



# Agency Legislative Proposal

## 2026 Session

### General Information

<b>Agency</b>	<b>Dept. of Mental Health and Addiction Services</b>
<b>Proposal Name</b>	AAC Recovery Friendly Language and Various Revisions to Mental Health and Addiction Statutes
<b>Legislative Liaison</b>	Chandra Persaud
<b>Division Requesting Proposal</b>	N/A
<b>Drafter</b>	Kelly Sinko Steuber/Chandra Persaud

### Overview

#### **Brief Summary of Proposal**

Section 1 through 110 include a number of updates to the general statutes to promote person centered, recovery-friendly language.

Section 111 proposes adding DMHAS to the list of agencies DESPP coordinates with for the deployment of behavioral health professionals in certain emergency situations.

Section 112 through 115 update language regarding membership of DMHAS' advisory councils to reflect current practice, make conforming changes, and remove outdated references.

Section 116 repeals an outdated statute.

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#### **What problem is this proposal looking to solve?**

Throughout the general statutes, there are several references to outdated terminology for the individuals DMHAS serves, which can lead to stigmatization and perpetuation of negative stereotypes, reducing the person to their behavior and often discouraging them from seeking the support they need. There are also references to defunct organizations that were restructured years ago; unworkable language in advisory

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committee requirements that do not adhere to current practice; and a lack of DMHAS inclusion in one important emergency response statute under DESPP.

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### **How does the proposal solve the problem?**

By using recovery-friendly language, DMHAS strives to create a more inclusive and supportive environment that encourages healing and growth for individuals facing substance use challenges. This proposal includes a number of updates to various statutes to promote person-centered, recovery-friendly language. It also recognizes important changes reflected in the Diagnostic and Statistical Manual of Mental Disorders (DSM) V, which serves as the principal authority in the United States for behavioral health diagnoses, and updates terms like "detoxification" to be replaced with "withdrawal management", "opiate addiction" to "opioid use disorder", and "substance abuse" to "substance use". Recovery-friendly language is a way of speaking that prioritizes respect, compassion, and understanding when discussing substance use and addiction. For example, "substance use" is a neutral term that does not carry judgment, allowing individuals to seek help without fear of shame or labeling. It reflects a spectrum of behaviors, including both occasional use and problematic use, and focuses on the health and well-being of the person. In contrast, "substance abuse" can perpetuate negative stereotypes, reducing the person to their behavior and often discouraging them from seeking the support they need.

The proposal solves the other problems referenced by updating the statutes accordingly.

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Section by section summary: *press tab after last field to add rows*

<b>Section #(s)</b>	<b>Section Summary</b>
<b>1- 110</b>	Corrects outdated terminology across the general statutes relating to substance use.
<b>111</b>	Adds DMHAS as a coordinating entity for DESPP in the case of mass shootings to facilitate connections with behavioral health professionals.
<b>112-115</b>	Updates state-operated facility advisory committee membership and responsibilities to reflect current practice and removes outdated references; makes corresponding changes.
<b>116</b>	Repeals language referring to catchment area councils. In order to maximize resources and improve integration related to mental

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health and substance use program planning, training, advocacy and resource development, DMHAS reorganized the Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs) in 2018. Under the previous structure, CACs provided local input at a grassroots level. That role has since been transitioned into the current RBHAO framework, which continues to incorporate robust local participation and routinely utilizes community opinion.

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<b>Statutory Reference (if any):</b>	<b>Recovery Friendly Language:</b> Sec. 4-67s, Sec. 4-67x, Sec. 10-16b, Sec. 10-19b, Sec. 10-220a, Sec. 14-44k, Sec. 17a-4, Sec. 17a-22g, Sec. 17a-22dd, Sec. 17a-62a, Sec. 17a-101j, Sec. 17a-101n, Sec. 17a-450, Sec. 17a-451, Sec. 17a-453c, Sec. 17a-456, Sec. 17a-457, Sec. 17a-464, Sec. 17a-484c, Sec. 17a-484f, Sec. 17a-485d, Sec. 17a-485i, Sec. 17a-486, Sec. 17a-667, Sec. 17a-667a, Sec. 17a-667a, Sec. 17a-670, Sec. 17a-673a, Sec. 17a-683, Sec. 17a-683, Sec. 17a-684, Sec. 17a-710, Sec. 17a-750, Sec. 17a-838, Sec. 17b-28, Sec. 17b-59d, Sec. 17b-112, Sec. 17b-112d, Sec. 17b-191, Sec. 17b-194, Sec. 17b-195, Sec. 17b-241, Sec. 17b-241a, Sec. 17b-689c, Sec. 17b-694, Sec. 18-69b, Sec. 18-69c, Sec. 18-87k, Sec. 18-100f, Sec. 19a-6d, Sec. 19a-6h, Sec. 19a-7c, Sec. 19a-7e, Sec. 19a-124, Sec. 19a-490, Sec. 19a-490h, Sec. 19a-490q, Sec. 19a-491, Sec. 19a-495, Sec. 19a-495c, Sec. 19a-509e, Sec. 19a-581, Sec. 19a-630, Sec. 19a-638, Sec. 19a-902, Sec. 20-14i, Sec. 20-73e, Sec. 20-74s, Sec. 20-74ss, Sec. 20-94d, Sec. 20-162cc, Sec. 20-185m, Sec. 20-195dd, Sec. 20-195ee, Sec. 20-195tt, Sec. 20-195kkk, Sec. 20-195qqq, Sec. 20-206bb, Sec. 20-206nn, Sec. 20-660, Sec. 21a-252, Sec. 21a-274a, Sec. 21a-279, Sec. 21a-279a, Sec. 21a-322, Sec. 21a-420f, Sec. 31-40v, Sec. 38a-479qq, Sec. 38a-488a, Sec. 38a-488d, Sec. 38a-492p, Sec. 38a-514, Sec. 38a-514d, Sec. 38a-518p, Sec. 21a-252, Sec. 21a-274a, Sec. 21a-279, Sec. 21a-279a, Sec. 21a-322, Sec. 21a-420f, Sec. 31-40v, Sec. 38a-479qq, Sec. 38a-488a, Sec. 38a-488d, Sec. 38a-492p, Sec. 38a-514,
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Sec. 38a-514d, Sec. 38a-518p, Sec. 38a-999, Sec. 46a-11b, Sec. 46a-170, Sec. 46b-38d, Sec. 46b-129a, Sec. 51-81d, Sec. 51-181b, Sec. 53a-65, Sec. 54-36i, Sec. 54-56g, Sec. 54-56i, Sec. 54-56l, Sec. 54-91a, Sec. 54-125a, Sec. 54-142m

**DESPP Mass Shooting Statute**

Sec. 28-5a

**Advisory Committee Changes/Technical Updates**

Sec. 17a-470, Sec. 17-471, Sec. 17a-476; 17a-482

**Repealer:**

Sec. 17a-483

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## **Background**

New Proposal       Resubmission

If resubmission, please provide details below. Please also note any changes made since the last submission:

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**Bill #(s)**      **Reason bill(s) did not move forward**

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**Have there been any changes in federal laws or regulations that make this legislation necessary?**

No

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**Have there been any changes in state laws or regulations that make this legislation necessary?**

No

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**Has this proposal or a similar proposal been implemented in other states?**

No

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**Have certain constituencies called for this proposal?**

No

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## **Interagency Impact**

Check here if this proposal does NOT impact other agencies

Agency	Office of Policy and Management
Contact	Zani Imetovski
Date Contacted	9/23/2025
Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Unresolved
Open Issues	
Agency	Dept. of Education
Contact	Laura Stefon
Date Contacted	9/24/2025
Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Unresolved
Open Issues	
Agency	Dept. of Children and Families
Contact	Mike Carone/Vin Russo
Date Contacted	9/23/2025
Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Unresolved
Open Issues	
Agency	Judicial Branch
Contact	Brittany Kaplan
Date Contacted	9/23/2025
Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Unresolved
Open Issues	
Agency	Dept. of Housing
Contact	Aaron Turner
Date Contacted	9/25/2025
Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Unresolved
Open Issues	
Agency	Office of Early Childhood
Contact	Maggie Adair

Date Contacted	9/24/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues		
Agency	Dept. of Insurance	
Contact	Alex Borkowski & Mary Quinn	
Date Contacted	9/23/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues		
Agency	Commission on Women, Children, Seniors, Equity & Opportunity	
Contact	Rosemary Lopez	
Date Contacted	9/24/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues		
Agency	Dept. of Emergency Services and Public Protection	
Contact	Ashley Zane	
Date Contacted	9/24/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues		
Agency	Workers' Compensation Commission	
Contact	Marie Gallo-Hall	
Date Contacted	9/24/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues		
Agency	Dept. of Labor	
Contact	Billy Taylor/Marisa Morello	
Date Contacted	9/24/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues		
Agency	Dept. of Public Health	
Contact	Adam Skowera/Miriam Miller	

Date Contacted	9/23/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues	Detail Open Issues	
Agency	Dept. of Correction	
Contact	Jon Trister	
Date Contacted	9/24/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues		
Agency	Office of Health Strategy	
Contact	Cindy Dubuque-Gallo/Boyd Jackson	
Date Contacted	9/24/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues		
Agency	Dept. of Aging and Disability Services	
Contact	Jenn Proto	
Date Contacted	9/23/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues		
Agency	Dept. of Social Services	
Contact	Dave Seifel/Matt Festa	
Date Contacted	9/23/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues		
Agency	Dept. of Motor Vehicles	
Contact	Jim Polites	
Date Contacted	9/24/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues		
Agency	Dept. of Consumer Protection	
Contact	CJ Strand/Sara LeMaster	

Date Contacted	9/24/2025	
Status	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Unresolved
Open Issues		

### **Fiscal Impact**

No Fiscal Impact

Budget Option Submitted

Include the section number(s) which have a fiscal impact and the anticipated impact:

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#### **State**

No

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#### **Municipal**

No

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#### **Federal**

No

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### **Other Information**

If there is any additional information we should know, please detail below:

In general, we followed these principles throughout our proposed changes:

- When “substance abuse” was used as an adjective to describe services, treatment, facilities, etc, we changed it to “substance use”.
- When “substance abuse” referred to a diagnosis/disorder, we changed it to “substance use disorder”
- When “substance abuse” referred to the act of actually consuming/taking substances, we took it case by case:
  - For example, when referring to the use of prescription drugs in a way not intended, we said “substance misuse”.
- There were other one-off changes we made throughout as well when it seemed like the language was particularly in need of updating.

DMHAS is also planning a year-long “phase 2” to this approach that will tackle how we reference “mental health” throughout the statutes, as well as “drug dependency” and others, utilizing focus groups and state by state research.

Amid federal uncertainty surrounding mental health and substance use policy, integrating recovery-oriented language into statute is a clear and respectful way for the state to affirm its commitment to dignity, inclusion, and recovery for all residents.

## **Legislative Language**

Insert fully drafted bill below. Please use standard legislative drafting considerations, as published by LCO [here](#).

## **Recovery Friendly Language**

### **Section 1. Section 4-67s of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):**

As used in sections 4-67s to 4-67x, inclusive:

- (1) "Prevention" means policies and programs that promote healthy, safe and productive lives and reduce the likelihood of crime, violence, substance **[abuse]** **use**, illness, academic failure and other socially destructive behaviors.
- (2) "Research-based prevention" means those prevention programs as defined in this section that have been rigorously evaluated and are found to be effective or represent best practices.

### **Section 2. Subsection (b) of section 4-67x of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):**

(b) The ten-year plan shall contain: (1) An identification and analysis of the occurrence of child poverty in the state, (2) an analysis of the long-term effects of child poverty on children, their families and their communities, (3) an analysis of costs of child poverty to municipalities and the state, (4) an inventory of state-wide public and private programs that address child poverty, (5) the percentage of the target population served by such programs and the current state funding levels, if any, for such programs, (6) an identification and analysis of any deficiencies or inefficiencies of such programs, and (7) procedures and priorities for implementing strategies to achieve a fifty per cent reduction in child poverty in the state by June 30, 2014. Such procedures and priorities shall include, but not be limited to, (A) vocational training and placement to promote career progression for parents of children living in poverty, (B) educational opportunities, including higher education opportunities, and advancement for such parents and children, including, but not limited to, preliteracy, literacy and family literacy programs, (C) housing for such parents and children, (D) child care services, as described in section [19a-77](#), after-school programs and mentoring programs for such children and for single parents, (E) health care access for such parents and children, including access to mental health services and family planning, (F) treatment programs and services,

including substance [abuse] use programs and services, for such parents and children, and (G) accessible childhood nutrition programs.

**Section 3. Subsection (a) of section 10-16b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):** (a) In the public schools the program of instruction offered shall include at least the following subject matter, as taught by legally qualified teachers, the arts; career education; consumer education; personal financial management and financial literacy; health and safety, including, but not limited to, human growth and development, nutrition, first aid, including cardiopulmonary resuscitation training in accordance with the provisions of section 10-16qq, disease prevention and cancer awareness, including, but not limited to, age and developmentally appropriate instruction in performing self-examinations for the purposes of screening for breast cancer and testicular cancer, community and consumer health, physical, mental and emotional health, including youth suicide prevention, substance [abuse] use prevention, including instruction relating to opioid use and related disorders, safety, which shall include the safe use of social media, as defined in section 9-601, and may include the dangers of gang membership, and accident prevention; language arts, including reading, writing, grammar, speaking and spelling; mathematics; physical education; science, which may include the climate change curriculum described in subsection (d) of this section; social studies, including, but not limited to, civics and media literacy, citizenship, economics, geography, government, history and Holocaust and genocide education and awareness in accordance with the provisions of section 10-18f; African-American and black studies in accordance with the provisions of section 10-16ss; Puerto Rican and Latino studies in accordance with the provisions of section 10-16ss; Native American studies, in accordance with the provisions of section 10-16vv; Asian American and Pacific Islander studies, in accordance with the provisions of section 10-66ww; computer programming instruction; and in addition, on at least the secondary level, one or more world languages; vocational education; and the black and Latino studies course in accordance with the provisions of sections 10-16tt and 10-16uu. For purposes of this subsection, world languages shall include American Sign Language, provided such subject matter is taught by a qualified instructor under the supervision of a teacher who holds a certificate issued by the State Board of Education. For purposes of this subsection, the "arts" means any form of visual or performing arts, which may include, but not be limited to, dance, music, art and theatre; and "reading" means evidence-based instruction that focuses on competency in oral language, phonemic awareness, phonics, fluency, vocabulary, rapid automatic name or letter name fluency and reading comprehension.

**Section 4. Section 10-19b of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** Advisory councils on [drug abuse] substance use education and prevention established by municipalities pursuant to subsection (a) of Section 4126 of the Drug Free Schools and Communities Act of 1986 may serve as a resource for public schools in the field of substance [abuse] use prevention and education and may assist in the development of out-of-school activity for students.

**Section 5. Subsection (a) of section 10-220a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) Each local or regional board of education shall provide an in-service training program for its teachers, administrators and pupil personnel who hold the initial educator, provisional educator or professional educator certificate. Such program shall provide such teachers, administrators and pupil personnel with information on (1) the nature and the relationship of alcohol and drugs, as defined in section 21a-240, to health and personality development, and procedures for discouraging their abuse, (2) health and mental health risk reduction education that includes, but need not be limited to, the prevention of risk-taking behavior by children and the relationship of such behavior to substance [abuse] use, pregnancy, sexually transmitted diseases, including HIV-infection and AIDS, as defined in section 19a-581, violence, teen dating violence, domestic violence and child abuse, (3) school violence prevention, conflict resolution and the prevention of and response to youth suicide, provided such school violence prevention training shall be in a manner prescribed in a school security and safety plan, in accordance with the provisions of section 10-222n, (4) cardiopulmonary resuscitation and other emergency life saving procedures, (5) the requirements and obligations of a mandated reporter, (6) the detection and recognition of, and evidence-based structured literacy interventions for, students with dyslexia, as defined in section 10-3d, (7) the laws governing the implementation of planning and placement team meetings and concerning plans pursuant to Section 504 of the Rehabilitation Act of 1973, as amended from time to time, (8) an annual update of the new state and federal policies concerning special education, recommendations and best practices, and (9) emergency response to students who experience a seizure in a school, including, but not limited to, the recognition of the signs and symptoms of seizures, the appropriate steps for seizure first aid, information about seizure action plans for students and, for those authorized to administer medication under section 10-212a, the administration of seizure rescue medication or prescribed electrical stimulation using a Vagus Nerve Stimulator magnet. The manner and frequency of the provision of the information described in subdivisions (1) to (9), inclusive, of this subsection shall be determined by the professional development and evaluation committee, established pursuant to subsection (b) of this section, provided such

information is provided at least once every five years. Each local or regional board of education may allow any paraeducator or noncertified employee to participate, on a voluntary basis, in any in-service training program provided pursuant to this section.

**Section 6. Subsection (h) of section 14-44k of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(h) A person is disqualified for life if such person commits two or more of the offenses specified in subsection (b) of this section, or if such person is the subject of two or more findings by the commissioner under subsection (c) of this section, or any combination of those offenses or findings, arising from two or more separate incidents. A person is disqualified for life if the commissioner takes suspension actions against such person for two or more alcohol test refusals or test failures, or any combination of such actions, arising from two or more separate incidents. Any person disqualified for life, except a person disqualified under subsection (g) of this section, who has both voluntarily enrolled in and successfully completed an appropriate rehabilitation program, as determined by the commissioner, may apply for reinstatement of such person's commercial driver's license or commercial learner's permit, provided any such applicant shall not be eligible for reinstatement until such time as such person has served a minimum disqualification period of ten years. An application for reinstatement shall be accompanied by documentation satisfactory to the commissioner that such person has both voluntarily enrolled in and successfully completed a program established and operated by the Department of Mental Health and Addiction Services pursuant to chapter 319j, a program operated through a substance [abuse] use treatment facility licensed in accordance with section 19a-491 or the equivalent of either program offered in another state. The commissioner shall not reinstate a commercial driver's license or commercial learner's permit that was disqualified for life unless an applicant for reinstatement requests an administrative hearing in accordance with chapter 54, and offers evidence that the reinstatement of such applicant's commercial driver's license or commercial learner's permit does not endanger the public safety or welfare. Such evidence shall include, but not be limited to, proof that such applicant has not been convicted of any offense involving alcohol, a controlled substance or a drug during a period of ten years following the date of such applicant's most recent lifetime disqualification. If a person whose commercial driver's license or commercial learner's permit is reinstated under this subsection is subsequently convicted of another disqualifying offense, such person shall be permanently disqualified for life and shall be ineligible to reapply for a reduction of the lifetime disqualification. The following shall remain on the driving history record of a commercial motor vehicle operator or commercial driver's license or commercial

learner's permit holder for a period of fifty-five years, as required by 49 CFR Part 384, as amended from time to time: (1) Any offense specified in subsection (b) or (c) of this section, provided such offense occurred on or after December 29, 2006; (2) each of two or more offenses specified in subsection (b) or (c) of this section that occur within ten years of each other and result in a lifetime disqualification, regardless of when such offenses occur; (3) any conviction under subsection (g) of this section for using a motor vehicle in the commission of a felony involving the manufacture, distribution or dispensing of a controlled substance, committed on or after January 1, 2005.

**Section 7. Subsection (a) of section 17a-4 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) There shall be a State Advisory Council on Children and Families which shall consist of the following members: (1) Nineteen members appointed by the Governor, including two persons who are child care professionals, two persons eighteen to twenty-five years of age, inclusive, served by the Department of Children and Families, one child psychiatrist licensed to practice medicine in this state, one health care professional who has expertise in children's health and is licensed in the state, one attorney who has expertise in legal issues related to children and youth, three members of one or more Youth Advisory Boards, as defined in section 17a-10c, one member of an organization that advocates for the protection and advancement of the legal rights of children, one member of an organization that advocates for policies to promote child welfare and seven persons who shall be representative of young persons, parents and others interested in the delivery of services to children and youths, including child protection, behavioral health and prevention services, at least four of whom shall be parents, foster parents or family members of children who have received, or are receiving, behavioral health services or child welfare services; and (2) six members representing the regional advisory councils established pursuant to section 17a-30, appointed one each by the members of each council. Not more than half the members of the council shall be persons who receive income from a private practice or any public or private agency that delivers mental health, substance [abuse] use, child abuse prevention and treatment or child welfare services. Members of the council shall serve without compensation, except for necessary expenses incurred in the performance of their duties. The Department of Children and Families shall provide the council with funding to facilitate the participation of those members representing families and youth, as well as for other administrative support services. Members shall serve on the council for terms of two years each and no member shall serve for more than three consecutive terms. The commissioner shall be an ex-officio member of the council without vote and shall attend its meetings. Any member who fails to attend three consecutive meetings or fifty per cent of all meetings during any

calendar year shall be deemed to have resigned. The council shall elect a chairperson and vice-chairperson to act in the chairperson's absence.

**Section 8. Subsection (a) of section 17a-22g of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) The Judicial Branch and each state agency, community-based program, organization or individual that provides behavioral health or substance [abuse] use prevention and treatment programs that are operated, funded or licensed by the Department of Children and Families pursuant to sections 17a-20, 17a-114, 17a-145, 17a-147, 17a-149, 17a-151 and 17a-152 shall provide case specific information to the department for purposes directly connected with the administration of Connecticut Community KidCare in such form and manner as the department requests. The provisions of this section shall be subject to the confidentiality requirements as set forth in applicable federal law.

**Section 9. Subsection (a) of section 17a-22dd of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) Not later than December 1, 2014, the Office of Early Childhood, through the Early Childhood Education Cabinet, shall provide recommendations for implementing the coordination of home visitation programs within the early childhood system that offer a continuum of services to vulnerable families with young children, including prevention, early intervention and intensive intervention, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, human services, education and children. Vulnerable families with young children may include, but are not limited to, those facing poverty, trauma, violence, special health care needs, mental, emotional or behavioral health care needs, substance [abuse] use challenges and teen parenthood. The recommendations shall address, at a minimum:

- (1) A common referral process for families requesting home visitation programs;
- (2) A core set of competencies and required training for all home visitation program staff;
- (3) A core set of standards and outcomes for all programs, including requirements for a monitoring framework;
- (4) Coordinated training for home visitation and early care providers, to the extent that training is currently provided, on cultural competency, mental health awareness and issues such as child trauma, poverty, literacy and language acquisition;
- (5) Development of common outcomes;

- (6) Shared reporting of outcomes, including information on any existing gaps in services, disaggregated by agency and program, which shall be reported annually, pursuant to section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations, human services and children;
- (7) Home-based treatment options for parents of young children who are suffering from severe depression; and
- (8) Intensive intervention services for children experiencing mental, emotional or behavioral health issues, including, but not limited to, relationship-focused intervention services for young children.

**Section 10. Subsection (b) of section 17a-62a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

- (b) The Department of Housing, in collaboration with the Department of Children and Families, within available appropriations, shall establish a program that provides one or more of the following services for homeless youth: Public outreach, respite housing, and transitional living services for homeless youth and youth at risk of homelessness. The Department of Housing may enter into a contract with nonprofit organizations or municipalities to implement this section. Such program may have the following components:
  - (1) A public outreach and drop-in component that provides youth drop-in centers with walk-in access to crisis intervention and ongoing supportive services, including one-to-one case management services on a self-referral basis and public outreach that locates, contacts and provides information, referrals and services to homeless youth and youth at risk of homelessness. Such component may include, but need not be limited to, information, referrals and services for (A) family reunification services, conflict resolution or mediation counseling; (B) respite housing, case management aimed at obtaining food, clothing, medical care or mental health counseling, counseling regarding violence, prostitution, substance [abuse] use, sexually transmitted diseases, HIV and pregnancy, and referrals to agencies that provide support services to homeless youth and youth at risk of homelessness; (C) education, employment and independent living skills; (D) aftercare services; and (E) specialized services for highly vulnerable homeless youth, including teen parents, sexually exploited youth and youth with mental illness or developmental disabilities;
  - (2) A respite housing component that provides homeless youth with referrals and walk-in access to respite care on an emergency basis that includes voluntary housing, with

private shower facilities, beds and at least one meal each day, and assistance with reunification with family or a legal guardian when required or appropriate. Services provided at respite housing may include, but need not be limited to, (A) family reunification services or referral to safe housing; (B) individual, family and group counseling; (C) assistance in obtaining clothing; (D) access to medical and dental care and mental health counseling; (E) education and employment services; (F) recreational activities; (G) case management, advocacy and referral services; (H) independent living skills training; and (I) aftercare services and transportation; and

(3) A transitional living component that (A) assists homeless youth in finding and maintaining safe housing, and (B) includes rental assistance and related supportive services. Such component may include, but need not be limited to, (i) educational assessment and referral to educational programs; (ii) career planning, employment, job skills training and independent living skills training; (iii) job placement; (iv) budgeting and money management; (v) assistance in securing housing appropriate to needs and income; (vi) counseling regarding violence, prostitution, substance [abuse] use, sexually transmitted diseases and pregnancy, referral for medical services or chemical dependency treatment; and (vii) parenting skills, self-sufficiency support services or life skills training and aftercare services.

**Section 11. Subsection (e) of section 17a-101j of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (e) If, after the investigation is completed, the commissioner determines that a parent or guardian inflicting abuse or neglecting a child is in need of treatment for substance [abuse] use, the commissioner shall refer such person to appropriate treatment services.

**Section 12. Section 17a-101n of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Department of Children and Families shall collect and analyze data to determine the percentage of the department's cases of child abuse and neglect that involve a parent or guardian with a substance [abuse problem] use disorder and utilize such data to develop strategies to reduce the number of such cases in the future.

**Section 13. Subsection (b) of section 17a-450 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(b) For the purposes of chapter 48, the Department of Mental Health and Addiction Services shall be organized to promote comprehensive, client-based services in the areas of mental health treatment and substance [abuse] use treatment and to ensure the programmatic integrity and clinical identity of services in each area. The department

shall perform the functions of: Centralized administration, planning and program development; prevention and treatment programs and facilities, both inpatient and outpatient, for persons with psychiatric disabilities or persons with substance use disorders, or both; community mental health centers and community or regional programs and facilities providing services for persons with psychiatric disabilities or persons with substance use disorders, or both; training and education; and research and evaluation of programs and facilities providing services for persons with psychiatric disabilities or persons with substance use disorders, or both. The department shall include, but not be limited to, the following divisions and facilities or their successor facilities: The office of the Commissioner of Mental Health and Addiction Services; Capitol Region Mental Health Center; Connecticut Valley Hospital, including the Addictions Division and the General Psychiatric Division of Connecticut Valley Hospital; the Whiting Forensic Hospital; the Connecticut Mental Health Center; Ribicoff Research Center; the Southwest Connecticut Mental Health System, including the Franklin S. DuBois Center and the Greater Bridgeport Community Mental Health Center; the Southeastern Mental Health Authority; River Valley Services; the Western Connecticut Mental Health Network; and any other state-operated facility for the treatment of persons with psychiatric disabilities or persons with substance use disorders, or both, but shall not include those portions of such facilities transferred to the Department of Children and Families for the purpose of consolidation of children's services. All department divisions and facilities shall provide their patient records to the electronic health record system established pursuant to subdivision (7) of subsection (c) of this section. Disclosures of patient information from the electronic health record system outside of the department shall be in accordance with applicable federal and state law.

**Section 14. Subsection (d) of section 17a-450 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(d) The Department of Mental Health and Addiction Services is designated as the lead state agency for substance [abuse] use prevention and treatment in this state, and as such is designated as the state [methadone] opioid treatment authority. As the designated state [methadone] opioid treatment authority, the department is authorized by the federal Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration within the United States Department of Health and Human Services to exercise responsibility and authority for the treatment of [opiate addiction] opioid use disorder with an opioid medication, and specifically for: (1) Approval of exceptions to federal opioid treatment protocols in accordance with the Center for Substance Abuse Treatment, (2) monitoring all opioid treatment programs in the state,

and (3) approval of Center for Substance Abuse Treatment certification of all opioid treatment programs in the state. The Commissioner of Mental Health and Addiction Services may adopt regulations in accordance with chapter 54 to carry out the provisions of this subsection.

**Section 15. Subsection (a) of section 17a-451 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) The Commissioner of Mental Health and Addiction Services shall be a qualified person with a master's degree or higher in a health-related field and at least ten years' experience in hospital, health, mental health or substance [abuse] use administration.

**Section 16. Section 17a-453c of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** There shall be an interagency collaboration, to be known as "Project Safe", between the Department of Mental Health and Addiction Services and the Department of Children and Families, for the evaluation of and service delivery to families identified by the Department of Children and Families as requiring substance [abuse] use and other behavioral health services. Such collaboration shall include, but not be limited to, evaluations, service needs, service delivery, housing, medical coverage, vocation and employment support and other related recovery support services. The Commissioner of Mental Health and Addiction Services and the Commissioner of Children and Families shall enter into a written memorandum of understanding to carry out the interagency collaboration required under this section. The Department of Social Services and the Labor Department may participate in such collaboration as necessary on a case-by-case basis.

**Section 17. Subsection (a) section 17a-456 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(a) On and before October 1, 2022, there shall be a Board of Mental Health and Addiction Services that shall consist of: (1) Nineteen members appointed by the Governor, subject to the provisions of section 4-9a, five of whom shall have had experience in the field of substance use disorders, five of whom shall be from the mental health community, three of whom shall be physicians licensed to practice medicine in this state who have had experience in the field of psychiatry, two of whom shall be psychologists licensed to practice in this state, two of whom shall be persons representing families of individuals with behavioral health disorders, and two of whom shall be persons representing families of individuals recovering from substance use disorders; (2) the chairmen of the regional mental health boards; (3) one designee of each such board; (4) two designees from each of the five subregions represented by the substance abuse subregional planning and

action councils; (5) one designee from each mental health region established pursuant to section 17a-478, each of whom shall represent individuals with psychiatric disabilities, selected by such regional mental health boards in collaboration with advocacy groups; and (6) one designee from each of the five subregions represented by such substance abuse subregional planning and action councils, each of whom shall represent individuals recovering from substance use disorders, selected by such substance [abuse] use subregional planning and action councils in collaboration with advocacy groups. The members of the board shall serve without compensation except for necessary expenses incurred in performing their duties. The members of the board may include representatives of nongovernment organizations or groups, and of state agencies, concerned with planning, operation or utilization of facilities providing mental health and substance use disorder services, including consumers and providers of such services who are familiar with the need for such services, except that no more than half of the members of the board shall be providers of such services. Appointed members shall serve on the board for terms of four years each and members who are designees shall serve on the board at the pleasure of the designating authority. No appointed member of the board shall be employed by the state or be a member of the staff of any institution for which such member's compensation is paid wholly by the state. A majority of the board shall constitute a quorum.

**Section 18. Subsections (f) and (g) of section 17a-457 of the general statutes are repealed and the following is substituted in lieu thereof (Effective from passage):**

(f) The board shall advise and assist the Commissioner of Mental Health and Addiction Services on program development and community mental health or substance [abuse] use center construction planning.

(g) The board is designated and shall serve as the state advisory council to consult with the Department of Mental Health and Addiction Services in administering the state's mental health and substance [abuse] use programs.

**Section 19. Section 17a-464 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Ribicoff Research Center is established and shall be operated by the Department of Mental Health and Addiction Services as a facility with state-wide responsibility for research in mental health or substance [abuse] use, or both, to include, but not be limited to, the following areas: Neurochemistry, neurophysiology, clinical behavior and clinical evaluation.

**Section 20. Section 17a-484c of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** Any licensed residential treatment

facility that provides adult mental health or substance [abuse] use treatment services, or both, and receives state funds for the provision of such services shall prepare a discharge plan, including housing referrals, for each client receiving such services prior to such client's release from such residential treatment facility. The Commissioner of Mental Health and Addiction Services may adopt regulations, in accordance with chapter 54, to carry out the provisions of this section.

**Section 21. Subsection (b) of 17a-484f of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (b) The duties of each regional behavioral health action organization, within its mental health region, shall include, but need not be limited to: (1) Assessing the behavioral health needs of children, adolescents and adults across the region and engaging with stakeholders to identify needs, problems, barriers and gaps in the behavioral health service continuum, (2) enhancing the capacity of local communities to understand and address problem gambling, (3) raising awareness and advocating for the general public for mental health promotion and substance [abuse] use prevention, treatment and recovery, (4) receiving and expanding federal, state and local funds and leveraging funds to support behavioral health promotion, prevention, treatment and recovery activities, (5) serving on local, regional and state advisory and planning bodies, (6) within available appropriations, providing training in the administration of an opioid antagonist, as defined in section 17a-714a, and distributing supplies of opioid antagonists to communities, (7) reporting community needs, program review findings and conclusions annually to the relevant local, regional and state stakeholders with recommendations for the establishment, modification or expansion of behavioral health services within the mental health region, and (8) serving as the regional partner responsible for coordinating and aligning federal, state, regional and local behavioral health initiatives.

**Section 22. Section 17a-485d of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(a) The Department of Mental Health and Addiction Services, in consultation with the Department of Social Services, shall conduct a study concerning the implementation of adult rehabilitation services under Medicaid. Not later than February 1, 2002, the departments shall jointly submit a report of their findings and recommendations to the Governor and to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and appropriations and the budgets of state agencies, in accordance with the provisions of section 11-4a. The report shall include, but not be limited to, an implementation plan, a cost benefit analysis and a description of the plan's impact on existing services.

(b) The Department of Mental Health and Addiction Services and the Department of Social Services shall conduct a study concerning the advisability of entering into an interagency agreement pursuant to which the Department of Mental Health and Addiction Services would provide clinical management of mental health services, including, but not limited to, review and authorization of services, implementation of quality assurance and improvement initiatives and provision of case management services, for aged, blind or disabled adults enrolled in the Medicaid program to the extent permitted under federal law. Not later than February 1, 2002, the departments shall jointly submit a report of their findings and recommendations to the Governor and to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and appropriations and the budgets of state agencies, in accordance with the provisions of section 11-4a.

(c) The Commissioner of Social Services shall take such action as may be necessary to amend the Medicaid state plan to provide for coverage of optional adult rehabilitation services supplied by providers of mental health services or substance [abuse] use rehabilitation services for adults with serious and persistent mental illness or who have alcoholism or other substance use disorders, that are certified by the Department of Mental Health and Addiction Services. The Commissioner of Social Services shall adopt regulations, in accordance with the provisions of chapter 54, to implement optional rehabilitation services under the Medicaid program. The commissioner shall implement policies and procedures to administer such services while in the process of adopting such policies or procedures in regulation form, provided notice of intention to adopt the regulations is printed in the Connecticut Law Journal within forty-five days of implementation, and any such policies or procedures shall be valid until the time final regulations are effective.

(d) Not later than February 1, 2006, the Commissioner of Mental Health and Addiction Services, in consultation with the Commissioners of Children and Families and Social Services shall 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 public health, human services and appropriations and the budgets of state agencies, on any moneys received by the state as federal Medicaid reimbursement for providing coverage of optional rehabilitation services for children and adults.

(e) The Commissioner of Mental Health and Addiction Services shall have the authority to certify providers of mental health or substance [abuse] use rehabilitation services for adults with serious and persistent mental illness or who have alcoholism or other substance use disorders for the purpose of coverage of optional rehabilitation services.

The Commissioner of Mental Health and Addiction Services shall adopt regulations, in accordance with the provisions of chapter 54, for purposes of certification of such providers. The commissioner shall implement policies and procedures for purposes of such certification while in the process of adopting such policies or procedures in regulation form, provided notice of intention to adopt the regulations is printed in the Connecticut Law Journal no later than twenty days after implementation and any such policies and procedures shall be valid until the time the regulations are effective.

**Section 23. Subsection (a) of section 17a-485i of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) The Commissioner of Mental Health and Addiction Services shall, within available appropriations, operate a behavioral health recovery program to provide clinical substance [abuse] use treatment, psychiatric treatment and nonclinical recovery support services, which are not covered under the Medicaid program, for individuals with substance use disorders or psychiatric disabilities who are eligible for Medicaid pursuant to Sections 1902(a)(10)(A)(i)(VIII) and 1902(k)(2) of the Social Security Act. Services provided under the program may include, but shall not be limited to, residential substance [abuse] use treatment, recovery support services, peer supports, housing assistance, transportation, food, clothing and personal care items. The Department of Mental Health and Addiction Services shall be responsible for all services and payments related to the provision of the behavioral health recovery support services for eligible recipients.

**Section 24. Subsections (b) and (c) of section 17a-667 of the general statutes are repealed and the following is substituted in lieu thereof (Effective from passage):**

(b) The council shall consist of the following members: (1) The Secretary of the Office of Policy and Management, or the secretary's designee; (2) the Commissioners of Children and Families, Consumer Protection, Correction, Education, Mental Health and Addiction Services, Public Health, Emergency Services and Public Protection, Aging and Disability Services and Social Services, and the Insurance Commissioner, or their designees; (3) the Chief Court Administrator, or the Chief Court Administrator's designee; (4) the chairperson of the Board of Regents for Higher Education, or the chairperson's designee; (5) the president of The University of Connecticut, or the president's designee; (6) the Chief State's Attorney, or the Chief State's Attorney's designee; (7) the Chief Public Defender, or the Chief Public Defender's designee; (8) the Child Advocate, or the Child Advocate's designee; and (9) the cochairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, criminal justice and appropriations, or their designees. The Commissioner of

Mental Health and Addiction Services and the Commissioner of Children and Families shall be cochairpersons of the council and may jointly appoint up to seven individuals to the council as follows: (A) Two individuals in recovery from a substance use disorder or representing an advocacy group for individuals with a substance use disorder; (B) a provider of community-based substance [abuse] use services for adults; (C) a provider of community-based substance [abuse] use services for adolescents; (D) an addiction medicine physician; (E) a family member of an individual in recovery from a substance use disorder; and (F) an emergency medicine physician currently practicing in a Connecticut hospital. The cochairpersons of the council may establish subcommittees and working groups and may appoint individuals other than members of the council to serve as members of the subcommittees or working groups. Such individuals may include, but need not be limited to: (i) Licensed alcohol and drug counselors; (ii) pharmacists; (iii) municipal police chiefs; (iv) emergency medical services personnel; and (v) representatives of organizations that provide education, prevention, intervention, referrals, rehabilitation or support services to individuals with substance use disorder or chemical dependency.

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

**Section 25. Subparagraph (B) of subdivision (1) of subsection (b) of section 17a-667a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(B) Establishing a publicly accessible electronic information portal, in the form of an Internet web site or application, as a single point of entry for information regarding the availability of (i) beds at a facility in the state for persons in need of medical treatment for (I) [detoxification] withdrawal management for potentially life-threatening symptoms of withdrawal from alcohol or drugs, and (II) rehabilitation or treatment for alcohol dependency, drug dependency or intoxication, and (ii) slots for outpatient treatment using opioid medication that is used to treat opioid use disorder, including methadone and buprenorphine. Such examination shall include the ability of the portal to (I) provide real-time data on the availability of beds and slots, including, but not limited to, the types of beds and slots available, the location of such beds and slots and the wait times, if available, for such beds and slots, and (II) be accessible to the public.

**Section 26. Subsection (e) of section 17a-667a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(e) The Connecticut Alcohol and Drug Policy Council shall convene a working group to study substance [abuse] use treatment referral programs that have been established by municipal police departments to refer persons with an opioid use disorder or seeking recovery from drug addiction to substance [abuse] use treatment facilities. The working group shall (1) examine such referral programs, (2) identify any barriers faced by such referral programs, and (3) determine the feasibility of implementing such programs on a state-wide basis. Not later than February 1, 2018, the council shall 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 public health and public safety and security regarding the findings of the working group.

**Section 27. Section 17a-670 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

- (a) The Department of Mental Health and Addiction Services shall designate substance [abuse] use planning regions within the state. Such regions and the boundaries of such regions may be redesignated by said department as it deems necessary.
- (b) The department shall designate subregions within each region established pursuant to subsection (a) of this section. The boundaries of such subregions may be redesignated by said department as it deems necessary. Each subregion shall be located entirely within the boundaries of a substance [abuse] use planning region.

**Section 28. Subsection (b) of section 17a-673a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

- (b) A treatment program that provides treatment or [detoxification] withdrawal management services to any person with an opioid use disorder shall (1) educate such person regarding opioid antagonists and the administration thereof at the time such person is admitted to or first receives services from such program, (2) offer education regarding opioid antagonists and the administration thereof to the relatives and significant other of such person if the relatives and significant other have been identified by such person, and (3) if there is a prescribing practitioner affiliated with such program who determines that such person would benefit from access to an opioid antagonist, issue a prescription for or deliver to such person at least one dose of an opioid antagonist

at the time such person is admitted to or first receives treatment services from such program.

**Section 29. Subsection (b) of section 17a-683 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (b) Any police officer finding a person who appears to be incapacitated by alcohol shall take him into protective custody and have him brought forthwith to a treatment facility which provides medical triage in accordance with regulations adopted pursuant to section 19a-495 or to a hospital. The police, in detaining the person and in having him brought forthwith to such a treatment facility or a hospital, shall be taking him into protective custody and shall make every reasonable effort to protect his health and safety. In taking the person into protective custody, the detaining officer may take reasonable steps to protect himself. A taking into protective custody under this section is not an arrest. No entry or other record shall be made to indicate that the person has been arrested or charged with a crime. For purposes of this section "medical triage" means a service which provides immediate assessment of symptoms of substance [abuse] use disorder, the immediate care and treatment of these symptoms as necessary, a determination of need for treatment, and assistance in attaining appropriate continued treatment.

**Section 30. Subsection (d) of section 17a-683 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(d) If the medical officer determines that the person requires inpatient treatment, the person shall be (1) admitted to, referred to or detained at a treatment facility that provides medical treatment for [detoxification] withdrawal management or a hospital, or (2) committed to a treatment facility operated by the Department of Mental Health and Addiction Services for emergency treatment pursuant to the provisions of section 17a-684. A person treated under subdivision (1) of this subsection shall be admitted as a voluntary patient, or, if necessary, detained for necessary treatment. If such person is referred to another treatment facility or another hospital, the referring facility or hospital shall arrange for his transportation.

**Section 31. Subsection (a) of section 17a-684 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) A person who is intoxicated at the time of application for commitment pursuant to subsection (b) of this section and who (1) is dangerous to himself or dangerous to others unless committed, (2) needs medical treatment for [detoxification] withdrawal management for potentially life-threatening symptoms of withdrawal from alcohol or drugs or (3) is incapacitated by alcohol, may be committed for emergency treatment to a treatment facility operated by

the Department of Mental Health and Addiction Services or a private treatment facility approved by the department to provide emergency treatment. The requirement that a person be intoxicated at the time of application may be waived if a licensed physician determines that the person is in immediate need of medical treatment for **[detoxification]** **withdrawal management** for potentially life-threatening withdrawal symptoms. A refusal to undergo treatment shall not constitute evidence of lack of judgment as to the need for treatment.

**Section 32. Subsection (a) of section 17a-710 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) It shall be the policy of the Department of Mental Health and Addiction Services to develop and implement treatment programs for pregnant women of any age with substance use disorders and their children. The department shall seek private and public funds for such programs. Each program shall, to the extent possible and within available appropriations, offer comprehensive services, including (1) education and prevention programs in high schools and family planning clinics; (2) outreach services to identify pregnant women with substance use disorders early and enroll them in prenatal care and substance **[abuse]** **use** treatment programs; (3) case management services; (4) hospital care with substance **[abuse]** **use** treatment available in coordination with obstetric services; (5) pediatric care, including therapeutic care for neurologically, behaviorally or developmentally impaired infants; (6) child care for other siblings; (7) classes on parenting skills; (8) home visitation for those who need additional support or who are reluctant to enter a treatment program; (9) access to WIC and other entitlement programs; (10) vocational training for mothers seeking entry to the job market; and (11) a housing component. To the extent possible all services shall be coordinated to be delivered from a centralized location, utilizing medical vans where available and providing transportation assistance when needed.

**Section 33. Section 17a-750 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** As used in sections 17a-750 to 17a-753, inclusive:

- (1) "Northeastern region" means the towns of Brooklyn, Canterbury, Eastford, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson and Woodstock;
- (2) "Human services" means services provided to persons or families experiencing difficulty in meeting their basic human needs for (A) physical survival, including their need for food, shelter, clothing and maintenance of minimum income, (B) preparing for and sustaining employment, (C) job readiness, including employment and training

programs and child care programs, (D) social support and interaction, especially in time of personal or family crisis, (E) assistance in addressing specific pathologies, such as health, mental health and substance [abuse] use, and (F) access to available appropriate services, such as education, transportation, information and referral services and includes remedial and preventative services targeted to low and moderate income individuals and families, by age group or by specific need;

(3) "Negotiated investment strategy" means a mediated negotiation process to solve problems, resolve conflicts, develop plans for joint action and to implement those plans by involving all affected interests and which requires (A) an implementation plan to establish coherent, coordinated strategies to guide and target the investment of time and resources by all public and private interests, and (B) a written agreement that sets forth each party's roles and commitments and provides for subsequent monitoring to assure the commitments are carried out; and

(4) "State agency" means each state board, authority, commissioner, department, office, institution, council or other agency of the state, including, but not limited to, each constituent unit and each public institution of higher education.

**Section 34. Subdivision (7) of subsection (a) of section 17a-838 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(7) "Medical setting" means gatherings or gathering places where physical health, mental health, or both are addressed, including, but not limited to, hospitals, clinics, assisted living and rehabilitation facilities, mental health treatment sessions, psychological evaluations, and substance [abuse] use treatment sessions, crisis intervention and appointments or other treatment requiring the presence of a doctor, nurse, medical staff or other health care professional; and

**Section 35. Subdivision (4) of subsection (c) of section 17b-28 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(4) Three appointed by the majority leader of the House of Representatives, one of whom shall be an advocate for persons with substance [abuse disabilities] use disorders, one of whom shall be a Medicaid dental provider and one of whom shall be a representative of the for-profit nursing home industry;

**Section 36. Subdivision (2) of subsection (d) of section 17b-59d of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(2) Such request for proposals may require an eligible organization responding to the request to: (A) Have not less than three years of experience operating either a state-wide health information exchange in any state or a regional exchange serving a population of not less than one million that (i) enables the exchange of patient health information among health care providers, patients and other authorized users without regard to location, source of payment or technology, (ii) includes, with proper consent, behavioral health and substance [abuse] use treatment information, (iii) supports transitions of care and care coordination through real-time health care provider alerts and access to clinical information, (iv) allows health information to follow each patient, (v) allows patients to access and manage their health data, and (vi) has demonstrated success in reducing costs associated with preventable readmissions, duplicative testing or medical errors; (B) be committed to, and demonstrate, a high level of transparency in its governance, decision-making and operations; (C) be capable of providing consulting to ensure effective governance; (D) be regulated or administratively overseen by a state government agency; and (E) have sufficient staff and appropriate expertise and experience to carry out the administrative, operational and financial responsibilities of the State-wide Health Information Exchange.

**Section 37. Subsection (c) of section 17b-112 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(c) A family who is subject to time-limited benefits may petition the Commissioner of Social Services for six-month extensions of such benefits. The commissioner shall grant not more than two extensions to such family who has made a good faith effort to comply with the requirements of the program and despite such effort has a total family income below one hundred per cent of the federal poverty level, or has encountered circumstances preventing employment including, but not limited to: (1) Domestic violence or physical harm to such family's children; or (2) other circumstances beyond such family's control. The commissioner shall disregard ninety dollars of earned income in determining applicable family income. The commissioner may grant a subsequent six-month extension if each adult in the family meets one or more of the following criteria: (A) The adult is precluded from engaging in employment activities due to domestic violence or another reason beyond the adult's control; (B) the adult has two or more substantiated barriers to employment including, but not limited to, the lack of available child care, substance [abuse or addiction] use disorder, severe mental or physical health problems, one or more severe learning disabilities, domestic violence or a child who has a serious physical or behavioral health problem; or (C) the adult is employed and works less than thirty-five hours per week due to (i) a documented medical impairment that limits the

adult's hours of employment, provided the adult works the maximum number of hours that the medical condition permits, or (ii) the need to care for a disabled member of the adult's household, provided the adult works the maximum number of hours the adult's caregiving responsibilities permit. Families receiving temporary family assistance shall be notified by the department of the right to petition for such extensions. Notwithstanding the provisions of this section, the commissioner shall not provide benefits under the state's temporary family assistance program to a family that is subject to the thirty-six-month benefit limit and has received benefits beginning on or after October 1, 1996, if such benefits result in that family's receiving more than sixty months of time-limited benefits unless that family experiences domestic violence, as defined in Section 402(a)(7)(B), P.L. 104-193. For the purpose of calculating said sixty-month limit: (I) A month shall count toward the limit if the family receives assistance for any day of the month, provided any months of temporary family assistance received during the public health emergency declared by Governor Ned Lamont related to the COVID-19 pandemic shall not be included, and (II) a month in which a family receives temporary assistance for needy families benefits that are issued from a jurisdiction other than Connecticut shall count toward the limit.

**Section 38. Section 17b-112d of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** A person convicted of any offense under federal or state law, on or after August 22, 1996, which (1) is classified as a felony, and (2) has as an element the possession, use or distribution of a controlled substance, as defined in Subsection (6) of 21 USC 802, shall be eligible for benefits pursuant to the temporary assistance for needy families program or the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008, if such person has completed a sentence imposed by a court. A person shall also be eligible for said benefits if such person is satisfactorily serving a sentence of a period of probation or is in the process of completing or has completed a sentence imposed by the court of mandatory participation in a substance [abuse] use treatment program or mandatory participation in a substance [abuse] use testing program.

**Section 39. Subsection (c) of section 17b-191 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(c) To be eligible for cash assistance under the program, a person shall (1) be (A) eighteen years of age or older; (B) a minor found by a court to be emancipated pursuant to section 46b-150; or (C) under eighteen years of age and the commissioner determines good cause for such person's eligibility, and (2) not have assets exceeding five hundred dollars or, if such person is married, such person and his or her spouse shall not have

assets exceeding one thousand dollars. In determining eligibility, the commissioner shall not consider as income (A) Aid and Attendance pension benefits granted to a veteran, as defined in section 27-103, or the surviving spouse of such veteran; and (B) any tax refund or advance payment with respect to a refundable credit to the same extent such refund or advance payment would be disregarded under 26 USC 6409 in any federal program or state or local program financed in whole or in part with federal funds. No person who [is] has a substance [abuser] use disorder and refuses or fails to enter available, appropriate treatment shall be eligible for cash assistance under the program until such person enters treatment. No person whose benefits from the temporary family assistance program have terminated as a result of time-limited benefits or for failure to comply with a program requirement shall be eligible for cash assistance under the program.

**Section 40. Subsection (a) of section 17b-194 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) For the purposes of this section and sections 17b-131, 17b-191 to 17b-193, inclusive, 17b-195, 17b-197 and 17b-198, (1) an "employable person" means one (A) who is sixteen years of age or older but less than sixty-five years of age; and (B) who has no documented physical or mental impairment prohibiting such person from working or participating in an education, training or other work-readiness program, or who has such an impairment which is expected to last less than two months, as determined by the commissioner; (2) an "unemployable person" means a person who (A) is under sixteen years of age or sixty-five years of age or older or fifty-five years of age or older with a history of chronic unemployment; (B) has a physical or mental impairment prohibiting such person from working or participating in an education, training or other work-readiness program, which is expected to last at least six months, as determined by the commissioner; (C) is pending receipt of supplemental security income, Social Security income or financial assistance through another program administered by the Department of Social Services; (D) is needed to care for a child under two years of age or to care for an incapacitated child or spouse; (E) is a full-time high school student in good standing; or (F) is a VISTA volunteer; and (3) a "transitional person" means one (A) who has a documented physical or mental impairment which prevents employment and is expected to last at least two months, but less than six months, as determined by the commissioner, and who has a recent connection to the labor market, unless circumstances precluded participation in the labor force, as determined by the commissioner; or (B) whose determination of unemployability or disability, as defined by the commissioner, is pending and who provides medical documentation of a severe physical or mental impairment which is expected to last at least six months. A person who [is a substance abuser] has a substance use disorder

shall be required to participate in treatment, including counseling, and shall be eligible for assistance while waiting for treatment.

**Section 41. Section 17b-195 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** Notwithstanding any provision of the general statutes, when a person who is ineligible for financial assistance due to his or her employability status is currently in or enters a residential substance [abuse] use treatment facility, the Department of Social Services or the Department of Mental Health and Addiction Services shall pay his or her room and board while at such facility, provided the person is eligible to receive medical assistance. Such assistance shall be paid directly to the treatment facility at a rate established by the Department of Social Services or negotiated by the Department of Mental Health and Addiction Services.

**Section 42. Section 17b-241 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) Any rates established by the Commissioner of Social Services in effect February 1, 1991, for mental health and substance [abuse] use residential facilities shall remain in effect through June 30, 1992, except those which would have been decreased effective July 1, 1991, shall be decreased. Any rate increases made during the fiscal year ending June 30, 1993, shall not exceed the most recent annual increase in the consumer price index for urban consumers.

(b) Any rates established by the Commissioner of Social Services in effect February 1, 1991, for freestanding [detoxification] withdrawal management centers shall remain in effect through June 30, 1992, except those which would have been decreased effective July 1, 1991, shall be decreased. Any rate increases made during the fiscal years ending June 30, 1993, June 30, 1994, and June 30, 1995, shall not exceed the most recent annual increase in the consumer price index for urban consumers. Any freestanding [detoxification] withdrawal management center which has an established rate below the average and, due to a material change in circumstances resulting in financial hardship, is aggrieved by a rate determined pursuant to this subsection may, within ten days of receipt of written notice of such rate from the commissioner, request in writing a hearing on such rate. The commissioner shall, upon the receipt of all documentation necessary to evaluate the request, determine whether there has been such a change in circumstances and shall conduct a hearing if appropriate.

**Section 43. Section 17b-241a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** Notwithstanding any provision of the general statutes, the Commissioner of Social Services may reimburse the Department

of Mental Health and Addiction Services for targeted case management services that it provides to its target population, which, for purposes of this section, shall include individuals with severe and persistent psychiatric illness and individuals with [persistent substance dependence] substance use disorder. The Commissioners of Social Services and Mental Health and Addiction Services, in consultation with the Secretary of the Office of Policy and Management, shall ensure that all expenditures for intensive care management eligible for Medicaid reimbursement are submitted to the Centers for Medicare and Medicaid Services.

**Section 44. Subdivision (1) of subsection (a) of section 17b-689c of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(1) The Department of Social Services shall perform an initial assessment in the following areas: Education, employment and training history, basic educational needs and other social service needs, including transportation, child care, child support, domestic violence, substance [abuse] use and mental health.

**Section 45. Subsection (a) of section 17b-694 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) The Labor

Commissioner, in consultation with the Commissioner of Social Services and the Commissioner of Mental Health and Addiction Services, shall administer a grant program, within available appropriations, to fund employment placement projects for recipients of state-administered general assistance or recipients of Medicaid who are eighteen to twenty years of age. A grant may be awarded to (1) a municipality or group of towns which form a region based on a project plan providing education, training or other assistance in securing employment, (2) a private substance [abuse] use or mental health services provider based on a project plan incorporating job placement in the treatment process, or (3) a nonprofit organization providing employment services when no municipality or group of towns elect to apply for such a grant for a given geographic area. A plan may include cash incentives as a supplement to wages for recipients who work.

**Section 46. Section 18-69b of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Department of Correction shall establish rehabilitative programs, including, but not limited to, substance [abuse] use, academic and vocational education services and work-release and job training, for women incarcerated at the York Correctional Institution.

**Section 47. Subsection (a) of section 18-69c of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(a) The Commissioner of Correction shall ensure that at least one departmental or contracted, licensed health care provider who is employed at the York Correctional Institution (1) has been trained in prenatal and postpartum medical care, and (2) has knowledge of and the ability to educate any inmate who is pregnant concerning prenatal nutrition, high-risk pregnancy and [addiction and] substance [abuse] use during pregnancy and childbirth.

**Section 48. Subsection (g) of section 18-69c of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(g) The York Correctional Institution shall provide a pregnant inmate, prior to the inmate's release, with counseling and discharge planning to ensure, to the extent feasible, the continuity of prenatal and pregnancy-related care, including substance [abuse] use programs and treatment referrals when deemed appropriate.

**Section 49. Subsection (a) of section 18-87k of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) The Criminal Justice Policy Advisory Commission shall: (1) Develop and recommend policies for preventing prison and jail overcrowding; (2) examine the impact of statutory provisions and current administrative policies on prison and jail overcrowding and recommend legislation to the Governor and the General Assembly; (3) research and gather relevant statistical data and other information concerning the impact of efforts to prevent prison and jail overcrowding and make such information available to criminal justice agencies and members of the General Assembly; (4) advise the undersecretary of the Criminal Justice Policy and Planning Division on policies and procedures to promote more effective and cohesive state criminal justice and juvenile justice systems and to develop and implement the offender reentry strategy as provided in section 18-81w; (5) monitor developments throughout the state's criminal justice system; (6) identify specific needs for reentry services in geographic areas throughout the state; (7) identify institution-based and community-based programs and services that effectively address offender needs and reduce recidivism including, but not limited to, education and training, employment preparation and job bank, transitional health care, family support, substance [abuse] use, domestic violence and sexual offender programs and services; and (8) assist the undersecretary of the Criminal Justice Policy and Planning Division in developing the recommendations included in the report and presentation made by the division pursuant to section 4-68p.

**Section 50. Section 18-100f of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** Unless otherwise ordered by the

court, whenever an arrested person charged with the commission of no crime other than a class D or E felony or a misdemeanor, except a violation of section 53a-60a, 53a-60b, 53a-60c, 53a-60d, 53a-72a, 53a-73a or 53a-181c, is committed by the court to the custody of the Commissioner of Correction pursuant to section 54-64a, the commissioner may release such person to a residence approved by the Department of Correction subject to such conditions as the commissioner may impose including, but not limited to, participation in a substance [abuse] use treatment program and being subject to electronic monitoring or any other monitoring technology or services. Any person released pursuant to this section shall remain in the custody of the commissioner and shall be supervised by employees of the department during the period of such release. Upon the violation by such person of any condition of such release, the commissioner may revoke such release and return such person to confinement in a correctional facility.

**Section 51. Section 19a-6d of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Commissioner of Public Health and the Commissioner of Mental Health and Addiction Services shall, within available appropriations, develop a tobacco [abuse] use reduction and health plan and shall submit such plan to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, not later than April 1, 2001. The plan shall consider and recommend actions to (1) reduce tobacco and substance [abuse] use, and (2) address the unmet physical and mental health needs of the state, taking into account the most recent version of the state health plan prepared by the Department of Public Health pursuant to section 19a-7.

**Section 52. Subdivision (2) of subsection (e) of section 19a-6h of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(2) Inventory the state's existing primary care infrastructure, including, but not limited to, (A) the number of primary care providers practicing in the state, (B) the total amount of money expended on public and private primary care services during the last fiscal year, (C) the number of public and private buildings or offices used primarily for the rendering of primary care services, including, but not limited to, hospitals, mental health facilities, dental offices, school-based health clinics, community-based health centers and academic health centers. For the purposes of this subdivision, "primary care provider" means any physician, dentist, nurse, provider of services for persons with psychiatric disabilities or persons with intellectual disability, or other person involved in providing primary medical, nursing, counseling, or other health care, substance [abuse] use or

mental health service, including such services associated with, or under contract to, a health maintenance organization or medical services plan.

**Section 53. Subsection (b) of section 19a-7c of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (b) The contract for pregnant women shall include coverage for: (1) Physician visits for diagnosis and treatment; (2) prenatal and postnatal care; and (3) outpatient hospital care; and may include coverage for: (A) Labor and delivery; (B) laboratory and diagnostic tests; (C) prescription drugs; (D) physical therapy; (E) mental health and substance [abuse] use visits; and (F) inpatient care, including mental health and substance [abuse] use treatment, subject to eighty per cent coinsurance on the first two thousand five hundred dollars of expenses.

**Section 54. Section 19a-7e of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Department of Public Health, in consultation with the Department of Social Services, shall establish a three-year demonstration program to improve access to health care for uninsured pregnant women under two hundred fifty per cent of the poverty level. Services to be covered by the program shall include, but not be limited to, the professional services of obstetricians, dental care providers, physician assistants or midwives on the staff of the sponsoring hospital and community-based providers; services of pediatricians for purposes of assistance in delivery and postnatal care; dietary counseling; dental care; substance [abuse] use counseling, and other ancillary services which may include substance [abuse] use treatment and mental health services, as required by the patient's condition, history or circumstances; necessary pharmaceutical and other durable medical equipment during the prenatal period; and postnatal care, as well as preventative and primary care for children up to age six in families in the eligible income level. The program shall encourage the acquisition, sponsorship and extension of existing outreach activities and the activities of mobile, satellite and other outreach units. The Commissioner of Public Health shall issue a request for proposals to Connecticut hospitals. Such request shall require: (1) An interactive relationship between the hospital, community health centers, community-based providers and the healthy start program; (2) provisions for case management; (3) provisions for financial eligibility screening, referrals and enrollment assistance where appropriate to the medical assistance program, the healthy start program or private insurance; and (4) provisions for a formal liaison function between hospitals, community health centers and other health care providers. Hospitals participating in the program shall report monthly to the Departments of Public Health and Social Services or their designees and annually to the joint standing committees of the

General Assembly having cognizance of matters relating to public health and human services such information as the departments and the committees deem necessary.

**Section 55. Subsection (b) of section 19a-124 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (b) The programs shall:

(1) Be incorporated into existing human immunodeficiency virus and hepatitis C outreach and prevention programs in the selected communities; (2) provide access to free and confidential exchanges of syringes; (3) provide for safe disposal or exchange of syringes; (4) provide that first-time applicants to the program receive an initial packet of syringes, educational material and a list of drug counseling services; (5) offer education on the human immunodeficiency virus, hepatitis C, reduction in harm caused by such viruses, and drug overdose prevention measures and assist program participants in obtaining drug treatment services; (6) provide referrals for substance [abuse] use counseling or treatment; and (7) provide referrals for medical or mental health care.

**Section 56. Subsection (a) of section 19a-490 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) "Institution" means a hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, nursing home facility, home health care agency, home health aide agency, behavioral health facility, assisted living services agency, substance [abuse] use treatment facility, outpatient surgical facility, outpatient clinic, clinical laboratory, blood collection facility, source plasma donation center, birth center, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency; and 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 disability. "Institution" does not include any facility for the care and treatment of persons with mental illness or substance use disorder operated or maintained by any state agency, except Whiting Forensic Hospital and the hospital and psychiatric residential treatment facility units of the Albert J. Solnit Children's Center;

**Section 57. Section 19a-490h of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) Each hospital licensed by the Department of Public Health as a short-term general hospital, outpatient surgical facility or outpatient clinic shall include in the record of each trauma patient a notation indicating the extent and outcome of screening for alcohol and substance [abuse] use disorder. For purposes of this section, "trauma patient" means a patient of sufficient age

to be at risk of alcohol and substance [abuse] use disorder with a traumatic injury, as defined in the most recent edition of the International Classification of Disease, who is admitted to the hospital on an inpatient basis, is transferred to or from an acute care setting, dies or requires emergent trauma team activation.

(b) Each such hospital shall establish protocols for screening patients for alcohol and substance [abuse] use disorder.

(c) The Department of Mental Health and Addiction Services, after consultation with the Department of Public Health, shall assist each hospital required to conduct alcohol and substance [abuse] use disorder screening pursuant to subsections (a) and (b) of this section with the development and implementation of alcohol and substance [abuse] use disorder screening protocols.

**Section 58. Subdivision (1) of Subsection (a) of section 19a-490q of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(1) "Health care employer" means any institution, as defined in section 19a-490, with fifty or more full or part-time employees. "Health care employer" includes a facility for the care or treatment of mentally ill persons or persons with substance [abuse issues] use disorder, a residential facility for persons with intellectual disability licensed pursuant to section 17a-227, and a community health center, as defined in section 19a-490a; and

**Section 59. Subsection (a) of section 19a-491 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) No person acting

individually or jointly with any other person shall establish, conduct, operate or maintain an institution in this state without a license as required by this chapter, except for persons issued a license by the Commissioner of Children and Families pursuant to section 17a-145 for the operation of (1) a substance [abuse] use treatment facility, or (2) a facility for the purpose of caring for women during pregnancies and for women and their infants following such pregnancies, provided such exception shall not apply to the hospital and psychiatric residential treatment facility units of the Albert J. Solnit Children's Center.

Application for such license shall (A) be made to the Department of Public Health upon forms provided by it, (B) be accompanied by the fee required under subsection (c), (d) or (e) of this section, (C) contain such information as the department requires, which may include affirmative evidence of ability to comply with reasonable standards and regulations prescribed under the provisions of this chapter, and (D) not be required to be notarized. The commissioner may require as a condition of licensure that an applicant sign a consent order providing reasonable assurances of compliance with the Public Health Code. The commissioner may issue more than one chronic disease hospital

license to a single institution until such time as the state offers a rehabilitation hospital license.

**Section 60. Subsection (d) of section 19a-495 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (d) The Commissioner of Public Health, in consultation with the Commissioner of Mental Health and Addiction Services, may implement policies and procedures, in compliance with federal law, permitting licensed health care providers with prescriptive authority to prescribe medications to treat persons [dependent on opiates] with opioid use disorder in freestanding substance [abuse] use treatment facilities, licensed under section 19a-490, while in the process of adopting such policies and procedures in regulation form, provided the commissioner prints notice of the intent to adopt regulations in the Connecticut Law Journal not later than thirty days after the date of implementation of such policies and procedures. Policies and procedures implemented pursuant to this subsection shall be valid until the time final regulations are adopted.

**Section 61. Section 19a-495c of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** A substance [abuse] use treatment facility licensed as an institution pursuant to section 19a-490 and providing medication-assisted treatment for opioid [addiction] use disorder shall be permitted to provide methadone delivery and related substance use treatment services to persons in a nursing home facility licensed pursuant to section 19a-493. The Department of Public Health may allow the delivery of methadone and related substance use treatment services to a nursing home facility if the Commissioner of Public Health determines that such delivery would not endanger the health, safety or welfare of any patient. No such delivery shall be conducted unless a substance [abuse] use treatment facility proposing the delivery of methadone and related substance use treatment services has made a request for such delivery in a form and manner prescribed by the commissioner and the commissioner has approved such request. Upon approving a request, the commissioner may impose conditions that assure the health, safety or welfare of any patient. The commissioner may revoke the approval of a request upon a finding that the health, safety or welfare of any patient has been jeopardized.

**Section 62. Section 19a-509e of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** Each hospital shall establish and implement, on or before October 1, 1992, a protocol whereby each patient who shows symptoms of substance [abuse] use disorder, shall be provided with informational referrals to (1) entitlement programs for which the patient may be eligible; (2)

area substance **[abuse]** **use** treatment programs; and (3) appropriate community-based support services.

**Section 63. Section 19a-581 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):**

As used in this chapter except where the context otherwise requires:

- (1) "Department" means the Department of Public Health;
- (2) "Commissioner" means the Commissioner of Public Health;
- (3) "AIDS" means acquired immune deficiency syndrome, as defined by the Centers for Disease Control of the United States Public Health Service;
- (4) "HIV infection" means infection with the human immunodeficiency virus or any other related virus identified as a probable causative agent of AIDS;
- (5) "HIV-related illness" means any illness that may result from or may be associated with HIV infection;
- (6) "HIV-related test" means any laboratory test or series of tests for any virus, antibody, antigen or etiologic agent whatsoever thought to cause or indicate the presence of HIV infection;
- (7) "Protected individual" means a person who has been counseled regarding HIV infection, is the subject of an HIV-related test or who has been diagnosed as having HIV infection, AIDS or HIV-related illness;
- (8) "Confidential HIV-related information" means any information pertaining to the protected individual or obtained pursuant to a release of confidential HIV-related information, concerning whether a person has been counseled regarding HIV infection, has been the subject of an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or information which identifies or reasonably could identify a person as having one or more of such conditions, including information pertaining to such individual's partners;
- (9) "Release of confidential HIV-related information" means a written authorization for disclosure of confidential HIV-related information which is signed by the protected individual or a person authorized to consent to health care for the individual and which is dated and specifies to whom disclosure is authorized, the purpose for such disclosure and the time period during which the release is to be effective. A general authorization for the release of medical or other information is not a release of confidential HIV-related information, unless such authorization specifically indicates its dual purpose as a general

authorization and an authorization for the release of confidential HIV-related information and complies with the requirements of this subdivision;

(10) "Partner" means an identified spouse or sex partner of the protected individual or a person identified as having shared hypodermic needles or syringes with the protected individual;

(11) "Health facility" means an institution, as defined in section 19a-490, blood bank, blood center, sperm bank, organ or tissue bank, clinical laboratory or facility providing care or treatment to persons with psychiatric disabilities or persons with intellectual disability or a facility for the treatment of substance [abuse] use;

(12) "Health care provider" means any physician, physician assistant, dentist, nurse, provider of services for persons with psychiatric disabilities or persons with intellectual disability or other person involved in providing medical, nursing, counseling, or other health care, substance [abuse] use, or mental health service, including such services associated with, or under contract to, a health maintenance organization or medical services plan;

(13) "Significant risk of transmission" means the transfer of one person's blood, semen, vaginal or cervical secretions to another person through sexual activity or sharing of needles during injection drug use. The department may further define significant risk of transmission in regulations adopted pursuant to section 19a-589;

(14) "Significant exposure" means a parenteral exposure such as a needlestick or cut, or mucous membrane exposure such as a splash to the eye or mouth, to blood or a cutaneous exposure involving large amounts of blood or prolonged contact with blood, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis. The department may further define significant exposure in regulations adopted pursuant to section 19a-589; and

(15) "Exposure evaluation group" means at least three impartial health care providers, at least one of whom shall be a physician, designated by the chief administrator of a health facility, correctional facility or other institution to determine if a health care or other worker has been involved in a significant exposure. No member of the group shall be directly involved in the exposure. The department may further define exposure evaluation group in regulations adopted pursuant to section 19a-589.

**Section 64. Section 19a-630 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

As used in this chapter, unless the context otherwise requires:

- (1) "Affiliate" means a person, entity or organization controlling, controlled by or under common control with another person, entity or organization. Affiliate does not include a medical foundation organized under chapter 594b.
- (2) "Applicant" means any person or health care facility that applies for a certificate of need pursuant to section 19a-639a.
- (3) "Bed capacity" means the total number of inpatient beds in a facility licensed by the Department of Public Health under sections 19a-490 to 19a-503, inclusive.
- (4) "Capital expenditure" means an expenditure that under generally accepted accounting principles consistently applied is not properly chargeable as an expense of operation or maintenance and includes acquisition by purchase, transfer, lease or comparable arrangement, or through donation, if the expenditure would have been considered a capital expenditure had the acquisition been by purchase.
- (5) "Certificate of need" means a certificate issued by the unit.
- (6) "Days" means calendar days.
- (7) "Commissioner" means the Commissioner of Health Strategy.
- (8) "Free clinic" means a private, nonprofit community-based organization that provides medical, dental, pharmaceutical or mental health services at reduced cost or no cost to low-income, uninsured and underinsured individuals.
- (9) "Large group practice" means eight or more full-time equivalent physicians, legally organized in a partnership, professional corporation, limited liability company formed to render professional services, medical foundation, not-for-profit corporation, faculty practice plan or other similar entity (A) in which each physician who is a member of the group provides substantially the full range of services that the physician routinely provides, including, but not limited to, medical care, consultation, diagnosis or treatment, through the joint use of shared office space, facilities, equipment or personnel; (B) for which substantially all of the services of the physicians who are members of the group are provided through the group and are billed in the name of the group practice and amounts so received are treated as receipts of the group; or (C) in which the overhead expenses of, and the income from, the group are distributed in accordance with methods previously determined by members of the group. An entity that otherwise meets the definition of group practice under this section shall be considered a group practice although its shareholders, partners or owners of the group practice include single-

physician professional corporations, limited liability companies formed to render professional services or other entities in which beneficial owners are individual physicians.

(10) "Health care facility" means (A) hospitals licensed by the Department of Public Health under chapter 368v; (B) specialty hospitals; (C) freestanding emergency departments; (D) outpatient surgical facilities, as defined in section 19a-493b and licensed under chapter 368v; (E) 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; (F) a central service facility; (G) mental health facilities; (H) substance **[abuse] use** treatment facilities; and (I) any other facility requiring certificate of need review pursuant to subsection (a) of section 19a-638. "Health care facility" includes any parent company, subsidiary, affiliate or joint venture, or any combination thereof, of any such facility.

(11) "Nonhospital based" means located at a site other than the main campus of the hospital.

(12) "Office" means the Office of Health Strategy.

(13) "Person" means any individual, partnership, corporation, limited liability company, association, governmental subdivision, agency or public or private organization of any character, but does not include the agency conducting the proceeding.

(14) "Physician" has the same meaning as provided in section 20-13a.

(15) "Termination of services" means the cessation of any services for a period greater than one hundred eighty days.

(16) "Transfer of ownership" means a transfer that impacts or changes the governance or controlling body of a health care facility, institution or large group practice, including, but not limited to, all affiliations, mergers or any sale or transfer of net assets of a health care facility.

(17) "Unit" means the Health Systems Planning Unit.

**Section 65. Subdivision (5) of subsection (a) of section 19a-638 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (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] use** services;

**Section 66. Section 19a-902 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** On or before January 1, 2011, the Department of Public Health, in consultation with the Department of Mental Health and Addiction Services, may (1) amend the department's substance [abuse] use treatment regulations; (2) implement a dual licensure program for behavioral health care providers who provide both mental health services and substance [abuse] use services; or (3) permit the use of saliva-based drug screening or urinalysis when conducting initial and subsequent drug screenings of persons who [abuse] use substances other than alcohol at facilities which are licensed by the Department of Public Health.

**Section 67. Section 20-14i of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** Any provisions to the contrary notwithstanding, chapter 378 shall not prohibit the administration of medication to persons (1) attending day programs, residing in residential facilities or receiving individual and family support, under the jurisdiction of the Departments of Children and Families, Correction, Developmental Services and Mental Health and Addiction Services, (2) being detained in juvenile residential centers or residing in residential facilities dually licensed by the Department of Children and Families and the Department of Public Health, or (3) residing in substance [abuse] use treatment facilities licensed by the Department of Children and Families pursuant to section 17a-145 when such medication is administered by trained persons, pursuant to the written order of a physician licensed under this chapter, a dentist licensed under chapter 379, an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a or a physician assistant licensed to prescribe in accordance with section 20-12d, authorized to prescribe such medication. The provisions of this section shall not apply to institutions, facilities or programs licensed pursuant to chapter 368v.

**Section 68. Section 20-74s of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(a) **Definitions.** For purposes of this section and subdivision (18) of subsection (c) of section 19a-14:

- (1) "Commissioner" means the Commissioner of Public Health;
- (2) "Licensed alcohol and drug counselor" means a person licensed under the provisions of this section;
- (3) "Certified alcohol and drug counselor" means a person certified under the provisions of this section;

(4) "Practice of alcohol and drug counseling" means (A) the clinical evaluation by a licensed alcohol and drug counselor of substance use disorders and co-occurring disorders, including screening, assessment and diagnosis, treatment planning, counseling, therapy, trauma-informed care and psychoeducation with individuals, families and groups in the areas of substance use disorders and co-occurring disorders, and may include, as appropriate, (i) conducting a substance use disorder screening or psychosocial history evaluation of an individual to document the individual's use of drugs prescribed for pain, other prescribed drugs, illegal drugs and alcohol to determine the individual's risk for substance **[abuse]** use disorder, (ii) developing a preliminary diagnosis for the individual based on such screening or evaluation, (iii) determining the individual's risk for **[abuse]** misuse of drugs prescribed for pain[,] and other prescribed drugs, or use of illegal drugs and alcohol, (iv) developing a treatment plan and referral options for the individual to ensure the individual's recovery support needs are met, and (v) developing and submitting an opioid use consultation report to an individual's primary care provider to be reviewed by the primary care provider and included in the individual's medical record, or (B) the professional application by a certified alcohol and drug counselor of methods that assist an individual or group to develop an understanding of alcohol and drug dependency problems, define goals and plan action reflecting the individual's or group's interest, abilities and needs as affected by alcohol and drug dependency problems;

(5) "Private practice of alcohol and drug counseling" means the independent practice of alcohol and drug counseling by a licensed or certified alcohol and drug counselor who is self-employed on a full-time or part-time basis and who is responsible for that independent practice;

(6) "Self-help group" means a voluntary group of persons who offer peer support to each other in recovering from **[an addiction]** a substance use disorder;

(7) "Supervision" means the regular on-site observation, by a licensed alcohol and drug counselor or other licensed behavioral health professional whose scope of practice includes the screening, assessment, diagnosis and treatment of substance use disorders and co-occurring disorders, of the functions and activities of an alcohol and drug counselor in the performance of his or her duties and responsibilities to include a review of the records, reports, treatment plans or recommendations with respect to an individual or group;

(8) "Substance use disorder" means the recurrent use of alcohol or drugs that leads to clinically and functionally significant impairment, including, but not limited to, health

problems, disability and failure to meet major responsibilities at work, school or home; and

(9) "Co-occurring disorder" means the presence of a concurrent psychiatric or medical disorder in combination with a substance use disorder.

**Section 69. Section 20-74ss of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Commissioner of Public Health may take any disciplinary action set forth in section 19a-17 against a radiologist assistant for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice as a radiologist assistant; (4) fraud or deceit in the practice of the profession; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance [abuse] use; (8) wilful falsification of entries in any hospital, patient or other record pertaining to the profession; or (9) violation of any provision of sections 20-74nn to 20-74tt, inclusive, and subsection (c) of section 19a-14. The commissioner may order a license holder to submit to a reasonable physical or mental examination if the physical or mental capacity of the license holder to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to said section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under said section 19a-17.

**Section 70. Subsection (b) of 20-94d of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (b) Except as provided in this section, for registration periods beginning on and after October 1, 2014, a licensee applying for license renewal shall earn a minimum of fifty contact hours of continuing education within the preceding twenty-four-month period. Such continuing education shall: (1) Be in an area of the advanced practice registered nurse's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; (3) include at least five contact hours of training or education in pharmacotherapeutics; (4) include at least one contact hour of training or education in each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) risk management, (C) sexual assault, (D) domestic violence, (E) cultural competency, and (F) substance [abuse] use disorders, including, but not limited to, prescribing controlled substances and pain management; (5) on and after January 1, 2016, include not less than two contact hours of training or

education during the first renewal period in which continuing education is required and not less than once every six years thereafter on the topic of mental health conditions common to veterans and family members of veterans, including (A) determining whether a patient is a veteran or family member of a veteran, (B) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (C) suicide prevention training; and (6) on and after January 1, 2020, may include not less than two contact hours of training or education during the first renewal period in which continuing education is required and not less than once every six years thereafter in diagnosing and treating cognitive or mental health conditions, including, but not limited to, Alzheimer's disease, dementia, delirium, related cognitive impairments and geriatric depression. For purposes of this section, qualifying continuing education activities include, but are not limited to, courses, including on-line courses, offered or approved by the American Nurses Association, Connecticut Hospital Association, Connecticut Nurses Association, Connecticut League for Nursing, a specialty nursing society or an equivalent organization in another jurisdiction, an educational offering sponsored by a hospital or other health care institution or a course offered by a regionally accredited academic institution or a state or local health department. The commissioner may grant a waiver of not more than ten contact hours of continuing education for an advanced practice registered nurse who: (A) Engages in activities related to the advanced practice registered nurse's service as a member of the Connecticut State Board of Examiners for Nursing, established pursuant to section 20-88; or (B) assists the department with its duties to boards and commissions as described in section 19a-14.

**Section 71. Section 20-162cc of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Commissioner of Public Health may take any disciplinary action set forth in section 19a-17 against a perfusionist for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice perfusion; (4) fraud or deceit in the practice of the profession; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance [abuse] use; (8) wilful falsification of entries in any hospital, patient or other record pertaining to the profession; or (9) violation of any provision of sections 20-162aa to 20-162cc, inclusive. The commissioner may order a license holder to submit to a reasonable physical or mental examination if the physical or mental capacity of the license holder to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to said

section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under said section 19a-17.

**Section 72. Section 20-185m of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Commissioner of Public Health may take any disciplinary action set forth in section 19a-17 against a behavior analyst for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice behavior analysis; (4) fraud or deceit in the practice of behavior analysis; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance [abuse] use; or (8) wilful falsification of entries in any hospital, patient or other record pertaining to behavior analysis. The commissioner may order a license holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under section 19a-17.

**Section 73. Subsections (a) and(b) of section 20-195dd of the general statutes are repealed and the following is substituted in lieu thereof (Effective from passage):**

(a) Except as otherwise provided in subsections (c) and (d) of this section, an applicant for a license as a professional counselor shall submit evidence satisfactory to the commissioner of having: (1) (A) Earned a graduate degree in clinical mental health counseling as part of a program of higher learning accredited by the Council for Accreditation of Counseling and Related Educational Programs, or a successor organization, or (B) (i) completed at least sixty graduate semester hours in counseling or a related mental health field at a regionally accredited institution of higher education that included coursework in each of the following areas: (I) Human growth and development; (II) social and cultural foundations; (III) counseling theories; (IV) counseling techniques; (V) group counseling; (VI) career counseling; (VII) appraisals or tests and measurements to individuals and groups; (VIII) research and evaluation; (IX) professional orientation to mental health counseling; (X) addiction and substance [abuse] use counseling; (XI) trauma and crisis counseling; and (XII) diagnosis and treatment of mental and emotional disorders, (ii) earned from a regionally accredited institution of higher education a graduate degree in counseling or a related mental health field, (iii) completed a one-hundred-hour practicum in counseling taught by a faculty member licensed or certified

as a professional counselor or its equivalent in another state, and (iv) completed a six-hundred-hour clinical mental health counseling internship taught by a faculty member licensed or certified as a professional counselor or its equivalent in another state; (2) acquired three thousand hours of postgraduate experience under professional supervision, including a minimum of one hundred hours of direct professional supervision, in the practice of professional counseling, performed over a period of not less than two years; and (3) passed an examination prescribed by the commissioner. The provisions of subparagraphs (B)(i)(X) to (B)(i)(XII), inclusive, (B)(iii) and (B)(iv) of this subsection shall not apply to any applicant who, on or before July 1, 2017, was a matriculating student in good standing in a graduate degree program at a regionally accredited institution of higher education in one of the fields required under subparagraph (B) of this subsection.

(b) An applicant for a license as a professional counselor associate shall submit to the Commissioner of Public Health evidence satisfactory to the commissioner of having (1) earned a graduate degree in clinical mental health counseling as part of a program of higher learning accredited by the Council for Accreditation of Counseling and Related Educational Programs, or a successor organization, or (2) (A) completed at least sixty graduate semester hours in counseling or a related mental health field at a regionally accredited institution of higher education that included coursework in each of the following areas: Human growth and development; social and cultural foundations; counseling theories; counseling techniques; group counseling; career counseling; appraisals or tests and measurements to individuals and groups; research and evaluation; professional orientation to mental health counseling; addiction and substance [abuse] use counseling; trauma and crisis counseling; and diagnosis and treatment of mental and emotional disorders, (B) completed a one-hundred-hour practicum in counseling taught by a faculty member licensed or certified as a professional counselor or its equivalent in another state, (C) completed a six-hundred-hour clinical mental health counseling internship taught by a faculty member licensed or certified as a professional counselor or its equivalent in another state, and (D) earned from a regionally accredited institution of higher education a graduate degree in counseling or a related mental health field. The provisions of subparagraphs (A) to (C), inclusive, of subdivision (2) of this subsection shall not apply to any applicant who, on or before July 1, 2022, earned a graduate degree at a regionally accredited institution of higher education in counseling or a related mental health field and has accumulated at least three thousand hours of experience under professional supervision, as defined in section 20-195aa.

**Section 74. Section 20-195ee of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Commissioner of Public Health may deny an application of an individual or take any disciplinary action set forth in section 19a-17 against a professional counselor or professional counselor associate for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony, provided any action taken is based upon (A) the nature of the conviction and its relationship to the license holder's ability to safely or competently practice professional counseling, (B) information pertaining to the degree of rehabilitation of the license holder, and (C) the time elapsed since the conviction or release; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice professional counseling; (4) fraud or deceit in the practice of professional counseling; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance [abuse] use; (8) wilful falsification of entries in any hospital, patient or other record pertaining to professional counseling; or (9) violation of any provision of sections 20-195aa to 20-195dd, inclusive, or any regulation adopted pursuant to section 20-195ff. The commissioner may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to said section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under said section 19a-17.

**Section 75. Section 20-195tt of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Commissioner of Public Health may take any disciplinary action set forth in section 19a-17 against a genetic counselor for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice genetic counseling; (4) fraud or deceit in the practice of genetic counseling; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance [abuse] use; or (8) wilful falsification of entries in any hospital, patient or other record pertaining to genetic counseling. The commissioner may order a license holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or

any action taken pursuant to section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under section 19a-17.

**Section 76. Section 20-195kkk of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Commissioner of Public Health may deny an application of an individual or take any disciplinary action set forth in section 19a-17 against a music therapist for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony, provided any action taken is based upon (A) the nature of the conviction and its relationship to the license holder's ability to safely or competently practice as a music therapist, (B) information pertaining to the degree of rehabilitation of the license holder, and (C) the time elapsed since the conviction or release; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice music therapy; (4) fraud or deceit in the practice of music therapy; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance [abuse] use; or (8) wilful falsification of entries in any hospital, patient or other record pertaining to music therapy. The commissioner may order a license holder to submit to a reasonable physical or mental examination if such license holder's physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under section 19a-17.

**Section 77. Section 20-195qqq of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Commissioner of Public Health may deny an application of an individual or take any disciplinary action set forth in section 19a-17 against an art therapist for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony, provided any action taken is based upon (A) the nature of the conviction and its relationship to the license holder's ability to safely or competently practice as an art therapist, (B) information pertaining to the degree of rehabilitation of the license holder, and (C) the time elapsed since the conviction or release; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice art therapy; (4) fraud or deceit in the practice of art therapy; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance [abuse] use; or (8) wilful falsification of entries in any hospital, patient or other record pertaining to art therapy. The

commissioner may order a license holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under section 19a-17.

**Section 78. Subsection (h) of section 20-206bb of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (h) Notwithstanding the provisions of subsection (a) of this section, any person who maintains certification with the National Acupuncture Detoxification Association may practice the five-point auricular acupuncture protocol specified as part of such certification program as an adjunct therapy for the treatment of alcohol and drug abuse and other behavioral interventions for which the protocol is indicated, provided the treatment is performed under the supervision of a physician licensed under chapter 370, a physician assistant licensed under chapter 370, an advanced practice registered nurse licensed under chapter 378 or an acupuncturist licensed under chapter 384c and is performed in (1) a private freestanding facility licensed by the Department of Public Health that provides care or treatment for [substance abusive or dependent persons] persons with substance use disorder, (2) a setting operated by the Department of Mental Health and Addiction Services, or (3) any other setting where such protocol is an appropriate adjunct therapy to a substance [abuse] use or behavioral health treatment program. The Commissioner of Public Health may adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section.

**Section 79. Section 20-206nn of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** The Commissioner of Public Health may take any disciplinary action set forth in section 19a-17 against a paramedic, emergency medical technician, emergency medical responder, advanced emergency medical technician or emergency medical services instructor for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony, in accordance with the provisions of section 46a-80; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice paramedicine or a certificate to practice as an emergency medical technician, emergency medical responder, advanced emergency medical technician or emergency medical services instructor; (4) fraud or deceit in the practice of paramedicine, the provision of emergency medical services or the provision of emergency medical services education; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or

emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance [abuse] use; or (8) wilful falsification of entries in any hospital, patient or other health record. The commissioner may take any such disciplinary action against emergency medical services personnel for violation of any provision of section 20-206mm or any regulations adopted pursuant to section 20-206oo. The commissioner may order a license or certificate holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under said section 19a-17.

**Section 80. Subsection (h) of section 20-660 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (h) The provisions of this section do not apply to any person licensed in this state to provide medical, dental, nursing, counseling or other health care, substance [abuse] use or mental health services.

**Section 81. Subsection (a) of section 21a-252 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) A physician, in good faith and in the course of the physician's professional practice only, may prescribe, administer and dispense controlled substances, or may cause the same to be administered by a physician assistant, nurse or intern under the physician's direction and supervision, for demonstrable physical or mental disorders but not for drug dependence except in accordance with state and federal laws and regulations adopted thereunder. Notwithstanding the provisions of this subsection the Department of Consumer Protection may approve protocols allowing the dispensing of take-home doses of methadone, by a registered nurse or licensed practical nurse, to outpatients in duly licensed substance [abuse] use treatment facilities. Such dispensing shall be done pursuant to the order of a licensed prescribing practitioner and using computerized dispensing equipment into which bulk supplies of methadone are dispensed by a pharmacist. The quantity of methadone dispensed by such nurse shall not exceed at any one time that amount allowed under federal or state statutes or regulations governing the treatment of drug dependent patients. The Department of Consumer Protection shall conduct inspections of such treatment facilities to ensure that the computerized dispensing equipment and related dispensing procedures documented in the approved protocols are adhered to.

**Section 82. Subsection (a) of section 21a-274a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) There is

established a drug enforcement grant program which shall be administered by the Office of Policy and Management. Grants may be made to municipalities, the Department of Emergency Services and Public Protection and the Division of Criminal Justice for the purpose of enforcing federal and state laws concerning controlled substances, undertaking crime prevention activities related to the enforcement of such laws, substance [abuse] use prevention education or training related to such enforcement or education activities. The Secretary of the Office of Policy and Management shall adopt regulations in accordance with chapter 54 for the administration of this subsection, including the establishment of priorities, program categories, eligibility requirements, funding limitations and the application process. Such regulations shall provide that the costs of a community-based police program, as defined in the regulations, may be paid from a grant made under this section.

**Section 83. Subdivision (2) of subsection (a) of section 21a-279 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (2) For a second offense of subdivision (1) of this subsection, the court shall evaluate such person and, if the court determines such person is a drug-dependent person, the court may suspend prosecution of such person and order such person to undergo a substance [abuse] use treatment program.

**Section 84. Subdivision (2) of subsection (e) of section 21a-279a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (2) For an offense under subdivision (1) of this subsection, the court shall evaluate such person and, if the court determines such person is a drug-dependent person, the court may suspend prosecution of such person and order such person to undergo a substance [abuse] use treatment program.

**Section 85. Subsection (b) of section 21a-322 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (b) If a practitioner dispenses, administers or prescribes any controlled substance to a patient, the practitioner shall make available to the Department of Consumer Protection, for inspection by the department, records of medical evaluations associated with dispensing, administering or prescribing such controlled substance. Such records shall be confidential and not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200. The department may inspect such records solely for the purpose of investigating any violation or suspected violation, or enforcing any provision, of this chapter or any regulation promulgated under this chapter. Nothing in this subsection shall be construed to require disclosure of any substance [abuse] use treatment record

that is protected from disclosure under 42 USC 290dd-2, as amended from time to time, or other applicable federal law.

**Section 86. Subsection (d) of section 21a-420f of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (d) On and after July 1, 2022, there is established a fund to be known as the "Cannabis Prevention and Recovery Services Fund". The fund shall contain any moneys required by law to be deposited in the fund and shall be held by the Treasurer separate and apart from all other moneys, funds and accounts. Amounts in the fund may be expended only pursuant to appropriation by the General Assembly. Any balance remaining in the fund at the end of any fiscal year shall be carried forward in the fund for the fiscal year next succeeding. Moneys in the fund shall be appropriated for the purposes of (1) substance [abuse] use prevention, treatment and recovery services, which may include, but need not be limited to, the (A) provision of youth cannabis use prevention services by the local advisory councils on drug use and prevention established by municipalities pursuant to subsection (a) of Section 4126 of the Drug Free Schools and Communities Act of 1986, as amended from time to time, regional behavioral health action organizations described in section 17a-484f, or youth service bureaus established pursuant to section 10-19m, and (B) development of a public awareness campaign to raise awareness of the mental and physical health risks of youth cannabis use and cannabis use by pregnant persons, and (2) collection and analysis of data regarding substance use. The Social Equity Council may make recommendations to any relevant state agency regarding expenditures to be made for the purposes set forth in this subsection.

**Section 87. Subsection (b) of section 31-40v of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (b) The chairman of the Workers' Compensation Commission, in consultation with the Labor Commissioner and in accordance with the provisions of chapter 54, shall adopt regulations to carry out the provisions of this section. The regulations shall (1) prescribe the membership of safety and health committees to ensure representation of employees and employers; (2) specify the frequency of committee meetings; (3) require employers to make, file and maintain adequate written records of each committee meeting subject to inspection by the chairman or his authorized designee; (4) require employers to compensate employee representatives at their regular hourly wage while the employee representatives are engaged in safety and health committee training or are attending committee meetings; (5) prescribe the duties and functions of safety and health committees, which shall include (A) establishing procedures for workplace safety inspections by the committee, (B) establishing procedures for investigating all safety incidents, accidents, illnesses and

deaths, (C) evaluating accident and illness prevention programs, (D) establishing training programs for the identification and reduction of hazards in the workplace which damage the reproductive systems of employees, and (E) establishing training programs to assist committee members in understanding and identifying the effects of employee substance **[abuse]** use on workplace accidents and safety; and (6) prescribe guidelines for the training of safety and health committee members.

**Section 88. Subsection (a) of section 38a-479qq of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) As used in this section and section 38a-479rr:

- (1) "Affiliate" means a person that directly or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, a health insurer, health care center, hospital service corporation, medical service corporation or fraternal benefit society licensed in this state;
- (2) "Consumer" means: (A) A person to whom a medical discount plan is marketed or advertised, or (B) a member, as defined in this subsection;
- (3) "Marketer" means a person that markets, advertises or sells a medical discount plan, including, but not limited to, an entity that markets, advertises or sells a medical discount plan under its own name;
- (4) "Medical discount plan" means a business arrangement or contract in which a person, in exchange for payment, provides access for its members to providers of health care services and the right to receive health care services from those providers at a discount. "Medical discount plan" does not include a product that (A) is otherwise subject to regulation or approval under this title, or (B) costs less than twenty-five dollars, annually, in the aggregate;
- (5) "Medical discount plan organization" means a person that (A) establishes a medical discount plan, (B) contracts with providers, provider networks or other medical discount plan organizations to provide health care services at a discount to medical discount plan members, and (C) determines the fees charged to the members for the medical discount plan. "Medical discount plan organization" does not include a health insurer, health care center, hospital service corporation, medical service corporation or fraternal benefit society licensed in this state or any affiliate of such health insurer, health care center, hospital service corporation, medical service corporation or fraternal benefit society;
- (6) "Health care services" means any care, service or treatment of an illness or dysfunction of, or injury to, the human body. "Health care services" includes physician

care, inpatient care, hospital surgical services, emergency medical services, ambulance services, dental care services, vision care services, mental health care services, substance [abuse] use disorder services, chiropractic services, podiatric services, laboratory test services and the provision of medical equipment or supplies. "Health care services" does not include pharmaceutical supplies or prescriptions;

(7) "Member" means an individual who pays for the right to receive the benefits of a medical discount plan; and

(8) "Person" has the same meaning as provided in section 38a-1.

**Section 89. Subsections (a) and (b) of section 38a-488a of the general statutes are repealed and the following is substituted in lieu thereof (Effective from passage):**

(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 (i) intellectual disability, (ii) specific learning disorders, (iii) motor disorders, (iv) communication disorders, (v) caffeine-related disorders, (vi) relational problems, and (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" 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" means twenty-four-hour medically supervised treatment for a substance use disorder, that is provided in a medically managed or medically monitored inpatient facility.

(4) "Clinical stabilization services" means twenty-four-hour clinically managed [postdetoxification] post-withdrawal management 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]** withdrawal management;
- (12) Medically monitored **[detoxification]** withdrawal management;
- (13) Ambulatory **[detoxification]** withdrawal management;
- (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.

**Section 90. Section 38a-488d of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** No individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 that is delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2020, shall deny coverage for covered substance [abuse] use disorder services solely because such substance [abuse] use disorder services were provided pursuant to an order issued by a court of competent jurisdiction.

**Section 91. Section 38a-492p of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

Each insurance company, hospital service corporation, medical service corporation, health care center, fraternal benefit society or other entity that delivers, issues for delivery, renews, amends or continues in this state an individual health insurance policy providing coverage of the type specified in subdivision (1), (2), (4), (11) or (12) of section 38a-469 that provides coverage to an insured or enrollee who has been diagnosed with a substance use disorder, as described in section 17a-458, shall cover medically necessary, medically monitored inpatient [detoxification] withdrawal management services and medically necessary, medically managed intensive inpatient [detoxification] withdrawal management services provided to the insured or enrollee. For purposes of this section, "medically monitored inpatient [detoxification] withdrawal management" and "medically managed intensive inpatient [detoxification] withdrawal management" have the same meanings as described in the most recent edition of the American Society of Addiction Medicine Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions.

**Section 92. Subsections (a) and (b) of section 38a-514 of the general statutes are repealed and the following is substituted in lieu thereof (Effective from passage):**

(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 (i) intellectual disability, (ii) specific learning disorders, (iii) motor disorders, (iv) communication disorders, (v) caffeine-related disorders, (vi) relational problems, and (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" 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" means twenty-four-hour medically supervised treatment for a substance use disorder, that is provided in a medically managed or medically monitored inpatient facility.

(4) "Clinical stabilization services" means twenty-four-hour clinically managed [\[postdetoxification\]](#) [post-withdrawal management](#) 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]** withdrawal management;
- (12) Medically monitored **[detoxification]** withdrawal management;
- (13) Ambulatory **[detoxification]** withdrawal management;
- (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.

**Section 93. Section 38a-514d of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** No group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 that is delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2020, shall deny coverage for covered substance **[abuse]** use disorder services solely because such substance **[abuse]** use disorder services were provided pursuant to an order issued by a court of competent jurisdiction.

**Section 94. Section 38a-518p of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** Each insurance company, hospital service corporation, medical service corporation, health care center, fraternal benefit society or other entity that delivers, issues for delivery, renews, amends or continues in this state a group health insurance policy providing coverage of the type specified in subdivision (1), (2), (4), (11) or (12) of section 38a-469 that provides coverage to an insured

or enrollee who has been diagnosed with a substance use disorder, as described in section 17a-458, shall cover medically necessary, medically monitored inpatient [detoxification] withdrawal management services and medically necessary, medically managed intensive inpatient [detoxification] withdrawal management services provided to the insured or enrollee. For purposes of this section, "medically monitored inpatient [detoxification] withdrawal management" and "medically managed intensive inpatient [detoxification] withdrawal management" have the same meanings as described in the most recent edition of the American Society of Addiction Medicine Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions.

**Section 95. Subdivision (8) of subsection (a) of section 38a-999 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(8) Additional protection against unauthorized disclosure of sensitive health information, which shall include information regarding: Sexually transmitted diseases; mental health; substance [abuse] use disorder; the human immunodeficiency virus and acquired immune deficiency syndrome; and genetic testing, including the fact that an individual has undergone a genetic test.

**Section 96. Subsection (a) of section 46a-11b of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, any person paid for caring for persons in any facility and any licensed practical nurse, medical examiner, dental hygienist, dentist, occupational therapist, optometrist, chiropractor, psychologist, podiatrist, social worker, school teacher, school principal, school guidance counselor, school counselor, paraeducator, licensed behavior analyst, mental health professional, physician assistant, licensed or certified [substance abuse] alcohol and drug counselor, licensed marital and family therapist, speech and language pathologist, clergyman, police officer, pharmacist, physical therapist, licensed professional counselor or sexual assault counselor or domestic violence counselor, as defined in section 52-146k, who has reasonable cause to suspect or believe that any person with intellectual disability or any person who receives services from the Department of Social Services' Division of Autism Spectrum Disorder Services has been abused or neglected shall, as soon as practicable but not later than forty-eight hours after such person has reasonable cause to suspect or believe that a person with intellectual disability or any person who receives services from the Department of Social Services' Division of Autism Spectrum Disorder Services has been abused or neglected, report such information or cause a report to be made in any reasonable manner to the commissioner, or the commissioner's

designee. An unsuccessful attempt to make an initial report to the commissioner, or the commissioner's designee, on a weekend, holiday or after normal business hours shall not be construed as a violation of this section if reasonable attempts are made by a person required to report under this subsection to reach the commissioner, or the commissioner's designee, as soon as practicable after the initial attempt. The initial report shall be followed up by a written report not later than five calendar days after the initial report was made. Any person required to report under this subsection who fails to make such report shall be fined not more than five hundred dollars. For purposes of this subsection, "reasonable manner" and "reasonable attempts" mean efforts that include, but are not limited to, efforts to reach the commissioner, or the commissioner's designee, by phone, in person or by electronic mail.

**Section 97. Subparagraph (E) of subdivision (1) of subsection (f) of 46a-170 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (E) Develop a plan for mental health, support and substance [abuse] use programs for individuals identified as victims of trafficking and those arrested for prostitution in violation of section 53a-82. The plan shall provide for (i) the diversion of victims of trafficking and prostitution offenders into community-based treatment and support services, including, but not limited to, substance [abuse] use recovery, housing, healthcare, job training, treatment and mental health support, and (ii) after the successful completion of the program, the dismissal of any related criminal charges against the accused.

**Section 98. Subsection (c) of section 46b-38d of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (c) For the purpose of establishing accurate data on the extent and severity of family violence in the state and on the degree of compliance with the requirements of sections 46b-38a to 46b-38f, inclusive, the Commissioner of Emergency Services and Public Protection shall prescribe a form for making family violence offense reports. The form shall include, but is not limited to, the following: (1) Name of the parties; (2) relationship of the parties; (3) sex of the parties; (4) date of birth of the parties; (5) time and date of the incident; (6) whether children were involved or whether the alleged act of family violence was committed in the presence of children; (7) type and extent of the alleged abuse; (8) existence of substance [abuse] use; (9) number and types of weapons involved; (10) existence of any prior court orders; (11) any other data that may be necessary for a complete analysis of all circumstances leading to the arrest.

**Section 99. Section 46b-129a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

In proceedings in the Superior Court under section 46b-129:

- (1) The court may order the child, the parents, the guardian, or other persons accused by a competent witness of abusing the child, to be examined by one or more competent physicians, psychiatrists or psychologists appointed by the court;
- (2) (A) A child shall be represented by counsel knowledgeable about representing such children who shall be assigned to represent the child by the office of Chief Public Defender, or appointed by the court if there is an immediate need for the appointment of counsel during a court proceeding. Such assignment or appointment shall continue for the duration of any such proceeding under section 46b-129, notwithstanding such child's attainment of eighteen years of age. If the child's parent or guardian has been accused by a competent witness of abusing the child, or of causing the child to be neglected or uncared for, upon the assignment or appointment of counsel, such counsel shall be granted immediate access to (i) records relating to the child, including, but not limited to, Department of Social Services records and medical, mental health and substance [abuse] use treatment, law enforcement and educational records, without the necessity of securing further releases, and (ii) the child, for the purpose of consulting with the child privately. The court shall give the parties prior notice of such assignment or appointment. Counsel for the child shall act solely as attorney for the child.  
(B) If a child requiring assignment of counsel in a proceeding under section 46b-129 is represented by an attorney for a minor child in an ongoing probate or family matter proceeding, the court may appoint the attorney to represent the child in the proceeding under section 46b-129, provided (i) such counsel is knowledgeable about representing such children, and (ii) the court notifies the office of Chief Public Defender of the appointment. Any child who is subject to an ongoing probate or family matters proceeding who has been appointed a guardian ad litem in such proceeding shall be assigned a separate guardian ad litem in a proceeding under section 46b-129 if it is deemed necessary pursuant to subparagraph (D) of this subdivision.  
(C) The primary role of any counsel for the child shall be to advocate for the child in accordance with the Rules of Professional Conduct, except that if the child is incapable of expressing the child's wishes to the child's counsel because of age or other incapacity, the counsel for the child shall advocate for the best interests of the child.  
(D) If the court, based on evidence before it, or counsel for the child, determines that the child cannot adequately act in his or her own best interests and the child's wishes, as determined by counsel, if followed, could lead to substantial physical, financial or other harm to the child unless protective action is taken, counsel may request and the court

may order that a separate guardian ad litem be assigned for the child, in which case the court shall either appoint a guardian ad litem to serve on a voluntary basis or notify the office of Chief Public Defender who shall assign a separate guardian ad litem for the child. The guardian ad litem shall perform an independent investigation of the case and be prepared to present at any hearing information pertinent to the court's determination of the best interests of the child. The guardian ad litem shall be subject to cross-examination upon the request of opposing counsel. The guardian ad litem is not required to be an attorney-at-law but shall be knowledgeable about the needs and protection of children and relevant court procedures. If a separate guardian ad litem is assigned, the person previously serving as counsel for the child shall continue to serve as counsel for the child and a different person shall be assigned as guardian ad litem, unless the court for good cause also determines that a different person should serve as counsel for the child, in which case the court shall notify the office of Chief Public Defender who shall assign a different person as counsel for the child. No person who has served as both counsel and guardian ad litem for a child shall thereafter serve solely as the child's guardian ad litem.

(E) The counsel and guardian ad litem's fees, if any, shall be paid by the office of Chief Public Defender unless the parents or guardian, or the estate of the child, are able to pay, in which case the court shall assess the rate the parent or guardian is able to pay and the office of Chief Public Defender may seek reimbursement for the costs of representation from the parents, guardian or estate of the child;

(3) The privilege against the disclosure of communications between husband and wife shall be inapplicable and either may testify as to any relevant matter; and

(4) Evidence that the child has been abused or has sustained a nonaccidental injury shall constitute *prima facie* evidence that shall be sufficient to support an adjudication that such child is uncared for or neglected.

**Section 100. Subsection (a) of section 51-81d of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) The Superior Court, in accordance with rules established by the judges of the Superior Court, may (1) establish a Client Security Fund to (A) reimburse claims for losses caused by the dishonest conduct of attorneys admitted to the practice of law in this state and incurred in the course of an attorney-client relationship, (B) provide for crisis intervention and referral assistance to attorneys admitted to the practice of law in this state who [suffer from alcohol or other substance abuse problems or gambling problems, or who have behavioral health problems] have a mental health or substance use disorder, and (C)

make grants-in-aid to the organization administering the program for the use of interest earned on lawyers' clients' funds accounts pursuant to section 51-81c, for the purpose of funding the delivery of legal services to the poor, and (2) assess any person admitted as an attorney by the Superior Court, in accordance with section 51-80, an annual fee to be deposited in the Client Security Fund for the purposes described in this subsection. Such crisis intervention and referral assistance (i) shall be provided with the assistance of an advisory committee, to be appointed by the Chief Court Administrator, that includes one or more behavioral health professionals, and (ii) shall not be deemed to constitute the practice of medicine or mental health care.

**Section 101. Section 51-181b of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) The Chief Court Administrator may establish in any court location or juvenile matters court location a docket separate from other criminal or juvenile matters for the hearing of criminal or juvenile matters in which a defendant is a drug-dependent person, as defined in section 21a-240. The docket shall be available to offenders who could benefit from placement in a substance [abuse] use treatment program.

(b) The Chief Court Administrator shall establish, within the appropriations designated in public act 03-1 of the June 30 special session\* for said purpose, one or more drug courts for the hearing of criminal or juvenile matters in which a defendant is a drug-dependent person, as defined in section 21a-240, who could benefit from placement in a substance [abuse] use treatment program.

**Section 102. Section 53a-65 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

As used in this part, the following terms have the following meanings:

- (1) "Actor" means a person accused of sexual assault.
- (2) "Sexual intercourse" means vaginal intercourse, anal intercourse, fellatio or cunnilingus between persons regardless of sex. Penetration, however slight, is sufficient to complete vaginal intercourse, anal intercourse or fellatio and does not require emission of semen. Penetration may be committed by an object manipulated by the actor into the genital or anal opening of the victim's body.
- (3) "Sexual contact" means (A) any contact with the intimate parts of a person for the purpose of sexual gratification of the actor or for the purpose of degrading or humiliating such person or any contact of the intimate parts of the actor with a person for the purpose of sexual gratification of the actor or for the purpose of degrading or humiliating

such person, or (B) for the purposes of subdivision (4) of subsection (a) of section 53a-73a, any contact with the intimate parts of a dead human body, or any contact of the intimate parts of the actor with a dead human body, for the purpose of sexual gratification of the actor.

(4) "Impaired because of mental disability or disease" means that a person suffers from a mental disability or disease which renders such person incapable of appraising the nature of such person's conduct.

(5) "Mentally incapacitated" means that a person is rendered temporarily incapable of appraising or controlling such person's conduct owing to the influence of a drug or intoxicating substance administered to such person without such person's consent, or owing to any other act committed upon such person without such person's consent.

(6) "Physically helpless" means that a person is (A) unconscious, or (B) for any other reason, is physically unable to resist an act of sexual intercourse or sexual contact or to communicate unwillingness to an act of sexual intercourse or sexual contact.

(7) "Use of force" means: (A) Use of a dangerous instrument; or (B) use of actual physical force or violence or superior physical strength against the victim.

(8) "Intimate parts" means the genital area or any substance emitted therefrom, groin, anus or any substance emitted therefrom, inner thighs, buttocks or breasts.

(9) "Psychotherapist" means a physician, psychologist, nurse, [substance abuse] alcohol and drug counselor, social worker, clergyman, marital and family therapist, mental health service provider, hypnotist or other person, whether or not licensed or certified by the state, who performs or purports to perform psychotherapy.

(10) "Psychotherapy" means the professional treatment, assessment or counseling of a mental or emotional illness, symptom or condition.

(11) "Emotionally dependent" means that the nature of the patient's or former patient's emotional condition and the nature of the treatment provided by the psychotherapist are such that the psychotherapist knows or has reason to know that the patient or former patient is unable to withhold consent to sexual contact by or sexual intercourse with the psychotherapist.

(12) "Therapeutic deception" means a representation by a psychotherapist that sexual contact by or sexual intercourse with the psychotherapist is consistent with or part of the patient's treatment.

(13) "School employee" means: (A) A teacher, substitute teacher, school administrator, school superintendent, guidance counselor, school counselor, psychologist, social worker, nurse, physician, paraeducator or coach employed by a local or regional board of education or a private elementary, middle or high school or working in a public or private elementary, middle or high school; or (B) any other person who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students enrolled in (i) a public elementary, middle or high school, pursuant to a contract with the local or regional board of education, or (ii) a private elementary, middle or high school, pursuant to a contract with the supervisory agent of such private school.

(14) "Animal" has the same meaning as provided in section 22-327.

(15) "Sexual contact with an animal" means: (A) Any act between a person and an animal that involves contact between a sex organ or anus of one and the mouth, anus or a sex organ of the other; (B) a person touching or fondling a sex organ or anus of an animal, either directly or through clothing, without a bona fide veterinary or animal husbandry purpose; (C) any intentional transfer or transmission of semen by a person upon any part of an animal; or (D) the insertion, however slight, of any part of a person's body or any object into the vaginal or anal opening of an animal, without a bona fide veterinary or animal husbandry purpose, or the insertion of any part of the animal's body into the vaginal or anal opening of the person.

**Section 103. Subsections (a) through (c), inclusive, of section 54-36i of the general statutes are repealed and the following is substituted in lieu thereof (Effective from passage):** (a) There is established and created an account of the General Fund to be known as the "drug assets forfeiture revolving account" for the purpose of providing funds for substance [abuse] use treatment and education programs and for use in the detection, investigation, apprehension and prosecution of persons for the violation of the laws pertaining to the illegal manufacture, sale, distribution or possession of controlled substances.

(b) The account shall consist of the proceeds from the sale of property and moneys received and deposited pursuant to section 54-36h.

(c) Moneys in such account shall be distributed as follows: (1) Seventy per cent shall be allocated to the Department of Emergency Services and Public Protection and local police departments pursuant to subsection (d) of this section, fifteen per cent of which shall be used for purposes of drug education and eighty-five per cent of which shall be used for the detection, investigation, apprehension and prosecution of persons for the violation of laws pertaining to the illegal manufacture, sale, distribution or possession of controlled

substances and for the purposes of police training on gang-related violence as required by section 7-294l, (2) twenty per cent shall be allocated to the Department of Mental Health and Addiction Services for substance [abuse] use treatment and education programs and tobacco prevention and enforcement positions engaged in compliance activities as required by the federal government as a condition of receipt of substance [abuse] use prevention and treatment block grant funds, and (3) ten per cent shall be allocated to the Division of Criminal Justice for use in the prosecution of persons for the violation of laws pertaining to the illegal manufacture, sale, distribution or possession of controlled substances.

**Section 104. Subsections (b) through (f), inclusive, of section 54-56g of the general statutes are repealed and the following is substituted in lieu thereof (Effective from passage):**

(b) The court, after consideration of the recommendation of the state's attorney, assistant state's attorney or deputy assistant state's attorney in charge of the case, may, in its discretion, grant such application. If the court grants such application, the court shall refer such person to the Court Support Services Division for assessment and confirmation of the eligibility of the applicant and to the Department of Mental Health and Addiction Services for evaluation. The Court Support Services Division, in making its assessment and confirmation, may rely on the representations made by the applicant under oath in open court with respect to convictions in other states of offenses specified in subsection (a) of this section. Upon confirmation of eligibility and receipt of the evaluation report, the defendant shall be referred to the Department of Mental Health and Addiction Services by the Court Support Services Division for placement in an appropriate alcohol intervention program for one year, or be placed in a state-licensed substance [abuse] use treatment program. The alcohol intervention program shall include a ten-session intervention program and a fifteen-session intervention program. Any person who enters the pretrial alcohol education program shall agree: (1) To the tolling of the statute of limitations with respect to such crime, (2) to a waiver of such person's right to a speedy trial, (3) to complete ten or fifteen counseling sessions in an alcohol intervention program or successfully complete a substance [abuse] use treatment program of not less than twelve sessions pursuant to this section dependent upon the evaluation report and the court order, (4) to commence participation in an alcohol intervention program or substance [abuse] use treatment program not later than ninety days after the date of entry of the court order unless granted a delayed entry into a program by the court, (5) upon completion of participation in the alcohol intervention program, to accept placement in a substance [abuse] use treatment program upon the recommendation of

a provider under contract with the Department of Mental Health and Addiction Services pursuant to subsection (f) of this section or placement in a state-licensed substance [abuse] use treatment program which meets standards established by the Department of Mental Health and Addiction Services, if the Court Support Services Division deems it appropriate, and (6) if ordered by the court, to participate in at least one victim impact panel. The suspension of the motor vehicle operator's license of any such person pursuant to section 14-227b shall be effective during the period such person is participating in the pretrial alcohol education program, provided such person shall have the option of not commencing the participation in such program until the period of such suspension is completed. If the Court Support Services Division informs the court that the defendant is ineligible for such program and the court makes a determination of ineligibility or if the program provider certifies to the court that the defendant did not successfully complete the assigned program or is no longer amenable to treatment and such person does not request, or the court denies, program reinstatement under subsection (e) of this section, the court shall order the court file to be unsealed, enter a plea of not guilty for such defendant and immediately place the case on the trial list. If such defendant satisfactorily completes the assigned program, such defendant may apply for dismissal of the charges against such defendant and the court, on reviewing the record of the defendant's participation in such program submitted by the Court Support Services Division and on finding such satisfactory completion, shall dismiss the charges. If the defendant does not apply for dismissal of the charges against such defendant after satisfactorily completing the assigned program the court, upon receipt of the record of the defendant's participation in such program submitted by the Court Support Services Division, may on its own motion make a finding of such satisfactory completion and dismiss the charges. Upon motion of the defendant and a showing of good cause, the court may extend the one-year placement period for a reasonable period for the defendant to complete the assigned program. A record of participation in such program shall be retained by the Court Support Services Division for a period of ten years from the date the court grants the application for participation in such program. The Court Support Services Division shall transmit to the Department of Motor Vehicles a record of participation in such program for each person who satisfactorily completes such program. The Department of Motor Vehicles shall maintain for a period of ten years the record of a person's participation in such program as part of such person's driving record. The Court Support Services Division shall transmit to the Department of Energy and Environmental Protection the record of participation of any person who satisfactorily completes such program who has been charged with a violation of the provisions of subsection (d) of section 15-133 or section 15-140n. The Department of Energy and Environmental Protection shall maintain

for a period of ten years the record of a person's participation in such program as a part of such person's boater certification record.

(c) (1) At the time the court grants the application for participation in the pretrial alcohol education program, such person shall also pay to the court a nonrefundable program fee of three hundred fifty dollars if such person is ordered to participate in the ten-session intervention program and a nonrefundable program fee of five hundred dollars if such person is ordered to participate in the fifteen-session intervention program. If the court grants the application for participation in the pretrial alcohol education program and such person is ordered to participate in a substance [abuse] use treatment program, such person shall be responsible for the costs associated with participation in such program. No person may be excluded from either program for inability to pay such fee or cost, and the court shall waive any such fee or cost for any intervention program if such person is found eligible to have such fee or cost waived under subsection (i) of this section.

(2) If the court finds that a person is indigent or unable to pay for a treatment program using the method for determining indigency described in subsection (i) of this section, the costs of such program shall be paid from the pretrial account established under section 54-56k.

(3) If the court denies the application, such person shall not be required to pay the program fee. If the court grants the application and such person is later determined to be ineligible for participation in such pretrial alcohol education program or fails to complete the assigned program, the program fee shall not be refunded. All program fees shall be credited to the pretrial account established under section 54-56k.

(d) If a person returns to court with certification from a program provider that such person did not successfully complete the assigned program or is no longer amenable to treatment, the provider, to the extent practicable, shall include a recommendation to the court as to whether a ten-session intervention program, a fifteen-session intervention program or placement in a state-licensed substance [abuse] use treatment program would best serve such person's needs. The provider shall also indicate whether the current program referral was an initial referral or a reinstatement to the program.

(e) When a person subsequently requests reinstatement into an alcohol intervention program or a substance [abuse] use treatment program and the Court Support Services Division verifies that such person is eligible for reinstatement into such program and thereafter the court favorably acts on such request, such person shall pay a nonrefundable program fee of one hundred seventy-five dollars if ordered to complete a

ten-session intervention program or two hundred fifty dollars if ordered to complete a fifteen-session intervention program, as the case may be, except as provided in subsection (i) of this section. If the court grants a person's request to be reinstated into a treatment program, such person shall be responsible for the costs, if any, associated with being reinstated into the treatment program. All program fees collected in connection with a reinstatement to an intervention program shall be credited to the pretrial account established under section 54-56k. No person shall be permitted more than two program reinstatements pursuant to this subsection.

(f) The Department of Mental Health and Addiction Services shall contract with service providers, develop standards and oversee appropriate alcohol programs to meet the requirements of this section. Said department shall adopt regulations, in accordance with chapter 54, to establish standards for such alcohol programs. Any person ordered to participate in a treatment program shall do so at a state-licensed treatment program which meets the standards established by said department. Any defendant whose employment or residence makes it unreasonable to attend an alcohol intervention program or a substance [abuse] use treatment program in this state may attend a program in another state which has standards substantially similar to, or higher than, those of this state, subject to the approval of the court and payment of the application, evaluation and program fees and treatment costs, as appropriate, as provided in this section.

**Section 105. Section 54-56i of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(a) There is established a pretrial drug education and community service program for persons charged with a violation of section 21a-257, 21a-267, 21a-279, or 21a-279a. The pretrial drug education and community service program shall include a fifteen-session drug education program and a substance [abuse] use treatment program of not less than fifteen sessions, and the performance of community service.

(b) Upon application by any such person for participation in such program, the court shall, but only as to the public, order the court file sealed, and such person shall pay to the court an application fee of one hundred dollars and a nonrefundable evaluation fee of one hundred fifty dollars, except as provided in subsection (l) of this section. A person shall be ineligible for participation in such pretrial drug education and community service program if such person has twice previously participated in (1) the pretrial drug education program established under the provisions of this section in effect prior to October 1, 2013, (2) the community service labor program established under section 53a-39c, (3) the

pretrial drug education and community service program established under this section, or (4) any of such programs, except that the court may allow a person who has twice previously participated in such programs to participate in the pretrial drug education and community service program one additional time, for good cause shown. The evaluation and application fee imposed under this subsection shall be credited to the pretrial account established under section 54-56k.

(c) The court, after consideration of the recommendation of the state's attorney, assistant state's attorney or deputy assistant state's attorney in charge of the case, may, in its discretion, grant such application. If the court grants such application, the court shall refer such person (1) to the Court Support Services Division for confirmation of the eligibility of the applicant, (2) to the Department of Mental Health and Addiction Services for evaluation and determination of an appropriate drug education or substance [abuse] use treatment program for the first or second time such application is granted, and (3) to a state-licensed substance [abuse] use treatment program for evaluation and determination of an appropriate substance [abuse] use treatment program for the third time such application is granted, except that, if such person is a veteran, the court may refer such person to the Department of Veterans Affairs or the United States Department of Veterans Affairs, as applicable, for any such evaluation and determination. For the purposes of this subsection and subsection (d) of this section, "veteran" has the same meaning as provided in section 27-103.

(d) (1) (A) Upon confirmation of eligibility and receipt of the evaluation and determination required under subsection (c) of this section, such person shall be placed in the pretrial drug education and community service program and referred by the Court Support Services Division for the purpose of receiving appropriate drug education services or substance [abuse] use treatment program services, as recommended by the evaluation conducted pursuant to subsection (c) of this section and ordered by the court, to the Department of Mental Health and Addiction Services or to a state-licensed substance [abuse] use treatment program for placement in the appropriate drug education or substance [abuse] use treatment program, except that, if such person is a veteran, the division may refer such person to the Department of Veterans Affairs or the United States Department of Veterans Affairs, subject to the provisions of subdivision (2) of this subsection.

(B) Persons who have been granted entry into the pretrial drug education and community service program for the first time shall participate in either a fifteen-session drug education program or a substance [abuse] use treatment program of not less than fifteen sessions, as ordered by the court on the basis of the evaluation and determination

required under subsection (c) of this section. Persons who have been granted entry into the pretrial drug education and community service program for the second time shall participate in either a fifteen-session drug education program or a substance [abuse] use treatment program of not less than fifteen sessions, as ordered by the court based on the evaluation and determination required under subsection (c) of this section. Persons who have been granted entry into the pretrial drug education and community service program for a third time shall be referred to a state-licensed substance [abuse] use program for evaluation and participation in a course of treatment as ordered by the court based on the evaluation and determination required under subsection (c) of this section.

(C) Persons who have been granted entry into the pretrial drug education and community service program shall also participate in a community service program administered by the Court Support Services Division pursuant to section 53a-39c. Persons who have been granted entry into the pretrial drug education and community service program for the first time shall participate in the community service program for a period of five days. Persons who have been granted entry into the pretrial drug education and community service program for the second time shall participate in the community service program for a period of fifteen days. Persons who have been granted entry into the pretrial drug education and community service program for a third or additional time shall participate in the community service program for a period of thirty days.

(D) Placement in the pretrial drug education and community service program pursuant to this section shall not exceed one year. Persons receiving substance [abuse] use treatment program services in accordance with the provisions of this section shall only receive such services at state-licensed substance [abuse] use treatment program facilities that are in compliance with all state standards governing the operation of such facilities, except that, if such person is a veteran, such person may receive services from facilities under the supervision of the Department of Veterans Affairs or the United States Department of Veterans Affairs, subject to the provisions of subdivision (2) of this subsection.

(E) Any person who enters the pretrial drug education and community service program shall agree: (i) To the tolling of the statute of limitations with respect to such crime; (ii) to a waiver of such person's right to a speedy trial; (iii) to complete participation in the pretrial drug education and community service program, as ordered by the court; (iv) to commence participation in the pretrial drug education and community service program not later than ninety days after the date of entry of the court order unless granted a delayed entry into the program by the court; and (v) upon completion of participation in the pretrial drug education and community service program, to accept (I) placement in a

treatment program upon the recommendation of a provider under contract with the Department of Mental Health and Addiction Services or a provider under the supervision of the Department of Veterans Affairs or the United States Department of Veterans Affairs, or (ii) placement in a treatment program that has standards substantially similar to, or higher than, a program of a provider under contract with the Department of Mental Health and Addiction Services, if the Court Support Services Division deems it appropriate.

(2) The Court Support Services Division may only refer a veteran to the Department of Veterans Affairs or the United States Department of Veterans Affairs for the receipt of services under the program if (A) the division determines that such services will be provided in a timely manner under standards substantially similar to, or higher than, standards for services provided by the Department of Mental Health and Addiction Services under the program, and (B) the applicable department agrees to submit timely program participation and completion reports to the division in the manner required by the division.

(e) If the Court Support Services Division informs the court that such person is ineligible for the program and the court makes a determination of ineligibility or if the program provider certifies to the court that such person did not successfully complete the assigned program and such person did not request, or the court denied, reinstatement in the program under subsection (i) of this section, the court shall order the court file to be unsealed, enter a plea of not guilty for such person and immediately place the case on the trial list.

(f) If such person satisfactorily completes the assigned program, such person may apply for dismissal of the charges against such person and the court, on reviewing the record of such person's participation in such program submitted by the Court Support Services Division and on finding such satisfactory completion, shall dismiss the charges. If such person does not apply for dismissal of the charges against such person after satisfactorily completing the assigned program, the court, upon receipt of the record of such person's participation in such program submitted by the Court Support Services Division, may on its own motion make a finding of such satisfactory completion and dismiss the charges. Upon motion of such person and a showing of good cause, the court may extend the placement period for a reasonable period of time to allow such person to complete the assigned program. A record of participation in such program shall be retained by the Court Support Services Division for a period of ten years from the date the court grants the application for participation in the program.

(g) At the time the court grants the application for participation in the pretrial drug education and community service program, any person ordered to participate in such drug education program shall pay to the court a nonrefundable program fee of six hundred dollars. If the court orders participation in a substance [abuse] use treatment program, such person shall pay to the court a nonrefundable program fee of one hundred dollars and shall be responsible for the costs associated with such program. No person may be excluded from any such program for inability to pay such fee or cost, and the court shall waive any such fee or cost if such person is found eligible to have such fee or cost waived under subsection (l) of this section. If the court waives the costs for a substance [abuse] use treatment program, the costs of such program shall be paid from the pretrial account established under section 54-56k. If the court denies the application, such person shall not be required to pay the program fee. If the court grants the application, and such person is later determined to be ineligible for participation in such pretrial drug education and community service program or fails to complete the assigned program, the program fee shall not be refunded. All program fees shall be credited to the pretrial account established under section 54-56k.

(h) If a person returns to court with certification from a program provider that such person did not successfully complete the assigned program or is no longer amenable to treatment, the provider, to the extent practicable, shall include a recommendation to the court as to whether placement in a drug education program or placement in a substance [abuse] use treatment program would best serve such person's needs. The provider shall also indicate whether the current program referral was an initial referral or a reinstatement to the program.

(i) When a person subsequently requests reinstatement into a drug education program or a substance [abuse] use treatment program and the Court Support Services Division verifies that such person is eligible for reinstatement into such program and thereafter the court favorably acts on such request, any person reinstated into such drug education program shall pay a nonrefundable program fee of two hundred fifty dollars, and any person reinstated into a substance [abuse] use treatment program shall be responsible for the costs, if any, associated with being reinstated into the treatment program, unless such person is found eligible to have such fee or costs waived under subsection (l) of this section. All program fees collected in connection with a reinstatement to a drug education program shall be credited to the pretrial account established under section 54-56k. No person shall be permitted more than two program reinstatements pursuant to this subsection.

(j) The Department of Mental Health and Addiction Services shall develop standards and oversee appropriate drug education programs that it administers to meet the requirements of this section and may contract with service providers to provide such programs. The department shall adopt regulations, in accordance with chapter 54, to establish standards for such drug education programs.

(k) Any person whose employment or residence or schooling makes it unreasonable to attend a drug education program or substance **[abuse]** **use** treatment program in this state may attend a program in another state that has standards similar to, or higher than, those of this state, subject to the approval of the court and payment of the program fee or costs as provided in this section.

(l) The court shall waive any fee or cost under subsection (b), (g) or (i) of this section for any person who (1) files with the court an affidavit of indigency or inability to pay, has such indigency confirmed by the Court Support Services Division and the court enters a finding thereof, or (2) has been determined indigent and eligible for representation by a public defender who has been appointed on behalf of such person pursuant to section 51-296. The court shall not require a person to perform community service in lieu of payment of such fee or cost, if such fee or cost is waived.

(m) A court may not grant an application to participate in the pretrial drug education and community service program under this section on or after April 1, 2022. Anyone participating in the program on April 1, 2022, may continue such participation until successful completion of the program or termination of participation in the program after any possible reinstements in the program.

**Section 106. Subsection (a) of 54-56I of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) There shall be a supervised diversionary program for persons with psychiatric disabilities, or persons who are veterans, who are accused of a crime or crimes or a motor vehicle violation or violations for which a sentence to a term of imprisonment may be imposed, which crimes or violations are not of a serious nature. For the purposes of this section, (1) "psychiatric disability" means a mental or emotional condition, other than solely substance **[abuse]** **use disorder**, that (A) has substantial adverse effects on the defendant's ability to function, and (B) requires care and treatment, and (2) "veteran" means a veteran, as defined in section 27-103, who is found, pursuant to subsection (d) of this section, to have a mental health condition that is amenable to treatment.

**Section 107. Subsection (d) 54-91a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (d) In lieu of ordering a full

presentence investigation, the court may order an abridged version of such investigation, which (1) shall contain (A) identifying information about the defendant, (B) information about the pending case from the record of the court, (C) the circumstances of the offense, (D) the attitude of the complainant or victim, (E) any damages suffered by the victim, including medical expenses, loss of earnings and property loss, and (F) the criminal record of the defendant, and (2) may encompass one or more areas of the social history and present condition of the defendant, including family background, significant relationships or children, educational attainment or vocational training, employment history, financial situation, housing situation, medical status, mental health status, substance [abuse] use history, the results of any clinical evaluation conducted of the defendant or any other information required by the court that is consistent with the provisions of this section. If the court orders an abridged version of such investigation for a felony involving family violence, as defined in section 46b-38a, the abridged version of such investigation shall, in addition to the information set forth in subdivision (1) of this subsection, contain the following information concerning the defendant: (A) Family background, (B) significant relationships or children, (C) mental health status, and (D) substance [abuse] use history.

**Section 108. Subdivision (4) of subsection (f) of section 54-125a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(4) After such hearing, the board may allow such person to go at large on parole with respect to any portion of a sentence that was based on a crime or crimes committed while such person was under eighteen years of age if the board finds that such parole release would be consistent with the factors set forth in subdivisions (1) to (4), inclusive, of subsection (c) of section 54-300 and if it appears, from all available information, including, but not limited to, any reports from the Commissioner of Correction, that (A) there is a reasonable probability that such person will live and remain at liberty without violating the law, (B) the benefits to such person and society that would result from such person's release to community supervision substantially outweigh the benefits to such person and society that would result from such person's continued incarceration, and (C) such person has demonstrated substantial rehabilitation since the date such crime or crimes were committed considering such person's character, background and history, as demonstrated by factors, including, but not limited to, such person's correctional record, the age and circumstances of such person as of the date of the commission of the crime or crimes, whether such person has demonstrated remorse and increased maturity since the date of the commission of the crime or crimes, such person's contributions to the welfare of other persons through service, such person's efforts to overcome substance

[abuse, addiction] use disorder, trauma, lack of education or obstacles that such person may have faced as a child or youth in the adult correctional system, the opportunities for rehabilitation in the adult correctional system, whether the person has also applied for or received a sentence modification and the overall degree of such person's rehabilitation considering the nature and circumstances of the crime or crimes.

**Section 109. Subdivision (4) of subsection (g) of section 54-125a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(4) After such hearing, the board may allow such person to go at large on parole with respect to any portion of a sentence that was based on a crime or crimes committed while such person was under twenty-one years of age, if the board finds that such parole release would be consistent with the factors set forth in subdivisions (1) to (4), inclusive, of subsection (c) of section 54-300 and if it appears, from all available information, including, but not limited to, any reports from the Commissioner of Correction, that (A) there is a reasonable probability that such person will live and remain at liberty without violating the law, (B) the benefits to such person and society that would result from such person's release to community supervision substantially outweigh the benefits to such person and society that would result from such person's continued incarceration, and (C) such person has demonstrated substantial rehabilitation since the date such crime or crimes were committed considering such person's character, background and history, as demonstrated by factors, including, but not limited to, such person's correctional record, the age and circumstances of such person as of the date of the commission of the crime or crimes, whether such person has demonstrated remorse and increased maturity since the date of the commission of the crime or crimes, such person's contributions to the welfare of other persons through service, such person's efforts to overcome substance [abuse, addiction] use disorder, trauma, lack of education or obstacles that such person may have faced as a person who was under twenty-one years of age in the adult correctional system, the opportunities for rehabilitation in the adult correctional system, whether the person has also applied for or received a sentence modification and the overall degree of such person's rehabilitation considering the nature and circumstances of the crime or crimes.

**Section 110. Subsection (a) of 54-142m of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) A criminal justice agency holding nonconviction information may disclose it to persons or agencies not otherwise authorized (1) for the purposes of research, evaluation or statistical analysis, or (2) if there is a specific agreement with a criminal justice agency to provide services required for the administration of criminal justice pursuant to such agreement. The

Judicial Branch may disclose nonconviction information to a state agency pursuant to an agreement to provide services related to the collection of moneys due. Any such disclosure of information shall be limited to that information necessary for the collection of moneys due. Pursuant to an agreement, the Judicial Branch may disclose nonconviction information to the Department of Mental Health and Addiction Services for the administration of court-ordered evaluations and the provision of programs and services to persons with psychiatric disabilities and substance [abuse] use treatment needs. Pursuant to an agreement, the Judicial Branch may disclose nonconviction information to advocates for victims of family violence to allow such advocates to develop plans to provide for the safety of victims and victims' minor children, provided such agreement prohibits such advocates from disclosing such nonconviction information to any person, including, but not limited to, a victim of family violence.

## Response Plan for Mass Shooting Event

**Section 111. Subsection (c) of section 28-5a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(c) The Commissioner of Emergency Services and Public Protection shall coordinate with the Commissioner of Public Health and the Commissioner of Mental Health and Addiction Services for the deployment of grief counselors and mental health professionals to provide mental health services to the family members or other individuals with a close association with any victim of a mass shooting. Such deployments shall be made to local community outreach groups in and around the impacted geographical location and to any school or institution of higher education where any victim or perpetrator of a mass shooting event was enrolled.

## Technical/Conforming Changes to Advisory Groups

**Section 112. Section 17a-470 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** Each state-operated facility for the treatment of persons with psychiatric disabilities or persons with substance use disorders, or both, shall have an advisory board appointed by the superintendent or director of the facility for terms to be decided by such superintendent or director. The superintendent or director shall appoint at least two persons with lived experience with a behavioral health disorder to the advisory board. [In any case where the present number of members of an advisory board is less than the number of members designated by the superintendent or director of the facility, the superintendent or director shall appoint additional members to

such board in accordance with this section in such manner that the terms of an approximately equal number of members shall expire in each odd-numbered year. The superintendent or director shall fill any vacancy that may occur for the unexpired portion of any term. No member shall serve more than two successive terms plus the balance of any unexpired term to which the member had been appointed.] The superintendent or director of the facility shall be an ex-officio member of the advisory board. Each member of an advisory board of a state-operated facility within the Department of Mental Health and Addiction Services assigned a geographical territory shall be a resident of the assigned geographical territory. Members of said advisory boards shall receive no compensation for their services but shall be reimbursed for necessary expenses involved in the performance of their duties. [At least one-third of such members shall be from regional behavioral health action organizations, established pursuant to section 17a-484f, and at least one-third shall be members of the catchment area councils, as provided in section 17a-483, for the catchment areas served by such facility, except that members serving as of October 1, 1977, shall serve out their terms.] These provisions shall not apply to the Connecticut Valley Hospital Advisory Council established in section 17a-471a or the oversight board for Whiting Forensic Hospital established in section 17a-565.

**Section 113. Section 17a-471 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** Any advisory board established pursuant to section 17a-470 shall: Meet with the superintendent or director of the facility periodically to advise him on the programs and policies of the facility; act as a liaison between its facility and the residents of the facility's assigned geographic territory and the state of Connecticut to inform them of the programs and policies of the facility; and issue reports, in a form and manner determined by such advisory board, to the Governor and Commissioner of Mental Health and Addiction Services on conditions at the facility and recommendations for changes or improvements in the facility.

**Section 114. Subsection (a) of section 17a-476 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** (a) Any general hospital, municipality or nonprofit organization in Connecticut may apply to the Department of Mental Health and Addiction Services for funds to establish, expand or maintain psychiatric or mental health services. The application for funds shall be submitted on forms provided by the Department of Mental Health and Addiction Services, and shall be accompanied by (1) a definition of the towns and areas to be served; (2) a plan by means of which the applicant proposes to coordinate its activities with those of other local agencies presently supplying mental health services or contributing in any way to the mental health of the area; (3) a description of the services to be provided, and

the methods through which these services will be provided; and (4) indication of the methods that will be employed to effect a balance in the use of state and local resources so as to foster local initiative, responsibility and participation. In accordance with subdivision (4) of section 17a-480, the regional behavioral health action organization, [established pursuant to section 17a-484f](#), serving the mental health region in which the applicant is located shall review each such application with the Department of Mental Health and Addiction Services and make recommendations to the department with respect to each such application.

**Section 115. Subsection (a) of section 17a-482 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):** As used in this section, subsection (a) of section [17a-476](#), sections [17a-478](#) to [17a-480](#), inclusive, and section [17a-483](#), unless the context otherwise requires: "Catchment area" means any geographical area within the state established as such by the Commissioner of Mental Health and Addiction Services, the boundaries of which may be redesignated by said commissioner when deemed necessary to equalize the population of each area and in such manner as is consistent with the boundaries of the municipalities therein, provided such boundaries of any catchment area shall be entirely within the boundaries of a mental health region established under section [17a-478](#); [\["council" means the catchment area council established under section 17a-483;\]](#) "regional behavioral health action organization" means the organization established pursuant to section [17a-484f](#); and "provider" means any person who receives income from private practice or any public or private agency which delivers mental health services.

**Section 116. Section 17a-483 of the general statutes is repealed (Effective from passage).**

**[Sec. 17a-483. (Formerly Sec. 17-226k). Catchment area council; representatives; duties.** (a) Each catchment area council shall consist of one representative from each town or portion thereof located within the same catchment area, except that if a catchment area consists of (1) only two towns or portions thereof, three representatives shall be appointed from each town or portion thereof, or (2) only one town or portion thereof, seven representatives shall be appointed. Such representatives shall be consumers and shall be appointed by the first selectmen, mayor or governing official of such town or portion thereof. The representatives appointed shall elect by majority vote an additional number of representatives, which number shall not exceed the number

initially appointed. Not less than fifty-one per cent and not more than sixty per cent of the total catchment area council membership shall be persons with lived experience of a behavioral health disorder.

(b) Each catchment area council shall study and evaluate the delivery of mental health services in its respective catchment area in accordance with regulations adopted by the Commissioner of Mental Health and Addiction Services. Each council shall make such reports and recommendations to the regional behavioral health action organizations as such organizations may require or which the catchment area council may deem necessary.

(c) Each catchment area council shall elect four members of its council to serve as members of the regional behavioral health action organization of the region in which it is located, not more than two of whom shall be providers of mental health services. The regional behavioral health action organizations shall consist of the members elected by the catchment area councils and one representative designated by the Commissioner of Mental Health and Addiction Services from each state-operated facility serving the region.

(d) Members of catchment area councils shall receive no compensation for their services but may be reimbursed by the Department of Mental Health and Addiction Services for necessary expenses incurred in the performance of their duties.]



# Agency Legislative Proposal

## 2026 Session

### General Information

<b>Agency</b>	<b>Dept. of Mental Health and Addiction Services</b>
<b>Proposal Name</b>	An Act Expanding Access to Opioid Overdose Reversal Medication
<b>Legislative Liaison</b>	Chandra Persaud
<b>Division Requesting Proposal</b>	N/A
<b>Drafter</b>	Kelly Sinko Steuber/Chandra Persaud

### Overview

#### **Brief Summary of Proposal**

This proposal removes barriers to access for opioid antagonists by updating education statutes and clearly allowing distribution of over-the-counter naloxone by state agencies and other organizations, as well as exempting them from a nonlegend drug permit if distribution is free.

#### **What problem is this proposal looking to solve?**

In Connecticut, overdose deaths have declined for three consecutive years, yet continued efforts are needed. Naloxone (Narcan), an opioid antagonist, reverses active overdoses and is a cornerstone of harm reduction. DMHAS prioritizes broad access, supplying hospital emergency departments, treatment and recovery providers, municipalities, and harm reduction organizations. In 2024, DMHAS distributed nearly 65,000 kits, exceeding its saturation goal. Naloxone is also available over the counter at most pharmacies and covered by Medicaid, though some individuals prefer to receive it from trusted sources. Additional distribution occurs through the Department of Corrections, pharmacies, and municipal emergency response programs. DMHAS maintains an efficient system, purchasing naloxone from a distributor who ships directly to requesting organizations. While this work has contributed to a significant, multi-year decrease in overdose fatalities, perceived legal or regulatory barriers to distribution and liability remain.

#### **How does the proposal solve the problem?**

By clarifying that over-the-counter distribution is allowed for state agencies and organizations, and exempting free distribution from nonlegend drug permit requirements, the proposal removes friction points that slow or block expansion of naloxone access. In doing so, it seeks to deepen saturation of naloxone into underserved areas, ensure equity in distribution, and ultimately prevent avoidable overdose deaths.

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Section by section summary: *press tab after last field to add rows*

<b>Section #(s)</b>	<b>Section Summary</b>
<b>1-2</b>	Removes outdated language that narrowly identifies who can administer opioid antagonists on school grounds; expands immunity to those who administer OTC naloxone and limit training requirements only to those who are using non-intranasal naloxone.
<b>3</b>	Update the Good Samaritan law to offer liability protection to people who distribute OTC naloxone, as well as make them exempt from the nonlegend drug permit as long as it is free distribution. This would also capture our agency and the agencies we provide naloxone to.

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**Statutory Reference (if any):** Sec. 10-212a, Sec. 17a-714a

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## **Background**

New Proposal

Resubmission

If resubmission, please provide details below. Please also note any changes made since the last submission:

<b>Bill #(s)</b>	<b>Reason bill(s) did not move forward</b>

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### **Have there been any changes in federal laws or regulations that make this legislation necessary?**

Yes      In 2023, the US FDA approved the first naloxone hydrochloride nasal spray for over-the-counter (OTC), nonprescription, use (in CT, we refer to these as nonlegend drugs). Previous to this approval, prescriptions were required to access this life-saving medication, and many statutes still reference "training" requirements or refer to clinician/pharmacist prescriptive authority. OTC status indicates that consumers can understand how to use the drug safely and effectively without the supervision of a health care professional.

#### ***If yes, is the federal law change the One Big Beautiful Bill Act?***

No

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### **Have there been any changes in state laws or regulations that make this legislation necessary?**

No

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### **Has this proposal or a similar proposal been implemented in other states?**

No

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### **Have certain constituencies called for this proposal?**

No

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## **Interagency Impact**

Check here if this proposal does NOT impact other agencies

Agency	Dept. of Education
Contact	Laura Stefon
Date Contacted	8/1/2025
Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Unresolved
Open Issues	
Agency	Dept. of Consumer Protection
Contact	CJ Strand/Sara LeMaster
Date Contacted	8/1/2025
Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Unresolved
Open Issues	
Agency	Dept. of Public Health
Contact	Adam Skowera/Miriam Miller
Date Contacted	8/1/2025
Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Unresolved
Open Issues	

### **Fiscal Impact**

No Fiscal Impact

Budget Option Submitted

Include the section number(s) which have a fiscal impact and the anticipated impact:

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State

No

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Municipal

No

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Federal

No

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### **Other Information**

If there is any additional information we should know, please detail below: N/A

## **Legislative Language**

Insert fully drafted bill below. Please use standard legislative drafting considerations, as published by LCO [here](#).

### **Section 1. Subsection (c) of section 10-212a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(c) The State Board of Education, in consultation with the Commissioner of Public Health, shall adopt regulations, in accordance with the provisions of chapter 54, determined to be necessary by the board to carry out the provisions of this section, including, but not limited to, regulations that (1) specify conditions under which a coach of intramural and interscholastic athletics may administer medicinal preparations, including controlled drugs specified in the regulations adopted by the commissioner, to a child participating in such intramural and interscholastic athletics, (2) specify conditions and procedures for the administration of medication by school personnel to students, including, but not limited to, (A) the conditions and procedures for the storage and administration of epinephrine by school personnel to students for the purpose of emergency first aid to students who experience allergic reactions and who do not have a prior written authorization for the administration of epinephrine, in accordance with the provisions of subdivision (2) of subsection (d) of this section, and (B) the conditions and procedures for the storage and administration of opioid antagonists by school personnel to students who experience an opioid-related drug overdose **[and who do not have a prior written authorization for the administration of an opioid antagonist]**, in accordance with the provisions of subdivision (1) of subsection (g) of this section, and (3) specify conditions for the possession, self-administration or possession and self-administration of medication by students, including permitting a child diagnosed with: (A) Asthma to retain possession of an asthmatic inhaler at all times while attending school for prompt treatment of the child's asthma and to protect the child against serious harm or death provided a written authorization for self-administration of medication signed by the child's parent or guardian and an authorized prescriber is submitted to the school nurse; and (B) an allergic condition to retain possession of an automatic prefilled cartridge injector or similar automatic injectable equipment at all times, including while attending school or receiving school transportation services, for prompt treatment of the child's allergic condition and to protect the child against serious harm or death provided a written authorization for self-administration of medication signed by the child's parent or guardian and an authorized prescriber is submitted to the school nurse. The regulations shall require authorization pursuant to: (i) The written order of a physician licensed to practice medicine in this or another state, a dentist licensed to practice dental medicine in this or another state, an advanced practice

registered nurse licensed under chapter 378, a physician assistant licensed under chapter 370, a podiatrist licensed under chapter 375, or an optometrist licensed under chapter 380; and (ii) the written authorization of a parent or guardian of such child.

**Section 2. Subsection (g) of section 10-212a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(g) (1) A school nurse or [, in the absence of a school nurse,] a qualified school employee may maintain opioid antagonists for the purpose of emergency first aid to students who experience an opioid-related drug overdose [and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional] for the administration of such opioid antagonist. A school nurse or a school principal shall select qualified school employees to administer such opioid antagonist under this subdivision, and there shall be at least one such qualified school employee on the grounds of the school during regular school hours in the absence of a school nurse. A school nurse or [, in the absence of such school nurse,] such qualified school employee may administer [such] a legend opioid antagonist under this subdivision, provided such administration of the legend opioid antagonist is in accordance with policies and procedures adopted pursuant to subsection (a) of this section. [Such administration of an opioid antagonist by a qualified school employee shall be limited to situations when the school nurse is absent or unavailable.] No school nurse or qualified school employee shall administer such legend opioid antagonist under this subdivision unless such school nurse or qualified school employee completes a training program in the distribution and administration of [an] a legend opioid antagonist developed or approved by the Department of Education, Department of Public Health, [and the] Department of Consumer Protection, and Department of Mental Health and Addiction Services. [or under an agreement entered into pursuant to section 21a-286. The parent or guardian of a student may submit a request, in writing, to the school nurse and school medical advisor, if any, that an opioid antagonist shall not be administered to such student under this subdivision.] Nothing in this section shall prevent such school nurse, qualified school employee or any person in a school setting from administering a nonlegend opioid antagonist to any person who experiences an opioid-related drug overdose. No individual administering a nonlegend opioid antagonist to any person shall be liable to such person or any parent, guardian, or family member of such person for civil damages for any personal injuries that result from acts or omissions arising from the administration of such nonlegend opioid antagonists pursuant to this section that may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross, wilful or wanton negligence.

(2) [Not later than October 1, 2022, the] The Department of Education, in consultation with the Departments of Consumer Protection, [Mental Health and Addiction Services](#) and Public Health, shall develop guidelines for use by local and regional boards of education on the storage and administration of [nonlegend](#) opioid antagonists in schools in accordance with the provisions of this subsection.

(3) For purposes of this subsection, (A) "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of a drug overdose, (B) ["legend drug" has the same meaning as in section 20-571 and \[\(B\)\] \(c\)](#) "qualified school employee" means a principal, teacher, certified staff, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or paraeducator, [ and (C) "qualified medical professional" means (i) a physician licensed under chapter 370, (ii) an optometrist licensed to practice optometry under chapter 380, (iii) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or (iv) a physician assistant licensed to prescribe in accordance with section 20-12d.]

**Section 3. Section 17a-714a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):**

(a) For purposes of this section, "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.

(b) A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe or dispense an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing or dispensing such opioid antagonist or for any subsequent use of such opioid antagonist. A licensed health care professional who prescribes or dispenses an opioid antagonist in accordance with the provisions of this subsection shall be deemed not to have violated the standard of care for such licensed health care professional.

(c) A licensed health care professional may administer an opioid antagonist to any person to treat or prevent an opioid-related drug overdose. Such licensed health care professional who administers an opioid antagonist in accordance with the provisions of this subsection shall not be liable for damages in a civil action or subject to criminal prosecution for administration of such opioid antagonist and shall not be deemed to have violated the standard of care for such licensed health care professional.

(d) Any person may provide a nonlegend opioid antagonist to any person for the purposes of treating or preventing an opioid-drug related overdose. Any person that distributes such a nonlegend opioid antagonist in accordance with the provisions of this subsection shall not be liable for payments or damages in a claim or civil action or subject to criminal prosecution for such distribution or use of such opioid antagonist. No person who solely distributes a nonlegend opioid antagonist to the public, without compensation or consideration, shall be required to obtain a permit to sell nonlegend drugs under section 20-624.

**[(d)] (e)** Any person who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.

**[(e)] (f)** Not later than October 1, 2017, each municipality shall amend its local emergency medical services plan, as described in section 19a-181b, to ensure that at least one emergency medical services provider, as defined in the regulations of Connecticut state agencies pertaining to emergency medical services, who is likely to be the first person to arrive on the scene of a medical emergency in the municipality, including, but not limited to, emergency medical services personnel, as defined in section 20-206jj, or a resident state trooper, is equipped with an opioid antagonist and such person has received training, approved by the Commissioner of Public Health, in the administration of an opioid antagonist.