted in the  
3019 same manner and uses the same clinical review criteria as a utilization  
3020 review for an in-person consultation for the same service.

3021 Sec. 70. Subsection (f) of section 46b-38b of the 2022 supplement to  
3022 the general statutes is repealed and the following is substituted in lieu  
3023 thereof (*Effective July 1, 2022*):

3024 (f) It shall be the responsibility of the peace officer at the scene of a  
3025 family violence incident to provide immediate assistance to the victim.  
3026 Such assistance shall include, but need not be limited to: (1) Assisting  
3027 the victim to obtain medical treatment if such treatment is required; (2)  
3028 notifying the victim of the right to file an affidavit for a warrant for  
3029 arrest; (3) informing the victim of services available, including  
3030 providing the victim with (A) contact information for a regional family  
3031 violence organization that employs, or provides referrals to, counselors

3032 who are trained in providing trauma-informed care, ~~[(4)]~~ and (B) on  
3033 and after January 1, 2023, a copy of the information concerning services  
3034 and resources available to victims of domestic violence published  
3035 pursuant to section 10-10g, as amended by this act; (4) on and after  
3036 January 1, 2023, if there is a child at the scene, providing the victim a  
3037 copy of the documents concerning behavioral and mental health  
3038 evaluation and treatment resources available to children developed  
3039 pursuant to section 17a-22r, as amended by this act, for the mental  
3040 health region in which such victim is located; (5) referring the victim to  
3041 the Office of Victim Services; and ~~[(5)]~~ (6) providing assistance in  
3042 accordance with the uniform protocols for treating victims of family  
3043 violence whose immigration status is questionable, established  
3044 pursuant to subsection (i) of this section. In cases where the officer has  
3045 determined that no cause exists for an arrest, assistance shall include:  
3046 (A) Assistance as provided in subdivisions (1) to ~~[(5)]~~ (6), inclusive, of  
3047 this subsection; and (B) remaining at the scene for a reasonable time  
3048 until, in the reasonable judgment of the officer, the likelihood of further  
3049 imminent violence has been eliminated. For the purposes of this  
3050 subsection, "trauma-informed care" means services (i) directed by a  
3051 thorough understanding of the neurological, biological, psychological  
3052 and social effects of trauma and violence on a person; and (ii) delivered  
3053 by a regional family violence organization that employs, or provides  
3054 referrals to, counselors who: (I) Make available to the victim of family  
3055 violence resources on trauma exposure, its impact and treatment; (II)  
3056 engage in efforts to strengthen the resilience and protective factors of  
3057 victims of family violence who are impacted by and vulnerable to  
3058 trauma; (III) emphasize continuity of care and collaboration among  
3059 organizations that provide services to children; and (IV) maintain  
3060 professional relationships for referral and consultation purposes with  
3061 programs and persons with expertise in trauma-informed care.

3062 Sec. 71. (NEW) (*Effective July 1, 2022*) On and after January 1, 2023,  
3063 each police officer, as defined in section 46b-15 of the general statutes,  
3064 and emergency medical technician, as defined in section 19a-904 of the  
3065 general statutes, shall maintain, in any vehicle used by such officer or

3066 technician in the course of his or her duties, copies of documents  
3067 concerning (1) behavioral and mental health evaluation and treatment  
3068 resources available to children, developed pursuant to section 17a-22r  
3069 of the general statutes, as amended by this act, for the mental health  
3070 region in which such technician is located; and (2) services and resources  
3071 available to victims of domestic violence, published pursuant to section  
3072 10-10g of the general statutes, as amended by this act. Such officer or  
3073 technician may provide a copy of such documents to any person or  
3074 family of a person who such technician determines may benefit from the  
3075 services or resources described in such documents.

3076 Sec. 72. Subsection (a) of section 10-10g of the general statutes is  
3077 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
3078 *2022*):

3079 (a) Not later than December 1, ~~[2019]~~ 2022, and annually thereafter,  
3080 the Office of Victim Services within the Judicial Department, in  
3081 consultation with the Connecticut Coalition Against Domestic Violence,  
3082 shall compile information concerning services and resources available  
3083 to victims of domestic violence and provide such information  
3084 electronically to the Department of Education, and electronically and in  
3085 hard copies to (1) the Division of State Police within the Department of  
3086 Emergency Services and Public Protection, (2) each municipal police  
3087 department, and (3) each ambulance company and organization,  
3088 whether public, private or voluntary, that offers transportation or  
3089 treatment services to patients under emergency conditions. Such  
3090 information shall include, but need not be limited to, [(1)] (A) referrals  
3091 available to counseling and supportive services, including, but not  
3092 limited to, the Safe at Home program administered by the Office of the  
3093 Secretary of the State, shelter services, medical services, domestic abuse  
3094 hotlines, legal counseling and advocacy, mental health care and  
3095 financial assistance, and [(2)] (B) procedures to voluntarily and  
3096 confidentially identify eligibility for referrals to such counseling and  
3097 supportive services. [The Office of Victim Services within the Judicial  
3098 Department shall annually review such information and inform the

3099 Department of Education of any necessary revisions.] Such information  
3100 shall be translated into, and provided in, multiple languages, including,  
3101 but not limited to, English, Polish, Portuguese and Spanish.

3102 Sec. 73. Section 54-209 of the 2022 supplement to the general statutes  
3103 is repealed and the following is substituted in lieu thereof (*Effective July*  
3104 *1, 2022*):

3105 (a) The Office of Victim Services or, on review, a victim compensation  
3106 commissioner, may order the payment of compensation in accordance  
3107 with the provisions of sections 54-201 to 54-218, inclusive, for personal  
3108 injury or death which resulted from: (1) An attempt to prevent the  
3109 commission of crime or to apprehend a suspected criminal or in aiding  
3110 or attempting to aid a police officer so to do, (2) the commission or  
3111 attempt to commit by another of any crime as provided in section 53a-  
3112 24, (3) any crime that occurred outside the territorial boundaries of the  
3113 United States that would be considered a crime within this state,  
3114 provided the victim of such crime is a resident of this state, [or] (4) any  
3115 crime involving international terrorism as defined in 18 USC 2331, as  
3116 amended from time to time, or (5) an incident of child abuse or neglect  
3117 substantiated by the Department of Children and Families.

3118 (b) The Office of Victim Services or, on review, a victim compensation  
3119 commissioner, may also order the payment of compensation in  
3120 accordance with the provisions of sections 54-201 to 54-218, inclusive,  
3121 for personal injury or death that resulted from the operation of a motor  
3122 vehicle, water vessel, snow mobile or all-terrain vehicle by another  
3123 person who was subsequently convicted with respect to such operation  
3124 for a violation of subsection (a) or subdivision (1) of subsection (b) of  
3125 section 14-224, section 14-227a or 14-227m, subdivision (1) or (2) of  
3126 subsection (a) of section 14-227n, subdivision (3) of section 14-386a or  
3127 section 15-132a, 15-140l, 15-140n, 53a-56b or 53a-60d. In the absence of a  
3128 conviction, the Office of Victim Services or, on review, a victim  
3129 compensation commissioner, may order payment of compensation  
3130 under this section if, upon consideration of all circumstances  
3131 determined to be relevant, the office or commissioner, as the case may

3132 be, reasonably concludes that another person has operated a motor  
3133 vehicle in violation of subsection (a) or subdivision (1) of subsection (b)  
3134 of section 14-224, section 14-227a or 14-227m, subdivision (1) or (2) of  
3135 subsection (a) of section 14-227n, subdivision (3) of section 14-386a or  
3136 section 15-132a, 15-140l, 15-140n, 53a-56b or 53a-60d.

3137 (c) Except as provided in subsection (b) of this section, no act  
3138 involving the operation of a motor vehicle which results in injury shall  
3139 constitute a crime for the purposes of sections 54-201 to 54-218,  
3140 inclusive, unless the injuries were intentionally inflicted through the use  
3141 of the vehicle.

3142 (d) In instances where a violation of section 53a-70b of the general  
3143 statutes, revision of 1958, revised to January 1, 2019, or section 53-21,  
3144 53a-70, 53a-70a, 53a-70c, 53a-71, 53a-72a, 53a-72b, 53a-73a, 53a-82, [or]  
3145 53a-83b, 53a-90a, 53a-192a, 53a-196, 53a-196a, 53a-196b or 53a-196i, or  
3146 family violence, as defined in section 46b-38a, has been alleged, the  
3147 Office of Victim Services or, on review, a victim compensation  
3148 commissioner, may order compensation be paid if (1) the personal  
3149 injury has been disclosed to: (A) A physician or surgeon licensed under  
3150 chapter 370; (B) a resident physician or intern in any hospital in this  
3151 state, whether or not licensed; (C) a physician assistant licensed under  
3152 chapter 370; (D) an advanced practice registered nurse, registered nurse  
3153 or practical nurse licensed under chapter 378; (E) a psychologist licensed  
3154 under chapter 383; (F) a police officer; (G) a mental health professional;  
3155 (H) an emergency medical services provider licensed or certified under  
3156 chapter 368d; (I) an alcohol and drug counselor licensed or certified  
3157 under chapter 376b; (J) a marital and family therapist licensed under  
3158 chapter 383a; (K) a domestic violence counselor or a sexual assault  
3159 counselor, as defined in section 52-146k; (L) a professional counselor  
3160 licensed under chapter 383c; (M) a clinical social worker licensed under  
3161 chapter 383b; (N) an employee of the Department of Children and  
3162 Families; (O) an employee of a [child] children's advocacy center,  
3163 [established pursuant to] as defined in section 17a-106a; or (P) a school  
3164 principal, a school teacher, a school guidance counselor or a school

3165 counselor, or (2) the personal injury is reported in an application for a  
3166 restraining order under section 46b-15 or an application for a civil  
3167 protection order under section 46b-16a or on the record to the court,  
3168 provided such restraining order or civil protection order was granted in  
3169 the Superior Court following a hearing, and (3) the office or  
3170 commissioner, as the case may be, reasonably concludes that a violation  
3171 of any of said sections has occurred.

3172 (e) Evidence of an order for the payment of compensation by the  
3173 Office of Victim Services or a victim compensation commissioner in  
3174 accordance with the provisions of sections 54-201 to 54-218, inclusive,  
3175 shall not be admissible in any civil proceeding to prove the liability of  
3176 any person for such personal injury or death or in any criminal  
3177 proceeding to prove the guilt or innocence of any person for any crime.

3178 Sec. 74. (NEW) (*Effective July 1, 2022*) Any employee of the  
3179 Department of Children and Families or a children's advocacy center, as  
3180 defined in section 17a-106a of the general statutes, to whom a personal  
3181 injury resulting from any conduct described in subsection (a) of section  
3182 54-209 of the general statutes, as amended by this act, is disclosed by the  
3183 (1) person who suffered such injury, or (2) parent, guardian or legal  
3184 representative of such person, shall provide such person, or such  
3185 person's parent, guardian or legal representative verbal and written  
3186 notice (A) that such person may be eligible for compensation pursuant  
3187 to sections 54-201 to 54-218, inclusive, of the general statutes, and (B) of  
3188 the application process described in section 54-204 of the general  
3189 statutes, and types and amounts of compensation that may be awarded  
3190 pursuant to sections 54-201 to 54-218, inclusive, of the general statutes.

3191 Sec. 75. Section 10-76a of the general statutes is repealed and the  
3192 following is substituted in lieu thereof (*Effective July 1, 2022*):

3193 Whenever used in sections 10-76a to 10-76i, inclusive:

3194 (1) "Commissioner" means the Commissioner of Education.

3195 (2) "Child" means any person under twenty-one years of age.

3196 (3) An "exceptional child" means a child who deviates either  
3197 intellectually, physically or emotionally so markedly from normally  
3198 expected growth and development patterns that he or she is or will be  
3199 unable to progress effectively in a regular school program and needs a  
3200 special class, special instruction or special services.

3201 (4) "Special education" means specially designed instruction  
3202 developed in accordance with the regulations of the commissioner,  
3203 subject to approval by the State Board of Education offered at no cost to  
3204 parents or guardians, to meet the unique needs of a child with a  
3205 disability, including instruction conducted in the classroom, in the  
3206 home, in hospitals and institutions, and in other settings and instruction  
3207 in physical education and special classes, programs or services,  
3208 including related services, designed to meet the educational needs of  
3209 exceptional children.

3210 (5) "A child requiring special education" means any exceptional child  
3211 who (A) meets the criteria for eligibility for special education pursuant  
3212 to the Individuals With Disabilities Education Act, 20 USC 1400, et seq.,  
3213 as amended from time to time, (B) has extraordinary learning ability or  
3214 outstanding talent in the creative arts, the development of which  
3215 requires programs or services beyond the level of those ordinarily  
3216 provided in regular school programs but which may be provided  
3217 through special education as part of the public school program, [or] (C)  
3218 is age three to five, inclusive, and is experiencing developmental delay  
3219 that causes such child to require special education, or (D) has a social  
3220 emotional disability, the development of which requires programs or  
3221 services beyond the level of those ordinarily provided in regular school  
3222 programs but which may be provided through special education as part  
3223 of the public school program.

3224 (6) "Developmental delay" means significant delay in one or more of  
3225 the following areas: (A) Physical development; (B) communication  
3226 development; (C) cognitive development; (D) social or emotional  
3227 development; or (E) adaptive development, as measured by appropriate  
3228 diagnostic instruments and procedures and demonstrated by scores

3229 obtained on an appropriate norm-referenced standardized diagnostic  
3230 instrument.

3231 (7) "Related services" means related services, as defined in the  
3232 Individuals With Disabilities Education Act, 20 USC 1400 et seq., as  
3233 amended from time to time.

3234 (8) "Extraordinary learning ability" and "outstanding creative talent"  
3235 shall be defined by regulation by the commissioner, subject to the  
3236 approval of the State Board of Education, after consideration by said  
3237 commissioner of the opinions of appropriate specialists and of the  
3238 normal range of ability and rate of progress of children in the  
3239 Connecticut public schools.

3240 (9) "Social emotional disability" means a condition exhibiting one or  
3241 more of the following characteristics over a long period of time and to a  
3242 marked degree that adversely affects a child's educational performance:  
3243 (A) An inability to learn that cannot be explained by intellectual, sensory  
3244 or health factors, (B) an inability to build or maintain satisfactory  
3245 interpersonal relationships with peers and teachers, (C) inappropriate  
3246 types of behavior or feelings under normal circumstances, (D) a general  
3247 pervasive mood of unhappiness or depression, and (E) a tendency to  
3248 develop physical symptoms or fears associated with personal or school  
3249 problems.

3250 Sec. 76. (Effective July 1, 2022) The following sums are appropriated  
3251 from the GENERAL FUND for the purposes herein specified for the  
3252 fiscal year ending June 30, 2023:

T1	GENERAL FUND	2022-2023
T2	DEPARTMENT OF CHILDREN AND FAMILIES (DCF)	
T3	Community Kidcare (SID 16141)	6,500,000
T4	Family Support Services (SID 12304)	_____
T5	TOTAL - GENERAL FUND - DCF	_____

3253 Sec. 77. (Effective July 1, 2022) The amount appropriated in section 76  
3254 of this act shall be made available to the Department of Children and



3255 Families, in its Community Kidcare account, for grants to providers to  
3256 (1) increase the number of full-time emergency mobile psychiatric  
3257 services personnel serving children in the state, (2) expand the number  
3258 of geographic areas in the state in which emergency mobile psychiatric  
3259 services personnel provide emergency mobile psychiatric services to  
3260 children, (3) expand the hours of operation during which emergency  
3261 mobile psychiatric services personnel provide such services to children,  
3262 and (4) expand the training of personnel providing emergency mobile  
3263 psychiatric services to children.

3264       Sec. 78. (*Effective July 1, 2022*) The amount appropriated in section 76  
3265 of this act shall be made available to the Department of Children and  
3266 Families, in its Family Support Services account, for grants to intensive  
3267 outpatient services providers, partial hospitalization programs and  
3268 psychiatric residential treatment facilities in the state to increase the  
3269 number of providers serving children in need of mental or behavioral  
3270 health care and to increase the number of beds available to such children  
3271 through such providers, programs and facilities.

3272       Sec. 79. (*Effective July 1, 2022*) For the fiscal year ending June 30, 2023,  
3273 and each fiscal year thereafter, the Department of Children and Families  
3274 may use any funds available to the department, including, but not  
3275 limited to, any authorized bond funds, to increase the number of full-  
3276 time staff of outpatient services providers, partial hospitalization  
3277 programs and psychiatric residential treatment facilities serving  
3278 children in need of mental or behavioral health care and the numbers of  
3279 beds available to such children through such providers, programs and  
3280 facilities.

3281       Sec. 80. (NEW) (*Effective July 1, 2022*) For the fiscal year ending June  
3282 30, 2023, and each fiscal year thereafter, the Department of Children and  
3283 Families shall provide grants to youth service bureaus, established  
3284 pursuant to section 10-19m of the general statutes, and municipal  
3285 juvenile review boards for the purpose of addressing truancy and  
3286 chronic absenteeism in schools by supporting prosocial activities, family  
3287 engagement services, credible messenger engagement and care

3288 coordination for repeat juvenile offenders. A grant recipient may  
3289 coordinate the delivery of service with a state agency, local or regional  
3290 board of education or community-based organization. The department  
3291 shall determine how grants are to be distributed, provided priority is  
3292 given to any youth service bureau or juvenile review board located in a  
3293 priority school district pursuant to section 10-266p of the general  
3294 statutes.

3295       Sec. 81. (*Effective July 1, 2022*) The sum of \_\_\_\_ dollars is appropriated  
3296 to the Department of Children and Families from the General Fund, for  
3297 the fiscal year ending June 30, 2023, for hiring new and retaining existing  
3298 employees who are engaged full-time in mental or behavioral clinical  
3299 work.

3300       Sec. 82. (*Effective July 1, 2022*) The sum of \_\_\_\_ dollars is appropriated  
3301 to the Department of Public Health from the General Fund, for the fiscal  
3302 year ending June 30, 2023, for increasing the number of medical  
3303 residencies and fellowships in the practice area of child psychiatry in  
3304 hospitals in the state.

3305       Sec. 83. (*Effective July 1, 2022*) (a) The sum of one hundred fifty  
3306 thousand dollars is appropriated to the Department of Public Health  
3307 from the General Fund, for the fiscal year ending June 30, 2023, for a  
3308 grant-in-aid to a children's hospital in the state for the purpose of  
3309 coordinating a mental and behavioral health training and consultation  
3310 program, from January 1, 2023, to January 1, 2025, inclusive, which shall  
3311 be made available to all pediatricians practicing in the state to help them  
3312 gain the knowledge, experience and confidence necessary to effectively  
3313 treat pediatric mental and behavioral health issues.

3314       (b) Not later than January 1, 2023, and annually thereafter until  
3315 January 1, 2025, the children's hospital that receives a grant-in-aid  
3316 pursuant to subsection (a) of this section shall report, in accordance with  
3317 the provisions of section 11-4a of the general statutes, to the joint  
3318 standing committee of the General Assembly having cognizance of  
3319 matters relating to public health regarding the hospital's coordination of

3320 the mental and behavioral health training and consultation program, the  
3321 number of pediatrician participants, the outcomes of such program and  
3322 any other information deemed relevant by the hospital.

3323       Sec. 84. (*Effective from passage*) The sum of \_\_\_\_ dollars is allocated, in  
3324 accordance with the provisions of special act 21-1, from the federal  
3325 funds designated for the state pursuant to the provisions of Section 602  
3326 of Subtitle M of Title IX of the American Rescue Plan Act of 2021, P.L.  
3327 117-2, as amended from time to time, to the Department of Children and  
3328 Families, for the fiscal year ending June 30, 2023, for the purpose of  
3329 funding state-wide youth mentoring organizations, provided any such  
3330 state-wide youth mentoring organization that receives such funds  
3331 submits a report for each year such funds are expended by such state-  
3332 wide youth mentoring organization to the Department of Children and  
3333 Families and the joint standing committee of the General Assembly  
3334 having cognizance of matters relating to children, in accordance with  
3335 the provisions of section 11-4a of the general statutes.

3336       Sec. 85. (*Effective July 1, 2022*) The sum of \_\_\_\_ dollars is allocated, in  
3337 accordance with the provisions of special act 21-1, from the federal  
3338 funds designated for the state pursuant to the provisions of Section 602  
3339 of Subtitle M of Title IX of the American Rescue Plan Act of 2021, P.L.  
3340 117-2, as amended from time to time, to the Department of Education,  
3341 for the fiscal years ending June 30, 2023, to June 30, 2025, for the purpose  
3342 of administering the grant program that provides grants to local and  
3343 regional boards of education for the purpose of hiring and retaining  
3344 additional school mental health specialists pursuant to section 20 of this  
3345 act.

3346       Sec. 86. (*Effective July 1, 2022*) The sum of \_\_\_\_ dollars is allocated, in  
3347 accordance with the provisions of special act 21-1, from the federal  
3348 funds designated for the state pursuant to the provisions of Section 602  
3349 of Subtitle M of Title IX of the American Rescue Plan Act of 2021, P.L.  
3350 117-2, as amended from time to time, to the Department of Education,  
3351 for the fiscal years ending June 30, 2023, to June 30, 2025, for the purpose  
3352 of administering the grant program that provides grants to local and

3353 regional boards of education and operators of youth camps and other  
3354 summer programs for the school-based delivery of mental health  
3355 services to students pursuant to section 21 of this act.

3356 Sec. 87. (*Effective from passage*) The sum of \_\_\_\_ dollars is allocated, in  
3357 accordance with the provisions of special act 21-1, from the federal  
3358 funds designated for the state pursuant to the provisions of Section 602  
3359 of Subtitle M of Title IX of the American Rescue Plan Act of 2021, P.L.  
3360 117-2, as amended from time to time, to the Office of Higher Education,  
3361 for the fiscal years ending June 30, 2023, to June 30, 2025, for the purpose  
3362 of administering the grant program that provides grants to public and  
3363 independent institutions of higher education, for the delivery of mental  
3364 health services to students on campus pursuant to section 22 of this act.

3365 Sec. 88. (*Effective from passage*) The sum of \_\_\_\_ dollars is allocated, in  
3366 accordance with the provisions of special act 21-1, from the federal  
3367 funds designated for the state pursuant to the provisions of Section 602  
3368 of Subtitle M of Title IX of the American Rescue Plan Act of 2021, P.L.  
3369 117-2, as amended from time to time, to the Department of Education,  
3370 for the fiscal years ending June 30, 2023, and June 30, 2024, for regional  
3371 educational service centers to hire a trauma coordinator, pursuant to  
3372 section 26 of this act, and to implement the trauma-informed care  
3373 training program in accordance with the provisions of section 27 of this  
3374 act.

3375 Sec. 89. (*Effective from passage*) The sum of \_\_\_\_ dollars is appropriated  
3376 to the Department of Correction from the General Fund, for the fiscal  
3377 year ending June 30, 2023, for the provision of mental and behavioral  
3378 health services to children at juvenile detention facilities and  
3379 correctional institutions, including, but not limited to, Manson Youth  
3380 Institution and York Correctional Institution.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

Sec. 2	<i>October 1, 2022</i>	19a-14d
Sec. 3	<i>July 1, 2022</i>	20-195n
Sec. 4	<i>from passage</i>	20-195t
Sec. 5	<i>October 1, 2022</i>	New section
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>July 1, 2022</i>	17a-22ff(b)
Sec. 8	<i>July 1, 2022</i>	New section
Sec. 9	<i>October 1, 2022</i>	New section
Sec. 10	<i>from passage</i>	17a-20a
Sec. 11	<i>from passage</i>	19a-906(a)(12)
Sec. 12	<i>from passage</i>	PA 21-9, Sec. 1
Sec. 13	<i>from passage</i>	21a-249(c)
Sec. 14	<i>from passage</i>	PA 21-9, Sec. 3
Sec. 15	<i>from passage</i>	PA 21-9, Sec. 4
Sec. 16	<i>from passage</i>	PA 21-9, Sec. 5
Sec. 17	<i>from passage</i>	PA 21-9, Sec. 7
Sec. 18	<i>July 1, 2022</i>	38a-1041
Sec. 19	<i>from passage</i>	New section
Sec. 20	<i>July 1, 2022</i>	New section
Sec. 21	<i>from passage</i>	New section
Sec. 22	<i>from passage</i>	New section
Sec. 23	<i>July 1, 2022</i>	17a-22r
Sec. 24	<i>July 1, 2022</i>	10-212j
Sec. 25	<i>July 1, 2022</i>	10-198a(b)
Sec. 26	<i>July 1, 2022</i>	New section
Sec. 27	<i>July 1, 2022</i>	New section
Sec. 28	<i>July 1, 2022</i>	New section
Sec. 29	<i>July 1, 2022</i>	10-220(c)
Sec. 30	<i>October 1, 2022</i>	28-24(a)(1)
Sec. 31	<i>October 1, 2022</i>	28-29a
Sec. 32	<i>October 1, 2022</i>	29-1t(b)
Sec. 33	<i>October 1, 2022</i>	New section
Sec. 34	<i>October 1, 2022</i>	New section
Sec. 35	<i>from passage</i>	New section
Sec. 36	<i>from passage</i>	19a-638
Sec. 37	<i>from passage</i>	New section
Sec. 38	<i>from passage</i>	New section
Sec. 39	<i>July 1, 2022</i>	New section
Sec. 40	<i>July 1, 2022</i>	New section
Sec. 41	<i>July 1, 2022</i>	New section

Sec. 42	July 1, 2022	New section
Sec. 43	July 1, 2022	10a-223(20)
Sec. 44	October 1, 2022	10a-223(20)
Sec. 45	July 1, 2022	New section
Sec. 46	from passage	New section
Sec. 47	from passage	New section
Sec. 48	from passage	New section
Sec. 49	January 1, 2023	New section
Sec. 50	January 1, 2023	New section
Sec. 51	January 1, 2023	38a-488a(a) and (b)
Sec. 52	January 1, 2023	38a-514(a) and (b)
Sec. 53	July 1, 2022	New section
Sec. 54	July 1, 2022	New section
Sec. 55	October 1, 2022	19a-179f
Sec. 56	January 1, 2023	New section
Sec. 57	January 1, 2023	New section
Sec. 58	January 1, 2023	38a-477aa(a) and (b)
Sec. 59	January 1, 2023	20-7f(b)
Sec. 60	January 1, 2023	38a-193(c)(3)
Sec. 61	January 1, 2023	38a-472f(c)(1)
Sec. 62	January 1, 2023	38a-488a(h)
Sec. 63	January 1, 2023	38a-514(h)
Sec. 64	from passage	New section
Sec. 65	from passage	New section
Sec. 66	July 1, 2022	New section
Sec. 67	July 1, 2022	New section
Sec. 68	July 1, 2024	38a-499a
Sec. 69	July 1, 2024	38a-526a
Sec. 70	July 1, 2022	46b-38b(f)
Sec. 71	July 1, 2022	New section
Sec. 72	July 1, 2022	10-10g(a)
Sec. 73	July 1, 2022	54-209
Sec. 74	July 1, 2022	New section
Sec. 75	July 1, 2022	10-76a
Sec. 76	July 1, 2022	New section
Sec. 77	July 1, 2022	New section
Sec. 78	July 1, 2022	New section
Sec. 79	July 1, 2022	New section
Sec. 80	July 1, 2022	New section
Sec. 81	July 1, 2022	New section

Sec. 82	July 1, 2022	New section
Sec. 83	July 1, 2022	New section
Sec. 84	from passage	New section
Sec. 85	July 1, 2022	New section
Sec. 86	July 1, 2022	New section
Sec. 87	from passage	New section
Sec. 88	from passage	New section
Sec. 89	from passage	New section

**Statement of Legislative Commissioners:**

In Section 1, "of" was changed to "for", for clarity; in Section 1(1), "force" was changed to "effect", and "for practitioners practicing in such capacity" was added, for clarity; in Section 1(2), "program" was changed to "plan", for consistency, and "for" was changed to "concerning", for clarity; in Section 1(2)(B)(ii), "for any necessary legislative changes" was changed to "for legislation", for clarity; in Section 2(b), "the" was bracketed, and after the closing bracket "such" was inserted, for consistency; in Section 3, "every" was changed to "each", "is taking" was changed to "takes", "they" was changed to "such applicant" and "the" was changed to "such", for clarity; in Section 4, "due to" was changed to "because" and "for failing" was changed to "fails", for clarity; in Section 5(b), "such" was changed to "the", for consistency; in Section 6(b), "combined costs" was changed to "sum", "costs" was inserted after "application", "applicants" was changed to "each scholarship applicant" and "scholarship" was inserted before "recipients", and "applicants" was changed to "each scholarship applicant", for consistency; in Section 6(b)(1), "are" was changed to "is", for consistency; in Section 6(b)(3), "identify" was changed to "identifies", for consistency; in Section 6(b)(4), "are a person with" was changed to "has", for consistency and "for a scholarship under the program" was inserted after "Health", for clarity, and; in Section 6(c), "such" was changed to "the", for consistency; in Section 6(f)(1), "recipients and demographics of such recipients of the scholarship program" was changed to "recipients, and the demographics of recipients, of scholarships under the program", for clarity; in Section 7(b)(3), "clinical social worker licensed under chapter 383" was changed to "clinical social worker licensed under chapter 383b", for accuracy; in Section 7(b)(27), "pursuant to public act 21-35" was changed to "under section 19a-133a", for accuracy; in Section 7(b)(29), "section 4 of" was inserted before "public act 21-125", for clarity; in Section 7(b)(30), "section 30 of" was inserted before "public act 21-46", for clarity; in Section 9(a), "which shall be administered by the

Department of Public Health" was inserted after "issues" for clarity; in Section 10(a)(2)(B), a closing bracket was inserted after the semicolon, for consistency; in Section 10(a)(2)(C), an opening bracket was inserted before "(3)", for consistency and "up to" was changed to "not more than", for consistency; in Section 11(a)(12), "(B)" was deleted, and "(B)" was inserted before "on", for consistency; in Section 12(c), "a person with a" was inserted before "substance", "submit" was bracketed and after the closing bracket "transmit" was inserted, for consistency; in Section 12(k), "a" was bracketed, for clarity; in Section 14(e), "or subsection (f) of section 38a-520 of the general statutes, as applicable," was deleted, for consistency; in Section 15(e), "subsection (f) of section 38a-493 of the general statutes or" was deleted, and "as applicable," was deleted, for consistency; in Section 16(a)(3), "4 of public act 21-9, as amended by this act" was changed to "4 of [this act] public act 21-9, as amended by this act", for consistency; in Section 16(a)(4), "4 of public act 21-9, as amended by this act" was changed to "4 of [this act] public act 21-9, as amended by this act", for consistency; in Section 19, references to "student mental health specialist" were changed to "school mental health specialist" for accuracy; in Section 19(e), "school" was deleted, for consistency; in Section 20, references to "student mental health specialist" were changed to "school based mental health specialist" for accuracy; in Section 20(b), "an" was changed to "the", for consistency; in Section 20(c), "commissioner" was changed to "Commissioner of Education", for consistency; in Section 20(d), "commissioner" was changed to "Commissioner of Education", for consistency; in Section 20(e), "department" was changed to "Department of Education", for consistency; in Section 20(f)(1), "department" was changed to "Department of Education", for consistency; in Section 20(h)(1), "commissioner" was changed to "Commissioner of Education", for consistency; in Section 20(h)(2), "Commissioner of Education" was changed to "commissioner", for consistency; in Section 21(b), "an" was changed to "the", for consistency; in Section 21(c), "commissioner" was changed to "Commissioner of Education", for consistency; in Section 21(d), "department" was changed to "Department of Education", for consistency; in Section 21(e), "department" was changed to "Department of Education", for consistency; in Section 21(g)(1), "commissioner" was changed to "Commissioner of Education", for consistency; in Section 21(g)(2), "Commissioner of Education" was changed to "commissioner", for consistency; in Section 22(b), "an" was changed to "the", for consistency; in Section 22(c), "of the Office of Higher Education" was inserted after "executive director", for clarity; in Section 22(d), "of the



Office of Higher Education" was inserted after "executive director", for consistency, and "office" was changed to "Office of Higher Education", for clarity; in Section 22(e), "office" was changed to "Office of Higher Education", for consistency; in Section 22(f), "office" was changed to "Office of Higher Education", for consistency; in Section 22(g)(1), "of the Office of Higher Education" was inserted after "executive director", for consistency; in Section 23(a)(2), "be provided in" was changed to "be translated into, and provided in,", for clarity; in Section 26, "student mental health specialist" was changed to "school mental health specialist" for accuracy and "the" was changed to "such", "such" was inserted after "each" and "the implementation of" was changed to "implementing", for consistency; in Section 27, references to "student mental health specialist" were changed to "school mental health specialist" for accuracy; in Section 27(c), ", as amended by this act" was deleted, for consistency; in Section 33(j)(1), "the routing of" was changed to "Routing", for consistency; in Section 34(a)(3), "telephone" was changed to "telecommunications", in Section 34(a)(8) "VOIP telephone" was changed to "voice over Internet protocol" for consistency with the defined term; in Section 35(a)(4), "such" was changed to "the 9-8-8"; in Section 35(a)(7), "implementation by other states or jurisdictions of such procedures" was changed to "implementation of such procedures by other states or jurisdictions" in Subdiv. (7) for clarity; in Section 36(b)(23), "the unit shall require a certificate of need for such increase in the licensed bed capacity" was changed to "a certificate of need for such increase in the licensed bed capacity shall be required" for consistency with other provisions of the section; in Section 38, "such tool" was changed to "such completed screening tool" for clarity; in Section 39(c), "the program" was changed to "the peer-to-peer mental health support program" for clarity; in Section 42(c), "means of direct subsidy to the parents and guardians of such children" was changed to "means of a direct subsidy paid to parents and guardians" for clarity; in Section 47, "commissioner" was changed to "Commissioner of Mental Health and Addiction Services" and "The commissioner" was changed to "Said commissioner" for clarity; in Section 49(c), "or subsection (f) of section 38a-520 of the general statutes, as applicable," was deleted for accuracy; in Section 50(c), "subsection (f) of section 38a-493 of the general statutes or" and "as applicable," was deleted for accuracy; in Section 53(c), "governed by" was changed to "under the jurisdiction of" for consistency with standard drafting conventions; in Section 65(d), "shall file a report on the study" was changed to "shall submit a report with the findings of the study" for clarity; in Section 66, Subsec. (a) was reformatted for

consistency with standard drafting conventions; in Section 67(c), "establish" was changed to "develop" for clarity; in Section 70(f)(3)(B), "document" was changed to "information" for consistency; and in Section 85, "student mental health specialist" was changed to "school mental health specialist" for accuracy.

**PH**      *Joint Favorable Subst.*