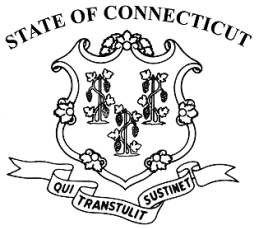

Substitute House Bill No. 5001

Public Act No. 22-47

AN ACT CONCERNING CHILDREN'S MENTAL HEALTH.

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

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

provision of mental or behavioral health care services through the use of telehealth, as defined in section 19a-906 of the general statutes. The Commissioner of Public Health shall prioritize waiving licensure requirements for a person who is a mental or behavioral health care provider licensed or certified to provide mental health care services to children, or who is entitled to provide mental or behavioral health care services to children under a different designation. On or before January 1, 2023, the Commissioner of Public Health shall (i) implement the plan for waiver of licensure requirements, and (ii) report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and children regarding such plan and recommendations for legislation related to such plan.

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

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

spouse, if:

[(A)**]** (1) The person holds a valid license, permit, certification or registration in at least one other jurisdiction in the United States in the occupation or profession applied for;

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

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

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

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

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

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

(d) Notwithstanding the provisions of this section and pursuant to section 19a-14, the Commissioner of Public Health may deny an occupational or professional license, permit, certification or registration if he or she finds such denial is in the best interest of the state.

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

(NEW) (g) The commissioner shall notify each applicant who is approved to take an examination required under subsection (b), (c), (d) or (e) of this section that such applicant may be eligible for testing accommodations pursuant to the federal Americans with Disabilities Act, 42 USC 12101 et seq., as amended from time to time, or other accommodations, as determined by the Association of Social Work Boards, or its successor organization, which may include the use a dictionary while taking such examination and additional time within which to take such examination.

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

The department may issue a temporary permit to an applicant for licensure as a master social worker who holds a master's degree from a social work educational program, as described in section 20-195n, as amended by this act, but who has not yet taken the licensure examination prescribed in **[**said**]** section 20-195n, as amended by this act. Such temporary permit shall authorize the holder to practice as a master social worker as provided for in section 20-195s. **[**Such**]** Prior to June 30, 2024, such temporary permit shall be valid for a period not to exceed one year after the date of issuance, shall not be renewable and shall not

become void solely because the applicant fails to pass such examination. On and after July 1, 2024, such temporary permit shall be valid for a period not to exceed one hundred twenty calendar days after the date of **[**attaining such master's degree and**]** issuance, shall not be renewable **[**. Such permit shall become void and shall not be reissued in the event that**]** and, if the applicant fails to pass such examination, shall become void and shall not be reissued. The fee for a temporary permit shall be fifty dollars.

Sec. 5. (*Effective from passage*) Notwithstanding the provisions of section 1 of public act 21-9 and section 19a-906 of the general statutes, prior to July 1, 2024, a person who is appropriately licensed as a social worker in another state or territory of the United States or the District of Columbia may provide telehealth services to a resident of another state while such resident is in this state, provided the social worker (1) has a preexisting professional relationship with such resident, and (2) maintains professional liability insurance, or other indemnity against liability for professional malpractice, in an amount that is equal to or greater than that required for clinical or master social workers licensed pursuant to chapter 383b of the general statutes.

Sec. 6. (NEW) (*Effective from passage*) The Commissioner of Public Health shall establish, within available appropriations, a need-based program pursuant to which the commissioner may waive application costs and licensure fees for persons who are applying to the Department of Public Health for licensure as a mental or behavioral health care provider pursuant to chapter 370, 382a, 383, 383a, 383b or 383c of the general statutes, or section 20-195mmm of the general statutes, and who will provide mental or behavioral health care services to children. The Commissioner of Public Health shall develop eligibility requirements based on financial need for recipients of a waiver of such costs and fees and give priority to each applicant (1) who is a member of a racial or ethnic minority, (2) for whom English is a second language, (3) who

identifies as lesbian, gay, bisexual, transgender or queer, or (4) who has a disability. The Department of Public Health may accept private donations for the program.

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

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

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

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

(3) **[**Four**]** Six appointed by the Commissioner of Children and Families, who shall be providers of mental, emotional or behavioral health care services **[**for**]** to children in the state, **[**at least one of whom shall be a provider of**]** one of whom shall be a psychiatrist licensed to practice pursuant to chapter 370, one of whom shall be a marital and family therapist licensed under chapter 383a, one of whom shall be a psychologist licensed under chapter 383, one of whom shall be a clinical social worker licensed under chapter 383b, one of whom shall be a professional counselor licensed under chapter 383c and one of whom shall be an advanced practice registered nurse licensed under chapter 378. At least one of such appointees shall be a provider of mental, emotional or behavioral health care services to children involved with the juvenile justice system;

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

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

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

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

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

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

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

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

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

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

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

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

(16) The Commissioner of Early Childhood, or the commissioner's

designee;

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

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

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

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

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

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

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

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

(25) One representative of the Governor's office, who shall be appointed by the Governor;

(26) One representative of commercial health insurance carriers, who shall be appointed by the Governor;

(27) One representative of the Commission on Racial Equity in Public Health established under section 19a-133a, who shall be appointed by said commission;

(28) One representative of the Commission on the Disparate Impact of COVID-19 established pursuant to special act 21-37, who shall be appointed by said commission;

(29) One representative of the task force created pursuant to section 4 of public act 21-125 concerning mental health service provider networks; and

(30) One representative of the task force on children's needs created pursuant to section 30 of public act 21-46.

(c) All initial appointments to the board shall be made not later than **[**thirty days after July 1,**]** July 31, 2015. All subsequent appointments to the board made pursuant to subdivision (3) and subdivisions (25) to (30), inclusive, of subsection (b) of this section shall be made not later than October 1, 2022. All members shall serve an initial term of three years, except the members appointed pursuant to subdivisions (29) and (30) of subsection (b) of this section, who shall serve a term of two years. Following the expiration of their initial terms, subsequent members appointed to the board shall serve two-year terms. Any vacancy shall be filled by the appointing authority not later than thirty calendar days after the appointment becomes vacant. Any member previously appointed to the board may be reappointed, except the members appointed pursuant to subdivisions (29) and (30) of subsection (b) of this section, who shall serve only one term and may not be reappointed.

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

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

program in the city of Waterbury to allow a federally qualified health center to administer intensive outpatient services, including, but not limited to, an extended day treatment program, for adolescents with mental or behavioral health issues, which shall be administered by the Department of Children and Families, in consultation with the Department of Social Services. The federally qualified health center shall administer such services under the pilot program to not less than one hundred forty-four adolescents annually for not less than five years. If the federally qualified health center ceases to administer such services prior to October 1, 2027, it shall reimburse the state for funds allocated for the pilot program in a prorated amount that is based on the proportion of the five-year period during which it provided such services.

(b) Not later than January 1, 2024, and annually thereafter until January 1, 2029, the Commissioner of Children and Families, in consultation with the Commissioner of Social Services, shall report, in accordance with the provisions of section 11-4a of the general statutes, regarding the implementation of the pilot program to the joint standing committees of the General Assembly having cognizance of matters relating to public health and children. Such report shall assess the effectiveness of the pilot program and include legislative recommendations concerning implementation of the pilot program on a state-wide basis.

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

(a) **[**Not later than January 1, 2014, the**]** The Commissioner of Children and Families shall establish and implement a regional mental and behavioral health consultation and care coordination program for (1) primary care providers who serve children, and (2) the pediatric patients of such providers. Such program shall provide to such primary care providers **[**: (1) Timely**]** (A) timely access to a consultation team that

includes a child psychiatrist, social worker and a care coordinator, **[**; (2)**]** (B) patient care coordination and transitional services for mental or behavioral health care, **[**;**]** and **[**(3)**]** (C) training and education concerning patient access to mental and behavioral health services. **[**Said**]** Such program shall refer the pediatric patient of a primary care provider who serves children for not more than three follow-up telehealth or in-person appointments with a mental or behavioral health care provider (i) if such follow-up appointments are determined to be medically necessary by the primary care provider, and (ii) after the primary care provider has utilized such program on behalf of such patient and such patient has been prescribed medication to treat a mental or behavioral health condition. Such program shall cover, within available appropriations, the costs of such appointments. A primary care provider participating in such program shall refer a pediatric patient to a care coordinator who contracts with the Department of Children and Families, but is not participating in such program, to provide short-term assistance to a pediatric patient in obtaining mental or behavioral health care from a mental or behavioral health care provider who is not participating in such program. The department shall request reimbursement for services provided under this section from a health carrier prior to paying for such services with any funds appropriated for purposes of this section. The commissioner may enter into a contract for services to administer such program.

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

[(c)**]** (b) The Commissioner of Children and Families may adopt regulations, in accordance with the provisions of chapter 54, to

implement the provisions of this section.

Sec. 11. Section 38a-1041 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

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

(b) The Office of the Healthcare Advocate may:

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

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

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

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

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

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

(7) Ensure that health insurance consumers have timely access to the

services provided by the office;

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

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

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

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

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

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

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

(d) The Healthcare Advocate and the Insurance Commissioner shall jointly compile a list of complaints received against managed care organizations and preferred provider networks and the commissioner shall maintain the list, except the names of complainants shall not be disclosed if such disclosure would violate the provisions of section 4-61dd or 38a-1045.

(e) **[**On or before October 1, 2005, the**]** <u>The</u> Managed Care

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

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

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

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

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

Sec. 12. (NEW) (*Effective from passage*) (a) As used in this section, "school mental health specialist" means any person employed by a local or regional board of education to provide mental health services to students and includes, but is not limited to, a (1) school social worker, (2) school psychologist, (3) trauma specialist, (4) behavior technician, (5) board certified behavior analyst, (6) school counselor, (7) licensed

professional counselor, and (8) licensed marriage and family therapist.

(b) Not later than July 1, 2023, and annually thereafter, the Commissioner of Education shall, within available appropriations, develop and distribute a survey to each local and regional board of education concerning the employment of school mental health specialists by such local or regional board of education. Such survey shall include, but need not be limited to, (1) (A) the total number of school mental health specialists for the school district, and (B) a disaggregation of the total number of each school social worker, school psychologist, trauma specialist, behavior technician, board certified behavior analyst, school counselor, licensed professional counselor and licensed marriage and family therapist, (2) (A) the total number of school mental health specialists assigned to each school under the jurisdiction of the local or regional board of education, and (B) a disaggregation of each school social worker, school psychologist, trauma specialist, behavior technician, board certified behavior analyst, school counselor, licensed professional counselor and licensed marriage and family therapist assigned to each school under the jurisdiction of such board, including whether any such school mental health specialist is assigned solely to that school or whether such school mental health specialist is assigned to multiple schools, (3) the geographic area covered by any such school mental health specialist who provides services to more than one local or regional board of education, (4) an estimate of the annual number of students who have received direct services from each individual school mental health specialist during the five-year period preceding completion of the survey, and (5) data, if any, regarding school-based behavioral health services provided by a private provider through a contract with the local or regional board of education, including, but not limited to, the types of services provided, the schools and grade levels in which such services are being provided, the number of students receiving such services, and the total expenditures of the board for such services under the contract during the previous school year.

(c) For the school year commencing July 1, 2023, and each school year thereafter, each local and regional board of education shall annually complete the survey developed and distributed pursuant to subsection (b) of this section to the commissioner, and submit such completed survey to the commissioner, at such time and in such manner as the commissioner prescribes.

(d) Following the receipt of a completed survey from a local or regional board of education, the commissioner shall annually calculate a student-to-school mental health specialist ratio for (1) such board of education, and (2) each school under the jurisdiction of such board of education.

(e) Not later than January 1, 2024, and annually thereafter, the commissioner shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, on the results of the survey completed under this section and the student-to-school school mental health specialist ratios calculated pursuant to subsection (d) of this section, to the joint standing committees of the General Assembly having cognizance of matters relating to education and children.

Sec. 13. (NEW) (*Effective July 1, 2022*) (a) For the fiscal years ending June 30, 2023, to June 30, 2025, inclusive, the Department of Education shall administer a grant program to provide grants to local and regional boards of education for the purpose of hiring additional school mental health specialists. As used in this section, "school mental health specialist" has the same meaning as provided in section 12 of this act.

(b) On and after January 1, 2023, a local or regional board of education may submit an application for a grant under this section, in such form and manner as the Commissioner of Education prescribes. As part of the application, the applicant shall submit (1) a plan for the expenditure of grant funds, and (2) (A) for an application submitted before July 1, 2023, the information described in subdivisions (1) to (5), inclusive, of

subsection (b) of section 12 of this act, and (B) for an application submitted on or after July 1, 2023, a copy of the completed survey described in section 12 of this act. Such plan shall include, but need not be limited to, the number of additional school mental health specialists to be hired, if such grant funds will be used to retain any of the school mental health specialists hired with the assistance of grant funds awarded under this section, whether such school mental health specialists will be conducting assessments of students or providing services to students based on the results of assessments and the type of services that will be provided by such school mental health specialists.

(c) In determining whether to award an applicant a grant under this section, the Commissioner of Education shall give priority to those school districts (1) with large student-to-school mental health specialist ratios, or (2) that have a high volume of student utilization of mental health services.

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

(e) Grant recipients shall file annual expenditure reports with the Department of Education at such time, and in such manner, as the commissioner prescribes. A grant recipient shall only expend grant funds received under this section in accordance with the plan submitted

pursuant to subsection (b) of this section, and a grant recipient may not use such grant funds received under this section for the purpose of any operating expenses that existed prior to receipt of such grant. Grant recipients shall refund to the department (1) any unexpended amounts at the close of the fiscal year in which the grant was awarded, and (2) any amounts not expended in accordance with the plan for which such grant application was approved.

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

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

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

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

(2) Not later than January 1, 2026, the commissioner shall develop

recommendations concerning (A) whether such grant program should be extended and funded for the fiscal year ending June 30, 2026, and each fiscal year thereafter, and (B) the amount of the grant award under the program. The commissioner shall submit such recommendations, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to education and children.

Sec. 14. (NEW) (*Effective from passage*) (a) For the fiscal years ending June 30, 2023, to June 30, 2025, inclusive, the Department of Education shall administer a grant program to provide grants to local and regional boards of education and operators of youth camps and other summer programs for the delivery of mental health services to students.

(b) On and after January 1, 2023, applications for grants pursuant to subsection (a) of this section shall be filed with the Commissioner of Education at such time, and in such manner, as the commissioner prescribes. As part of the application, the applicant shall submit (1) a plan for the expenditure of grant funds, and (2) (A) for an application submitted by a local or regional board of education before July 1, 2023, the information described in subdivisions (1) to (5), inclusive, of subsection (b) of section 12 of this act, and (B) for an application submitted by a local or regional board of education on or after July 1, 2023, a copy of the completed survey described in section 12 of this act.

(c) For the fiscal year ending June 30, 2023, the Commissioner of Education may award a grant to an applicant and shall determine the amount of the grant award based on the plan submitted by such applicant pursuant to subsection (b) of this section. The commissioner shall pay a grant to each grant recipient in each of the fiscal years ending June 30, 2023, to June 30, 2025, inclusive, as follows: (1) For the fiscal year ending June 30, 2023, the amount of the grant shall be as determined by the commissioner under this subsection; (2) for the fiscal year ending June 30, 2024, the amount of the grant shall be the same

amount as the grant awarded for the prior fiscal year; and (3) for the fiscal year ending June 30, 2025, the amount of the grant shall be seventy per cent of the amount of the grant awarded for the prior fiscal year.

(d) Grant recipients shall file expenditure reports with the Commissioner of Education at such time and in such manner as the commissioner prescribes. A grant recipient shall only expend grant funds received under this section in accordance with the plan submitted pursuant to subsection (b) of this section, and a grant recipient may not use such grant funds received under this section for the purpose of any operating expenses that existed prior to receipt of such grant. Grant recipients shall refund to the Department of Education (1) any unexpended amounts at the close of the fiscal year in which the grant was awarded, and (2) any amounts not expended in accordance with the plan for which such grant application was approved.

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

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

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

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

Sec. 15. (NEW) (*Effective from passage*) (a) For the fiscal years ending June 30, 2023, to June 30, 2025, inclusive, the Office of Higher Education shall administer a grant program to provide grants to public and independent institutions of higher education, for the delivery of mental health services to students on campus.

(b) On and after January 1, 2023, applications for grants pursuant to subsection (a) of this section shall be filed with the executive director of the Office of Higher Education at such time, and in such manner, as the executive director prescribes. As part of the application, the applicant shall submit a plan for the expenditure of grant funds.

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

(d) Grant recipients shall file expenditure reports with the executive director of the Office of Higher Education at such time and in such manner as the executive director prescribes. A grant recipient shall only expend grant funds received under this section in accordance with the plan submitted pursuant to subsection (b) of this section, and a grant recipient may not use such grant funds received under this section for the purpose of any operating expenses that existed prior to receipt of such grant. Grant recipients shall refund to the Office of Higher Education (1) any unexpended amounts at the close of the fiscal year in which the grant was awarded, and (2) any amounts not expended in accordance with the plan for which such grant application was approved.

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

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

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

(2) Not later than January 1, 2026, the executive director shall develop recommendations concerning (A) whether such grant program should

be extended and funded for the fiscal year ending June 30, 2026, and each fiscal year thereafter, and (B) the amount of the grant award under the program. The executive director shall submit such recommendations, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to higher education.

Sec. 16. Subsection (b) of section 10-198a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

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

identified by the Department of Education pursuant to subsection (a) of section 10-198e, as amended by this act, for any school under its jurisdiction that has a disproportionately high rate of truancy, as determined by the Commissioner of Education, and (B) on or before September 1, 2023, the adoption and implementation of a truancy intervention model developed by the Department of Education pursuant to subsection (b) of section 10-198e, as amended by this act, that accounts for mental and behavioral health, or a similar truancy intervention plan that meets all of the requirements for a truancy intervention model set forth in subsection (b) of said section, (6) a system of monitoring individual unexcused absences of children in grades kindergarten to eight, inclusive, which shall provide that whenever a child enrolled in school in any such grade fails to report to school on a regularly scheduled school day and no indication has been received by school personnel that the child's parent or other person having control of the child is aware of the pupil's absence, a reasonable effort to notify, by telephone and by mail, the parent or such other person shall be made by school personnel or volunteers under the direction of school personnel, (7) providing notice to the parent or guardian of a child who is a truant of the information concerning the existence and availability of the 2-1-1 Infoline program, and other pediatric mental and behavioral health screening services and tools described in section 17a-22rt, and (8) on and after July 1, 2023, a requirement that an appropriate school mental health specialist, as defined in section 12 of this act, conduct an evaluation of each child who is a truant to determine if additional behavioral health interventions are necessary for the well-being of the child. Any person who, in good faith, gives or fails to give notice pursuant to subdivision (6) of this subsection shall be immune from any liability, civil or criminal, which might otherwise be incurred or imposed and shall have the same immunity with respect to any judicial proceeding which results from such notice or failure to give such notice.

Sec. 17. (*Effective July 1, 2022*) For the fiscal years ending June 30, 2023,

and June 30, 2024, each regional educational service center shall hire an individual to serve as the regional trauma coordinator for such center. Such individual shall have significant trauma-informed experience and have completed specific professional training focused on trauma. The regional trauma coordinator for each such center shall be responsible for: (1) Developing a trauma-informed care training program in accordance with the provisions of section 18 of this act, (2) implementing the trauma-informed care training program, (3) providing technical assistance to the local and regional boards of education that are members of the regional educational service center in implementing the trauma-informed care training program, (4) training school mental health specialists, as defined in section 12 of this act, to be the trainers under the trauma-informed care training program, and (5) ensuring that such trainers are properly training teachers, administrators, school staff and coaches under the trauma-informed care training program.

Sec. 18. (*Effective July 1, 2022*) (a) The regional trauma coordinators employed by the regional educational service centers, described in section 17 of this act, shall jointly develop and implement a trauma-informed care training program. Such training program shall utilize a training model that will enable school mental health specialists, as defined in section 12 of this act, to deliver trauma-informed care training to all teachers, administrators, school staff and coaches upon completion of the training program. In developing such trauma-informed care training program, the regional trauma coordinators (1) shall attempt to design such trauma-informed care training in a manner that it can be included as part of a local or regional board of education's in-service training program, pursuant to section 10-220a of the general statutes, and (2) may collaborate with any nonprofit organization in the state that focuses on child health and development and trauma-informed care for children.

(b) The regional trauma coordinator for each regional educational

service center shall offer trauma-informed care training at no cost to school mental health specialists or the local or regional boards of education that are members of such regional educational service center and that employ such school mental health specialists. Any school mental health specialist who has participated in the trauma-informed care program described in subsection (a) of this section shall be the person to provide such trauma-informed training to teachers, administrators, school staff and coaches under this section.

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

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

(2) Each regional trauma coordinator shall develop a final report on the implementation of the trauma-informed care training program for the previous two fiscal years. Such final report shall include (A) an analysis of the effectiveness and results of the program, and (B) recommendations concerning whether the trauma-informed care training program should be extended and funded for the fiscal years ending June 30, 2025, and June 30, 2026. Not later than January 1, 2025, each regional trauma coordinator shall submit such final report, in accordance with the provisions of section 11-4a of the general statutes,

to the joint standing committees of the General Assembly having cognizance of matters relating to education and children.

Sec. 19. (NEW) (*Effective July 1, 2022*) For the school year commencing July 1, 2022, and each school year thereafter, any teacher of record in a classroom may request a behavior intervention meeting with the crisis intervention team for the school, as described in section 10-236b of the general statutes, for any student whose behavior has caused a serious disruption to the instruction of other students, or caused self-harm or physical harm to such teacher or another student or staff member in such teacher's classroom. The crisis intervention team shall, upon the request of such teacher, convene a behavior intervention meeting regarding such student. The participants of such behavior intervention meeting shall identify resources and supports to address such student's social, emotional and instructional needs.

Sec. 20. Subsection (c) of section 10-220 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(c) Annually, each local and regional board of education shall submit to the Commissioner of Education a strategic school profile report for each school and school or program of alternative education, as defined in section 10-74j, under its jurisdiction and for the school district as a whole. The superintendent of each local and regional school district shall present the profile report at the next regularly scheduled public meeting of the board of education after each November first. The profile report shall provide information on measures of (1) student needs, including, but not limited to, a needs assessment that identifies resources necessary to address student trauma impacting students and staff in each school and adequately respond to students with mental, emotional or behavioral health needs, (2) school resources, including technological resources and utilization of such resources and infrastructure, (3) student and school performance, including in-school

suspensions, out-of-school suspensions and expulsions, the number of truants, as defined in section 10-198a, as amended by this act, and chronically absent children, as defined in section 10-198c, (4) the number of students enrolled in an adult high school credit diploma program, pursuant to section 10-69, operated by a local or regional board of education or a regional educational service center, (5) equitable allocation of resources among its schools, (6) reduction of racial, ethnic and economic isolation, (7) special education, and (8) school-based arrests, as defined in section 10-233n. For purposes of this subsection, measures of special education include (A) special education identification rates by disability, (B) rates at which special education students are exempted from mastery testing pursuant to section 10-14q, (C) expenditures for special education, including such expenditures as a percentage of total expenditures, (D) achievement data for special education students, (E) rates at which students identified as requiring special education are no longer identified as requiring special education, (F) the availability of supplemental educational services for students lacking basic educational skills, (G) the amount of special education student instructional time with nondisabled peers, (H) the number of students placed out-of-district, and (I) the actions taken by the school district to improve special education programs, as indicated by analyses of the local data provided in subparagraphs (A) to (H), inclusive, of this subdivision. The superintendent shall include in the narrative portion of the report information about parental involvement and any measures the district has taken to improve parental involvement, including, but not limited to, employment of methods to engage parents in the planning and improvement of school programs and methods to increase support to parents working at home with their children on learning activities. For purposes of this subsection, measures of truancy include the type of data that is required to be collected by the Department of Education regarding attendance and unexcused absences in order for the department to comply with federal reporting requirements and the actions taken by the local or regional board of education to reduce

truancy in the school district. Such truancy data shall be considered a public record, as defined in section 1-200.

Sec. 21. Section 10-198e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) The Department of Education shall identify effective truancy intervention models for implementation by local and regional boards of education pursuant to subsection (b) of section 10-198a, as amended by this act, including intervention models that address the needs of students with disabilities. Not later than August 15, 2018, a listing of such approved models shall be available for implementation by local and regional boards of education pursuant to said subsection (b).

(b) Not later than September 1, 2023, the Department of Education shall develop and make available for implementation by local and regional boards of education described in subparagraph (B) of subdivision (5) of subsection (b) of section 10-198a, as amended by this act, a truancy intervention model that accounts for mental and behavioral health.

(c) Not later than September 1, 2023, the Department of Education, in collaboration with the Department of Children and Families, shall issue guidance to local and regional boards of education on best practices relating to intervention in certain behavioral health situations and when it is appropriate to contact the 2-1-1 Infoline program or use alternative interventions.

Sec. 22. Subdivision (1) of subsection (a) of section 28-24 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2022*):

(1) Develop a state-wide emergency service telecommunications plan specifying emergency police, fire and medical service telecommunications systems needed to provide coordinated emergency

service telecommunications to all state residents, including **[**the physically disabled**]** persons with physical disabilities and persons in need of mental health, behavioral health or substance use disorder services;

Sec. 23. Section 28-29a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2022*):

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

(b) The commission shall be appointed by the Governor and shall consist of the following members: (1) One representative from the technical support services unit of the Division of State Police within the Department of Emergency Services and Public Protection; (2) the State Fire Administrator; (3) one representative from the Office of Emergency Medical Services; (4) one representative from the Division of Emergency Management and Homeland Security within the Department of Emergency Services and Public Protection; (5) the Commissioner of Public Health, or the commissioner's designee; (6) the Commissioner of Mental Health and Addiction Services, or the commissioner's designee; (7) the Commissioner of Children and Families, or the commissioner's designee; (8) one municipal police chief; **[**(6)**]** (9) one municipal fire chief; **[**(7)**]** (10) one volunteer fireman; **[**(8)**]** (11) one representative of the Connecticut Conference of Municipalities; **[**(9)**]** (12) one representative of the Council of Small Towns; **[**(10)**]** (13) one representative of telecommunicators, as defined in section 28-30; **[**(11)**]** (14) one

representative of the public; **[**(12)**]** (15) one manager or coordinator of 9-1-1 public safety answering points serving areas of differing population concentration; and **[**(13)**]** (16) one representative of providers of commercial mobile radio services, as defined in 47 Code of Federal Regulations 20.3, as amended. Each member shall serve for a term of three years from the date of his or her appointment or until a successor has been appointed and qualified. No member of the commission shall receive compensation for such member's services.

Sec. 24. Subsection (b) of section 29-1t of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2022*):

(b) The Commissioner of Emergency Services and Public Protection, or said commissioner's designee, shall serve as the chairperson of the Coordinating Advisory Board. The board shall consist of: (1) The president of the Connecticut State Firefighters Association or a designee, representing volunteer firefighters; (2) the president of the Uniformed Professional Firefighters Association or a designee, representing professional firefighters; (3) the president of the American Federation of State, County and Municipal Employees, or a designee, representing municipal police officers; (4) the executive director of the Connecticut Conference of Municipalities or a designee; (5) the executive director of the Connecticut Council of Small Towns or a designee; (6) a member of the Police Officer Standards Training Council, designated by the chairperson of said council; (7) a member of the Commission on Fire Prevention and Control, designated by the chairperson of said commission; (8) the president of the Connecticut Emergency Management Association or a designee; (9) the president of the Connecticut Police Chiefs Association or a designee; (10) the president of the Connecticut Fire Chiefs Association or a designee; (11) the president of the Connecticut Career Fire Chiefs Association or a designee; (12) the Commissioner of Public Health; (13) the

Commissioner of Mental Health and Addiction Services; (14) the Commissioner of Children and Families; and **[**(13)**]** (15) one representative, designated by the Commissioner of Emergency Services and Public Protection, from each of the divisions of Emergency Management and Homeland Security, State Police, Scientific Services and State-Wide Emergency Telecommunications within the Department of Emergency Services and Public Protection. Said board shall convene quarterly and at such other times as the chairperson deems necessary.

Sec. 25. (NEW) (*Effective October 1, 2022*) (a) There is established an account to be known as the "9-8-8 Suicide Prevention and Mental Health Crisis Lifeline Fund" which shall be a separate, nonlapsing account within the General Fund. The account shall contain any moneys required to be deposited in, or transferred to, the account pursuant to subsection (b) of this section. Moneys in the account shall be expended by the Department of Mental Health and Addiction Services solely for the following purposes: (1) Ensuring the efficient and effective routing of calls made to the 9-8-8 National Suicide Prevention Lifeline by persons in the state to an appropriate crisis center; and (2) personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 9–8–8 National Suicide Prevention Lifeline.

(b) The following moneys shall be deposited in, or transferred to, the 9-8-8 Suicide Prevention and Mental Health Crisis Lifeline Fund: (1) Any appropriation made by the General Assembly to the Department of Mental Health and Addiction Services for deposit in the fund; (2) any grants or gifts intended for deposit in the fund; and (3) interest, premiums, gains or other earnings on the fund.

(c) Moneys remaining in the 9-8-8 Suicide Prevention and Mental Health Crisis Lifeline Fund (1) shall not revert to the General Fund at the end of any fiscal year and remain available in subsequent fiscal years

for the purposes described in subsection (a) of this section, and (2) shall not be subject to transfer to any other fund, or to transfer, assignment or reassignment for any purpose other than the purposes described in subsection (a) of this section.

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

Sec. 26. (*Effective from passage*) (a) The Department of Emergency Services and Public Protection, in collaboration with the Departments of Mental Health and Addiction Services, Children and Families and Public Health, shall develop a plan to incorporate mental health, behavioral health and substance use disorder diversion into the procedures used by each public safety answering point, as defined in section 28-25 of the general statutes, to dispatch emergency response services in response to a 9-1-1 call. The plan shall include, but not be limited to, recommendations for (1) staffing public safety answering points with licensed providers of behavioral health, mental health and substance use disorder services to (A) provide crisis counselling to 9-1-1 callers who require immediate mental health, behavioral health or substance use disorder services, (B) assess such callers' needs for ongoing mental health, behavioral health or substance use disorder services, and (C) refer such callers to providers of such services as necessary; (2) transferring 9-1-1 calls made by callers who require mental health, behavioral health or substance use disorder services to responders other than law enforcement, including, but not limited to, community organizations, mobile crisis teams, local organizations or

networks, providing telephone support or referral services for persons with mental or behavioral health needs or with a substance use disorder and inquiring whether any such caller is a veteran to better target the services such caller may need; (3) requiring each public safety answering point to coordinate with the Department of Mental Health and Addiction Services while the state transitions mental health crisis and suicide response from the United Way's 2-1-1 Infoline program to the National Suicide Prevention Lifeline's 9-8-8 program; (4) developing protocols for public safety answering points to transfer 9-1-1 calls to the 9-8-8 line when the 9-8-8 line is operational; (5) establishing standards for training each telecommunicator, as defined in section 28-30 of the general statutes, to respond to 9-1-1 callers who may require mental health, behavioral health or substance use disorder services; (6) collecting data to evaluate the effectiveness of procedures used to divert 9-1-1 callers who may need such services to the appropriate crisis hotline or services provider; and (7) evaluating the implementation of such procedures by other states or jurisdictions.

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

Sec. 27. (*Effective from passage*) (a) On or before January 1, 2024, the Department of Mental Health and Addiction Services shall develop a mechanism by which to track mental health, behavioral health and substance use disorder services provided in response to calls made to the 9-8-8 line when the 9-8-8 line is operational.

(b) Not later than February 1, 2024, the Commissioner of Mental

Health and Addiction Services shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding the development of such mechanism.

Sec. 28. (NEW) (*Effective July 1, 2022*) (a) Except as otherwise provided in subsection (b) of this section, for the school year commencing July 1, 2023, and each school year thereafter, each local and regional board of education shall include on the student identification card distributed to each student in grades six to twelve, inclusive, the 9-8-8 National Suicide Prevention Lifeline number.

(b) If the 9-8-8 National Suicide Prevention Lifeline number has not been in operation for more than one year prior to the start of the school year commencing July 1, 2023, the provisions of subsection (a) of this section shall commence and be applicable to the school years immediately following the date that the 9-8-8 National Suicide Prevention Lifeline has been operational in the state for three hundred sixty-six days.

Sec. 29. (NEW) (*Effective October 1, 2022*) Each public institution of higher education under the jurisdiction of the Board of Regents for Higher Education shall include the 9–8–8 National Suicide Prevention Lifeline number on each student identification card that is distributed to a student at the institution after said lifeline has been operational in the state for three hundred sixty-six days.

Sec. 30. (NEW) (*Effective October 1, 2022*) The University of Connecticut shall include the 9-8-8 National Suicide Prevention Lifeline number on each student identification card that is printed for a student at said university after said lifeline has been operational in the state for three hundred sixty-six days.

Sec. 31. Section 19a-638 of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective from passage*):

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

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

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

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

(4) The establishment of a freestanding emergency department;

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

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

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

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

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

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

(11) The acquisition of nonhospital based linear accelerators;

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

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

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

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

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

(1) Health care facilities owned and operated by the federal

government;

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

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

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

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

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

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

(8) Outpatient rehabilitation facilities;

(9) Outpatient chronic dialysis services;

(10) Transplant services;

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

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

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

(14) Any nonprofit facility, institution or provider that has a contract with, or is certified or licensed to provide a service for, a state agency or department for a service that would otherwise require a certificate of need. The provisions of this subdivision shall not apply to a short-term acute care general hospital or children's hospital, or a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended;

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

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

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

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

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

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

19a-639e;

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

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

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

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

(d) The executive director of the Office of Health Strategy may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulation, provided the executive director holds a public hearing prior to implementing the policies and procedures and posts notice of intent to adopt regulations on the office's Internet web site and the eRegulations System not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

(e) On or before June 30, 2026, a mental health facility seeking to increase licensed bed capacity without applying for a certificate of need, as permitted pursuant to subdivision (23) of subsection (b) of this section, shall notify the Office of Health Strategy, in a form and manner prescribed by the executive director of said office, regarding (1) such facility's intent to increase licensed bed capacity, (2) the address of such facility, and (3) a description of all services that are being or will be provided at such facility.

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

Sec. 32. (NEW) (*Effective from passage*) (a) There is established a Mental and Behavioral Health Treatment Fund, which shall be a separate, nonlapsing account within the General Fund. The account shall contain any moneys required by law to be deposited in the account, the resources of which shall be used by the Commissioner of Children and Families to assist families with the cost of obtaining (1) a drug or treatment prescribed for a child by a health care provider for the

treatment of a mental or behavioral health condition if the cost of such drug or treatment is not covered by insurance or Medicaid, and (2) intensive evidence-based services or other intensive services to treat mental and behavioral health conditions in children and adolescents, including, but not limited to, intensive in-home child and adolescent psychiatric services and services provided by an intensive outpatient program, if the cost of such services is not covered by insurance or Medicaid. The Commissioner of Children and Families shall establish eligibility criteria for families to receive such assistance. Such eligibility requirements (A) shall include that a family has sought and been denied coverage or reimbursement for such drug or treatment or such intensive services by the family's health carrier, and (B) may include, but need not be limited to, a family's financial need. Not later than January 1, 2023, the Commissioner of Children and Families shall begin accepting applications for such assistance.

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

(c) Not later than January 1, 2023, the Departments of Children and Families and Consumer Protection and the Office of Policy and Management shall post in a conspicuous location on their respective Internet web sites a description of the grant program, including, but not limited to, the eligibility requirements and application process for the grant program. Not later than January 1, 2023, the Department of Children and Families shall (1) post such description on the Internet web site administered by the department that contains information regarding resources for connecting children and families to behavioral health services, (2) include such description on the documents developed by the department pursuant to section 17a-22r of the general statutes, and (3) provide such description to the 2-1-1 Infoline program

operated by the United Way of Connecticut. The Secretary of the Office of Policy and Management may request that another state agency post such description on such agency's Internet web site.

(d) On or before January 1, 2024, and annually thereafter, the Commissioner of Children and Families shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding the effectiveness of the grant program established under subsection (b) of this section.

Sec. 33. (NEW) (*Effective from passage*) On or before January 1, 2023, the Department of Public Health, in consultation with the Department of Children and Families, shall develop or procure, in consultation with a representative of a children's hospital located in the state and the Connecticut chapter of a national professional association of pediatricians and of a national professional association of child and adolescent psychiatrists, a pediatric mental health, behavioral health and substance use disorder screening tool to be completed by a child and, where appropriate, the child's parent or guardian prior to or during the child's appointment with the child's pediatrician or during the child's visit to an emergency department. Said departments shall establish standards regarding the minimum age at which such screening tool should first be utilized for a child. Such screening tool shall include questions geared toward assisting the pediatrician or emergency department physician in diagnosing common mental health and behavioral health conditions and substance use disorders that may require specialized treatment. On or before January 1, 2023, the Department of Public Health, in collaboration with the Departments of Children and Families and Mental Health and Addiction Services, shall make the screening tool available to all pediatricians and emergency department physicians in the state, free of charge, and make recommendations to pediatricians and emergency department

physicians for its effective use. Pediatricians and emergency department physicians shall use the screening tool developed pursuant to this section as a supplement to the existing methods used to diagnose a mental health or behavioral health condition or a substance use disorder. Pediatricians shall provide such screening tool to each patient on an annual basis. Emergency department physicians shall provide such screening tool to each emergency department patient who is under the age of eighteen and at least the age determined by the Departments of Public Health and Children and Families, or the parents or guardian of such patient, prior to such patient's discharge from the emergency department and, to the extent possible and as soon as practicable, send a copy of such completed screening tool to such patient's pediatrician or primary care provider.

Sec. 34. (NEW) (*Effective July 1, 2022*) (a) As used in this section and section 35 of this act, "designated staff member" means a teacher, school administrator, school counselor, school counselor, psychologist, social worker, nurse, physician or school paraeducator employed by a local or regional board of education or working in a public middle school or high school.

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

(c) On and after January 1, 2023, the Department of Children and Families shall, in collaboration with the Department of Education, provide training to (1) designated staff members selected by the superintendent of schools pursuant to section 35 of this act, and (2) employees of local health departments, district departments of health, youth service bureaus established pursuant to section 10-19m of the general statutes, municipal social service agencies and other youth-serving organizations selected pursuant to section 35 of this act, on how to implement the peer-to-peer mental health support program and provide instruction, guidance and supervision to students participating in such program.

Sec. 35. (NEW) (*Effective July 1, 2022*) For the school year commencing July 1, 2023, and each school year thereafter, any local or regional board of education, in collaboration with the Departments of Children and Families and Education, may administer the peer-to-peer mental health support program developed pursuant to section 34 of this act. The superintendent of schools for the local or regional school district administering such program shall select one or more designated staff members to complete the training described in section 34 of this act. Such program shall be provided to participating students in grades six to twelve, inclusive.

Sec. 36. (NEW) (*Effective July 1, 2022*) On and after July 1, 2023, any local health department, district department of health, youth service bureau established pursuant to section 10-19m of the general statutes, municipal social service agency or other youth-serving organization approved by the Department of Children and Families, in collaboration with the Department of Education, may administer the peer-to-peer mental health support program developed pursuant to section 34 of this act. The entity administering the program shall select one or more employees to complete the training described in section 34 of this act. The program shall be provided to participating students in grades six to

twelve, inclusive.

Sec. 37. (NEW) (*Effective July 1, 2022*) (a) For purposes of this section, (1) "children with behavioral health needs" means children who are suffering from one or more mental disorders as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", and (2) "in-home respite care services" means in-home care for children with behavioral health needs, provided in order to afford such children's parents or guardians respite from caregiving.

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

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

(d) The Commissioner of Children and Families may adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to implement the provisions of this section, including, but not limited to, eligibility criteria for participation in the in-home respite care services program. The commissioner shall implement policies and procedures necessary to administer the provisions of this

section prior to adoption of such regulations, provided the commissioner shall publish notice of intent to adopt such regulations on the department's Internet web site and the eRegulations System not later than twenty days after implementation of such policies and procedures. Any such policies and procedures shall be valid until such regulations are adopted.

Sec. 38. (NEW) (*Effective from passage*) (a) On or before January 1, 2023, the Department of Public Health shall establish and administer a child and adolescent psychiatrist grant program. The program shall provide incentive grants to employers of child and adolescent psychiatrists for recruiting and hiring new child and adolescent psychiatrists and retaining child and adolescent psychiatrists who are in their employ. The Commissioner of Public Health shall establish eligibility requirements, priority categories, funding limitations and the application process for the grant program. Such priority categories shall include, but need not be limited to, nonhospital employers. The commissioner, in consultation with the Office of Health Strategy, shall distribute incentive grant funds equitably with regard to the type of employer and location of such employer.

(b) Not later than January 1, 2024, and annually thereafter, the Commissioner of Public Health shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding the number and demographics of the employers who applied for and received incentive grants from the child and adolescent psychiatrist grant program established under subsection (a) of this section, the use of incentive grant funds by such recipients and any other information deemed pertinent by the commissioner.

Sec. 39. (NEW) (*Effective from passage*) On or before January 1, 2023, the Department of Mental Health and Addiction Services, in collaboration with the Department of Children and Families, shall (1)

provide for the design, plan and implementation of a multiyear, statewide advertising campaign, including, but not limited to, television, radio and Internet web site advertisements, promoting the availability of all of the mental health, behavioral health and substance use disorder services in the state, including, but not limited to, the difference between 9-1-1, 9-8-8 and 2-1-1, and informing residents how to obtain such services, and (2) establish and regularly update an Internet web site connected with such advertising campaign that includes, but is not limited to, a comprehensive listing of providers of mental health, behavioral health and substance use disorder services in the state. The Commissioner of Mental Health and Addiction Services shall solicit cooperation and participation from such providers in such advertising campaign, including, but not limited to, soliciting any available funds. Said commissioner may hire consultants with expertise in advertising to assist in implementing the provisions of this section.

Sec. 40. (NEW) (*Effective from passage*) (a) The peer-to-peer support program for parents and caregivers of children with mental and behavioral health issues that is operated by an administrative services organization that contracts with the Department of Children and Families shall use state funds allocated for such program to provide services to parents and caregivers of children with mental and behavioral health issues who are not covered for such services under (1) HUSKY Health, as defined in section 17b-290 of the general statutes, or (2) an individual or group health insurance policy. The Commissioner of Children and Families may adopt policies and procedures for administration of the program for such parents and caregivers.

(b) If the program described in subsection (a) of this section exhausts the state funds allocated under said subsection, the program may continue to provide services to parents and caregivers of children with mental and behavioral health issues who are covered under HUSKY Health.

Sec. 41. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this section:

(1) "Licensed mental health professional" means: (A) A licensed professional counselor or professional counselor, both as defined in section 20-195aa of the general statutes; (B) a person who is under professional supervision, as defined in section 20-195aa of the general statutes; (C) a physician licensed pursuant to chapter 370 of the general statutes, who is certified in psychiatry by the American Board of Psychiatry and Neurology; (D) an advanced practice registered nurse licensed pursuant to chapter 378 of the general statutes, who is certified as a psychiatric and mental health clinical nurse specialist or nurse practitioner by the American Nurses Credentialing Center; (E) a psychologist licensed pursuant to chapter 383 of the general statutes; (F) a marital and family therapist licensed pursuant to chapter 383a of the general statutes; (G) a licensed clinical social worker licensed pursuant to chapter 383b of the general statutes; or (H) an alcohol and drug counselor licensed under chapter 376b of the general statutes;

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

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

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

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

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

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

Sec. 42. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this section:

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

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

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

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

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

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

of the general statutes and delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2023, (A) shall provide coverage for two mental health wellness examinations per year that are performed by a licensed mental health professional or primary care provider, and (B) shall not require prior authorization of such examinations.

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

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

Sec. 43. Subsections (a) and (b) of section 38a-488a of the general statutes are repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(a) For the purposes of this section:

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

(B) "Mental or nervous conditions" does not include **[**(A)**]** (i)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(10) Short-term family therapy intervention;

(11) Nonhospital inpatient detoxification;

(12) Medically monitored detoxification;

(13) Ambulatory detoxification;

(14) Inpatient services at psychiatric residential treatment facilities;

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

(16) Observation beds in acute hospital settings;

(17) Psychological and neuropsychological testing conducted by an

appropriately licensed health care provider;

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

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

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

Sec. 44. Subsections (a) and (b) of section 38a-514 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(a) For the purposes of this section:

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

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

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

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

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

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

(b) Except as provided in subsection (j) of this section, each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide benefits for the diagnosis and treatment of mental or nervous conditions. Benefits payable include, but need not be limited to:

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

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

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

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

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

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

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

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

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

(10) Short-term family therapy intervention;

(11) Nonhospital inpatient detoxification;

(12) Medically monitored detoxification;

(13) Ambulatory detoxification;

(14) Inpatient services at psychiatric residential treatment facilities;

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

(16) Observation beds in acute hospital settings;

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

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

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

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

Sec. 45. (NEW) (*Effective July 1, 2022*) (a) As used in this section, "clerkship" means a program in which a candidate for a doctoral degree

based on a program of studies whose content was primarily psychological at an educational institution approved in accordance with section 20-189 of the general statutes, works as a psychological assessor or psychotherapist for between twelve and sixteen hours per week and during which the candidate was supervised by an agency-affiliated psychologist and at least one core faculty member of the doctoral degree program.

(b) On or before January 1, 2023, the Department of Public Health shall establish an incentive program to encourage doctoral degree candidates to serve at least one semester-long clerkship at a facility licensed or operated by the Department of Children and Families, or for any other state agency as deemed appropriate by the Commissioner of Children and Families. Any person who serves at least one semester-long clerkship at such facility may renew such person's license issued under chapter 383 of the general statutes once every two years for the first four years such person is licensed under said chapter.

Sec. 46. Section 19a-179f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2022*):

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

(b) On or before January 1, 2024, the Office of Emergency Medical Services shall develop protocols for a licensed or certified emergency medical services organization or provider to transport a pediatric patient with mental or behavioral health needs by ambulance to an urgent crisis center. As used in this subsection, "urgent crisis center" means a center licensed by the Department of Children and Families that is dedicated to treating children's urgent mental or behavioral health needs.

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

Sec. 47. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this section:

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

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

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

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

Sec. 48. (NEW) (*Effective January 1, 2023*) (a) For the purposes of this section:

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

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

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

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

Sec. 49. Section 38a-477aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(a) As used in this section:

(1) "Emergency condition" has the same meaning as "emergency medical condition", as provided in section 38a-591a. **[**;**]**

(2) "Emergency services" means, with respect to an emergency condition, (A) a medical screening examination as required under Section 1867 of the Social Security Act, as amended from time to time,

that is within the capability of a hospital emergency department, including ancillary services routinely available to such department to evaluate such condition, and (B) such further medical examinations and treatment required under said Section 1867 to stabilize such individual **[**,**]** that are within the capability of the hospital staff and facilities. **[**;**]**

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

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

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

(6) (A) "Surprise bill" means a bill for health care services, other than emergency services or urgent crisis center services, received by an insured for services rendered by an out-of-network health care provider, where such services were rendered by (i) such out-of-network provider at an in-network facility, during a service or procedure performed by an in-network provider or during a service or procedure previously approved or authorized by the health carrier and the insured did not knowingly elect to obtain such services from such out-of-network provider, or (ii) a clinical laboratory, as defined in section 19a-30, that is an out-of-network provider, upon the referral of an in-network provider.

(B) "Surprise bill" does not include a bill for health care services received by an insured when an in-network health care provider was

available to render such services and the insured knowingly elected to obtain such services from another health care provider who was out-of-network.

(7) "Urgent crisis center" means a center licensed by the Department of Children and Families that is dedicated to treating children's urgent mental or behavioral health needs.

(8) "Urgent crisis center services" means pediatric mental and behavioral health services provided at an urgent crisis center.

(b) (1) No health carrier shall require prior authorization for rendering emergency services or urgent crisis center services to an insured.

(2) No health carrier shall impose, for emergency services rendered to an insured by an out-of-network health care provider or urgent crisis center services rendered to an insured at an out-of-network urgent crisis center, a coinsurance, copayment, deductible or other out-of-pocket expense that is greater than the coinsurance, copayment, deductible or other out-of-pocket expense that would be imposed if such emergency services were rendered by an in-network health care provider or such urgent crisis center services were rendered at an in-network urgent crisis center.

(3) (A) If emergency services were rendered to an insured by an out-of-network health care provider, such health care provider may bill the health carrier directly and the health carrier shall reimburse such health care provider the greatest of the following amounts: (i) The amount the insured's health care plan would pay for such services if rendered by an in-network health care provider; (ii) the usual, customary and reasonable rate for such services; or (iii) the amount Medicare would reimburse for such services. As used in this subparagraph, "usual, customary and reasonable rate" means the eightieth percentile of all

charges for the particular health care service performed by a health care provider in the same or similar specialty and provided in the same geographical area, as reported in a benchmarking database maintained by a nonprofit organization specified by the Insurance Commissioner. Such organization shall not be affiliated with any health carrier.

(B) If urgent crisis center services were rendered to an insured at an out-of-network urgent crisis center, such urgent crisis center may bill the health carrier directly for such urgent crisis center services. The health carrier shall reimburse such out-of-network urgent crisis center or insured, as applicable, for such urgent crisis center services at the in-network rate under the insured's health care plan as payment in full, unless such health carrier and urgent crisis center agree otherwise.

[(B)**]** (C) Nothing in subparagraph (A) or (B) of this subdivision shall be construed to prohibit **[**such**]** a health carrier and out-of-network health care provider or urgent crisis center from agreeing to a **[**greater**]** reimbursement amount that is greater than the minimum reimbursement amount established in subparagraph (A) or (B) of this subdivision, as applicable.

(c) With respect to a surprise bill:

(1) An insured shall only be required to pay the applicable coinsurance, copayment, deductible or other out-of-pocket expense that would be imposed for such health care services if such services were rendered by an in-network health care provider; and

(2) A health carrier shall reimburse the out-of-network health care provider or insured, as applicable, for health care services rendered at the in-network rate under the insured's health care plan as payment in full, unless such health carrier and health care provider agree otherwise.

(d) If health care services were rendered to an insured by an out-of-network health care provider and the health carrier failed to inform such

insured, if such insured was required to be informed, of the network status of such health care provider pursuant to subdivision (3) of subsection (d) of section 38a-591b, the health carrier shall not impose a coinsurance, copayment, deductible or other out-of-pocket expense that is greater than the coinsurance, copayment, deductible or other out-of-pocket expense that would be imposed if such services were rendered by an in-network health care provider.

(e) The provisions of this section shall apply to a high deductible health plan, as that term is used in subsection (f) of section 38a-493 or subsection (f) of section 38a-520, as applicable, to the maximum extent permitted by federal law, except if such plan is used to establish a medical savings account or an Archer MSA pursuant to Section 220 of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, or a health savings account pursuant to Section 223 of said Internal Revenue Code, as amended from time to time, the provisions of this section shall apply to such plan to the maximum extent that (1) is permitted by federal law, and (2) does not disqualify such account for the deduction allowed under said Section 220 or 223, as applicable.

Sec. 50. Subsection (b) of section 20-7f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(b) It shall be an unfair trade practice in violation of chapter 735a for any health care provider to request payment from an enrollee, other than a coinsurance, copayment, deductible or other out-of-pocket expense, for (1) health care services or a facility fee, as defined in section 19a-508c, covered under a health care plan, (2) emergency services, or services rendered to an insured at an urgent crisis center, as defined in section 19a-179f, as amended by this act, covered under a health care plan and rendered by an out-of-network health care provider, or (3) a surprise bill, as defined in section 38a-477aa, as amended by this act.

Sec. 51. Subdivision (3) of subsection (c) of section 38a-193 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(3) No participating provider, or agent, trustee or assignee thereof, may: (A) Maintain any action at law against a subscriber or enrollee to collect sums owed by the health care center; (B) request payment from a subscriber or enrollee for such sums; (C) request payment from a subscriber or enrollee for covered emergency services, or services rendered to an insured at an urgent crisis center, as defined in section 38a-477aa, as amended by this act, that are provided by an out-of-network provider; or (D) request payment from a subscriber or enrollee for a surprise bill, as defined in section 38a-477aa, as amended by this act. For purposes of this subdivision "request payment" includes, but is not limited to, submitting a bill for services not actually owed or submitting for such services an invoice or other communication detailing the cost of the services that is not clearly marked with the phrase "THIS IS NOT A BILL". The contract between a health care center and a participating provider shall inform the participating provider that pursuant to section 20-7f, as amended by this act, it is an unfair trade practice in violation of chapter 735a for any health care provider to request payment from a subscriber or an enrollee, other than a coinsurance, copayment, deductible or other out-of-pocket expense, for covered medical or emergency services or facility fees, as defined in section 19a-508c, or services rendered to an insured at an urgent crisis center, as defined in section 38a-477aa, as amended by this act, or surprise bills, or to report to a credit reporting agency an enrollee's failure to pay a bill for such services when a health care center has primary responsibility for payment of such services, fees or bills.

Sec. 52. Subdivision (1) of subsection (c) of section 38a-472f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

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

(B) Covered persons shall have access to emergency services **[**, as defined in section 38a-477aa**]** and, to the extent urgent crisis center services are available, urgent crisis center services, twenty-four hours a day, seven days a week. For the purposes of this subparagraph, "emergency services" and "urgent crisis center services" have the same meanings as provided in section 38a-477aa, as amended by this act.

Sec. 53. Subsection (h) of section 38a-488a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(h) Except in the case of emergency services, services rendered to an insured at an urgent crisis center, as defined in section 38a-477aa, as amended by this act, or **[**in the case of**]** services for which an individual has been referred by a physician or an advanced practice registered nurse affiliated with a health care center, nothing in this section shall be construed to require a health care center to provide benefits under this section through facilities that are not affiliated with the health care center.

Sec. 54. Subsection (h) of section 38a-514 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(h) Except in the case of emergency services, services rendered to an insured at an urgent crisis center, as defined in section 38a-477aa, as amended by this act, or **[**in the case of**]** services for which an individual

has been referred by a physician affiliated with a health care center, nothing in this section shall be construed to require a health care center to provide benefits under this section through facilities that are not affiliated with the health care center.

Sec. 55. (NEW) (*Effective January 1, 2023*) (a) No individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2023, that provides coverage for acute inpatient psychiatric services shall require prior authorization for such services that are provided to an insured: (1) Following the insured's admission to a hospital emergency department; (2) upon the referral of the insured's treating physician licensed pursuant to chapter 370 of the general statutes, psychologist licensed pursuant to chapter 383 of the general statutes or advanced practice registered nurse licensed pursuant to chapter 378 of the general statutes if (A) there is imminent danger to the insured's health or safety, or (B) the insured poses an imminent danger to the health or safety of others; or (3) at an urgent crisis center, as defined in section 38a-477aa of the general statutes, as amended by this act. Nothing in this section shall preclude a health carrier from using other forms of utilization review, including, but not limited to, concurrent and retrospective review.

(b) Any health care provider who refers an insured for the acute inpatient psychiatric services described in subsection (a) of this section shall provide to the insured, at the time of such referral, a written notice disclosing that the insured may: (1) Incur out-of-pocket costs if such services are not covered by such insured's health insurance policy; and (2) choose to wait for an in-network bed for such services or risk incurring costs for out-of-network care if such services are provided on an out-of-network basis.

(c) Any health care provider who provides the acute inpatient

psychiatric services described in subsection (a) of this section shall provide to the insured, at the time the insured is admitted for such services, a written notice disclosing to the insured that the insured may: (1) Incur out-of-pocket costs if such services are not covered by such insured's health insurance policy; and (2) choose to wait for an in-network bed for such services or risk incurring costs for out-of-network care if such services are provided on an out-of-network basis.

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

Sec. 56. (NEW) (*Effective January 1, 2023*) (a) No group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2023, that provides coverage for acute inpatient psychiatric services shall require prior authorization for such services that are provided to an insured: (1) Following the insured's admission to a hospital emergency department; (2) upon the referral of the insured's treating physician licensed pursuant to chapter 370 of the general statutes, psychologist licensed pursuant to chapter 383 of the general statutes or advanced practice registered nurse licensed pursuant to chapter 378 of the general statutes if (A) there is imminent danger to

the insured's health or safety, or (B) the insured poses an imminent danger to the health or safety of others; or (3) at an urgent crisis center, as defined in section 38a-477aa of the general statutes, as amended by this act. Nothing in this section shall preclude a health carrier from using other forms of utilization review, including, but not limited to, concurrent and retrospective review.

(b) Any health care provider who refers an insured for the acute inpatient psychiatric services described in subsection (a) of this section shall provide to the insured, at the time of such referral, a written notice disclosing that the insured may: (1) Incur out-of-pocket costs if such services are not covered by such insured's health insurance policy; and (2) choose to wait for an in-network bed for such services or risk incurring costs for out-of-network care if such services are provided on an out-of-network basis.

(c) Any health care provider who provides the acute inpatient psychiatric services described in subsection (a) of this section shall provide to the insured, at the time the insured is admitted for such services, a written notice disclosing to the insured that the insured may: (1) Incur out-of-pocket costs if such services are not covered by such insured's health insurance policy; and (2) choose to wait for an in-network bed for such services or risk incurring costs for out-of-network care if such services are provided on an out-of-network basis.

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

to the maximum extent that (1) is permitted by federal law; and (2) does not disqualify such account for the deduction allowed under said Section 220 or 223, as applicable.

Sec. 57. (*Effective from passage*) (a) The Office of Health Strategy shall study the rates at which health carriers delivering, issuing for delivery, renewing, amending or continuing individual and group health insurance policies in this state, and third-party administrators licensed under section 38a-720a of the general statutes, reimburse health care providers for covered physical, mental and behavioral health benefits. Such study shall include, but need not be limited to, an assessment of the: (1) Viability of implementing in this state a sliding scale of reimbursement rates; (2) extent to which reimbursement rates for covered mental and behavioral health benefits would need to increase in order to provide a financial incentive to (A) attract additional health care providers to provide covered mental and behavioral health benefits to individuals in this state, and (B) encourage health care providers who provide covered mental and behavioral health benefits to accept new patients in this state; (3) potential aggregate savings that would accrue to health carriers in this state if insureds were to receive greater access to health care providers who provide covered mental and behavioral health benefits; (4) reimbursement rates for covered mental and behavioral health benefits provided by private health insurance policies in comparison to reimbursement rates for such benefits provided by the state or other governmental payors; (5) reimbursement rates for covered mental and behavioral health benefits provided to children in comparison to reimbursement rates for such benefits provided to adults; and (6) number of children who are referred for covered mental and behavioral health benefits in comparison to the number of children who receive such benefits.

(b) In conducting the study, the Office of Health Strategy may (1) coordinate with the Insurance Department, and (2) gather information

needed to conduct the study from the all-payer claims database.

(c) (1) Not later than January 1, 2023, the Office of Health Strategy shall submit an interim report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to insurance and public health disclosing the results of the study conducted pursuant to subsections (a) and (b) of this section.

(2) Not later than January 1, 2024, the Office of Health Strategy shall submit a final report, in accordance with the provisions of section 11-4a of the general statutes, to said committees disclosing the results of such study.

Sec. 58. (*Effective from passage*) (a) As used in this section, "HUSKY Health" has the same meaning as provided in section 17b-290 of the general statutes.

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

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

(d) (1) Not later than January 1, 2023, the executive director of the Office of Health Strategy shall submit an interim report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to human services, insurance, public health and appropriations and the budgets of state agencies disclosing the results of the study conducted pursuant to subsections (b) and (c) of this section.

(2) Not later than January 1, 2024, the executive director of said office shall submit a final report, in accordance with the provisions of section 11-4a of the general statutes, to such joint standing committees disclosing the results of such study.

Sec. 59. (NEW) (*Effective July 1, 2022*) (a) As used in this section:

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

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

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

(b) To the extent permissible under federal law, the Commissioner of Social Services shall implement a Medicaid reimbursement system that incentivizes collaboration between primary care providers and behavioral and mental health care providers on an integrated care plan for a HUSKY Health program member. Such reimbursement system shall recognize that multiple providers may be involved in providing

care. The commissioner may adopt the Collaborative Care Model to expand access to behavioral and mental health services for HUSKY Health program members and utilize the CoCM codes approved by the Centers for Medicare and Medicaid Services to provide reimbursement to participating providers. The commissioner may take into consideration the potential impact on federal reimbursement when implementing such system.

Sec. 60. (NEW) (*Effective July 1, 2022*) (a) There is established a Youth Service Corps grant program to be administered by the Department of Economic and Community Development for the purpose of providing grants to municipalities of priority school districts, as described in section 10-266p of the general statutes, to establish local Youth Service Corps programs. Such programs shall provide paid community-based service learning and academic and workforce development programs to youth and young adults in the state in accordance with the provisions of section 61 of this act.

(b) Not later than October 1, 2022, the Commissioner of Economic and Community Development shall develop an application process and selection criteria for Youth Service Corps program grants.

(c) Not later than January 1, 2023, and annually thereafter, the Commissioner of Economic and Community Development shall award a grant to each municipality selected to participate in the program in the amount of ten thousand dollars per youth or young adult participating in such municipality's local Youth Service Corps program plus fifteen per cent of such amount for program administration expenses. Such municipalities may use such grants to (1) administer the local Youth Service Corps program, and (2) award a subgrant of not more than ten thousand dollars to any youth or young adult participating in a local Youth Service Corps program to support or subsidize such youth or young adult's participation in program activities.

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

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

(f) There is established an account to be known as the "youth service corps grant program account" which shall be a separate, nonlapsing account within the General Fund. The account shall contain any moneys required by law to be deposited in the account. Moneys in the account shall be expended by the Commissioner of Economic and Community Development for the purposes of providing grants to municipalities of priority school districts, as described in section 10-266p of the general statutes, to establish local Youth Service Corps programs that provide paid community-based service learning and academic and workforce development programs to youth and young adults in the state in accordance with the provisions of section 61 of this act.

Sec. 61. (NEW) (*Effective July 1, 2022*) Each municipality of a priority school district, as described in section 10-266p of the general statutes, selected to receive a Youth Service Corps program grant pursuant to section 60 of this act shall operate, establish or demonstrate plans to establish a local Youth Service Corps program that has the following characteristics:

(1) Youth participation in the local Youth Service Corps program shall be by referral only. Such referral shall be made by a school official, juvenile probation officer, the Commissioner of Children and Families, or the commissioner's designee, or an employee of a community organization designated by the municipality or the municipality's Youth Service Corps program administrator to make such referrals. Participants in a local Youth Service Corps program shall be youths or young adults between the ages of sixteen and twenty-four, inclusive, who are showing signs of disengagement or disconnection from school, the workplace or the community;

(2) The local Youth Service Corps program shall focus on youth or young adults who are involved with the justice system, involved with the Department of Children and Families, in foster care or experiencing homelessness;

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

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

(5) Each Youth Service Corps program administrator shall evaluate each youth and young adult participant using performance indicators applicable to such participant, including, but not limited to, education outcomes, career competency development, training completion and positive behavior changes to measure whether the goals for such participant are being achieved.

Sec. 62. Subsection (f) of section 46b-38b of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(f) It shall be the responsibility of the peace officer at the scene of a family violence incident to provide immediate assistance to the victim. Such assistance shall include, but need not be limited to: (1) Assisting the victim to obtain medical treatment if such treatment is required; (2) notifying the victim of the right to file an affidavit for a warrant for arrest; (3) informing the victim of services available, including providing the victim with (A) contact information for a regional family violence organization that employs, or provides referrals to, counselors who are trained in providing trauma-informed care, **[**; (4)**]** and (B) on and after January 1, 2023, a copy of the information concerning services and resources available to victims of domestic violence published pursuant to section 10-10g, as amended by this act; (4) on and after January 1, 2023, if there is a child at the scene, providing the victim a copy of the documents concerning behavioral and mental health evaluation and treatment resources available to children developed pursuant to section 17a-22r for the mental health region in which such victim is located; (5) referring the victim to the Office of Victim Services; and **[**(5)**]** (6) providing assistance in accordance with the uniform protocols for treating victims of family violence whose immigration status is questionable, established pursuant to subsection (i) of this section. In cases where the officer has determined that no cause exists for an arrest, assistance shall include: (A) Assistance as provided in

subdivisions (1) to **[**(5)**]** (6), inclusive, of this subsection; and (B) remaining at the scene for a reasonable time until, in the reasonable judgment of the officer, the likelihood of further imminent violence has been eliminated. For the purposes of this subsection, "trauma-informed care" means services (i) directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on a person; and (ii) delivered by a regional family violence organization that employs, or provides referrals to, counselors who: (I) Make available to the victim of family violence resources on trauma exposure, its impact and treatment; (II) engage in efforts to strengthen the resilience and protective factors of victims of family violence who are impacted by and vulnerable to trauma; (III) emphasize continuity of care and collaboration among organizations that provide services to children; and (IV) maintain professional relationships for referral and consultation purposes with programs and persons with expertise in trauma-informed care.

Sec. 63. (NEW) (*Effective July 1, 2022*) On and after January 1, 2023, each police officer, as defined in section 46b-15 of the general statutes, and emergency medical technician, as defined in section 19a-904 of the general statutes, shall maintain, in any vehicle used by such officer or technician in the course of his or her duties, copies of documents concerning (1) behavioral and mental health evaluation and treatment resources available to children, developed pursuant to section 17a-22r of the general statutes for the mental health region in which such technician is located; and (2) services and resources available to victims of domestic violence, published pursuant to section 10-10g of the general statutes, as amended by this act. Such officer or technician may provide a copy of such documents to any person or family of a person who such technician determines may benefit from the services or resources described in such documents.

Sec. 64. Subsection (a) of section 10-10g of the general statutes is

repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) Not later than December 1, **[**2019**]** 2022, and annually thereafter, the Office of Victim Services within the Judicial Department, in consultation with the Connecticut Coalition Against Domestic Violence, shall compile information concerning services and resources available to victims of domestic violence and provide such information electronically to the Department of Education, and electronically and in hard copies to (1) the Division of State Police within the Department of Emergency Services and Public Protection, (2) each municipal police department, and (3) each ambulance company and organization, whether public, private or voluntary, that offers transportation or treatment services to patients under emergency conditions. Such information shall include, but need not be limited to, **[**(1)**]** (A) referrals available to counseling and supportive services, including, but not limited to, the Safe at Home program administered by the Office of the Secretary of the State, shelter services, medical services, domestic abuse hotlines, legal counseling and advocacy, mental health care and financial assistance, and **[**(2)**]** (B) procedures to voluntarily and confidentially identify eligibility for referrals to such counseling and supportive services. **[**The Office of Victim Services within the Judicial Department shall annually review such information and inform the Department of Education of any necessary revisions.**]** Such information shall be translated into, and provided in, multiple languages, including, but not limited to, English, Polish, Portuguese and Spanish.

Sec. 65. Section 54-209 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2022*):

(a) The Office of Victim Services or, on review, a victim compensation commissioner, may order the payment of compensation in accordance with the provisions of sections 54-201 to 54-218, inclusive, for personal

injury or death which resulted from: (1) An attempt to prevent the commission of crime or to apprehend a suspected criminal or in aiding or attempting to aid a police officer so to do, (2) the commission or attempt to commit by another of any crime as provided in section 53a-24, (3) any crime that occurred outside the territorial boundaries of the United States that would be considered a crime within this state, provided the victim of such crime is a resident of this state, **[**or**]** (4) any crime involving international terrorism as defined in 18 USC 2331, as amended from time to time, or (5) an incident of child abuse substantiated by the Department of Children and Families on or after October 1, 2022, provided the individual determined by said department to be responsible for the abuse of the child pursuant to section 17a-101g is placed on the department's child abuse and neglect registry established pursuant to section 17a-101k.

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

section 15-132a, 15-140*l*, 15-140n, 53a-56b or 53a-60d.

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

(d) In instances where a violation of section 53a-70b of the general statutes, revision of 1958, revised to January 1, 2019, or section 53-21, 53a-70, 53a-70a, 53a-70c, 53a-71, 53a-72a, 53a-72b, 53a-73a, 53a-82, **[**or**]** 53a-83b, 53a-90a, 53a-192a, 53a-196, 53a-196a, 53a-196b or 53a-196i, or family violence, as defined in section 46b-38a, has been alleged, the Office of Victim Services or, on review, a victim compensation commissioner, may order compensation be paid if (1) the personal injury has been disclosed to: (A) A physician or surgeon licensed under chapter 370; (B) a resident physician or intern in any hospital in this state, whether or not licensed; (C) a physician assistant licensed under chapter 370; (D) an advanced practice registered nurse, registered nurse or practical nurse licensed under chapter 378; (E) a psychologist licensed under chapter 383; (F) a police officer; (G) a mental health professional; (H) an emergency medical services provider licensed or certified under chapter 368d; (I) an alcohol and drug counselor licensed or certified under chapter 376b; (J) a marital and family therapist licensed under chapter 383a; (K) a domestic violence counselor or a sexual assault counselor, as defined in section 52-146k; (L) a professional counselor licensed under chapter 383c; (M) a clinical social worker licensed under chapter 383b; (N) an employee of the Department of Children and Families; (O) an employee of a **[**child**]** children's advocacy center, **[**established pursuant to**]** as defined in section 17a-106a; or (P) a school principal, a school teacher, a school guidance counselor or a school counselor, or (2) the personal injury is reported in an application for a restraining order under section 46b-15 or an application for a civil

protection order under section 46b-16a or on the record to the court, provided such restraining order or civil protection order was granted in the Superior Court following a hearing, and (3) the office or commissioner, as the case may be, reasonably concludes that a violation of any of said sections has occurred.

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

Sec. 66. (NEW) (*Effective October 1, 2022*) Any employee of the Department of Children and Families or a children's advocacy center, as defined in section 17a-106a of the general statutes, to whom a personal injury resulting from any conduct described in subdivision (5) of subsection (a) of section 54-209 of the general statutes, as amended by this act, is disclosed by the (1) person who suffered such injury, or (2) parent, guardian or legal representative of such person, shall provide such person, or such person's parent, guardian or legal representative verbal and written notice (A) that such person may be eligible for compensation pursuant to sections 54-201 to 54-218, inclusive, of the general statutes, and (B) of the application process described in section 54-204 of the general statutes, and types and amounts of compensation that may be awarded pursuant to sections 54-201 to 54-218, inclusive, of the general statutes.

Sec. 67. (NEW) (*Effective from passage*) On and after July 1, 2022, the term "emotional disability" shall be used in lieu of "emotional disturbance" by the Department of Education and local and regional boards of education for purposes of the administration and provision of special education and related services in the state under chapter 164 of the general statutes. As used in this section, "emotional disability" has

the same meaning as "emotional disturbance" in the Individuals with Disabilities Education Act, 20 USC 1400, et seq., as amended from time to time.

Sec. 68. (*Effective July 1, 2022*) (a) There is established a child and adolescent psychiatry working group to develop a plan to increase the number of psychiatry residency and child and adolescent psychiatry fellowship placements in the state. Such plan shall maximize state and federal funding sources and provide psychiatry residents and child and adolescent psychiatry fellows with the opportunity to treat children and adolescents in the state who are uninsured, underinsured or eligible for benefits under HUSKY B.

(b) The working group shall consist of the following members:

(1) Two appointed by the speaker of the House of Representatives, one of whom shall be a representative of a federally qualified health center, and one of whom shall be a member of the joint standing committee of the General Assembly having cognizance of matters relating to public health;

(2) Two appointed by the president pro tempore of the Senate, one of whom shall be a faculty member of a psychiatry residency program in the state, and one of whom shall be a member of the joint standing committee of the General Assembly having cognizance of matters relating to public health;

(3) One appointed by the majority leader of the House of Representatives, who shall be a representative of a federally qualified health center;

(4) One appointed by the majority leader of the Senate, who shall be a practicing child and adolescent psychiatrist in the state;

(5) One appointed by the minority leader of the House of

Representatives, who shall be a member of the joint standing committee of the General Assembly having cognizance of matters relating to public health;

(6) One appointed by the minority leader of the Senate, who shall be a member of the joint standing committee of the General Assembly having cognizance of matters relating to public health;

(7) The Commissioner of Public Health, or the commissioner's designee; and

(8) The Commissioner of Social Services, or the commissioner's designee.

(c) All initial appointments to the working group shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(d) The speaker of the House of Representatives and the president pro tempore of the Senate shall each select a co-chairperson of the working group from among the members of the working group. Such chairpersons shall schedule the first meeting of the working group, which shall be held not later than sixty days after the effective date of this section.

(e) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall serve as the administrative staff of the working group.

(f) Not later than January 1, 2023, the working group shall, in accordance with the provisions of section 11-4a of the general statutes, submit a report to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding its findings and recommendations including, but not limited to, (1) the working group's activities, research findings and any recommendations

for proposed legislative changes, and (2) any potential sources of funding for additional psychiatry residency and child and adolescent psychiatry fellowship placements in the state.

Sec. 69. (*Effective July 1, 2022*) (a) The Department of Public Health may, within available resources, issue a grant-in-aid in the amount of one hundred fifty thousand dollars, for the fiscal year ending June 30, 2023, to a children's hospital in the state for the purpose of coordinating a mental and behavioral health training and consultation program, from January 1, 2023, to January 1, 2025, inclusive, which shall be made available to all pediatricians practicing in the state to help them gain the knowledge, experience and confidence necessary to effectively treat pediatric mental and behavioral health issues.

(b) Not later than January 1, 2023, and annually thereafter until January 1, 2025, the children's hospital that receives a grant-in-aid pursuant to subsection (a) of this section shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding the hospital's coordination of the mental and behavioral health training and consultation program, the number of pediatrician participants, the outcomes of such program and any other information deemed relevant by the hospital.

Sec. 70. (NEW) (*Effective from passage*) (a) There is established a Behavioral and Mental Health Policy and Oversight Committee. The committee shall evaluate the availability and efficacy of prevention, early intervention, and mental health treatment services and options for children from birth to age eighteen and make recommendations to the General Assembly and executive agencies regarding the governance and administration of the mental health care system for children. The committee shall be within the Legislative Department.

(b) The committee shall consist of the following members:

(1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services, children and appropriations and the budgets of state agencies, or their designees;

(2) Three appointed by the speaker of the House of Representatives, one of whom shall be a member of the General Assembly and two of whom shall be providers of mental, emotional or behavioral health services for children in the state;

(3) Three appointed by the president pro tempore of the Senate, one of whom shall be a member of the General Assembly and two of whom shall be representatives of private advocacy groups that provide services for children and families in the state;

(4) Two appointed by the majority leader of the House of Representatives, who shall be representatives of children's hospitals;

(5) One appointed by the majority leader of the Senate, who shall be a representative of public school superintendents in the state;

(6) Two appointed by the minority leader of the House of Representatives, who shall be representatives of families with children who have been diagnosed with mental, emotional or behavioral health disorders;

(7) Two appointed by the minority leader of the Senate, who shall be providers of mental or behavioral health services;

(8) The Commissioners of Children and Families, Correction, Developmental Services, Early Childhood, Education, Insurance, Mental Health and Addiction Services, Public Health and Social Services, or their designees;

(9) The executive director of the Office of Health Strategy, or the

executive director's designee;

(10) The Child Advocate, or the Child Advocate's designee;

(11) The Healthcare Advocate, or the Healthcare Advocate's designee;

(12) The executive director of the Court Support Services Division of the Judicial Branch, or the executive director's designee;

(13) The executive director of the Commission on Women, Children, Seniors, Equity and Opportunity, or the executive director's designee;

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

(15) One representative from each administrative services organization under contract with the Department of Social Services to provide such services for recipients of assistance under the HUSKY Health program, who shall be ex-officio, nonvoting members.

(c) Any member of the committee appointed under subdivisions (1) to (7), inclusive, of subsection (b) of this section may be a member of the General Assembly.

(d) Any vacancy shall be filled by the appointing authority.

(e) The Secretary of the Office of Policy and Management, or the secretary's designee, and a member of the General Assembly selected jointly by the speaker of the House of Representatives and the president pro tempore of the Senate from among the members serving pursuant to subdivision (1), (2) or (3) of subsection (b) of this section shall be co-chairpersons of the committee. Such co-chairpersons shall schedule the first meeting of the committee, which shall be held not later than sixty days after May 4, 2022.

(f) Members of the committee shall serve without compensation, except for necessary expenses incurred in the performance of their duties.

(g) Not later than January 1, 2023, the committee shall report, in accordance with section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, public health, human services and children, and the Secretary of the Office of Policy and Management, regarding the following:

(1) Any statutory and budgetary changes needed concerning the mental health system of prevention, development and treatment that the committee recommends to (A) improve developmental, mental health and behavioral health outcomes for children; (B) improve transparency and accountability with respect to state-funded services for children and youth with an emphasis on goals identified by the committee for community-based programs and facility-based interventions; and (C) promote the efficient sharing of information by state and state-funded agencies to ensure the regular collection and reporting of data regarding children and families' access to, utilization of and benefit from services necessary to promote public health and mental and behavioral health outcomes for children and youth and their families.

(2) The gaps in services identified by the committee with respect to children and families involved in the mental health system, and recommendations to address such gaps in services;

(3) Strengths and barriers identified by the committee that support or impede the mental health needs of children and youth with specific recommendations for reforms;

(4) An examination of the way state agencies can work collaboratively

through school-based efforts and other processes to improve mental health and developmental outcomes for children;

(5) An examination of disproportionate access and outcomes across the mental health care system for children of color;

(6) An examination of disproportionate access and outcomes across the mental health care system for children with developmental disabilities;

(7) A plan to ensure a quality assurance framework for facilities and programs that are part of the mental health care system and are operated privately or by the state that includes data regarding efficacy and outcomes; and

(8) A governance structure for the children's mental health system that will best facilitate the public policy and healthcare goals of the state to ensure that all children and families can access high-quality mental health care.

(h) The committee shall complete its duties under this section after requesting consultation with one or more organizations that focus on the quality of services for children or research related to the well-being of children, including, but not limited to, The Child Health and Development Institute or Connecticut Voices for Children. The committee may accept administrative support and technical and research assistance from any such organization. The committee shall work in collaboration with any results-first initiative implemented pursuant to any section of the general statutes or any public or special act.

(i) The committee shall be given access to data collected by the state on matters related to children's behavioral health from the relevant state agencies or directly from contracted administrative service organizations, as applicable.

(j) The committee shall include two or more subcommittees chaired by a member of the committee to inform its recommendations. The subcommittees may focus on: Workforce-related issues, school-based health, prevention, and intermediate or acute care. All subcommittees shall examine gaps, reimbursement rates, parity in the outcomes of services and the efficacy of services.

(k) The committee shall establish a time frame for reviewing and making follow-up reports on the status or progress of the committee's recommendations and activities. Each report submitted by the committee pursuant to this subsection shall include specific recommendations to improve outcomes related to children's mental, emotional or behavioral health and a timeline indicating dates by which specific tasks or outcomes should be achieved.

(l) The committee shall develop a strategic plan that integrates the recommendations identified pursuant to subsection (g) of this section. The plan may include short-term, medium-term and long-term goals. In developing the plan, the committee shall collaborate with any state agency with responsibilities relating to the mental health system.

(m) Not later than August 1, 2023, the committee shall report, in accordance with section 11-4a of the general statutes, such plan together with an account of progress made toward the full implementation of such plan and any recommendations concerning the implementation of identified goals in the plan to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, public health, human services and children, and the Secretary of the Office of Policy and Management.

Sec. 71. Subsection (e) of section 38a-591d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(e) Each health carrier shall provide promptly to a covered person and, if applicable, the covered person's authorized representative a notice of an adverse determination.

(1) Such notice may be provided in writing or by electronic means and shall set forth, in a manner calculated to be understood by the covered person or the covered person's authorized representative:

(A) Information sufficient to identify the benefit request or claim involved, including the date of service, if applicable, the health care professional and the claim amount;

(B) The specific reason or reasons for the adverse determination, including, upon request, a listing of the relevant clinical review criteria, including professional criteria and medical or scientific evidence and a description of the health carrier's standard, if any, that were used in reaching the denial;

(C) Reference to the specific health benefit plan provisions on which the determination is based;

(D) A description of any additional material or information necessary for the covered person to perfect the benefit request or claim, including an explanation of why the material or information is necessary to perfect the request or claim;

(E) A description of the health carrier's internal grievance process that includes (i) the health carrier's expedited review procedures, (ii) any time limits applicable to such process or procedures, (iii) the contact information for the organizational unit designated to coordinate the review on behalf of the health carrier, and (iv) a statement that the covered person or, if applicable, the covered person's authorized representative is entitled, pursuant to the requirements of the health carrier's internal grievance process, to receive from the health carrier, free of charge upon request, reasonable access to and copies of all

documents, records, communications and other information and evidence regarding the covered person's benefit request;

(F) (i) (I) A copy of the specific rule, guideline, protocol or other similar criterion the health carrier relied upon to make the adverse determination, or (II) a statement that a specific rule, guideline, protocol or other similar criterion of the health carrier was relied upon to make the adverse determination and that a copy of such rule, guideline, protocol or other similar criterion will be provided to the covered person free of charge upon request, with instructions for requesting such copy, and (ii) the links to such rule, guideline, protocol or other similar criterion on such health carrier's Internet web site;

(G) If the adverse determination is based on medical necessity or an experimental or investigational treatment or similar exclusion or limit, the written statement of the scientific or clinical rationale for the adverse determination and (i) an explanation of the scientific or clinical rationale used to make the determination that applies the terms of the health benefit plan to the covered person's medical circumstances or (ii) a statement that an explanation will be provided to the covered person free of charge upon request, and instructions for requesting a copy of such explanation;

(H) A statement explaining the right of the covered person to contact the commissioner's office or the Office of the Healthcare Advocate at any time for assistance or, upon completion of the health carrier's internal grievance process, to file a civil action in a court of competent jurisdiction. Such statement shall include the contact information for said offices; and

(I) A statement, expressed in language approved by the Healthcare Advocate and prominently displayed on the first page or cover sheet of the notice using a call-out box and large or bold text, that if the covered person or the covered person's authorized representative chooses to file

a grievance of an adverse determination, (i) such appeals are sometimes successful, (ii) such covered person or covered person's authorized representative may benefit from free assistance from the Office of the Healthcare Advocate, which can assist such covered person or covered person's authorized representative with the filing of a grievance pursuant to 42 USC 300gg-93, as amended from time to time, (iii) such covered person or covered person's authorized representative is entitled and encouraged to submit supporting documentation for the health carrier's consideration during the review of an adverse determination, including narratives from such covered person or covered person's authorized representative and letters and treatment notes from such covered person's health care professional, and (iv) such covered person or covered person's authorized representative has the right to ask such covered person's health care professional for such letters or treatment notes.

(2) Upon request pursuant to subparagraph (E) of subdivision (1) of this subsection, the health carrier shall provide such copies in accordance with subsection (a) of section 38a-591n.

Sec. 72. Subsection (e) of section 38a-591e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(e) (1) The notice required under subsection (d) of this section shall set forth, in a manner calculated to be understood by the covered person or the covered person's authorized representative:

(A) The titles and qualifying credentials of the clinical peer or peers participating in the review process;

(B) Information sufficient to identify the claim involved with respect to the grievance, including the date of service, if applicable, the health care professional and the claim amount;

(C) A statement of such clinical peer's or peers' understanding of the covered person's grievance;

(D) The clinical peer's or peers' decision in clear terms and the health benefit plan contract basis or scientific or clinical rationale for such decision in sufficient detail for the covered person to respond further to the health carrier's position;

(E) Reference to the evidence or documentation used as the basis for the decision;

(F) For a decision that upholds the adverse determination:

(i) The specific reason or reasons for the final adverse determination, including the denial code and its corresponding meaning, as well as a description of the health carrier's standard, if any, that was used in reaching the denial;

(ii) Reference to the specific health benefit plan provisions on which the decision is based;

(iii) A statement that the covered person may receive from the health carrier, free of charge and upon request, reasonable access to and copies of, all documents, records, communications and other information and evidence not previously provided regarding the adverse determination under review;

(iv) If the final adverse determination is based on a health carrier's internal rule, guideline, protocol or other similar criterion, (I) the specific rule, guideline, protocol or other similar criterion, or (II) a statement that a specific rule, guideline, protocol or other similar criterion of the health carrier was relied upon to make the final adverse determination and that a copy of such rule, guideline, protocol or other similar criterion will be provided to the covered person free of charge upon request and instructions for requesting such copy;

(v) If the final adverse determination is based on medical necessity or an experimental or investigational treatment or similar exclusion or limit, the written statement of the scientific or clinical rationale for the final adverse determination and (I) an explanation of the scientific or clinical rationale used to make the determination that applies the terms of the health benefit plan to the covered person's medical circumstances, or (II) a statement that an explanation will be provided to the covered person free of charge upon request and instructions for requesting a copy of such explanation;

(vi) A statement describing the procedures for obtaining an external review of the final adverse determination;

(G) If applicable, the following statement: "You and your plan may have other voluntary alternative dispute resolution options such as mediation. One way to find out what may be available is to contact your state Insurance Commissioner."; and

(H) A statement, expressed in language approved by the Healthcare Advocate and prominently displayed on the first page or cover sheet of the notice using a call-out box and large or bold text, disclosing the covered person's right to contact the commissioner's office or the Office of the Healthcare Advocate at any time. Such disclosure shall include the contact information for said offices.

(2) Upon request pursuant to subparagraph (F)(iii) of subdivision (1) of this subsection, the health carrier shall provide such copies in accordance with subsection (b) of section 38a-591n.

Sec. 73. Subsection (d) of section 38a-591f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(d) (1) The written decision issued pursuant to subsection (c) of this section shall contain:

(A) The titles and qualifying credentials of the individual or individuals participating in the review process;

(B) A statement of such individual's or individuals' understanding of the covered person's grievance;

(C) The individual's or individuals' decision in clear terms and the health benefit plan contract basis for such decision in sufficient detail for the covered person to respond further to the health carrier's position;

(D) Reference to the documents, communications, information and evidence used as the basis for the decision; and

(E) For a decision that upholds the adverse determination, a statement (i) that the covered person may receive from the health carrier, free of charge and upon request, reasonable access to and copies of, all documents, communications, information and evidence regarding the adverse determination that is the subject of the final adverse determination, and (ii) disclosing the covered person's right to contact the Office of the Healthcare Advocate at any time, and that such covered person may benefit from free assistance from the Office of the Healthcare Advocate, which can assist such covered person with the filing of a grievance pursuant to 42 USC 300gg-93, as amended from time to time. Such disclosure shall <u>be expressed in language approved by the Healthcare Advocate and prominently displayed on the first page or cover sheet of the notice using a call-out box and large or bold text, and shall</u> include the contact information for said office.

(2) Upon request pursuant to subparagraph (E) of subdivision (1) of this subsection, the health carrier shall provide such copies in accordance with subsection (b) of section 38a-591n.

Approved May 23, 2022