



## CONNECTICUT COUNSELING ASSOCIATION 2022 LEGISLATIVE SESSION SUMMARY

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The 2022 legislative session was the shortest session in decades. That did not stop the legislature from raising numerous bills on the full spectrum of issues with major bills passed on mental health, data privacy, climate change, absentee voting, healthcare benchmarking, juvenile justice and employer-employee speech. In total, the legislature passed 170 bills into law with the Governor signing all but two of those bills into law.

The biggest task of the session was making midterm budget adjustments. The Governor and legislative leaders found themselves flush with cash, albeit much of it due to a one-time surge in federal American Rescue Plan Act (ARPA) funds. The Fiscal Year 2022 budget provided surpluses that allows them to deliver tax relief, albeit much of it temporary, and spending increases including prioritizing non-profits, childcare, workforce development and behavioral health in the upcoming fiscal year starting July 1.

Similar to 2021, much of the legislative session played out virtually with the continuation of online public hearings and most meetings being relegated to Zoom and streaming via YouTube. However, there was more access as the Capitol complex (lower floors only) was open despite COVID still impacting the session with several legislators getting sick and/or missing votes due to illness.

In an election year, Governor Lamont was able to negotiate an on time budget and deliver on most of his priorities including a property tax refund, lowering the motor vehicle tax cap and prioritizing behavioral health and criminal justice expenditures. Lamont also negotiated a new deal with the State Employees Bargaining Agent Coalition (SEBAC) and is overseeing the current budget that will pay down over \$2.5 billion in long-term pension obligations.

Speaker Ritter and President Pro Temp Looney also delivered significant legislation for their caucuses to campaign on. Besides tax cuts and funding priority issues, the legislature passed three major mental health bills, a data privacy bill, voting reforms around early absentee ballot voting, additional protections for reproductive rights, labor's captive audience legislation, a bipartisan juvenile and criminal justice reform package and a major climate change bill among other efforts to deal with a post-pandemic economy.

Politics will now infuse the background of Connecticut politics, as both parties have chosen their slate of candidates for office in November. Primaries will play out over the summer before the Fall campaigns, particularly for Governor, take over the air.

About 30 legislators have chosen not to seek re-election with others facing competitive races in newly formed districts that were finalized in the last few months. We will keep you posted about all the races and post-session happenings.

## BUDGET

**P.A. 22-118 (HB5506) AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023, CONCERNING PROVISIONS RELATED TO REVENUE, SCHOOL CONSTRUCTION AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET AND AUTHORIZING AND ADJUSTING BONDS OF THE STATE**, which passed mostly on party lines, includes the midterm budget adjustment along with about \$600 million in tax cuts and increases in spending. The budget was an opportunity to update last year's budget while making final appropriations for most of the American Rescue Plan Act (ARPA) funds and utilizing some of the surpluses for legislative priorities.

Additionally, the state had record surpluses allowing them to utilize the significant carryover funds for one-time expenditures. With the Rainy-Day Fund flush with \$3 billion plus and a potential paying down of over \$2.5 billion in long-term pension obligations, Democrats were able to remain united in passing the budget and making critical investments.

Republicans urged bigger tax cuts including an immediate cut to the sales tax while still criticizing Democrats for using some one-time funds for continuing programs.

Nevertheless, the budget ensures that municipalities see increases in funding, non-profits and childcare providers receive funds for wage increases and residents see tax decreases including a child tax credit, property tax credit and car tax cap. Below are just some of the budget highlights from the midterm budget adjustment package for Fiscal Year 2023.

- **Non-Profits:**
  - Private Providers: \$123.5 million in new funding for private provider support including \$20 million for DDS providers.
  - Salary Increases: Nearly \$111 million in FY 2022 for salary increases, enhanced benefits and infrastructure improvements.
- **Behavioral Health Expenditures:** According to OPM, approximately \$300 million in investments in FY 22 – FY 23, representing a 10% increase over prior biennium, including:
  - Mobile Crisis: Additional \$26.2 million for adult/pediatric mobile crisis investments to complete 24/7 statewide coverage and support linkages with schools and police;
  - Urgent Crisis Centers: \$21 million for children's behavioral health urgent crisis centers for DCF to operationalize four centers including sub-acute capacity;
  - Connecticut Children's Medical Center (CCMC): \$15 million to CCMC to establish a new 12-bed psychiatric / medical unit.
- **Childcare Funding:**
  - Childcare Wages: Includes \$20 million in new funding to provide a wage supplement and childcare enhancement grant program for school readiness program employees.
  - Increased Childcare Rates: As part of SB1, the bill increases the child care center rate for infant and toddler care to \$13,500 in FY 23, resulting in an increased cost of \$7.8 million for existing slots.
  - OEC Emergency Stabilization Grants: Includes \$30 million in funds for an emergency stabilization grants-in-aid to school readiness programs and child care centers that apply on a form and as the office prescribes and who meet the eligibility criteria in the office's guidelines.

- Start Early - Early Child Development Initiative: Includes \$20 million in new funding to provide grants for research and early education service providers to support the growth and enhancement of a system of high-quality early childhood care and education and support services.
- Childcare Capital Projects: \$15 million is provided in HB 5506 for "Facility Renovation and Construction"
- **Medicaid**
  - Autism Waiver: 150 new slots in DSS for the Autism waiver.
  - Substance Use Disorder (SUD) Waiver: Provide funding of \$29,598,875 to reflect the net impact of adjustments associated with SUD waiver initiative.
  - Children's Medicaid: Funding of \$400,000 to expand health coverage for children by increasing the age from eight to age twelve, regardless of immigration status, effective 1/1/23.
  - ICF Minimum Per Diem: Provide funding of \$2.8 million to reflect fully funding the minimum daily, per bed rate for ICFs with state General Funds;
  - Medicaid Spousal: \$4.5 million to strengthen spousal financial protections under Medicaid;
  - Dental Rates: Provides funding of \$6.5 million to increase the rate for adult endodontic services by 25% to align with the rates for children's services;
  - Women's Health: Strengthened women's access to health care through improved rates and prevention activities.
- **Safety Net Investments:**
  - Residential Care Homes: Provides new funds of \$3.7 million for RCHs.
  - DDS Engagement: \$2 million to expand recreational and community engagement opportunities in DDS;
  - TFA: \$5.5 million to support expansion in TFA eligibility and benefit levels;
  - Public Assistance Recipients: Eliminated additional recoveries against public assistance recipients (\$8.5 million revenue loss).
  - Telehealth Study: \$300,000 for OHS telehealth study;
  - Parity Study: \$200,000 to Study Behavioral Health Coverage by Private Insurers
- **Workforce Investments**
  - Expanded Student Loan Repayment Program at DPH: HB5506 provides \$3 million in each of the next two fiscal years for loan repayment.
  - Grants for Behavioral Health Professions: HB5506 provides workforce grants for healthcare professions including \$20 million in FY23 and another \$15 million in FY24. This includes behavioral health services (psychiatrists, psychologists, licensed clinical social workers, licensed marriage and family therapists and licensed professional counselors).
  - Child Psychiatrists: HB5001 also requires DPH by January 1, 2023, to establish and administer a child psychiatrist grant program. \$2 million is provided in the budget.
- **Higher Education Support**

- CT State College and University Support: The budget provides \$118 million in operating support and another \$14.5 million in temporary support for the Connecticut State Colleges and \$9 million in temporary support for the community colleges.
- UCONN: The budget provides an additional \$33.2 million in temporary support.
- **Unemployment Insurance**- The budget provides \$40 million to reduce State Unemployment taxes on employers.
- **School-Based Funding Initiatives**-
  - Mental Health Grants: Under SB1, the Department of Education must establish a grant program to local and regional boards of education associated with hiring and retention of school social workers, school psychologists, school counselors, school marital and family therapists and school nurses. HB5506 allocates \$8 million to fund the grant program.
  - School-Based Health Center Expansion Grant Program: SB1 establishes a school-based health center expansion grant program and HB5506 provides \$10 million in funding to go towards SBHCs in districts identified by the SBHC Workgroup report.
  - Expand Support for Learner Engagement and Attendance Program: The budget provides \$7 million to expand support for LEAP.

Also included as part of **P.A. 22-118 (HB5506)**, are several other bills and issues related to public health:

- Health Care Provider Loan Reimbursement Program: Requires the Office of Higher Education, by January 1, 2023, to establish a program to provide loan reimbursement grants to certain health care providers.
  - **Under the updated program, behavioral health services were added to include psychiatrists, psychologists, licensed clinical social workers, licensed marriage and family therapists and licensed professional counselors.**
- Collaborative Drug Therapy: Makes various changes affecting collaborative drug therapy agreements between certain health care practitioners and pharmacists.
- Health Worker Housing Bond Dollars: Authorizes up to \$20 million in bonds for DOH to develop housing for health care workers.
- Governor’s Benchmarking Proposal: Includes amended language from HB5042- An Act Concerning Health Care Cost Growth. The language:
  - Adds to the Office of Health Strategy’s role to include among other things, setting an annual health care cost growth benchmark and primary care spending target.
  - OHS also has certain mandated reporting and hearing requirements and other responsibilities associated with the legislation.
- No Clawbacks on Federal Funds: Prohibits state agencies that contract with health and human services providers from trying to recover or otherwise offset federal ARPA funds for home- and community-based services
- Community Gun Violence Intervention and Prevention Program: Requires DPH to establish a community gun violence intervention and prevention program and annually report to the Public Health Committee, starting by January 1, 2023, on the program’s activities
- Reproductive Health Services: Expands the definition of “reproductive health care services” in a recently passed bill to include gender dysphoria treatments.

- Medical Assistance for Additional Immigrant Statuses: Increases eligibility for state-funded medical assistance regardless of immigration status to cover children ages 12 and under, rather than ages 8 and under, and requires children eligible for the benefit to continue receiving it until they are 19 years old.
- Medicaid Coverage of Naturopath Services: Requires the state’s Medicaid program to cover services provided by licensed naturopaths.
- Childhood Immunization Registry: Replaces DPH’s childhood immunization registry and tracking system (“CIRTS”) with an immunization information system (“CT WiZ”) that provides access to immunization records to all recipients, instead of only children under age six.

## PUBLIC HEALTH LEGISLATION

### Trio of Children’s Behavioral Health Bills

**P.A. 22-47 (HB5001) AN ACT CONCERNING CHILDREN'S MENTAL HEALTH, P.A. 22-80 (SB1)- AN ACT CONCERNING CHILDHOOD MENTAL AND PHYSICAL HEALTH SERVICES IN SCHOOLS, and P.A. 22-81 (SB2)- AN ACT EXPANDING PRESCHOOL AND MENTAL AND BEHAVIORAL SERVICES FOR CHILDREN** combined represent an unprecedented effort to address behavioral health and specifically children’s behavioral health. Below is a list of highlights from the three bills (complete summaries of all three bills have been previously provided and can be sent upon request):

- **HB5001**: Requires the DPH Commissioner to develop and implement and report back a plan by January 1, 2023, to establish licensure by reciprocity or endorsement of a person who is a mental or behavioral health care provider.
- **HB5001**: Requires DPH to establish a need based grant program, within available appropriations, for behavioral health care providers (includes social workers, MFTs, counselors, behavior analysts, doctors, psychologists and psychiatrists) to waive application costs and licensure fees.
- **HB5001/SB1**: Requires the Dept. of Education to develop and distribute a survey to each local and regional board of education concerning the employment of school mental health specialists and then establish a grant program to provide grants to local and regional boards of education for the purpose of hiring and retaining additional student mental health specialists.
- **HB5001**: Requires, not later than September 1, 2023, to make available for implementation by local and regional boards of education including a truancy intervention model that accounts for mental and behavioral health and guidance on best practices relating to intervention in certain behavioral health situations and when it is appropriate to contact the 2-1-1 Infoline program.
- **HB5001**: Establishes a Suicide Lifeline Fund for 9-8-8 and requires each public safety answering point(PSAP) to have a plan for on staff licensed providers of behavioral health, mental health and substance use disorder services to (A) provide crisis counselling to 9-1-1 callers who require immediate mental health, behavioral health or substance use disorder services, (B) assess such callers with regard to any ongoing need for mental health, behavioral health or substance use disorder services, and (C) refer such callers to providers of mental health, behavioral health or substance use disorder services, as necessary.
- **HB5001**: Requires state regulated insurers to cover certain children’s behavioral health services as outlined in the legislation.

- **SB1:** Increases various childcare provider rates including requiring the Office of Early Childhood to administer a wage supplement grant to child care providers.
- **SB1:** Authorizes a school nurse, or in the absence of a school nurse, a qualified school employee, to maintain opioid antagonists to administer emergency first aid to a student who is experiencing an opioid-related drug overdose. The bill requires a school nurse or principal to select multiple qualified school employees to administer an opioid antagonist.
- **SB1:** Establishes a school-based health center expansion grant program. The operators of school-based health centers eligible for the grant would include the operator of a school-based health center for any of the thirty-six recommended sites for expanded mental health services contained in the final report of the School-Based Health Center Expansion Working Group.
- **SB2:** Establishes a Social Determinants of Mental Health Fund to assist families in covering the cost of mental health services and treatment for their children.
- **SB2:** Requires DMHAS to make mobile crisis response 24-7 which will cost approximately \$3 million annually.
- **SB2:** Amends the Pipeline for Connecticut's Future program, and requires the Dept. of Education to assist school boards in enhancing existing partnerships or establishing new partnerships with providers of child care services and early childhood education programs, as well as any additional fields such as manufacturing, computer programming or the culinary arts, and one or more local businesses, to offer a pathways program.
- **SB2:** For the next two fiscal years, requires OEC to make a general administrative payment to Birth to 3 providers in the amount of two hundred dollars for each child with an individualized family service plan on the first day of the billing month.
- **SB2:** Not later than October 1, 2022, requires DSS to provide Medicaid payments to an enrolled independent licensed behavioral health clinician in private practice for covered services performed by an "associate licensed behavioral health clinician" working within such associate clinician's scope of practice.
- **SB2:** Adds behavioral health providers, including social workers, counselors, psychologists, MFTs, and psychiatrists, to the DPH grant program for community based providers of primary care services. The program is funded in the budget.
- **SB2:** Makes various telehealth updates including extending the sunset provisions until June 30, 2024. Also, on and after July 1, 2024, updates the definition of "telehealth provider" to also include appropriately licensed and certified professionals in other states providing telehealth services under an order from the DPH Commissioner authorizing telehealth.
- **SB2:** Enters Connecticut into two interstate compacts, the Interstate Medical Licensure Compact and the Psychology Interjurisdictional Compact.

### **Various Public Health Revisions**

**P.A. 22-92 (HB5485)- AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES** makes additional, unrelated changes in the public health statutes. I would highlight the following:

- Emergency Certifications for Psych Disabilities: Allows licensed professional counselors and marital and family therapists who are members of specified Department of Mental Health and Addiction Services (DMHAS) community support and crisis intervention teams to issue

emergency certificates authorizing people with a psychiatric disability to be taken to a general hospital for examination, under certain conditions;

- This change adds equity between professions as this authority was already permitted for clinical social workers.
- Acupuncture: Allows certified individuals to practice auricular acupuncture to treat alcohol and drug abuse under the supervision of a PA, APRN, or licensed acupuncturist, instead of only a physician as under current law;
- Pharmacist Flu Vaccines for Minors: Grants licensed pharmacists the authority under state law to administer the flu vaccine, with parental or guardian consent, to minors age 12 years or older.

**P.A. 22-58 (HB5500)- AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES** included various revisions to the Public Health Statutes.

- Safe Harbor Legislation w/ Unlicensed Practitioners: Requires DPH to conduct a study on whether the state should adopt Safe Harbor legislation that permits unlicensed alternative health care practitioners to provide traditional health care services and that these services do not fall under the scope of practice for other licensed providers.
- “Behavioral Health Facility”: Makes technical revisions to remove the term “alcohol or drug treatment facility” and replace it with “behavioral health facility.”
- Scope of Practice Requests: Adjusts the timeframes for the scope of practice review process outlined in statute.
- Health Information Exchange: Establishes a State-wide Health Information Exchange (HIE) and time frames by which certain entities are required to connect to the HIE. The proposed language allows the Office of Health Strategy to adopt regulations related to this.
- Hospital Community Benefits Program: Incorporates the language from SB 476 that updates the community benefit requirements for hospitals by establishing reporting requirements, increasing public transparency on how community benefits are being provided, and requiring community engagement and participation in the community health needs assessments and related implementation strategies.
- Medical Diagnostic Equipment: Includes HB 5277 amended language that requires all hospital or outpatient clinics, long-term care facilities, and hospice facilities to take into consideration the federal Architectural and Transportation Barriers Compliance Board in accordance with Section 4203 of the Patient Protection and Affordable Care Act, when purchasing medical diagnostic equipment.

### **Opioids and Substance Use**

**Public Act 22-108 (HB5430)- AN ACT CONCERNING OPIOIDS** makes various changes to the statutes related to opioids and treatment, including:

- Nonopioid Treatment Options: Adds chiropractic and spinal cord stimulation to the list of nonopioid treatment options that must be included on a patient’s treatment agreement or care plan that a prescribing practitioner must provide when prescribing opioids for more than 12 weeks;

- Fentanyl Strips: Removes from the statutory definition of “drug paraphernalia” products used by licensed drug manufacturers or individuals to test a substance before they ingest, inject, or inhale it, such as fentanyl strips, as long as they are not using the products to engage in unlicensed manufacturing or distribution of controlled substances;
- Mobile Units: Allows practitioners authorized to prescribe methadone to treat patients by dispensing controlled substances from a mobile unit and allows multi-care institutions to provide behavioral health services or substance use disorder treatment services in a mobile narcotic treatment program;
- Triennial SUD Plan: Requires DMHAS’ triennial state substance use disorder plan to include department policies, guidelines, and practices to reduce the negative personal and public health impacts of behavior associated with alcohol and drug abuse, including opioid drug abuse and
- Peer Navigator Pilot: Extends by one year, until January 1, 2023, the date by which DMHAS must establish a peer navigator pilot program in up to five urban, suburban, and rural communities to serve individuals with opioid use disorder.

**P.A. 22-48 (HB5044) AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING THE USE OF OPIOID LITIGATION PROCEEDS** establishes an Opioid Settlement Fund as a separate nonlapsing fund administered by a 37-member Opioid Settlement Advisory Committee with assistance from the Department of Mental Health and Addition Services.

- Under the bill, the fund must contain moneys the state receives from opioid-related judgments, consent decrees, or settlements finalized on or after July 1, 2021.
- The 37-member committee will be made up of municipal officials, legislative leaders and commissioner appointments with a focus on people with lived experience.

### **Collateral Consequences**

**P.A. 22-88 (HB5248)- AN ACT CONCERNING COLLATERAL CONSEQUENCES OF CRIMINAL CONVICTIONS ON OCCUPATIONAL LICENSING** limits the circumstances under which various agencies, boards, and commissions that issue occupational licenses, including licenses, may take certain actions against a practitioner because the practitioner was found guilty or convicted of a felony.

- The bill applies to licensed professional counselors (and social workers) and only allows actions against the individual if the decision is based on (1) the nature of the conviction and its relationship to the practitioner’s ability to perform the occupation’s duties or responsibilities safely or competently, (2) information about the practitioner’s degree of rehabilitation, and (3) the time passed since the conviction or release.
- The bill also creates a process for individuals who were convicted of a crime to find out whether their conviction would disqualify them from practicing these occupations.
- The law generally authorizes DPH to deny an occupational permit or license for an applicant who has been found guilty or convicted of a felony. Under current law, however, DPH cannot do this for barbers, hairdressers, or cosmeticians. The bill broadens this exception to also cover licenses for embalmers and funeral directors.



## **Training Programs for Careers in Health Care**

### **Special Act 22-9 (SB251)- AN ACT EXPANDING TRAINING PROGRAMS FOR CAREERS IN HEALTH CARE**

requires the Office of Workforce Strategy to collaborate with a number of agencies to develop an initiative to address the state's health care workforce shortage, including:

- The initiative shall seek to increase the number of health care workers in the state through the offering of expanded and enhanced educational programs at institutions of higher education in the state
- Additionally, the Chief Workforce Officer, in consultation with members of the Connecticut Hospital Association and of community-based professional nursing organizations and representatives of the nursing home industry, the emergency medical service industry and assisted living associations, shall develop a plan to work with high schools in the state in order to encourage students to pursue careers as nurses, medical assistants, emergency department technicians, surgical assistants, behavioral and mental health care workers and other high demand careers in health care.